PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
SC Docs				
1. Does this case meet criteria for partial review (SC documentation and interview only)?	☐ Yes ☐ No	**Yes**: Case meets criteria for individual who is excluded but provider does not have any alternate individuals for review – SC documentation and SC interview required only. **No**: Case does not meet criteria for SC documentation and SC interview only.	Based on DBHDS requirement for SC documentation and interview to be completed for PCRs under the following criteria: • the individual did not receive services, but the provider has no alternates available • hospitalized or incarcerated • not currently receiving services • the individual declined to participate but the provider has no alternates available	
2. Effective date of ISP reviewed.	Date field	The reviewer will document the effective date of the ISP reviewed.	Reviewer will enter the effective date of the **most recent** ISP completed.	
3. The ISP for this review period is within 365 days of the previous ISP.	☐ Yes ☐ No ☐ N/A	**Yes**: The current ISP was completed in 365 days or less, from the date of the previous ISP completion date. The ISP must be in completed or ***pending provider completion*** status. **No**: The ISP was completed greater than 365 days OR the ISP is in ***pending SC completion*** status. **N/A**: Individual has been receiving waiver support for less than one year.	HCBS Question Reviewer must assess if the ISP reviewed was completed within 365 days of the previous ISP. Reviewer should use the **effective date** in WaMS to confirm timely completion.	CSB: ISP Development - Administrative

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
4. Is Part I of the ISP complete and thorough?	☐ Yes ☐ No	**Yes**: Review of the ISP Part I includes: • The individual's ISP meeting details, • Talents & Contributions, • Important To/For and wants/does not want. • Information provided must be in person-centered language. **No**: Review of the ISP Part I indicates it does NOT include all aspects of person-centered planning described in bullets, and/or does not capture how the person is best supported.	Part I of the ISP will be reviewed to determine if it contains adequate information for a reader to have a good idea of the individual's specific likes, preferences, and how the person is best supported. Part I must be written in person first language and address all life areas Important To and For the person (not necessarily all life areas). This is an all-or-nothing element, meaning if any section of Part I is not completed or does not adequately reflect the individual, reviewer must score the element '**No**'. If there is evidence a life area is **Important To** the individual and was omitted from Part I, reviewer must score element '**No**'. https://dbhds.virginia.gov/wp-content/uploads/2023/10/Life-Area-Cheat-Sheet-FINAL_newlogo-1.pdf	CSB: ISP Development - Administrative
5. Did the individual have the opportunity to invite preferred people to assist with the development of the ISP?	☐ Yes ☐ No	**Yes:** Review of the ISP Part I indicates that the individual was given the opportunity to invite preferred people to participate in the planning process. **No**: Review of the ISP Part I indicates that it is not complete, or it is not clear from documentation that the individual was able to invite preferred people to	HCBS Question Reviewer will determine if the individual was able to have support from preferred people during their planning process. This should be documented in Part I of the ISP or maybe documented in the annual meeting progress note. SDM: Substitute or Shared decision maker, including a Legal Guardian as appointed by a judge (guardianship papers shall be on file with all agencies supporting this person) OR Authorized Representative (each agency supporting this individual shall have an AR identified)	CSB: ISP Development - Administrative

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		participate in the planning process.		
6. Does the ISP Part II Essential Information, Medications section include prescribed and/or over-the-counter medications?	☐ Yes ☐ No ☐ N/A	**Yes**: Review of the ISP Part II Essential Information Medication Section includes the individual's prescribed and/or over-the-counter medications. **No**: Review of the ISP Part II Essential Information Medication Section does not include the individual's prescribed and/or over-the-counter medications. **N/A**: Review of the ISP Part II identified that the individual does not have any prescribed or over-the-counter medications.	Reviewer will assess the MAR for the individual submitted by the provider to confirm all prescribed and/or over-the counter medications are included in Section II: Essential Information, Medications. The sections must be completed for the reviewer to select '**Yes**'. If any part of Part II: Essential Information, Medications is incomplete and does not have documentation why it is incomplete, the reviewer will select '**No**'. If the individual takes prescribed and/or over the counter medications without support from a licensed provider (i.e., individual lives alone and does not require supports for medication management OR the individual relies on natural support such as family for medication management) and no MAR is available, reviewer will score element **Yes if** all medications are recorded in ISP.	CSB: ISP Development - ISP Thorough
7. If **Yes**, is there documentation of medication side effect review as indicated in Part II Essential Information, Medications section of the ISP?	☐ Yes ☐ No	**Yes**: Review of ISP Part II section, SC progress notes, EHR or other form located in the individual's record includes the individual's medication possible side effects. **No**: Review of the ISP Part II section does not include where to locate the individual's medication side effects, or review of the	Reviewer will determine if the potential side effects for each medication listed in Part II section of the ISP are documented as reviewed with the individual in the individual's record. Side effects may be documented in WaMS, in an SC progress note at the time of ISP development, printed, and included in the paper chart, in the CSB's EHR, uploaded as an attachment in WaMS, or documented in some other form that the reviewer is able to confirm where side effects can be located.	CSB: ISP Development - ISP Thorough

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		individual's record shows no evidence possible side effects were discussed.		
8. Does the ISP Part II Essential Information, Social, Developmental, Behavioral, and Family History sections include the individual's social, developmental, behavioral, and family history?	☐ Yes ☐ No	**Yes**: Review of the ISP Part II includes the individual's social, developmental, behavioral, and family history. **No**: Review of the ISP Part II does not include the individual's social, developmental, behavioral, and family history.	Reviewer will determine if ISP Part II Essential Information, Social, Developmental, Behavioral and Family History sections, document the individual's history as appropriate. While reviewer will likely not be able to **confirm** the history narrated here, scoring should be informed by assessment of accuracy of information found in narrative, and reviewer's best judgement reflects individual's social/developmental/behavioral history appropriately. At minimum, narration must include accurate representation of trauma history, accurate representation of current living arrangements, and any social/developmental/behavioral or family history specifically tied to current ISP goals or outcomes. This is an all or nothing scored element, meaning any part of Section II: Social, Developmental, Behavioral and Family History is incongruent with information found in relevant assessments, the reviewer will select '**No**'.	CSB: ISP Development - ISP Thorough
9. Does the ISP Part II Essential Information Employment section include the individual's employment status and assessment of barriers to employment?	☐ Yes ☐ No ☐ N/A	**Yes**: Review of ISP Part II Employment section confirms that employment options were discussed, and the individual's decision related to employment is documented. **No**: Review of ISP Part II did not confirm that employment options were discussed, and the individual's decision related to employment is not documented. **N/A**: The individual was under the age of 14 OR over the age	HCBS Question **This element is applicable to individuals aged 14-64 only.** The reviewer will determine if the SC completed all sections of ISP Part II: Employment. If the individual has no interest or is no awareness of employment, the conversation about employment is still REQUIRED to be conducted annually.	CSB: ISP Development - ISP Thorough

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		of 64 when the ISP was developed.		
10. Does the ISP Part II include the individual's integrated community involvement status?	☐ Yes ☐ No	**Yes**: Review of the ISP Part II confirms the individual's integrated community involvement status was discussed. **No**: Review of the ISP Part II does not confirm the individual's integrated community involvement status was discussed.	HCBS Question The reviewer will determine if the SC completed all sections of ISP Part II: Integrated Community Involvement status.	CSB: ISP Development - ISP Thorough
11. Does the ISP Part III Shared Planning Identified and Potential risks sections reflect all high-risk health factors and potential risks for diagnoses listed in ISP Part II Physical and Health Conditions?	☐ Yes ☐ No ☐ N/A	**Yes**: Review of the ISP confirms that **all** high-risk health factors and potential risks for diagnoses, confirmed health conditions and/or chronic health conditions identified in Part II Physical and Health Conditions are incorporated into the ISP Part III Shared Planning section. **No**: Review of the ISP indicates there are high-risk health factors and/or potential risks associated with diagnoses or chronic health conditions documented in ISP Part II Physical and Health Conditions section that were omitted from ISP Part III	Reviewer should assess all sections of ISP Part II for medical and/or behavioral diagnoses, confirmed health conditions and/or chronic health conditions, and validate **all** risks and potential risks associated with **each** diagnosis are present in ISP Part III Shared Planning Identified and Potential Risks Section. This element is intended to assess if the ISP includes all risks and potential risks associated with diagnoses, health conditions, and/or chronic health conditions documented in ISP Part II Physical and Health Conditions. Reviewers will score **Yes** if review of the most recent ISP confirms **ALL** risks and potential risks associated with diagnoses, and confirmed or chronic health conditions, in documented in Part II Physical and Health Conditions are found in ISP Part III Shared Planning as required. Reviewer must score '**No**' if review of the most recent ISP does not confirm ALL risks and potential risks associated with diagnoses and/or chronic health conditions documented in ISP Part II, Physical and Health Conditions are captured properly in Part III Shared Planning, as required. *Reviewer must also consider the score for element 27 and the result of any clinical review which could impact scoring for this element.*	CSB: ISP Development - ISP Thorough

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		Shared Planning Essential Supports. **N/A**: Individual does not have any diagnoses and/or chronic health conditions documented in ISP Part II Physical and Health Conditions OR the diagnoses and/or chronic health conditions do not have any known or potential risks.	This is an all-or-nothing element, meaning if **any** risks or potential risks associated with diagnoses and/or chronic health conditions documented, in Part II Physical and Health Conditions is omitted from Part III Shared Planning, reviewer must score element '**No**'.	
12. Describe any risks or potential risks associated with diagnoses and/or chronic health conditions documented in the ISP Part II Physical and Health Conditions that were omitted from the ISP Part III Shared Planning Essential Supports section.	Text Field		This element will open only if the previous element is scored '**No**'. Reviewer should list *any risk or potential risk that is not properly documented in the ISP Part III Shared Planning Section.* For each risk of potential risk omitted from Part III, the reviewer must **list the diagnosis AND the risk or potential risk omitted** from Part III Essential Supports. *For example, if Part II notes a seizure diagnosis but Part III Essential supports is missing potential risk of fall with injury, the notation here should state **Seizure dx; No fall risk in Part III.***	
13. The ISP Part III Shared Planning Routine Supports section identified all medical needs found in the SIS or other relevant assessments.	☐ Yes ☐ No ☐ N/A	**Yes**: All medical needs identified in the SIS or other relevant assessments are addressed in ~~the~~ Part III Routine Supports section of the ISP. **No**: There are medical needs identified in the SIS or other relevant assessments which are NOT addressed in Part III	Reviewer will consider the most recent assessments Support Coordinators utilized to develop the ISP and confirm all medical needs documented in an assessment(s) are present in Part III Routine Supports section of the ISP. Most recent assessment(s) may have occurred outside of lookback period; the reviewer should consider some assessments are not completed annually. Possible assessments: SIS (Supports Intensity Scale)—located in WaMS CRAT (Crisis Risk Assessment Tool)- Maybe in WaMS or provided by CSB (SC document) VIDES—located in WaMS	CSB: ISP Development - ISP Thorough

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		Routine Supports section of the ISP. **N/A**: Individual has no medical needs identified in the SIS or other relevant assessments utilized to develop the ISP.	Physical—Uploaded by provider or SC Dental—Uploaded by provider or SC FBA (Functional Behavioral Assessment)—may be uploaded in WaMS, by the provider, or by the SC Review the Clinical Decision Tree for clinical referral if needed	
14. The ISP Part III Shared Planning Routine Supports section identified all behavioral needs found in the SIS or other relevant assessments.	☐ Yes ☐ No ☐ N/A	**Yes**: All behavioral needs identified in the SIS or other relevant assessments are addressed in ~~the~~ Part III Routine Supports section of the ISP. **No**: There are behavioral needs identified in the SIS or other relevant assessments which are NOT addressed in Part III Routine Supports section of the ISP. **N/A**: Individual has no behavioral needs identified in the SIS or other relevant assessments utilized to develop the ISP.	Reviewer will consider the most recent assessments Support Coordinators utilized to develop the ISP and confirm all behavioral needs documented in an assessment(s) are present in Part III Routine Supports section of the ISP. Possible assessments: SIS (Supports Intensity Scale)—Located in WaMS CRAT (Crisis Risk Assessment Tool)- Maybe in WaMS or provided by CSB (SC document) VIDES—located in WaMS Physical—Uploaded by provider or SC Dental—Uploaded by provider or SC FBA (Functional Behavioral Assessment)—may be uploaded in WaMS, by the provider, or by the SC Review the Clinical Decision Tree for clinical referral if needed	CSB: ISP Development - ISP Thorough
15. Outcomes are developed in the life area of Employment as appropriate.	☐ Yes ☐ No ☐ N/A	**Yes**: Review of the ISP Part I indicates life area of Employment as **Important To** the individual, AND Part III includes Outcome in life area of Employment.	HCBS Question Reviewer will confirm development of Part III Outcome in life area of Employment as appropriate. 'As appropriate' is defined as a life area documented **Important To** the individual in ISP Part I. Reviewers will review Part I **Important To** section of the ISP to determine if Employment is Important To the individual and score element accordingly.	CSB: ISP Development - Outcomes Developed

