



**Virginia Department of Behavioral Health and
Developmental Services
Quality Service Reviews (QSRs)
Round 7 (R7) CSB Resource Guide**

This document is intended to outline expectations for participation in Round 7 (R7) of the QSR, assist CSBs with the successful completion of the QSR by providing responses to commonly asked questions, and serve as a checklist to use when preparing for and participating in the Virginia QSR. Please note that the checklist below is distinct from the document submission checklist (*R7 CSB Documentation Submission Checklist*), which lists what documents are required for R7 of the QSR. This document is for your CSB's optional use, while the *R7 CSB Documentation Submission Checklist* **must** be completed and submitted as part of your review package.

DBHDS has developed a repository for CSBs to upload non-PHI (Protected Health Information) documents that may be required for multiple review agencies, and HSAG is happy to collaborate with the Multi-Agency Review Team (MART) on this valuable tool. The MART repository is intended to be an additional tool for CSBs to reduce the administrative burden of duplicative document submission but **does not** replace the need for CSBs to organize their QSR review materials using the HSAG developed checklist. Accurate and thorough completion of this checklist contributes to the reliability and validity of QSR data for your CSB, regionally, and statewide.

Below, you will find deadlines for R7, a high-level progression of the QSR review, including key tasks for R7 and responses to the most asked questions received from CSBs about the QSR process. HSAG will be assessing ISPs in version 4.0 **only**; the lookback period for Round 7 is **September 16, 2024, through January 31, 2025**.

The **HSAG CSB Point of Contact for QSR R7 is Alina Prouty**. Please send all correspondence to aprouty@hsag.com and cc Amy Osborn at aosborn@hsag.com. Please review this document and communicate questions to the HSAG CSB Point of Contact as soon as possible—R7 of the QSR requires adherence to the timelines below to ensure timely completion. ***Communication is key!***

Deadlines:

QSR Activity/Task	Date
Launch	April 14, 2025
Alternates/exclusions deadline	May 2, 2025
CSBs enter SC contact information in the SC sample <i>CSBs add SC contact information for any alternates added to the CSB sample</i>	May 2 – 13, 2025
Provider and CSB samples finalized by HSAG. <i>CSBs add staff information for any alternates added to the provider sample, if applicable.</i>	May 12, 2025
Deadline for any PCR documents located in WaMS to be present in the individual's WaMS record	May 13, 2025
Deadline to provide EHR Crosswalk and completed CSB Documentation Submission Checklist(s) uploaded to SAFE (<i>only applicable to CSBs providing EHR access for PCR documents</i>)	May 13, 2025
EHR Access Period (<i>only applicable to CSBs providing EHR access for PCR documents</i>)	May 13 – May 30, 2025



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Documentation Submission deadline to MART/SAFE* including completed CSB Documentation Checklist(s) (<i>only applicable to CSBs using <u>only</u> SAFE for PCR documents</i>)	May 22, 2025
Observation Period	June 9 – July 14, 2025
Deadline date for completion of Support Coordinator (SC) interviews	July 18, 2025
Deadline date for completion of Provider Quality Review (PQR) interviews	July 25, 2025

*SAFE: Secure Access File Exchange

QSR Key Steps (and Deadlines)

1. Kickoff and CSB Launch:

- Launch email sent to all CSBs indicates if your CSB has been selected for PQR review s in R7 or if your CSB is required to participate in Person-Center Reviews (PCRs) only. *A CSB may be selected for PQR review and not have any waiver service PCRs sampled.* Please see below for responses to commonly asked questions or reach out to your HSAG CSB Point of contact with questions about PQR vs. PCR-only reviews.
- Launch meeting with CSB and HSAG CSB Point of Contact to occur within ten business days of launch (no later than *April 25, 2025*) where CSB will confirm preferences for document upload, confirm preferences for scheduling SC interviews, and confirm the SC contact info will be added to the sample for all individuals including alternates by *May 13, 2025*.
- CSB selected for review of a waiver service (has PQR) identifies exclusions in their provider sample by *May 2, 2025*, and adds names of three (3) FTE Direct Support Personnel (DSP) for each individual by *May 12, 2025*.
- If providing PCR documents via EHR access, CSB reviews provider sample alternates and confirms alternates will be included in reviewer EHR access.
- CSBs SC sample is updated by HSAG with all alternates from the provider by *May 13, 2025*
- If using an Electronic Health Record (EHR) for reviewers to access and review PCR documents, schedule any training needed to navigate the EHR system through the HSAG CSB Point of Contact by *May 2, 2025* to occur no later than *May 12, 2025*.
- CSBs will confirm the name, phone number, and email for the HSAG CSB Point of Contact to request supplemental PCR documents.