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		No: Review of the ISP Part I indicates life area of Employment as **Important To** the individual but no Part III Outcome in life area of Employment was developed, or there is no evidence an Employment discussion occurred. **N/A:** Part II Employment section indicates individual is **not interested in seeking employment**.	Reviewers will score element '**Yes'** if employment has been identified as Important To the individual AND an outcome has been developed. Reviewers will score element '**No'** if employment has been identified as Important To the individual WITHOUT development of corresponding outcome, or if there is evidence employment is **Important To** the individual and was omitted from Part I. If there are any concerns that ISP Part I is not thorough or does not accurately reflect the individuals' preferences for this life area, if or if the life is noted as **Important For** the individual **only**, or the Employment section is not complete or does not address barriers to employment, the reviewer must score element '**No'**. Reviewers will score element '**N/A'** if Part II Employment section indicates individual is not interested in seeking employment.	
16. Are the outcomes developed in ISP Part III reflective of what is Important To the individual as evidenced in the ISP Part I Important To section?	☐ Yes ☐ No	**Yes**: Review of the ISP Part III indicates outcomes listed are reflective of what is documented as Important To the individual in ISP Part I **Important To** section. **No**: Review of the ISP Part III indicates outcomes listed are not reflective of what is documented as Important To the individual in ISP Part I **Important To** section.	HCBS Question Reviewer will confirm if ISP Part III Outcomes, with the exception of any outcome designated to the support coordinator for case management supports, are reflective of what is documented as Important To the individual in Part I **Important To** section. All outcomes in Part III except those designated to the support coordinator as part of case management supports should be reviewed to confirm they include what is Important To the person, as found in Part I **Important To** section. Part I **Important To** section may list things that are important to the person which are not tied to a goal; hence the Part III may not include an outcome for everything identified as important to the person. However, all outcomes in Part III not designated to the support coordinator must be important to the person and listed in Part I. Reviewers will score the element YES if all outcomes except those designated to the support coordinator for case management activities are reflective of what has been documented as **Important To** the individual in Part I of the ISP.	CSB: ISP Development - Outcomes Developed

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
			Reviewers will score the element '**No**' if any outcomes except those designated to the support coordinator for case management activities are reflective of things not identified as **Important To** the individual in Part I of the ISP.

If the ISP Part I **Important To** section is not complete, or does not adequately reflect the individual, the reviewer must score this element '**No**'. | |
| 17. Are all outcomes identified in ISP Part III linked to Part V Plan for Supports (PFS) as appropriate? | ☐ Yes ☐ No | **Yes**: Review of documentation confirmed provider Part V includes all outcomes assigned to them in ISP Part III.

No: Review of Part V did not confirm provider Part V includes all outcomes assigned in Part III OR Part V does not include the services and supports provider has identified to achieve the outcomes. | This element is intended to confirm presence of Part V PFS for each Part III Outcome as appropriate. Reviewer must confirm that each provider assigned to an outcome in Part III has uploaded a PFS for that service unless the outcome is assigned to a natural support.

This is an all-or-nothing element, meaning if there are any Part III Outcomes that do not have corresponding PFS, reviewer must score element '**No**'.

Part III Outcomes and provider Part V Plan for Supports should be congruent, meaning all outcomes assigned to that provider service are included in the affiliated Part V, however this element is assessing the presence of PFS, not the quality of the PFS. | CSB: ISP Development - Outcomes Developed |
| 18. Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions? | ☐ Yes ☐ No ☐ N/A | **Yes**: ISP Part IV Team Questions section indicates team member objection and review of documentation validated that strategies for solving conflict or disagreement during ISP planning process were discussed and resolved.

No: Review of documentation did not validate that the Support Coordinator resolved documented conflict or | This element is intended to assess if the Support Coordinator appropriately documented conflict or disagreement which may occur during ISP planning, including notation of resolution or attempts at resolution.

Reviewers must review ISP Part IV Team Questions section for indication of team member objection to outcomes or essential supports in the plan and assess if the support coordinator addressed the disagreement appropriately. Evidence of conflict or disagreement is indicated when any of the five questions in this section are YES. While some issues may not be resolvable, the expectation is the SC will attempt to resolve these objections and document those attempts in a progress note.

To indicate '**Yes**' reviewer must confirm for any team member objection to outcomes or essential supports documented in Part IV Team Questions section of the ISP, appropriate Support Coordinator notation is documented, including its resolution or attempts at resolution. Resolution or attempts at resolution must be documented in progress notes. | CSB: ISP Development - Outcomes Developed |

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		disagreement during the ISP planning process. **N/A**: All Team questions in ISP Part IV Agreements section are scored **No**, indicating no conflict or disagreement with the process was found in the record which required resolution by Support Coordinator.	A '**No**' will be indicated if any Team Member Questions are scored '**Yes**' without documentation the SC attempted to resolve the objection as documented in SC progress notes. An '**N/A**' score is indicated when review of the ISP Part IV Team Questions section documents no team member objections to outcomes or essential supports in the plan.	
19. Date WaMS documentation review completed.	Date field	Reviewer will enter the date WaMS review is completed, and elements are scored.		
20. Date Support Coordinator documentation review completed.	Date field	Reviewer will document the date all SC documentation provided through EHR or upload has been reviewed.	Reviewer should enter date all SC documentation has been reviewed, through EHR access or document upload. Date of completed SC document review should be PRIOR to conducting SC interview to allow for request of additional documents if necessary.	
21. Date(s) of quarterly ISP review by SC during lookback.	Date field	Reviewer will enter the date(s) of ISP Quarterly review signed by the Support Coordinator during the lookback. This element will **repeat** to capture all review dates within the review lookback period.	Element will be repeating to capture the date(s) that the SC quarterly reports were **submitted** during the lookback period. Reviewers should confirm dates of quarterly review via the SC notes/documentation. Documentation may also be provided in the form of the example in the embedded document: 📄 PDF person-centered-review.pdf	
22. The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days. Source: FY 2022 and FY 2023 Community Services Performance Contract	☐ Yes ☐ No ☐ N/A	A '**Yes**' rating is indicated when the ISP was reviewed quarterly or every 90 days. A '**No**' rating is indicated when the ISP was **not** reviewed quarterly or every 90 days, OR	The Individual Support Plan must be reviewed every three months (at a minimum). A 30-day grace period to complete the person-centered review of the Individual Support Plan will be permitted. The day the person-centered review is actually completed does not affect the due date for the next review. For instance:	CSB: ISP Development - Outcomes Developed

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		if SC documentation indicates provider Quarterly Review was not submitted timely to include. A '**N/A**' rating is indicated if the individual has been enrolled in waiver services for less than 90 days.	<table><tr><td>**QR [PCR] Review Period:**</td><td>**Date Provider QR is due to SC:**</td><td>**SC QR due date in record:**</td></tr><tr><td>01/01 to 03/31</td><td>04/10</td><td>04/30</td></tr><tr><td>04/01 to 06/30</td><td>07/10</td><td>07/30</td></tr><tr><td>07/01 to 09/30</td><td>10/10</td><td>10/30</td></tr><tr><td>10/01 to 12/31</td><td>01/10</td><td>01/30</td></tr></table> The reviewer can utilize the date duration calculator to assist with determining the score for this element. https://www.timeanddate.com/date/duration.html	
23. The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual's residential setting, and who provides them. Source: FY 2019 and FY 2020 Community Services Performance Contract, DOJ Settlement Agreement Joint Filing Indicator V.I.1 and V.I.2	☐ Yes ☐ No	A '**Yes**' rating is indicated when the Virginia Informed Choice form is present, signed, and dated). A '**No**' rating is indicated when the Virginia Informed Choice form is not present, or is present but is not signed and dated.	HCBS Question The reviewer will utilize the completed Virginia Informed Choice form (DMAS 460) as the primary documentation source to inform this element as it is completed annually. The Virginia Informed Choice Form must be signed and dated for it to be considered completed. Individuals and families now receive the Service Selection Guide for DD Waivers as a resource to learn about services they can choose and has resources on how to find providers. Included in the Selection Guide is a list of all DD Waiver services and what they mean by type of waiver. The Service Selection Guide provides clear information regarding less restrictive community options in non-disability specific settings. The Virginia Informed Choice form clearly indicates the informed choice for services and supports.	CSB: ISP Implementation - Choice

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
			Confirmation of choice could be evidenced by completion of the confirmation statement in Part IV of the ISP: "Have I chosen all of the providers and services I receive having been informed about the benefits and risks?" Confirmation of choice could also be evidenced in progress note(s). 📄 PDF DMAS-460_Virginia-Informed-Choice-VI(📄 PDF Service-Selection-Guide-for-DD-Waiver:	
24. The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	☐ Yes ☐ No	A '**Yes**' rating is indicated when the ISP is signed **AND** dated by the individual/representative **and** all providers responsible for its implementation. A '**No**' rating is indicated when the ISP is **NOT** signed **AND** dated by the individual/representative and all providers responsible for its implementation.	HCBS Question Reviewer will determine if the ISP has been signed by the individual, their authorized representative, SDM (if applicable), SC, and all providers. To indicate '**Yes**', there must be a current ISP in the record signed by the SC and the individual/representative and all providers. Reviewer should locate the signature in ISP Part IV (Signatures) and Part V (Signatures), or notation of signatures located in EHR. If there is no signature from the individual/representative, then the record must indicate that the request for a signature was made.	CSB: ISP Implementation - Process
25. Date of contact:	mm/dd/yyyy	Reviewer will enter the date of each contact with the individual/authorized rep/guardian, for the defined lookback period/evaluation timeframe. This element will **repeat**.	This element will repeat to capture all dates of SC-required contact with the individual during the SC lookback period. Reviewers should document the dates of all required contacts (monthly for ECM, quarterly for TCM) at a minimum. Additional contacts that consist of a comprehensive discussion/observation of the individual's supports and progress towards outcomes can be captured.	
26. Type of contact:	☐ Face-to-face (In person) ☐ Phone ☐ Video/virtual	Reviewer will enter the type of each contact with the individual/authorized rep/guardian.	This element will repeat for all dates of contact entered.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		Face-to-face: contact was completed face-to-face with the individual/authorized rep/guardian Phone: contact was completed telephonically Video/virtual: contact was completed virtually This element will **repeat**.		
27. The ISP was developed according to the processes required.	☐ Yes ☐ No	**Yes**: A yes rating is indicated when evidence supports the ISP reviewed: • Was developed in coordination with the individual and their family/caregiver, as appropriate, all providers, and others as desired by the individual. • Includes updated VIDES, completed within a year of previous VIDES; and • Includes **accurately** updated risks and potential risks. • Includes outcomes that reflect what is	HCBS Question Reviewer will confirm the ISP reviewed was developed according to processes required, specifically if the ISP was developed in coordination with the individual's family and providers as appropriate, includes and updated VIDES, accurately updated risks, reflect meaningful conversations about employment and integrated community involvement, and includes **at least** one outcome that reflects something Important To the individual. When determining accurate update of risks and potential risks, *reviewers must consider the score for element 11 and if the score is NO*, indicating risks or potential risks have been omitted from ISP Part III Shared Planning section, **this element must also be scored 'No'.** A '**Yes**' score is indicated when-there is evidence the support coordinator completed all bulleted tasks. This is an all-or-nothing element, meaning if any of the required scoring criteria were not completed, reviewer **must select 'No'.** DD Waiver Manual, Chapter 4, Page 29:	CSB: ISP Implementation - Process

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		Important To the person • Includes evidence of a meaningful conversation about employment, if applicable • Includes evidence of a meaningful conversation about integrated community involvement **No**: A no rating is indicated when **any** of the above criteria were not followed	The VIDES must be updated within a year of the last completed VIDES, with an allowance of completion by the end of the month in which it is due or up to two weeks into the next month if the due date is at the end of the month.	
28. If **No**, please describe the ISP development processes that were not followed as required.	Text Field		Reviewer should include notation here of **any required ISP development processes that were not followed.** The reviewer notation must be specific and detail what aspect of the criteria above were not included or documented as part of ISP development.	
29. Did the individual have a change in status since initiation of the ISP?	☐ Yes ☐ No	**Yes**: Documentation indicated that the individual had a change in status since initiation of the most recent ISP. **No**: Documentation indicated that the individual did not have a change in status since initiation of the most recent ISP.	This element is reviewer evaluation of changes in status which may have occurred since initiation of the ISP as evidenced in support coordinator documentation, including but not limited to assessments completed after the initiation of the ISP, progress notes, and/or quarterly reviews . This element is **not** confirmation the SC properly documented the change through an update to the in-progress ISP but rather is an objective assessment of the individual *based on support coordinator documentation submitted*. Below is list of possible assessments that a reviewer could find in the record which **may** indicate changes in status: OSVT (On-Site Visit Tool) – uploaded by CSB SIS (Supports Intensity Scale)—located in WaMS	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
			CRAT (Crisis Risk Assessment Tool)- Maybe in WaMS or provided by CSB (SC document) Physical — Uploaded by the residential provider or SC Dental — Uploaded by the residential provider or SC FBA (Functional Behavioral Assessment)—may be uploaded in WaMS, by the provider, or by the SC "Change in status" refers to: - changes related to a person's mental, physical, or behavioral **condition** - changes in one's **circumstances** to include representation, financial status, living arrangements, service providers, eligibility for services, services received, and type of services or waiver.) (https://dbhds.virginia.gov/assets/doc/sccm/osvt-definitions-defining-change-in-status-and-isp-implemented-appropriately-6.9.20-final.pdf) **'Yes'** should be selected if the documentation submitted shows evidence of changes to an individual's needs or status since initiation of the ISP (for example a WaMS addendum, updated PFS/Part V, or noted as change in Quarterly Report, OSVT, or support coordinator progress notes.) **'No'** should be selected if the review of the ISP and/or other individual record documentation indicates the individual did not have any new needs or changes in status since initiation of the ISP. **Reviewers must ensure the change in status element in Provider Tab (element 127) is scored the same as this element.** osvt-definitions-defining-change-in-status-and-isp-implemented-appropriately-6.9.20-final.pdf (virginia.gov) 12VAC35-105-650, 12VAC35-105-675.	
30. If **Yes**, was the ISP updated to reflect the change in status?	☐ Yes ☐ No	**Yes**: The ISP was updated to reflect the change in status.	This element will open if the reviewer has determined a change in status occurred since the effective date of the ISP reviewed and the previous element is scored **'Yes'**.	CSB: ISP Implementation - Change of Status

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		No: The ISP was not updated to reflect the change in status.	This element is intended to assess if **updates** were made to the ISP (i.e., Part II essential information, Part V outcomes, support activities, support instructions) *to reflect changes in status which occurred after the initiation of the ISP*. Reviewers will score element '**Yes'** if review of the ISP confirms **it was updated** after the individual's change in status. Reviewers will score element '**No'** if review of the ISP does not confirm it was updated after the individual's change in status.	
31. If **No**, does the individual's file include documentation the support coordinator identified and resolved the change(s) in status (any new or unidentified risk, injury, need, or deficiency in support plan or discrepancy between implementation of supports and services and the individual's strengths and preferences) through the convening of the individuals' team to address the issue? Source: FY 2022 and FY 2023 Community Services Performance Contract	☐ Yes ☐ No	A '**Yes'** rating is indicated when there is documentation the support coordinator identified all changes in status **AND** evidence that the individual's support planning team was convened by phone, video, or in-person to address the issue. A '**No'** rating is indicated when evidence indicates the support coordinator failed to identify a change in status OR there is documentation the support coordinator identified change(s) in status but did NOT convene the support planning team to address the issue.	HCBS Question This element will only open if the previous was scored **No**. This element is intended to assess if any changes in status that may have occurred since the initiation of the ISP were addressed and resolved properly by the support coordinator and the individual's support planning team. For '**Yes'**, the following *must be documented in the individual's record*: 1) Evidence the SC identified an unidentified (new or not known to the individual during ISP development) or inadequately assessed risk, injury, need (for example, unable to locate a service provider in the region), or change in status, deficiency in the individual's support plan or its implementation, or discrepancy between the implementation of supports and services and the individual's strengths and preferences. This includes but is not limited to changes in status noted in the OSVT, progress notes, quarterly reviews, or other assessments completed after the initiation of the ISP. 2) Evidence the support planning team was convened to address the issue. This could be completed telephonically with the team. 3) Evidence the issue(s) was resolved during the team meeting, or referrals to address the risk were completed, including follow up and documentation in OSVT. '**No'** should be selected when ANY of the above were not evidenced or documented in the individual's record.	CSB: ISP Implementation - Change of Status

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
			Support Coordination/Case Management Manual / Virginia Department of Behavioral Health and Developmental Services 🗎 osvt-format-dds-on -site-visit-tool-11.22	
32. Describe any inadequately addressed or previously unidentified risk, injury, need, change in status, deficiency in support plan or support implementation, and/or discrepancy between support implementations, services provided, and the individual's strengths and preferences.	Text field	If the preceding scored element is answered '**No'**, the reviewer will document the findings.	This element opens if the previous element is scored '**No'**. **The reviewer must include here a description of the inadequately addressed change in status which occurred during the lookback.** Reviewer description must be succinct and provide clear explanation of the change(s) in status which occurred that the support coordinator failed to identify or properly address. When possible, the reviewer should provide sufficient detail to direct the support coordinator/CSB to where evidence of the change was documented (*i.e., 'individual experienced loss/death of parent who serves as SDM as documented in OSVT dated 11/1/24 but no action taken to discuss change or assess new needs secondary to loss'*). In the event that the reviewer identifies that the ISP documentation is inconsistent with the individual's diagnoses, history, stated desires, etc., the reviewer should **refer to the Clinical Decision Tree** to assist with determining whether the concern warrants further review and potential follow-up with the SC and/or DBHDS. 🗎 osvt-format-dds-on -site-visit-tool-11.22	
33. Additional assessments for conditions listed have been offered and/or completed.	☐ Yes ☐ No ☐ N/A	**Yes**: Review of support coordinator documentation indicates additional assessment has been offered and/or is in progress for all condition(s) listed.	The intent of this element is to identify opportunities for additional assessment of specific health conditions which could increase an individual's functional skills and **ensure clinical recommendations are communicated to the support coordinator and/or provider as appropriate.** The reviewer must assess the individual's record for evidence of any condition listed below and follow the relevant query prompt explicating possible additional assessment(s)	CSB: ISP Implementation - Change of Status

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria

		No: Review of support coordinator documentation indicates additional assessment was not offered for any conditions listed.
		
		N/A: Individual's record does not show evidence of any of the identified medical/behavioral conditions listed.
			that could be evidenced in the individual's record to determine appropriate score for this element.
			The reviewer should score element after review of documentation including but not limited to the:
			   - the ISPs pertinent to the lookback, - assessments completed in conjunction with ISP development and/or after initiation of the ISP, - person centered reviews completed during the lookback by the SC and/or the provider, - progress notes throughout the lookback. For individuals with the medical and/or behavioral conditions listed below, the reviewer **will consider query prompt for each condition that applies to individual**, score element as indicated, and complete clinical referral when directed for that medical and/or behavioral condition. If more than one additional assessment is indicated by the query prompts, the reviewer should include all relevant conditions in **ONE** clinical referral.
			
			1. For individuals, whose record has evidence of limited verbal skills or no verbal communication:
			    Query: Is there evidence *the individual or family has been offered a communication device?*
			    *IF **No**, score element **No** and complete a CLINICAL REFERRAL.*
			2. For individuals, whose record has evidence of low BMI, chronic obesity, or other medical conditions secondary to eating issues:
			    Query: Is there evidence *the individual or family has been offered a nutritional assessment, swallow study, or occupational treatment assessment?*
			    *IF **No**, score element **No** and complete a CLINICAL REFERRAL.*
			3. For individuals, whose record has evidence of complex medical needs (tracheostomy, gastrostomy tube, ventilator)-
			    Query: Is there evidence *the individual or family has been offered a re-evaluation of current nursing services*?
			    *IF **No**, score element **No** and complete a CLINICAL REFERRAL*
			4. For individuals whose record has evidence of unaddressed behavioral needs or risks, or supports provided with or without evidence of a formal BSP:	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
			Query: *Is there evidence the individual or family has been offered re-evaluation of current behavioral supports or referral to therapeutic consultation?* IF *No, score element No and complete a CLINICAL REFERRAL.* 5. For individuals, whose record has evidence of a mental health diagnosis and/or psychotropic medications prescribed by a PCP: Query: Is there evidence that the *individual or family has been offered a referral to a psychiatrist?* IF *No, score element No and complete a CLINICAL REFERRAL* 6. For individuals, whose record has evidence of new or unaddressed side effects of prescribed medications: Query: Is there evidence *the individual or family has been offered consultation with the prescribing professional to address the side effects?* IF *No, score element No and complete CLINICAL REFERRAL* 7. For individuals, whose record has evidence of limited mobility, new loss of feeling in limbs, contractures, edema, and/or decubitus ulcers: Query*: Is there evidence that the individual or family has been offered a physical therapy assessment?* IF *No, score element No and complete a CLINICAL REFERRAL.*	
Case Summary				
34. Is there a concern that needs follow-up?	☐ Yes ☐ No	**Yes**: There is a concern that requires follow-up **No**: There are no concerns that require follow-up.	All HSAG reviewers (including team leads and clinical reviewers) will follow HSAG's Reporting procedure to ensure reportable incidents are reported timely and alerts to DBHDS and/or Licensing are completed per the procedure.	
35. Type of Concern	☐ Clinical review needed ☐ HSW concern	**Clinical review needed**: the reviewer has identified the need for assistance in reviewing clinical information **HSW concern**: the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing	If there is an HSW concern, the team lead will review and follow the HSAG Reporting procedure to ensure the capture of information and timely reporting to DBHDS and/or Licensing. This element will only be answered if the preceding element is '**Yes**'.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
36. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: • Need to be addressed by a clinical lead • Need to be referred to DBDHS for follow-up	Reviewers must identify the element that is being reported as a concern. For instance, the reviewer may identify a concern during an interview with the SC. The reviewer should document here that the concern was identified during the interview, describe which element/question the concern related to, and describe the concern. This element will only be answered if there is a concern that needs follow-up.	
37. Summary of HSW	Text field			
38. HSW Lead Response	Text field	The HSW Lead will provide a response to the concern/request for review	This section will only be completed if HSW is submitted. The clinical reviewer will describe the response to the question/concern from the reviewer and any actions required (i.e. reviewed documentation, agree with reviewer's response, no change in scoring recommended and no action needed by provider; OR reviewed concern, disagree with reviewer's response and provided feedback to reviewer for change of response; OR reviewed concern, action needed by SC and/or provider [describe action needed], alert documented and referred to provider and/or SC and/or DBHDS on mm/dd/yy at hh:mm).	
39. Clinical Reviewer Response	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.	This section will be completed by the clinical reviewer and only if clinical review assistance is requested. Reviewers must consider the clinical reviewer's response and ensure any follow up questions for the support coordinator and/or the provider are addressed during the relevant interview, with any TA documented as appropriate.	
40. Clinical Reviewer Notes				
41. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials	This section will only be completed if clinical review assistance is requested.	
SC INTERVIEW TAB				
SC Information				

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
42. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.		
43. How was the interview completed?	☐ Virtually via webinar ☐ Telephonically ☐ In-person	Reviewer will select the method in which the review was completed.		
44. Name of Support Coordinator	Text field	Reviewer will enter the name of the SC	Reviewer must complete this section, regardless of the SC's participation in the interview.	
45. Contact information for Support Coordinator	Text field	Reviewer will document the contact information (i.e., phone number, email, etc.) of the SC.	Reviewer must complete this section, regardless of the SC's participation in the interview.	
46. Was the interviewee the primary or an interim SC?	☐ Primary ☐ Interim ☐ Interviewee temporarily assigned individual	Reviewer will document if the SC is the primary or an interim SC providing temporary coverage for the primary SC being unavailable, not currently assigned to a primary SC due to SC leaving, or a supervisor providing coverage due to the primary SC being new/in training)	Reviewer will document if it is the primary or interim SC per evaluation criteria. If staff interviewed is a supervisor but currently **providing** supports to the individual, Interim should be selected. The interviewee must have a working knowledge of the individual to be discussed. If the interviewee does NOT have a working knowledge of the individual and is temporarily assigned OR is completing the interview in the role of administrator only, reviewer will select score of *Interviewee temporarily assigned to individual* ==and complete and submit an **HSW Alert (due to non-coverage).**==	
47. How long has the SC supported the individual?	☐ < 3 months ☐ 3 to 6 months ☐ 6 months to 1 year ☐ > 1 year to 5 years ☐ > 5 years to 10 years ☐ > 10 years	Reviewer will enter the amount of time the SC has supported the individual.	Reviewer will document how long the interviewee has supported the individual.	
SC Interview				
48. Did the individual receive ECM during the lookback period?	☐ Yes ☐ No	The reviewer will enter the support coordinator's response.		