2. Document Submission and/or EHR Access

- Evidence for QSR may be submitted via the MART repository (non-PHI documents only), via EHR access, and/or SAFE.
- Documents uploaded to the HSAG SharePoint will not be reviewed and will be deleted.
- The EHR access period for Round 7 is *May 13, 2025*, to *May 30, 2025*, for reviewers, with an additional week of access to *June 6, 2025*, for our clinical reviewer.
- HSAG's clinical reviewer may request an extension to access or may request to re-enter an EHR after June 6 to complete a clinical review or address potential health safety and/or wellbeing concerns identified during the observation time period.
- Any CSB who prefers HSAG review of any or all documents via EHR must provide access to reviewers for the duration of this timeframe and will require submission of completed checklist(s) prior to EHR access. Please keep in mind that CSB samples will be finalized with any alternates on Monday, *May 12, 2025*. **CSBs unable to accommodate access for the full duration will be required to upload documents to SAFE.**

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- If your CSB is providing access to EHR for the review of PCR documents, the CSB must provide an EHR crosswalk and conduct virtual training prior to initiation of EHR access no later than *May 12, 2025*.
 - If your CSB is uploading PCR documents to SAFE *in addition to providing EHR access for individual records* (not including employee records), HSAG must have completed the checklist(s) **prior to** opening of EHR access, no later than *May 13, 2025*. This ensures the reviewer understands what documents will not be available until May 22, 2025 for use to score elements.
 - Any evidence needed for QSR review located in WaMS **must** be present in the individual's WaMS record no later than *May 13, 2025*, for individuals in the sample AND alternates.
 - If your CSB is uploading PCR documents to SAFE **only**, please upload all requested documents, including completed *R7 CSB Documentation Submission Checklist(s)*, no later than *May 22, 2024*.
 - Reviewers will not assess **any** CSB documentation without a completed *R7 CSB Documentation Submission Checklist(s)*.
 - The HSAG CSB Point of Contact will identify and communicate any missing documents with the expectation that all docs will be received prior to the SC interview, where PCR documents may be discussed or reviewed.
 - Please work closely with HSAG CSB Point of Contact to ensure all relevant documents required for QSR review are explicated on completed documentation checklist(s), EHR crosswalks, and/or through communication with the HSAG CSB Point of contact.
 - Please ask questions about requested documents or evidence needed *before* the document submission deadline!
 - **Communication is key!**
3. Observations from *June 9, 2025, through July 14, 2025*
- CSBs selected for review of waiver services require observation of services under review
 - CSBs not selected for review of a waiver service do not require observation of waiver service
4. Support Coordinator Interviews
- All CSBs are required to facilitate interview(s) of the SCs **assigned to individuals** sampled for waiver services. If an individual has a support coordinator assigned currently, and your CSB chooses to provide a supervisor who is NOT currently assigned to provide support coordination to complete the interview, HSAG **is required** to notify DBHDS immediately.
 - All CSBs may choose to coordinate and schedule support coordinator interviews or allow assigned QSR reviewers to schedule interviews independently
 - The deadline date for the completion of SC interviews is *July 25, 2025*
5. PQR interview
- CSBs not selected for review of a waiver service in R7 will not have a PQR interview. Please see the instructions above regarding the follow-up for missing PCR documents prior to the issuance of the CSB QSR report.
 - CSBs selected for review of a waiver service, including CSBs that did not have PCRs as part of their QSR in R7, will have a PQR interview before the CSB QSR report is issued.
 - All PQR interviews must be completed by *July 25, 2025*.
 - HSAG staff will review the documentation checklist completed by CSB to confirm that all necessary evidence has been uploaded to MART and/or SAFE for assessment. HSAG may request additional documentation specific to the PQR at the time of the PQR interview to inform accurate scoring, however, any supplemental documents requested during the PQR interview must be submitted by the CSB within 24 hrs. of the PQR interview for reviewer assessment and final scoring before the CSB report is issued.