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
49. If **Yes**, how did you make this determination? (Check all that apply)	☐ Completed the DBHDS ECM tool ☐ Adult or Child Protective Services contact ☐ Crisis Services/REACH ☐ Law enforcement/legal system involvement ☐ DBHDS (Licensing, Human Rights, etc.) ☐ Reviewed or completed an assessment (SIS, VIDES, quarterly review, other) ☐ Identified a change in status (OSVT, hospitalization, discharge or medical records) ☐ Moved into a less integrated setting (five bed group home)	Reviewer will document the SC's response.	Utilize the decision matrix to confirm the decision. CM-Worksheet-FIN AL-11.3.21-1.xlsx	
50. How do you monitor the individual's supports and services, including community integration preferences being implemented?	Text field	Reviewer will document the SC's response.	For implementation of the individual's community integration preferences, the reviewer can ask what documentation the support coordinator reviews that shows the individual's community involvement occurred according to identified preferences.	
51. Can you list the identified risks included in Part III of the most recent ISP without referencing the plan?	Text field	Reviewer will list the risks listed by the SC.	Reviewers should direct support coordinators to report to the best of their ability all **identified** risks listed in the most current ISP *without reading from the plan.* If the support coordinator reports there are no identified risks in the current ISP, reviewer should enter "*No identified risks in ISP*" for this element.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
			If the support coordinator reports they are unable to describe any risks without referencing the ISP, reviewer should enter *"SC required reference to ISP"* for this element and score element **57** '**No**'.	
52. Did the support coordinator accurately report at least one of the identified risks addressed in Part III of the most recent ISP?	☐ Yes ☐ No	**Yes**: The support coordinator was able to accurately report at least one of the identified risks listed in the most recent ISP, or they accurately reported no identified risks. **No**: The support coordinator was not able to accurately report at least one of the identified risks listed in the most recent ISP.	This element is intended to assess if the support coordinator was able to accurately report **at least one** of the identified risks in the most current ISP without referencing the ISP. Support coordinators are expected to have a working knowledge of the individuals they support, and to that end should be able to report at least one of the current identified risks in the ISP without referencing the plan in WaMS or in written form. Reviewers should score this element '**Yes**' if the support coordinator is able to accurately report at least one (1) of the identified risks in the ISP reviewed. If there is only one (1) identified risk in the ISP, the support coordinator must accurately report the only risk in order to score the element YES. If there are no identified risks in the individual's ISP, the support coordinator must accurately report *"No identified risks in ISP"* in order to score the element '**Yes**'. Reviewers should score this element '**No**' if the support coordinator is unable to accurately report at least one (1) of the identified risks in the ISP reviewed. If there is only one (1) identified risk in the ISP, and the support coordinator does not accurately report the only risk, the reviewer must score the element NO. If the support coordinator reports no risks when there are identified risks in the ISP, or reports being unable to report on identified risks without referencing the ISP, reviewer **must** score the element '**No**'.	CSB: Support Coordinator - Knowledge
53. Did the individual have a change in status since the initiation of the ISP?	☐ Yes ☐ No	The reviewer will document the SC's response.	
54. If **Yes**, what did you do to address the change in status?	Text field	The reviewer will document the SC's response.	
55. Did the support coordinator accurately report changes in status that occurred since the initiation of the ISP?	☐ Yes ☐ No	**Yes**: The support coordinator was able to accurately report changes in status which	This element is intended to assess if the support coordinator was able to accurately identify through verbal report what changes in status occurred, if any, since the initiation of the ISP.	CSB: Support Coordinator - Knowledge

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		occurred since the initiation of the ISP. **No**: The support coordinator was not able to accurately report the changes in status which occurred since the initiation of the ISP.	The support coordinator is NOT required to report all changes an individual may have experienced since the initiation of the ISP, but at a minimum must be able to accurately identify changes in status where action was required to address the change. The reviewer should score this element by comparing the reviewer score for element **29** against the verbal report by the support coordinator.	
56. If **No**, what change(s) in status were omitted from the support coordinators response that occurred since initiation of the ISP?		The reviewer will list change(s) in status which occurred since initiation of the ISP that the support coordinator did not report in their response.	This element will open if previous element is scored '**No**'. Reviewer must list any change(s) in status the support coordinator does not include in their response to question above.	
57. Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?	☐ Yes ☐ No ☐ N/A	**Yes**: The individual's file has evidence actions taken to address changes in status which occurred during the lookback are documented appropriately. **No**: The individual's file does not include evidence actions taken to address changes in status which occurred during the lookback are documented appropriately. **N/A:** Action taken by SC occurred after the lookback and would not be evidenced in the documentation available for review	The reviewer will score this element using the documentation submitted and confirm evidence of actions reported by the support coordinator is present. If the support coordinator reports actions taken during the lookback and the reviewer is unsure where evidence of actions completed is documented in the support coordinator records submitted, the reviewer may query the SC about where to find that evidence (i.e., a specific progress note) to inform scoring.	CSB: Support Coordinator - Follow Through

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
58. What do you do when a provider is not implementing the plan as written?	☐ Talk to my supervisor ☐ Talk to the provider ☐ Contact provider management ☐ Convene a team meeting ☐ Contact the guardian ☐ Talk to DBHDS ☐ Contact APS/CPS	The reviewer will select all responses reported by the SC.		
59. What do you do when there is a conflict in the ISP planning process?	Text field	The reviewer will document the SC's response.		
60. Are all medical and behavioral support needs currently being addressed, either through documented supports or an in-progress referral?	☐ Yes ☐ No	**Yes**: The support coordinator confirms all medical and behavioral needs for the individual are currently being addressed. **No**: Support Coordinator reports there are medical or behavioral needs that are NOT currently being addressed through documented supports and/or monitoring, or an in-progress referral.	**This element is scored by the Support Coordinator self-report**. However, the expectation is that all medical and behavioral needs will be monitored by the Support Coordinator and **addressed appropriately**. Needs are considered appropriately addressed when the documentation shows the need is known to the individual's team, the need has been discussed with the individual, and the individual's preference for services and supports to address the need are either currently in place, or evidence shows the team has completed a referral for additional assessment(s) and/or new supports to address the need within the last three months. If a service is needed but is not currently in place, Support Coordinators should have documentation of the referral and the status of progress of the referral noted, including steps to address referrals older than three months old that have yet to be completed. **If the reviewer has evidence indicating there are current needs that are not properly addressed and the SC responds 'Yes' to this element, TA is indicated.**	CSB: Support Coordinator - Follow Through
61. If **No**, please describe the unaddressed need, including what	Text field	The reviewer will document the SC's response.	Reviewers should prompt Support Coordinators to explain the medical or behavioral needs of individuals not currently being addressed and identify barriers to fully supporting those needs.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
barriers prevent adequate support from being implemented.				
62. Enter any TA discussed with the SC	Text field		Based on the review of the individual's record and the SC report, provide TA to the support coordinator which may include follow-up on clinical review questions, queries about clinical conditions and the possible need for additional assessment to address, and/or queries about changes in status not appropriately addressed by the support coordinator.	
Case Summary				
63. Is there a concern that needs follow-up?	☐ Yes ☐ No	**Yes**: There is a concern that requires follow-up **No**: There are no concerns that require follow-up	The reviewer will indicate if there is a concern that needs follow-up.	
64. Type of Concern	☐ Clinical review needed ☐ HSW concern	**Clinical review needed**: the reviewer has identified the need for assistance in reviewing clinical information **HSW concern**: the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing	If there is an HSW concern, the team lead will review and follow the HSAG Reporting procedure to ensure the capture of information and timely reporting to DBHDS and/or Licensing. This element will only be answered if there is a concern that needs follow-up.	
65. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: • Need to be referred to clinical lead • Need to be referred to DBDHS for follow-up	This element will only be answered if there is a concern that needs follow-up.	
66. Summary of HSW	Text field			

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
67. HSW Lead Response	Text field	The HSW Lead will provide a response to the concern/request for review	This section will only be completed if HSW is submitted. The clinical reviewer will describe the response to the question/concern from the reviewer and any actions required (i.e. reviewed documentation, agree with reviewer's response, no change in scoring recommended and no action needed by provider; OR reviewed concern, disagree with reviewer's response and provided feedback to reviewer for change of response; OR reviewed concern, action needed by SC and/or provider [describe action needed], alert documented and referred to provider and/or SC and/or DBHDS on mm/dd/yy at hh:mm).	
68. Clinical Reviewer Response				
69. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.	This section will only be completed if clinical review assistance is requested.	
70. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials	This section will only be completed if clinical review assistance is requested.	
PROVIDER TAB				
Provider Record Review				
71. Date of completed provider documentation review.	Date field	Reviewer will enter the date of provider notes/documentation review.	Reviewer will enter the date that they have completed all provider documentation review.	
72. Is there evidence of completion of an annual physical exam?	☐ Yes ☐ No	**Yes**: Documentation indicated that the individual had an annual physical exam within the past 14 months from the present day	RESIDENTIAL SERVICES ONLY (GRS, GRL, GHC, SPR, SUL) The reviewer must score this element **using provider submitted documentation.** Providers may submit a form the individuals' physician completes at the annual physical, a progress note that details date of physical exam and outcome including any necessary follow up, or referrals.	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		No: Documentation does NOT confirm completion of an annual physical exam within the last 14 months.	If provider documentation for last physical exam shows it occurred more than 14 months ago, or if the provider does not submit evidence of last physical exam, this element must be scored '**No'** and <mark>reviewer must submit a clinical referral</mark>.	
73. If **No**, please select reason.	☐ No documentation ☐ Insufficient documentation submitted by the provider ☐ Documentation submitted by the provider is more than 14 months old	Reviewer should select the reason for deficiency.	RESIDENTIAL SERVICES ONLY (GRS, GRL, GHC, SPR, SUL) Documentation will be deemed "insufficient" if it does not show evidence of both completion of an annual exam for the individual, and the outcome of the exam, including any necessary follow up, and/or referrals.	Provider: Health/Safety/Well-Being
74. Is there evidence of completion of an annual dental exam?	☐ Yes ☐ No	**Yes**: Documentation indicated that the individual had an annual dental exam within the past 14 months from present day.

No: Documentation does NOT confirm completion of an annual dental exam within the last 14 months. | RESIDENTIAL SERVICES ONLY (GRS, GRL, GHC, SPR, SUL) The reviewer must score this element **using provider submitted documentation.** Providers may submit a form the individuals' physician completes at the annual physical, a progress note that details date of physical exam and outcome including any necessary follow up, or referrals.

If provider documentation for last dental exam shows it occurred more than 14 months ago, or if the provider does not submit evidence of last dental exam, this element must be scored '**No'** and <mark>reviewer must submit a clinical referral</mark>. | Provider: Health/Safety/Well-Being |
| 75. If **No**, please select reason. | ☐ No documentation ☐ Insufficient documentation submitted by the provider ☐ Documentation submitted by the provider is more than 14 months old | Reviewer should select the reason for deficiency. | RESIDENTIAL SERVICES ONLY (GRS, GRL, GHC, SPR, SUL) Documentation will be deemed "insufficient" if it does not show evidence of both completion of an annual exam for the individual, and the outcome of the exam, including any necessary follow up, and/or referrals. | Provider: Health/Safety/Well-Being |

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
76. Is there evidence of a signed lease, residency agreement, or other written agreement for the person that includes language referencing individual protections from eviction?	☐ Yes ☐ No	A '**Yes**' rating is indicated when the provider demonstrates that a written residency agreement is on file for the individual which includes, at minimum: • Signature of the individual and/or authorized representative • Address, • Lease term date, • Amount of rent due and rent due dates, • Language regarding protection against eviction or citation to the VRLTA. A '**No**' rating is indicated when the residential provider does not have a lease or residency agreement for the individual, or minimum information is missing from the lease.	RESIDENTIAL SERVICES ONLY (GRS, GRL, GHC, SPR, SUL) HCBS Question This element is intended to assess if residential providers have a lease or other written residency agreement in place for individuals they support that protects individuals from eviction, through the inclusion of VRLTA Sections 55-248.2 through 55-248.40 , or language that details individuals' protections from eviction. Language that reflects protection from eviction must include: • Provisions that clearly articulate the grounds or conditions on which the provider can initiate eviction proceedings against the individual • Provisions that clearly articulate the process and timelines for eviction, and all appeal rights the individual may have This is an all or nothing element. Meaning if no written agreement is provided, or if any of the criteria required for the written residency agreement are omitted, or if either of the eviction protection criteria above are omitted from the agreement, the reviewer must score the element '**No**'. https://www.dmas.virginia.gov/media/1228/occupancy_lease_agreement_terms.pdf	Provider: HCBS
77. Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?	☐ Yes ☐ No	**Yes**: Documentation of a signed HCBS rights disclosure was provided by the provider. **No**: This document was not provided	HCBS Question The HCBS rights disclosure can be part of the annual rights review but would have a separate section specific to HCBS.	Provider: HCBS
78. Does the individual require modification to HCBS rules for health and safety risks?	☐ Yes ☐ No	A '**Yes**' rating is indicated when the individual's record or observation of services indicates a modification to	HCBS Question This element assesses if an individual requires and/or currently has in place a modification of HCBS rights for health and safety risks.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		HCBS rules is required and/or is currently in use for health or safety risks A 'No' rating is indicated when the individual's record or observation of services indicates modifications to HCBS rules for health and safety risks are not required.	Reviewers are expected to **assess through record review and observation** if there are modifications for health and safety risks utilized as part of any service provision. HCBS Modifications Explained	
79. If **Yes**, is there an approved modification in place for health and safety risks?	☐ Yes ☐ No	A 'Yes' rating is indicated when provider documentation includes evidence an approved HCBS Rights modification is in place for a health and safety risk. A 'No' rating is indicated when provider documentation shows evidence restricting individuals' HCBS rights without an approved modification OR policies demonstrating setting-wide restrictions on HCBS requirements.	HCBS Question This element will only open if previous element is scored '**Yes**'. If the individual has a documented health and safety risk that requires modification of HCBS rights, DBHDS requires submission of Safety Restriction Form in WaMS within Part V PFS. The Safety and Restrictions form must be completed in its entirety in Part V of the provider's plan, including signatures. HCBS Modifications Explained **IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit an HSW Alert.**	Provider: HCBS
Provider Observation & Interview: These elements must be informed and scored based on the most recently completed ISP for the individual.				
80. Date of observation/interview	mm/dd/yyyy	The reviewer will enter the date that the face-to-face observation was conducted.		
81. Name of provider staff selected by HSAG for observation:	Text field	Reviewer will enter the name of staff **selected by HSAG** for observation.		

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
82. Was the observation completed with staff selected by HSAG?	☐ Yes ☐ No ☐ N/A	A **'Yes'** rating is indicated when: Staff observed was selected by HSAG reviewer. A **'No'** rating is indicated when: Staff observed were not selected by HSAG reviewer. A **'N/A'** rating is indicated when individual has only one (1) staff listed for service provision by provider.	Reviewer will communicate to provider which staff listed in sample spreadsheet has been selected for observation. If reviewer arrives for observation and staff selected is not present to observe, reviewer will observe staff present and conduct interview. If the provider does NOT list more than one staff member for the reviewer to choose from, or if the service type is typically offered 1-1 (Case Management, IHS, ILS, CCO) the element MUST be scored '**N/A**'. **IF THE REVIEWER SELECTS 'No' and the reviewer has reason to believe the provider deliberately chose to put forth staff other than staff selected by HSAG for observation for the purposes of impacting their review, the reviewer will complete and submit an HSW Alert.**	Provider: HCBS
83. If **No**, name of staff observed.	Text field	Reviewer will note name of staff observed if other than staff selected by HSAG.	If more than one provider staff is present during the observation, reviewer must ensure that only staff selected by HSAG participate in the interview. Other provider staff may be present; however, they should not respond to interview questions on behalf of staff being interviewed/observed.	
84. Did the staff observed complete DBHDS competency-based training?	☐ Yes ☐ No	**Yes**: provider documentation for the staff submitted show completion of DBHDS competencies. **No**: provider documentation for the staff submitted does not show completion of DBHDS competencies.	Reviewer will assess the training records for the staff being observed and confirm presence of DBHDS competency-based training.	
85. If No, is the staff supporting the individual in their first 180 days of employment (new)?	☐ Yes ☐ No	**Yes**: Reviewer observed staff supporting the individual during the visit who met the DBHDS definition of 'new.' **No**: No staff observed supporting the individual	DBHDS defines "new" as any staff who are in the first 180 days of employment OR have not yet passed DMAS-approved competencies. Reviewers must review the staff names listed in the provider sample that have an indication they are 'new' and score element accordingly if the reviewer chooses that staff for observation or if that staff is the only staff available for observation.	Provider: Training

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		during the visit does not meet the DBHDS definition of 'new.'	If there is any concern the staff being observed is NEW *but had not been identified as such by the provider in the sample*, the reviewer should query the provider or staff during observation to confirm if they meet the DBHDS-defined criteria for 'new' to confirm accurate scoring. ***If element is scored 'No', the Reviewer will complete and submit a Provider Competency and Capacity Notification for the provider, listing the employee whose records did not contain proof of competency-based training, as required.**	
86. If **Yes**, is there evidence of oversight and monitoring of new staff?	☐ Yes ☐ No	**Yes**: Reviewer observed appropriate supervision of new staff supporting the individual during the visit. **No**: Reviewer did not observe appropriate supervision of new staff during the visit.	This element is scored based on the observation of staff noted in the previous element. Appropriate oversight is defined as a person supervising who reports completing DBHDS required training. DBHDS **requires** new staff to be supervised until competencies are passed with a minimum score of 80% (DMAS Form P241a) within 180 days of hire. Supervision of new staff may be provided by any qualified staff who have passed the knowledge-based exam. Reviewers should score this element '**Yes**' if new staff (as defined above) are observed during the visit receiving appropriate oversight. Reviewers should score this element '**No**' if new staff (as defined above) are not receiving appropriate oversight during the visit. ***If element is scored No: Reviewer will complete and submit a PCC Notification for the provider listing the new employee who did not have oversight and monitoring during the observation.**	Provider: Training
87. Did the staff observed complete DBHDS advanced competencies?	☐ Yes ☐ No ☐ N/A - New Staff	**Yes**: provider documentation for the staff observed show completion of DBHDS advanced competencies. **No**: provider documentation for the staff observed does not show completion of	*This element will only open for individuals with SIS Levels 5, 6, or 7 noted in the tool.* Reviewer will assess the training records for the staff being observed and confirm presence of DBHDS advanced competency training. DBHDS 12622_Advanced Competency Guidance.docx (sharepoint.com)	Provider: Training

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		DBHDS advanced competencies. **N/A**: Reviewer observed staff supporting the individual during the visit who met the DBHDS definition of 'new.'	<mark>*If element is scored 'No', Reviewer will complete and submit a Provider Competency and Capacity Notification for the provider, listing the employee whose records did not contain proof of advanced competency training, as required.</mark>	
88. Address of service provision where observation occurred.	Text field	Address **must** be complete, including street address, city, state, and zip code.	Reviewer should add service location address as soon as communicated from provider for selected staff.	
89. How was the interview completed?	☐ Virtually via webinar ☐ In-person	Reviewer will select the method in which the review was completed.		
90. Did face-to-face interview of staff include observation of the individual and their service provision?	☐ Yes ☐ No			
91. Is the individual's/provider's environment neat and clean?	☐ Yes ☐ No ☐ UTA	The reviewer will observe and assess the individual's environment. **Yes**: The environment is clean. **No**: The environment is not clean/concerns were noted. **UTA**: Unable to assess. Reviewers will only use this option if individuals refuse direct observation of their personal environment	(Clean, odor-free, etc.)	Provider: Health/Safety/Well-Being
92. Was the person's/provider's environment accessible?	☐ Yes ☐ No ☐ UTA	**Yes**: The environment meets the needs of the individual and they are able to access	HCBS Question	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		common areas of the service location. **No**: The environment does not meet the needs of the individual and/or there are areas of the service location that they cannot access (ex. Kitchen, living room) **UTA**: Unable to assess. Reviewers will only use this option if individuals refuse direct observation of their personal environment		
93. Does the individual appear well-kempt?	☐ Yes ☐ No ☐ UTA	The reviewer will observe and assess the individual for, at a minimum, the items noted in the subsequent element. **Yes**: The individual appeared well-kempt. **No**: The individual did not appear well kempt/concerns were noted. **UTA**: Unable to assess. Reviewers will only use this option if individuals refuse direct observation of their person.	(Clean, odor free, etc.)	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
94. Were staff engaging with the individual based on the person's preference and interests?	☐ Yes ☐ No ☐ UTA	**Yes**: The staff were supporting the individual and engaging them in preferred activities as indicated in their ISP. **No**: The staff were not engaging with the individual OR they were engaging with the individual in ways that are not congruent with their ISP. **UTA**: Unable to assess.	HCBS Question Reviewer will note the individual's preferences PRIOR to the onsite to be able to adequately observe if the staff is supporting the individual based on their preferences and interests.	Provider: Person-centered
95. Was the person being offered choices throughout the visit?	☐ Yes ☐ No ☐ UTA	**Yes**: The staff were offering the individual meaningful choices during the visit and supporting them with following through with their choice. **No**: The staff did not offer the individual options that allowed for meaningful choices to be made OR did not offer choices at all when choices were possible. **UTA**: Unable to assess.	HCBS Question Reviewer will document during the observation if the staff is offering meaningful choices during the visit. It may be helpful to ask the staff during on-site how the individual makes or communicates their choices to ensure reviewer is aware if not documented in the ISP.	Provider: Person-centered
96. Was the staff utilizing person-centered language and talking with the individual as opposed to about the individual?	☐ Yes ☐ No ☐ UTA	**Yes**: The staff used first person language throughout the visit and addressed the individual directly. **No**: The staff did not use first person language, did not	Reviewer will document during the onsite observation how staff is speaking with the individual. It is important to note that even if someone does not communicate verbally, the expectation is that the staff supporting them are still communicating with the individual. Ex. Letting them know what they are doing, giving them choices, addressing them directly, communicating in their preferred method, reading nonverbal cues, etc.	Provider: Person-centered

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		address the individual directly, or attempt to communicate in the preferred method of the individual. **UTA**: Unable to assess.	If the staff is speaking about the individual in the third person in front of them and does not involve them, element will be '**No**'.	
97. Were staff able to describe what HCBS modifications the individual needs and how those HCBS modifications are implemented?	☐ Yes ☐ No	A '**Yes**' rating is indicated if the staff is able to describe the specific health/safety risk the HCBS modification is intended to mitigate for the individual, and how those HCBS modifications are implemented. A '**No**' rating is indicated when staff is not able to describe the specific health/safety risk the HCBS modification is intended to mitigate for the individual or cannot describe how those HCBS modifications are implemented.	HCBS Question This element is intended to assess whether staff are able to accurately describe HCBS modifications currently in place for the individual as documented in the provider Part V Safety Restriction Form, including the specific health/safety risk the HCBS modification is intended to mitigate, and what strategies are utilized to implement the HCBS modification. This information will be found in the top two fields of the completed Part V Safety Restriction Form found in WaMS. ***This element only applies to individuals with approved HCBS modifications documented in the provider Part V and will only open if element 79 is scored 'Yes'.*** A '**Yes**' rating is indicated when the staff is able to accurately describe the health/safety risk being mitigated by the HCBS modification, and how the HCBS modification is implemented. This may include but is not limited to use of adaptive equipment, use of restrictive equipment (helmet), adherence to a behavioral plan or health protocol for the risk, regular monitoring of the risk and team discussion about ongoing use of the HCBS modification. A '**No**' rating is indicated if the staff is unable to describe the health/safety risk being mitigated, or unable to describe how the HCBS modification is being implemented. If the staff is unable to identify the specific health risk being mitigated by the modification, or if the staff is unable to describe the methods of implementing the HCBS modification as documented in the top two fields of the completed Provider Part V Safety Restrictions, then element must be scored '**No**'.	Provider: HCBS
98. Were staff implementing the ISP Part V Plan for Supports (PFS) as written?	☐ Yes ☐ No ☐ UTA	A '**Yes**' rating is indicated if the reviewer observed service provision in action and	Reviewers will consider the support activities and support instructions as documented in the provider Part V prior to observation, and score element using best judgement of appropriate implementation of provider Part V.	Provider: Process