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- PQR interview scheduled for _____
- 6. Report and QSR Quality Enhancement Plan (QEP) response
 - The report issued to each CSB will identify if a QEP response is required for deficient finding(s)
 - QEP response from CSBs due within 15 business days of receipt of R7 QSR report
 - Technical assistance is available to assist with understanding CSB reports and/or findings, development of appropriate remediations, or support with appropriate systemic interventions to address findings.
 - Any questions or concerns regarding the R7 QSR report should be directed to the HSAG CSB Point of Contact with cc to aosborn@hsag.com.

Below are responses to common questions specific to each step of QSR.



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Frequently Asked Question	Response
Kickoff and CSB Launch	
Is there anything new we need to know that is different from previous rounds?	<p>The QSR scope can change from round to round, and HSAG adjusts processes to accommodate new deadlines or other DBHDS deliverables. The scope of the PQR for R7 has changed markedly; the PCR will assess ISPs in version 4.0 only and reflects expectations for ISP development with v4.0 changes, including proper update of an in-progress ISP.</p> <p>For CSBs being reviewed for a waiver service, HSAG is required to assess staff competencies for all staff selected for observation and staff observed, if staff selected by HSAG is not staff who is interviewed and observed. HSAG will randomly select staff for observation as soon as information is entered in the provider sample, allowing ample time for the employee record upload by the documentation deadline.</p> <p>For CSBs choosing to provide reviewers access to an EHR for record review, HSAG will require reviewer access for the full duration of a set timeframe, <i>May 13 – May 30, 2025</i>. CSBs not able to accommodate this timeframe will be required to upload all documents to SAFE.</p> <p>We strongly encourage CSBs to review the available PCR and PQR evaluation criteria and CSB Documentation Submission Checklist and contact the HSAG CSB Point of Contact as soon as possible with questions to ensure a smooth and timely review.</p>
We entered primary and secondary points of contact into MART, but other staff are responsible for different requests from HSAG. How do I communicate that information?	<p>An introductory email was sent by the HSAG Point of Contact requesting confirmation of CSB points of contact for the QSR. HSAG strongly encourages the primary point of contact for your CSB to speak with the HSAG CSB Point of Contact Alina Prouty as soon as possible to identify key players and establish lines of communication, including scheduling the launch webinar.</p>
In previous rounds, there were two separate checklists for documents that were required—one for PQR and the other for support coordinator documents. Is there only one checklist for R7?	<p>Yes. HSAG consolidated the two checklists to assist CSBs with the organization and tracking of QSR requirements. The checklist has been organized by documents needed for PCR support coordination review, PCR waiver service review, and PQR documents. CSBs should use the document checklist as a guide for all evidence required for a successful QSR. CSBs may be selected to participate in a PQR that includes a review of quality improvement and risk</p>