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		confirmed it accurately represents provider Part V Plan for Supports. A **'No'** rating is indicated if the reviewer observed service provision in action that did not accurately represents provider Part V Plan for Supports. A **'UTA'** rating is indicated when a reviewer was not able to directly observe service provision.		
99. If **No**, describe	Text field	Reviewer will document deficiencies observed in services provided or plan implementation.	Reviewer will note what specific supports were not implemented appropriately during the observation of service provision. Reviewers should **not** include supports that cannot be observed (for example, nighttime supports), only those that **should be** implemented during observation and **were not.**	
100. For individuals with a behavioral support plan or protocol, were staff following strategies as outlined in the written plan?	☐ Yes ☐ No ☐ UTA ☐ N/A	**Yes**: The staff utilized strategies identified in the BSP or behavior protocol to support the individual during the visit. **No**: The staff did not use strategies identified in the BSP or behavior protocol to support the individual during the visit as needed. **UTA**: Unable to assess. Reviewer did not observe any of the targeted behaviors during the visit.	==IF THE REVIEWER SELECTS "No" the reviewer will complete and submit the PCC Notification.== This element is intended to assess if staff is supporting individuals with behavioral needs **using interventions documented in plan.** Reviewer will need to know what is included in the behavior support plan/protocol prior to onsite visit. The reviewer will observe staff during the visit and determine if they are supporting the individual as indicated in the behavior support plan/protocol. Staff should be able to recognize targeted behaviors and implement strategies from the BSP/protocol as appropriate. Formal Behavior support plans developed by Therapeutic Consultant must contain the following information, at a minimum: 1) Demographic information 2) Person-centered information	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		N/A: The individual does not have a behavior support plan.	3) History and rationale 4) Functional behavior assessment 5) Behaviors targeted for decrease 6) Hypothesized functions of behavior 7) Antecedent interventions 8) Replacement behaviors/behaviors targeted for increase 9) Consequence interventions (when indicated) 10) Safety and crisis guidelines (when indicated) 11) Any additional recommendations 12) Appropriate signatures 13) Plan for training	
101. Were staff adhering to medical protocols as outlined in the plan?	☐ Yes ☐ No ☐ UTA ☐ N/A	**Yes**: The staff adhered to medical protocols in support of the individual during the visit as required. **No**: The staff did not adhere to all medical protocols needed to support the individual during the visit. **UTA**: Unable to assess. Reviewer was unable to observe **ANY** of the protocols due to need and/or timing. **N/A**: The individual does not have any medical protocols.	<mark>IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification</mark> Reviewers will need to be aware of the protocols an individual has prior to the onsite visit to be able to determine if staff are adhering to medical and behavioral protocols.	Provider: Health/Safety/Well-Being
102. Were staff able to describe what integrated community inclusion looks like for the individual?	☐ Yes ☐ No ☐ N/A	**Yes**: The staff are able to describe what integrated community inclusion looks like for the individual.	HCBS Question Reviewers will need to be familiar with the individual's ISP Part I Important To section prior to onsite to be able to accurately score the element.	Provider - Community Inclusion

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		No: The staff was not able to describe what integrated community inclusion looks like for the individual. **N/A:** Individual does not have outcomes developed specific to goals of integrated community inclusion.	Reviewers must consider how integrated community inclusion is documented in provider Part V for the individual, and confirm staff is able to articulate how community inclusion is incorporated into an individual's plan and service provision. Reviewer may assess Part III outcomes for goals specific to integrated community inclusion, or review provider Part V for supports that speak to individual participation in meaningful work activities; participation in non-large group activities; and/or participation in community outings with people other than those with whom they live. The reviewer may also review any documentation that shows the individual participating in the community according to their identified preferences. https://dbhds.virginia.gov/wp-content/uploads/2023/10/ICI-Fact-Sheet-FINAL_newlogo-1.pdf	
103. Did the staff demonstrate competency in supporting the individual?	☐ Yes ☐ No ☐ UTA	**Yes**: The staff demonstrated skills that were appropriate to support the individual and to ensure that their needs are being met. (Ex. Staff were able to demonstrate appropriate lifting techniques during transfers, staff was trained on the individual's ISP and were able to support them based on their preferences, staff being able to communicate effectively with the individual and recognize supports needed, staff appeared trained on the needs of the individual as well as the program and did not need to rely on others for guidance and direction for items within the DSP scope)	<mark>IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.</mark> Reviewers will observe staff during onsite to be able to determine if they demonstrate competence while supporting the individual. Reviewers should be familiar with individual ISPs and support needs to be able to determine what skills should be observed such as using a two-person lift, gait belt, communication device, etc.	Provider: Training

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		No: The staff did not demonstrate the necessary skills to be able to support the individual to be able to meet their needs. (Ex. Staff did not appear to know what to do and either needed to ask for directions or did not support the individual properly within their scope.) **UTA**: Unable to assess. Reviewers will only use this option if pandemic or other health restrictions do not allow for observation.		
104. Does the individual require 1-1 support per Provider Part V?	☐ Yes ☐ No	**Yes**: The individual requires 1-1 support or has specialized staffing supports detailed in the provider Part V. **No**: The individual does not have specialized support needs per provider Part V.	Reviewer will use the most recent provider Part V Plan for Supports to assess if documentation indicates individual requires 1-1 support.	
105. If **Yes**, is 1-1 or specialized staffing support being implemented during observation as required, per provider Part V PFS?	☐ Yes ☐ No ☐ UTA	**Yes**: 1-1 supports are being implemented per provider Part V PFS as required during the observation. **No**: 1-1 supports are not being implemented per provider Part V PFS as required during the observation.	Element will open if previous element is score **Yes**. Reviewer will determine if specialized support needs are being implemented during the onsite visit if applicable. Ex. The individual requires 1:1 staff at all times per Part V, the staff onsite should be able to observe that the individual has a dedicated 1:1 staff at all times the provider receives a Customized Rate that necessitates a higher level of staffing. **If the reviewer selects No: Reviewer will complete and submit a PCC Notification.**	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		UTA: Unable to assess during observation (specialized staffing support is required in the community, but onsite occurs in the home)		
106. What types of adaptive equipment does the individual have as part of their most recent plan?	Text field	Reviewer will indicate what adaptive equipment is included in the ISP	Document None if individual does not require adaptive equipment.	
107. Are staff familiar with adaptive equipment needs?	☐ Yes ☐ No ☐ N/A – no equipment	**Yes**: The staff supporting the individual are familiar with the adaptive equipment the individual needs, the purpose of the equipment, and how to use the equipment properly in the correct situations. **No**: The individual has adaptive equipment and the staff supporting the individual are either not aware of the equipment and the need for the equipment OR the staff is not properly trained on how to use the equipment or how to support the individual to use the equipment. **N/A**: Individual does not have adaptive equipment.	Reviewer will determine during onsite observation if staff are familiar with adaptive equipment needs. The focus of this element is that staff are aware of the equipment, it's purpose, and the situations in which the equipment is required.	Provider: Health/Safety/Well-Being
108. Were staff utilizing adaptive equipment the individual had as part of their plan?	☐ Yes ☐ No ☐ UTA	**Yes**: The staff supporting the individual are observed to be utilizing the adaptive	This element will only open if element **107** is scored '**Yes**'.	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		equipment as indicated in their ISP. They appear to know how to use the equipment effectively and in the correct situations based on the ISP. **No**: The individual has adaptive equipment and the staff supporting the individual were not utilizing the equipment based on the ISP and to best support the individual. **UTA**: Unable to assess during observation (adaptive equipment was not needed during the observation).	This element differs from the preceding element as this element is evaluating that the staff are utilizing the equipment during the onsite visit.	
109. Is all equipment in working order?	☐ Yes ☐ No ☐ UTA	**Yes**: All adaptive equipment is in working order. The adaptive equipment is not being used due to being in need of repair or is not in working order. **No**: The adaptive equipment is not being used due to needing repair or is not in working order. **UTA**: Unable to assess during observation (adaptive equipment was not needed during the observation OR no	This element will gray out if element **107** is scored '**N/A**'. Reviewer will need to be aware of equipment prior to onsite and request to see the equipment during onsite visit to determine if it is in working order. Reviewer would score element **'Yes'** if all required adaptive equipment is in working order and available for use during time of observation. Reviewer will score element '**No'** if required adaptive equipment is in need of repair or is not in working order at time of observation of individual. Reviewer will score element '**UTA'** if observation of individual is not completed OR if required adaptive equipment was not available at time of observation to confirm it was in working order.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		observation conducted with individual).		
110. Has repair or follow-up on repairs been occurring?	☐ Yes ☐ No ☐ N/A	**Yes:** The identified equipment is in the process of being repaired, follow-up has occurred to repair by DME provider, the item is in the process of being replaced, or consistent follow-up is documented to address needed repairs. **No:** No follow-up has occurred or staff supporting the individual is not aware of any follow-up actions being taken to address the repair. **N/A**: Follow-up on repairs for adaptive equipment is not assigned to this provider.	**IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.** This element will only open if element **109** is scored '**No**'. This element is intended to assess that all adaptive equipment for the individual that is not in working order is currently in process of being repaired, or there is documentation to support repair of adaptive equipment is in progress. Only providers assigned as responsible for follow-up on repairs are required to document follow-up on those repairs. If the provider being reviewed is not assigned responsible for equipment repair, reviewer must score element '**N/A'.**	Provider: Health/Safety/Well-Being
111. Did the reviewer observe that all routine supports being provided were included in the provider Part V?	☐ Yes ☐ No ☐ UTA	**Yes**: The reviewer did observe routine support needs being addressed by support staff that are included in the provider Part V as a needed support. **No**: The reviewer did not observe that all routine supports were being provided per provider Part V.	Reviewer will determine if the staff are providing supports to the individual that are not included in the provider **Part V Routine Supports**. Element is intended to *capture if there are supports being provided more than are included in the person's most recent plan*.	Provider: Process

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		UTA: Reviewer did not observe routine supports being provided to the individual **OR** Reviewer did not observe the individual.		
112. If **No**, describe	Text field			
113. Are staff able to describe things Important To and Important For the individual?	☐ Yes ☐ No	**Yes**: Staff were able to describe the individual's talents/contributions and what is Important To and Important For the individual. **No**: Staff were not able to describe the individual's talents/contributions and what is Important to and Important for the individual.	**IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.** Reviewer will determine if the staff are aware of what the individual ISP indicates that are Important To and for the individual. This is included in Part I of the most recent ISP.	Provider: Person-centered
114. Was the staff able to describe the outcomes being worked on in this environment?	☐ Yes ☐ No	**Yes**: Staff were able to describe the outcomes being worked on in this environment. **No**: Staff were not able to describe the outcomes being worked on in this environment.	**IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.** Reviewer will determine if the staff supporting the individual is aware of the ISP outcomes that the individual is working on for that service.	Provider: Training
115. Could the staff describe the medical support needs of the individual?	☐ Yes ☐ No ☐ N/A	**Yes**: Staff were able to describe the medical support needs of the individual and any signs/symptoms that need to be monitored. **No**: Staff were not able to describe the medical support	**IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.** The reviewer will ask staff to describe medical support needs of the individual. Please note that **ALL** services should be familiar with the individual's medical needs to the extent they are documented in the individual's most recent ISP.	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		needs of the individual or described incorrect or incomplete support needs. **N/A:** Individual does not have medical support needs documented in record.		
116. Were staff familiar with the medical protocols to support the person?	☐ Yes ☐ No ☐ N/A	**Yes**: The staff were familiar with medical protocols to support the individual. **No**: The staff were not familiar with medical protocols to support the individual. **N/A**: The individual does not have any medical protocols documented in their record.	==**IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.**== The reviewer will ask staff about medical protocols the individual has documented in their most recent ISP. All services should be familiar with medical protocols and be able to respond per the protocol. It is Important to specify between the provider's policy for medical emergencies and the individual's medical protocol. Ex. Individual has a seizure protocol that indicates that they need to receive a PRN if they have a seizure that lasts longer than 3 minutes vs. provider protocol indicates to call 911 for seizures lasting longer than 5 minutes. This element is looking for the individual protocol—NOT the provider policy. **Review the Clinical Decision Tree for clinical referral if needed.**	Provider: Health/Safety/Well-Being
117. Were staff able to describe appropriate steps to take if the individual experienced a medical crisis?	☐ Yes ☐ No	**Yes**: Staff indicated that response to a medical crisis would include contacting a supervisor and providing medical intervention OR calling 911 to provide medical intervention. **No**: Staff indicated that response to a medical crisis includes contacting a supervisor or other person for direction without intention to	Reviewer must assess if the staff are able to describe the minimum appropriate steps to address a medical crisis. The staff may respond with multiple possible interventions to address a medical crisis, so the reviewer should consider their full response to determine which score is most appropriate. If staff indicates that they contact a supervisor or family member of the individual prior to contacting 911 in all instances of possible medical crisis, reviewer must score element '**No**'.	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		call 911, and no knowledge of how to provide medical interventions		
118. Could the staff describe behavioral support needs?	☐ Yes ☐ No ☐ N/A	**Yes**: The staff were able to describe the individual's behavioral support needs. **No**: The staff were not able to describe behavioral support needs or could only partially describe behavioral support needs. **N/A**: The individual does not have any behavioral support need documented in their records.	==IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.== The reviewer will ask staff about any behavioral support needs of the individual. The expectation is that staff will be able to articulate in a general way what behavioral needs have been identified for the person. At minimum, staff must be able to confirm the presence of formal BSP if applicable, and what general behaviors the plan is addressing.	Provider: Health/Safety/Well-Being
119. Were staff familiar with the behavioral support plan or protocols developed to support the person?	☐ Yes ☐ No ☐ N/A	**Yes**: The staff were able to implement behavior protocols as written. Staff are able to describe antecedents, behaviors, minimization or coping strategies, and any other aspects of the behavioral protocol. Staff were observed implementing strategies to proactively prevent behaviors. **No:** Observation of staff indicates they were not able to support the individual during behavior outbursts per the behavioral protocol, or	==IF REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.== This element is intended to assess through verbal report or observation if staff are able to identify target behaviors for decrease and implement interventions approved in the plan. Reviewers should score '**Yes**' if they were able to confirm through observation that staff can identify target behaviors for decrease and implement interventions approved in the plan. A '**Yes**' is also indicated if staff can explain target behaviors/interventions if the visit does not include opportunities to observe the behavior plan in action. Reviewers should score '**No**' if staff observed are not addressing target behaviors or not using interventions approved in the plan, OR if staff are not able to explain target behaviors/interventions when the visit does not include opportunities to observe the behavior plan in action.	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		staff could not explain target behaviors and associated interventions. **N/A**: The individual observed does not have a Behavioral support plan or protocols		
120. Were staff able to describe appropriate steps to take if an individual they are supporting was beginning to experience a mental health or behavioral crisis?	☐ Yes ☐ No	**Yes**: Staff indicated that response to a behavioral crisis would include implementing the person's BSP, and/or calling 988 or REACH for support, and *may* include contacting a supervisor or 911. **No**: Staff indicated that response to a behavioral crisis **only** includes contacting a supervisor for direction or calling 911, without knowledge of how to implement the person's BSP, OR contacting 988 or REACH for support.	Reviewer must assess if the staff are able to describe the minimum appropriate steps to address a behavioral crisis. The staff may respond with multiple possible interventions to address a behavioral crisis, so the reviewer should consider their full response to determine which score is most appropriate.	Provider: Health/Safety/Well-Being
121. Does the staff know what medications the person is taking or where to locate this information?	☐ Yes ☐ No ☐ N/A	**Yes**: The staff were able to describe the medications the individual is taking or show you where they verify current medications. **No**: The staff were not able to describe the medications or show you where this	==**IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.**== This element is intended to capture if staff are able to report to the reviewer that they know individuals are taking medications or are able to show you where to find the information about this. It is the expectation that **all staff** in **all services** can tell you if individuals take medications and what medications individuals take, OR that they know where to locate that	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		information is recorded that the person is taking. **N/A**: The individual does not take ANY medications.	information, *regardless of whether the staff administers medications or if the person takes their medications in the program setting.* A '**Yes**' score is indicated if staff are able to describe in either manner below ALL prescribed medications for the individual. This is an all-or-nothing element, meaning if staff are not able to describe ALL types of medications, the reviewer must score element '**No**'. A '**No**' score is indicated if staff are not able to describe in either manner below for ANY prescribed medications for the individual. This is an all-or-nothing element, meaning if staff are not able to describe ANY types of medication prescribed, the reviewer must score element '**No**'. **Example:** an individual is prescribed Lorazepam .5mg PRN, and Trazodone 100mg PM. A '**Yes**' score would be indicated if staff report: "Individual takes Lorazepam .5 mg as needed and Trazodone 100 mg at night. **OR** "Individual takes one medication for anxiety as needed, and another medication for sleep." **OR** Staff indicate they know the person is on medication, and they can readily obtain and show you this information.	
122. Can the staff list the most common side effects of the medications the person is on or where to locate this information?	☐ Yes ☐ No	**Yes**: The staff were able to describe the side effects of the medications the individual is taking or show you where to locate the side effects of the medications taken. **No**: The staff were not able to describe the side effects of the medications that the person is taking or show you	==IF THE REVIEWER SELECTS 'No' the reviewer will complete and submit the PCC Notification.== This element will not open if the previous element is '**N/A**'. This element is intended to capture if staff are able to report to the reviewer the most common side effects for either specific medications, OR the medication types, or where to find them that individual is prescribed. It is the expectation that all staff in all services can describe the most common side effects which may occur for medications prescribed to the individual, including	Provider: Health/Safety/Well-Being

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		where they would locate them.	supplements and OTC meds OR can show you where they can locate this information even if they do not administer medication(s). The reviewer should consider the staff response to element **121** and prompt accordingly. If staff has responded to element **121** reporting types of medication prescribed, they must be able to describe the most common side effects for those same types of medications or show you where they locate them. A '**Yes**' score is indicated if staff are able to describe in either manner below the most common side effects for ALL medications prescribed to the individual. This is an all-or-nothing element, meaning staff must be able to describe the most common side effects for ALL medication(s) or medication type(s) prescribed to individuals or show you where they can find them. A '**No**' score is indicated if staff are not able to describe in either manner below the most common side effects for ANY medication(s) or medication type(s) prescribed to the individual. This is an all-or-nothing element, meaning if staff are not able to describe the most common side effects for ANY medication(s) or type(s) of medication prescribed, the reviewer must score element '**No**'. Example: an individual is prescribed Lorazepam .5mg PRN, and Trazodone 100mg PM. A '**Yes**' score would be indicated if staff report: "Individual is prescribed 'specific name of medication,' at 'dosage' and takes it at 'time of day taken.' **OR** "Individual is prescribed "two psychotropic medications," and 'does/does not' take it during my shift." **OR** Staff indicate they know the person is on medication, OR they can readily obtain and show you information about the medication and medication side effects.	
123. When were you last trained on Medication Administration?	☐ < 6 months ago ☐ 6-12 months ago ☐ > 12 months ago ☐ Never	Reviewer will document the DSP's response.	Reviewer does not need to document specific date but can do so if provided. Staff may respond to this question with an approximate timeframe (i.e., "about six months ago" or "when we did our annual training").	
124. When were you last trained on Crisis Intervention?	☐ < 6 months ago ☐ 6-12 months ago	The reviewer will document the DSP's response.	Reviewer does not need to document specific date but can do so if provided.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
	☐ > 12 months ago ☐ Never		Staff may respond to this question with an approximate timeframe (i.e., "about six months ago" or "when we did our annual training").	
125. Can you tell me what person-centered care means?	☐ Yes ☐ No	**Yes**: Staff are able to verbalize the concept of person-centered care or describe the practical application of it in their service provision. **No**: Staff are NOT able to verbalize the concept of person-centered care, or describe the practical application of it in their service provision	The reviewer will confirm staff can articulate core aspects of person-centered care in general **OR** is able to describe how the concept is applied in practice with the individuals they serve. Reviewers should use the definition below to assess sufficient understanding of the concept to score element '**Yes**'. PERSON-CENTERED CARE: Service provision that focuses on the needs and preferences of the individual (not the system or service availability) and empowers and supports individuals in defining the direction for their own lives. Person-centered care promotes self-determination, community inclusion, and typical lives. It builds on the individual's strengths, personality, and interests. It helps him or her to become an integral part of the neighborhood and community by promoting participation in the life of the community and building relationships with people with whom he or she wants to spend time. It assists the individual in making personal choices and achieving dreams and a desirable lifestyle.	Provider: Person-centered
126. Can you explain the individual's HCBS rights in your program?	☐ Yes ☐ No	**Yes**: Staff are able to verbalize the components of the HCBS settings rule or provide specific examples of implementation in their service provision. **No**: Staff are NOT able to verbalize the components of the HCBS settings rule or provide specific examples of implementation in their service provision.	HCBS Question The reviewer will confirm staff can articulate the core components of the HCBS settings rule or can provide specific examples of implementation in their service provision. Reviewers should use knowledge of the HCBS settings rule and the definition below, to assess if staff are able to verbalize the concept, or what in practice the application of the concept looks like in service provision. "HCBS Settings Rule requirements are designed to ensure that people with disabilities living in the community have access to the same kind of choice and control over their own lives as those not receiving Medicaid HCBS funding."	Provider: HCBS
127. Did the individual have any changes to needs or status since initiation of the ISP?	☐ Yes ☐ No	**Yes**: Documentation indicated that the individual had a change in status since	*This element is **NOT** an interview question for the provider staff.*	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		initiation of the most recent ISP. **No**: Documentation indicated that the individual did not have a change in status since initiation of the most recent ISP.	This element is a reviewer evaluation of changes in status which may have occurred since initiation of the ISP as evidenced in the provider documentation, including but not limited to assessments completed after the initiation of the ISP, progress notes, and/or quarterly reviews. This element is NOT confirmation the provider properly documented the change through an update to the in-progress ISP but rather an objective assessment of the individual based on provider documentation submitted and direct observation of the individual. While the reviewer may gather data from the staff regarding changes in status that may have recently occurred, scoring for this element should be informed by the observation of the individual and documentation reviewed, not solely the staff interview. Review of documentation may identify a change in the individual's needs or outcomes/support activities (improvement or decline should be considered). "Change in status" refers to: • changes related to a person's mental, physical, or behavioral **condition** • changes in one's **circumstances** to include representation, financial status, living arrangements, service providers, eligibility for services, services received, and type of services or waiver.) (https://dbhds.virginia.gov/assets/doc/sccm/osvt-definitions-defining-change-in-status-and-isp-implemented-appropriately-6.9.20-final.pdf) '**Yes**' should be selected if the documentation submitted shows evidence of changes to an individual's needs or status since initiation of the ISP (for example a WaMS addendum, updated PFS/Part V, or noted as change in Quarterly Report, OSVT, or progress notes.) '**No**' should be selected if review of the documentation indicates the individual did not have any new needs or changes in status since initiation of the ISP. osvt-definitions-defining-change-in-status-and-isp-implemented-appropriately-6.9.20-final.pdf (virginia.gov) 12VAC35-105-650, 12VAC35-105-675	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
			Reviewers must ensure the change in status element in SC Docs Tab (element 29) is scored the same as this element.	
128. Did the provider implement actions to address the changing needs and/or status?	☐ Yes ☐ No ☐ N/A	**Yes**: Review of documentation confirmed that the provider implemented actions to address the changing needs and/or outcomes/support activities and/or individual desires. **No**: Review of documentation did not confirm that the provider implemented actions needed to address the changing needs and/or outcomes/support activities and/or individual desires. **N/A**: Changes to needs or status did not warrant actions to address the change (for instance, follow-up with physicians and/or other providers confirmed that changes were not necessary).	**This element will open if the previous element is scored 'Yes'.** This element is intended to assess whether providers are able to address changes to needs or status appropriately and document what adjustments to services and supports were made to address the change. Reviewer should score element '**Yes**' when the provider documentation and/or an update to the in-progress ISP shows evidence of actions implemented to address changing needs. Reviewer should score element '**No**' when there is NOT evidence in the provider documentation and/or the in-progress ISP of actions implemented to address changing needs. ==Review the Clinical Decision Tree for clinical referral if needed.==	Provider: Health/Safety/Well-Being
129. Describe any inadequately addressed or previously unidentified change in needs or outcomes/support activities, deficiency in support plan or support implementation, discrepancy between support implementations, services	Text box	The reviewer will document any findings from review of the individual's documentation.	This element will only open if the previous element is scored '**No**'. The intent of this text box is to provide a summary of any changes in status which occurred since the initiation of the ISP that the provider did not identify or adequately address and consider recent changes in status for the individual communicated during staff interview or observation that should be addressed by the provider.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
provided, and the individual's strengths and preferences, and/or lack of follow-up regarding an individual's stated desires.				
130. Description of deficient scores and any TA discussed with the DSP.	Text field		The reviewer **must** include notes here describing deficient scores related to the observation of services. TA to the DSP is not required, but may include follow-up on clinical review questions, queries about current status of clinical conditions, and/or queries about changes in status not appropriately addressed by the provider.	
Case Summary				
131. Is there a concern that needs follow-up?	☐ Yes ☐ No	**Yes:** There is a concern that requires follow-up **No**: There are no concerns that require follow-up	All HSAG reviewers (including team leads and clinical reviewers) will follow HSAG's Reporting procedure to ensure reportable incidents are reported timely and alerts to DBHDS and/or Licensing are completed per the procedure. At a minimum, concerns that are documented include any report of actual or alleged abuse, neglect, exploitation, or other critical incident. Reviewers will follow HSAG procedure for reporting of incidents.	
132. Type of Concern	☐ Clinical review needed ☐ HSW ☐ Provider Capacity & Competency	**Clinical review needed:** the reviewer has identified the need for assistance in reviewing clinical information **HSW concern**: the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing **Provider Capacity & Competency**: the reviewer scored deficient any element identified as requiring a PCC Notification	If there is an **HSW concern**, the team lead will review and follow the HSAG Reporting procedure to ensure the capture of information and timely reporting to DBHDS and/or Licensing. This element will only be answered if there is a concern that needs follow-up.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
133. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: • Need to be addressed by a clinical lead • Need to be referred to DBDHS for follow-up	Reviewers must identify the element that is being reported as a concern. For instance, the reviewer may identify a concern during an interview with the provider staff. The reviewer should document here that the concern was identified during the interview, describe which element/question the concern related to, and describe the concern. This element will only be answered if there is a concern that needs follow-up.	
134. Summary of HSW/Provider Capacity and Competency Concerns	Text field		This element will only be answered if there is a concern that needs follow-up.	
135. HSW Lead Response	Text field	The clinical reviewer will respond to the concern/request for a review.	This section will only be completed if HSW is submitted. The clinical reviewer will describe the response to the question/concern from the reviewer and any actions required (i.e. reviewed documentation, agree with reviewer's response, no change in scoring recommended and no action needed by provider; OR reviewed concern, disagree with reviewer's response and provided feedback to reviewer for change of response; OR reviewed concern, action needed by provider [describe action needed], alert documented and referred to provider and/or SC and/or DBDHS on mm/dd/yy at hh:mm).	
136. Clinical Reviewer Response				
137. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.	This section will only be completed if clinical review assistance is requested.	
138. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials	This section will only be completed if clinical review assistance is requested.	
INDIVIDUAL TAB			**Individual interview conducted in a private location:** When QSRs are scheduled make sure you communicate with providers, individuals, and families of the expectation for interviews of individuals to be conducted in a private area	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
			where provider staff cannot hear the interview or influence the interview responses, unless the individual needs or requests staff assistance. Inform the providers of the need to provide/designate a private location for the interview, such as an office space or conference room on the day of the QSR review. If such a space is not available in the building, work with the provider to determine additional areas that will allow the interview to be conducted privately, such as the interview outside on a porch or patio area. If the weather does not allow the interview to be conducted outside or a location does not have a private office or conference room, then have the provider provide a part of the main area away from staff and others for the interview, to ensure individual privacy. If the interview is not conducted in private, documented reason in element **143**.	
Individual Information				
139. Can and does the individual choose to participate in the interview process?	☐ Yes ☐ No	**Yes**: The individual can and chooses to participate in the interview process. **No**: The individual cannot or chooses not to participate in the interview process.		
140. If **No**, select the reason	☐ Individual or SDM/Family declined prior to arrival for observation. ☐ The individual or SDM/Family declined upon arrival for observation. ☐ The individual is not present at the time of observation with staff. ☐ The individual is in medical and/or behavioral distress	If the preceding element is answered, '**No**', the reviewer will document the reason that the individual cannot or chooses not to participate in the interview process.		