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	<p>management documents and PCR(s) for individuals who receive waiver services provided by the CSB that include individual records specific to a waiver service. Alternatively, CSBs may be selected to participate in PCR-<u>only</u>, where only documents related to support coordination activities provided for individuals receiving services during lookback are required to be submitted.</p> <p>Please contact the HSAG CSB Point of Contact for assistance with the completion of your <i>R7 CSB Documentation Submission Checklist</i> to ensure all needed documents are submitted.</p>
Where can I find the sample list of individuals for whom you are requesting documents?	The list is on the HSAG 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 R7 folder, there will be one or two Excel documents in the Sample folder. <i>If your CSB has been selected for review of a waiver service, you will have two sample files: one for individuals sampled for review of a waiver service and a second for the CSB SC sample.</i>
Our email states the need to meet as soon as possible with our HSAG CSB Point of Contact to review our sample. Is this required?	A successful QSR can be facilitated by open and frequent communication, which is best established with a kickoff meeting to launch the next round of the QSR. This meeting will provide your CSB the opportunity to review the list of documents required, clarify expectations for evidence needed, ask questions about exclusion criteria, and troubleshoot concerns about meeting requested timelines with the HSAG CSB Point of Contact.
We have our sample, and the list of individuals includes people who have been discharged from our program but received services during September 16, 2024, through January 31, 2025. Is that individual still included?	Individuals may be excluded from QSR for one of 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 providers/CSBs should work closely with the assigned QSR reviewer to identify individuals who may be excluded as soon as possible after receipt of the sample for R7 and no later than May 2, 2025 .
We looked at our initial audit sample only to access SharePoint later and found that additional individuals had been added. There was no notification that additional individuals would be assigned. We are not checking HSAG 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 CSB samples when assigned. Licensed providers/CSBs are required to communicate the need for alternates to the HSAG CSB Point of Contact by May 2, 2025 . CSBs



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	will be informed via email no later than May 12, 2025 , that the SC sample has been updated with alternates and finalized. DBHDS also recommends that all CSBs check the HSAG SharePoint site regularly.
Document Submission and/or EHR Access	
Where do I need to upload the documents?	The DBHDS MART Repository for the submission of <i>non-PHI documents</i> is available again for Round 7. CSBs may opt into usage of MART for PQR documents or upload to SAFE. For documents that contain PHI or PII (Personal Identifiable Information), including those of employees/staff, CSBs have the option of granting QSR reviewers access to the EHR system and/or uploading to SAFE. HSAG has ceased using HSAG SharePoint for document uploads and utilizes SAFE for all document uploads. Although the CSB samples are located in the HSAG SharePoint, any documents uploaded to HSAG SharePoint will be deleted, and CSB will be required to upload into SAFE. Please email VAQSR@hsag.com for assistance with access to SAFE.
Our CSB is using MART and has completed the Master Document List (MDL) for the location of non-PHI/PII documents. Do we need to complete the checklist for HSAG?	Yes. The MART repository is a tool DBHDS developed to reduce the administrative burden for CSBs that choose to utilize it, however, the QSR requires a fully completed checklist to ensure the reviewer is able to locate all necessary documents within the MART repository. HSAG is not able to complete a valid and reliable assessment of CSB documentation without fully completed checklist(s), regardless of whether your CSB is utilizing the MART repository and the MART MDL. Please review the <i>Round 7 CSB Documentation Submission Checklist</i> instructions carefully; lack of specificity when completing the checklist, (i.e., not providing full file names for all documents located in MART) may result in findings that are not valid due to the reviewer not assessing the same document(s) the CSB believes holds the requested evidence.
What documents do I need to upload?	All documents required for successful completion of QSR are listed on the documentation checklist for CSBs, “ <i>Round 7 CSB Doc Submission Checklist</i> ”, linked below. Documents required for upload are specific to the identified lookback period of September 16, 2024, through January 31, 2025.

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	 Round 7 CSB Documentation Sub CSBs must upload all requested documents AND a completed checklist(s) for the reviewer by the relevant documentation deadline (EHR vs SAFE). Reviewers will use the provider/CSB completed checklist(s) as the guide for locating all 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 should be directed to your HSAG CSB Point of Contact.
How do I upload documents to HSAG SAFE?	An instructional video for how to upload documents to HSAG SAFE is available on the HSAG SharePoint site in the Provider Resources folder, in a link named, "HSAG SAFE." Below is the HSAG Safe User Guide.  HSAG Safe User Guide.pdf If you have followed the instructions and are having issues uploading, please contact the VAQSR@hsag.com email for assistance.
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?	The PQR and PCR tools have been available on the HSAG QSR SharePoint site in the Provider Resources folder for each round of the QSR. HSAG strongly encourages providers/CSBs to review compliance elements and relevant scoring criteria to increase understanding of DBHDS expectations and best practices. <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Round 7 PCR Evaluation Criteria </div> <div style="text-align: center;">  Round 7 PQR Evaluation Criteria </div> </div>
How will we know which employee records to upload?	Only CSBs selected for review of a waiver service are required to upload employee records. Employee records must be submitted for all staff observed/interviewed for a waiver service and will be randomly chosen per DBHDS guidance from staff added to your provider sample. CSBs selected for review of a waiver service must add the names of <i>up to three (3) FTE DSPs for each individual</i> in the provider



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	sample as soon as possible after identification of exclusions. HSAG will identify staff selected for observation from the waiver service sample after CSB's addition of staff names for each individual (no later than May 23, 2025) for the upload of documents. <u>Staff identified for observation are the employees whose records should be uploaded for review by the documentation deadline.</u> If your CSB has time constraints specific to obtaining staff records, please make your HSAG CSB Point of Contact aware.
What documents will HSAG review onsite?	Due to requirements of the DOJ Independent Reviewer, HSAG is not able to accommodate virtual or in-person assessment of documents. All documents used to score compliance with QSR elements must be submitted to MART, SAFE, or via EHR. If your CSB is using MART for the upload of PQR documents, please review the Master Document List for any documents containing PHI needed for the QSR, ensure they are submitted via SAFE or through your CSB's EHR, and note the location on your completed <i>R7 Documentation Submission Checklist</i> . If the QSR reviewer determines while onsite that additional documentation is necessary to complete scoring (for example if staff selected by HSAG for observation is not present on the day of observation, additional records for the DSP observed will need to be added post-observation), the CSB will be notified by the HSAG CSB Point of Contact of evidence required for supplemental upload to SAFE.
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 likely will be found in many PQR documents that detail tracking of performance data and/or employee records. 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.
Why doesn't HSAG give CSBs an opportunity to submit documents we may have missed? We are getting 'dinged' when we have the document available if the reviewer has just asked us.	Due to the timelines established by DBHDS, QSR reviewers have very limited time post-PQR interview to assess supplemental documents. A successful QSR is reliant on a CSB's ability to provide a complete review package with all relevant evidence by the document deadline for reviewer assessment.

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	<p>Additionally, a reliable and valid assessment is built using standardized processes for all 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 the 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 CSBs to utilize the <i>R7 Provider Doc Submission Checklist</i> as a guide for what evidence is needed for QSR R7 and review completed checklist(s) with the HSAG CSB Point of contact to ensure all documents are submitted by the document deadline and not omitted from provider upload, and/or facilitate reviewer location of needed evidence in an EHR system. HSAG encourages CSBs to review the <i>R7 CSB Doc Submission Checklist</i> and request clarification about what evidence to upload during your launch webinar. CSBs will be provided 24 hours post-PQR interview to submit any supplemental PQR documents HSAG has requested to confirm scoring. PCR documents will not be reviewed during the PQR interview, and no supplemental PCR documents submitted post-PQR interview will be evaluated.</p>
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 CSB EHR system with all reviewers who will need access to your system, we require CSBs to provide an EHR crosswalk for participants to use <i>during the virtual review</i> whenever possible. Please email your HSAG CSB Point of Contact to schedule a virtual EHR review.
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>R7 CSB Doc Submission Checklist</i> is the guide for CSBs to identify what documents/evidence are necessary for a successful QSR review and provides a clear roadmap for the reviewer to locate all documents pertinent to the individual. If a particular document requested <i>does not have a standardized location for all individuals sampled</i> , CSB should 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.

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Please 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 May 13, 2025.</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 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 must complete the documentation checklist to specify which EHR system each document is located in and provide a written crosswalk for both systems. <i>Virtual tours/training of multiple EHR systems will not be sufficient to ensure reviewers' successful navigation of your EHR systems.</i> The HSAG CSB Point of Contact 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 the HSAG CSB Point of Contact.
Observations and Support Coordinator Interviews	
The individual selected has a support coordinator, but that support coordinator did not create the Individual Support Plan (ISP) reviewed. Do you still need to interview them?	If the SC who developed the ISP pertinent to the lookback period is <i>not</i> currently working with the individual, the <i>current</i> SC is responsible for completing the interview. If an individual has a support coordinator assigned currently, and your CSB chooses to offer a supervisor NOT currently assigned to provide support coordination to complete the interview, HSAG is required to notify DBHDS immediately.



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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-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.
What if family members do not want to participate? Additionally, what happens if the family does not have a way to do a virtual visit? Will a telephone interview work?	Family members are encouraged to participate but have the right to decline participation. Additionally, individuals selected for review of their service have the right to request HSAG not to interview their family. HSAG offers the option to complete family interviews in person, virtually, or by phone.
The individual sampled has been transferred to another CSB. Do we still need to upload documents for review?	Yes. If the individual was not serviced through your CSB for <i>any</i> portion of the lookback (i.e., no support coordination <i>at all</i> during the lookback), please notify your HSAG CSB Point of Contact for the next steps.

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PQR Interviews	
Our CSB has not been selected for review of a waiver service. When do we get our exit interview?	While the QSR does not conduct exit interviews per se, CSBs will have the opportunity to discuss findings with HSAG staff at the time of report issuance and receive technical assistance regarding findings or appropriate systemic remediations. The PQR interview, conducted with CSBs selected for review of waiver services, is used for additional data collection and assessment by QSR reviewers, not a review of preliminary findings.
Who should attend the PQR interview?	CSBs can determine which staff are appropriate to attend the PQR interview. PQR interview questions are available in the PQR Tool and Evaluation Criteria, linked above in this document and found on the HSAG SharePoint site. Please review these interview questions to determine the most appropriate staff to attend and communicate participants to your assigned QSR reviewer for inclusion in the virtual PQR interview.
Reports and QEPs (Post-Review)	
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;">  DBHDS QIP to QEP Memo 3.25.25.pdf </div> <p>provide.</p>
Findings in the QSR report are not detailed enough for a CSB to follow up with specific support coordinators to correct the deficient finding.	QSR report findings are de-identified and utilize sample IDs for individuals reviewed. CSBs are strongly encouraged to review QSR findings systemically rather than singular deficiencies to be corrected. Your HSAG CSB Point of Contact is available to provide technical assistance specific to a systemic understanding of QSR findings and incorporation of HSAG recommendations for remediation into CSB quality improvement activities.
We received our report and have questions. Is our HSAG CSB Point of Contact the person to ask?	Yes. Your HSAG CSB Point of Contact is the best person to respond to questions regarding findings in your QSR report.



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How is the QSR QEP different from our agency QIP? I submitted our agency quality improvement plan — what else does HSAG need?	The QSR QEP is the response submitted to HSAG that details how the provider/CSB will address deficiencies identified in the QSR and is a required last step of each round of the QSR. Providers who have QSR QEP/QIPs from <i>previous rounds</i> of the QSR are required to submit evidence of progress towards those actions AND are required to show evidence of integration into current provider quality improvement activities. QSR QEP is not pertinent to providers who have not previously participated in the QSR or providers whose participation did not result in deficient findings.
We disagree with the findings in our QSR report. How do we dispute findings?	The HSAG CSB Point of Contact and administrative team are available to assist with understanding the findings in your CSB report and can explicate findings in dispute for best remediation. QSR is somewhat unique from other reviews in that deficiencies are identified, but no citations are issued, nor is there a formal appeal process. All QSR findings disputed by a CSB are communicated to DBHDS. Please notify your HSAG CSB Point of Contact of any findings in dispute as soon as possible after receiving your report so HSAG can provide details about what evidence will be needed for disputed findings and schedule a virtual technical assistance session with your CSB, HSAG administrators, and DBHDS to discuss.