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
	that precluded interview.			
141. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.		
142. How was the interview completed?	☐ Virtually via webinar ☐ Telephonically ☐ In-person	The reviewer will select the method in which the review was completed.		
143. If the interview was not able to be conducted in private, describe why.	Text field	If the interview was not able to be conducted in private, the reviewer will document why.		
Individual Interview			For all interview questions in this section, the reviewer should ask follow-up prompts to ensure understanding of the question and accuracy of '**No'** score. Meaning, if any of the prompts are responded as No, the reviewer must score element '**No'**. If an individual is able to respond to some questions, but not all, reviewer should score based on the questions the individual provided responses for.	
144. Do you like living here?	☐ Yes ☐ No ☐ CND	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL) The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring.	HCBS Question Do you like the location and neighborhood? Do you like your room? Do you like your housemates? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response for the interview question or **any** of the follow-up prompts.	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice
145. Would you like to live somewhere else?	☐ Yes ☐ No ☐ CND	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL)	HCBS Question Is there somewhere else you would like to live? Another neighborhood or city or with different people?	Provider: Individual Service Provision – Choice

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring.	**CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response for the interview question or **any** of the follow-up prompts. *Inverse: Any 'Yes' responses to the questions above indicate score must be 'Yes'.*	CSB: Individual Services and Supports - Choice
146. Did you choose the people you live with?	☐ Yes ☐ No ☐ CND	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL) The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring	HCBS Question Did you have a choice about the people you live with? If someone else wants to move in, do you get a say? Do you get along with your housemates? If you have a roommate, did you choose your roommate? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response for the interview question or **any** of the follow-up prompts.	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice
147. Do you have a key to your home?	☐ Yes ☐ No ☐ CND	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL) The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring.	HCBS Question Do you have a physical key, door code, or biometric lock? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response for the interview question or **any** of the follow-up prompts.	Provider: Individual Service Provision – HCBS CSB: Individual Services and Supports - HCBS
148. If **No**, why not?	Text field	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL) If the preceding element is answered, '**No'**, the reviewer will enter the individual's response.	Reviewers should enter **CND** if unable to determine the individual's response.	
149. Do you have a key to your bedroom?	☐ Yes ☐ No ☐ CND	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL)	HCBS Question Were you offered the option to have one?	Provider: Individual Service Provision – HCBS

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring.	**CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or the follow-up prompts.	CSB: Individual Services and Supports - HCBS
150. If **No**, why not?	Text field	RESIDENTIAL ONLY If the preceding element is answered, '**No**', the reviewer will enter the individual's response.	Reviewers should enter **CND** if unable to determine the individual's response.	
151. When you open your mail or you receive help with opening your mail, do you have the choice to read it privately?	☐ Yes ☐ No ☐ CND	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL) The reviewer will enter the individual's response.	HCBS Question If an individual reports not opening their own mail, reviewer must score this element '**No**'. **CND**: Could not determine. Reviewers will utilize CND if unable to determine the individual's response.	Provider: Individual Service Provision – Rights CSB: Individual Services and Supports - Rights
152. When you receive or want to make a phone call, do you have the choice to receive or make the call privately?	☐ Yes ☐ No ☐ CND	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL) The reviewer will enter the individual's response.	HCBS Question Phone calls may include video conferencing calls, such as FaceTime. Individuals who do not communicate verbally and utilize phone video conferencing must be provided with the opportunity to communicate privately. If an individual reports not being given a choice to receive or make phone calls privately, reviewer must score this element '**No**'. **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response.	Provider: Individual Service Provision – Rights CSB: Individual Services and Supports - Rights
153. When you have visitors at your home, do you have the choice to visit with them in private?	☐ Yes ☐ No ☐ CND	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL) The reviewer will enter the individual's response and	HCBS Question Does staff give you privacy when you have visitors? Are you allowed to visit with guests alone?	Provider: Individual Service Provision – HCBS

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		consider responses to follow-up prompts when scoring.	If an individual reports they are not allowed to have visitors at their home, reviewer must score this element '**No**'. **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or **any** of the follow-up prompts.	CSB: Individual Services and Supports - HCBS
154. Do you like attending this program?	☐ Yes ☐ No ☐ CND	GROUP DAY or other COMMUNITY-BASED PROGRAMS ONLY (CEN, CCO, GDY) The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring.	HCBS Question Do you get to pick what activities you do? Do you like the activities you participate in? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or **any** of the follow-up prompts.	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice
155. Did you get to choose the people you participate in the group with?	☐ Yes ☐ No ☐ CND	GROUP DAY or other COMMUNITY-BASED PROGRAMS ONLY (CEN, CCO, GDY) The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring.	HCBS Question Do you get to pick who you hang out with? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response for the interview question or the follow-up prompts.	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice
156. Would you like to do something else during the day?	☐ Yes ☐ No ☐ CND	NOT APPLICABLE FOR RESPITE/CRISIS/Case Management The reviewer will enter the individual's response.	HCBS Question **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response.	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice
157. Do you like your staff?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response and	HCBS Question Do you get along with your staff?	Provider: Individual Service Provision – Choice

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		consider responses to follow-up prompts when scoring.	**CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response for the interview question or the follow-up prompts.	CSB: Individual Services and Supports - Choice
158. If No, why not?	Text field	ALL SERVICE TYPES If the preceding element is answered, '**No**', the reviewer will enter the individual's response.	HCBS Question Reviewers should enter **CND** if unable to determine the individual's response.	
159. If you want to be alone, what can you do?	Text field	ALL SERVICE TYPES The reviewer will enter the individual's response.	HCBS Question Reviewers should enter **CND** if unable to determine the individual's response.	
160. Who decides what things you get to do?	Text field	ALL SERVICE TYPES The reviewer will enter the individual's response.	HCBS Question Reviewers should enter **CND** if unable to determine the individual's response.	
161. If you want to go somewhere, does your provider take you?	☐ Yes ☐ No ☐ CND	NOT APPLICABLE FOR RESPITE/CRISIS/CASE MANAGEMENT The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring.	Do you have transportation for all your activities? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or the follow-up prompts.	Provider: Individual Service Provision – Transportation CSB: Individual Services and Supports - Transportation
162. Can you get where you want to go without problems?	☐ Yes ☐ No ☐ CND	NOT APPLICABLE FOR RESPITE/CRISIS/CASE MANAGEMENT The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring.	Do staff assist with linking you to transportation? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or the follow-up prompts.	Provider: Individual Service Provision – Transportation CSB: Individual Services and Supports - Transportation

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
163. If **No**, what kinds of problems do you have?	Text field	NOT APPLICABLE FOR RESPITE/CRISIS/CASE MANAGEMENT The reviewer will enter the individual's response.	Reviewers should enter **CND** if unable to determine the individual's response.	
164. What if you want to do something but no one else wants to?	Text field	ALL SERVICE TYPES The reviewer will enter the individual's response.	HCBS Question Reviewers should enter **CND** if unable to determine the individual's response.	
165. Who do you go out into the community with?	Text field	ALL SERVICE TYPES The reviewer will enter the individual's response.	Reviewers should enter **CND** if unable to determine the individual's response.	
166. Do you spend time in the community doing the things you like to do?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response.	HCBS Question **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response.	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice
167. Do you do those things as often as you would like?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring	HCBS Question This element will open if the previous element is scored '**Yes**' using the individual's response. Do you get to spend as much time as you would like on those activities? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or **any** of the follow-up prompts.	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
168. Do you do activities with the people you would like to?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring	HCBS Question Are you going out with people you prefer more often than not (whoever those people may be, including housemates and/or staff)? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or the follow-up prompts.	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice
169. Are there things you would like to do that you are not able to do?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response.	HCBS Question This element is intended to capture individual's perspectives about why they may not be able to do their chosen activities as often as they would like. *I**nverse measure**	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice
170. Describe the activities individual reports they would like to do but are not able to do.	Text Field		HCBS Question This element will open if the previous element is scored '**Yes**' for the individual's response. The reviewer will document the individual's description of activities they would like to do that they are not able to do currently.	
171. When you are hungry, are you able to eat?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response.	HCBS Question Are you able to access food whenever you are hungry? Can you get snacks when you are hungry without asking staff for permission? Reviewers should enter **CND** if unable to determine the individual's response.	Provider: Individual Service Provision – HCBS CSB: Individual Services and Supports - HCBS
172. Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response.	HCBS Question **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
173. Do you attend religious services?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response based and consider the response to prompt.	HCBS Question This element will only open if the previous element is scored '**Yes**'. **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or the follow-up prompts.	Provider: Individual Service Provision – Choice CSB: Individual Services and Supports - Choice
174. If **No**, why not?	Text field	ALL SERVICE TYPES The reviewer will enter the individual's response.	Reviewers should enter **CND** if unable to determine the individual's response.	
175. Are you registered to vote?	☐ Yes ☐ No ☐ N/A ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring. The reviewer will select '**N/A**' if the individual is unable to vote due to legal status.	HCBS Question If you wanted to vote, could you? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or the follow-up prompts	
176. Did you vote in the last election?	☐ Yes ☐ No ☐ N/A ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response. The reviewer will select '**N/A**' if the individual is unable to vote due to legal status.	HCBS Question Did you vote in the most recent national election in 2024? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or the follow-up prompts	
177. If **No**, why not?	Text field	ALL SERVICE TYPES If the preceding element is answered, '**No**', the reviewer	Reviewers should enter **CND** if unable to determine the individual's response.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		will enter the individual's response.		
178. Do you participate in your banking?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring	HCBS Question Do you participate in paying bills? If you want to buy something, can you? Do you know how your money is being spent? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or the follow-up prompts.	Provider: Individual Service Provision – Rights CSB: Individual Services and Supports - Rights
179. How do you access your money?	☐ Use my debit/ATM card ☐ I receive money daily/weekly/monthly from my provider/family ☐ I go to the bank ☐ I ask the person who manages my money/rep payee whenever I need it ☐ Individual reports not having access to their money ☐ CND	RESIDENTIAL ONLY (GRS, GRL, GHC, SPR, SUL) The reviewer will enter the individual's response.	HCBS Question Intent of question is determining how the individual gets access to their funds. **CND** will be used if unable to determine the individual's response to the interview question.	
180. Do you have a paid job?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response.	HCBS Question Element is looking for paid employment. If the daily activities of a person which they call a 'job' is unpaid work, the **reviewer must score element 'No'**. **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response.	
181. Do you want one?	☐ Yes ☐ No	ALL SERVICE TYPES	HCBS Question	Provider: Individual Service Provision -

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
	☐ CND	The reviewer will enter the individual's response.	This element will only open for scoring if the previous element is scored '**No**'. *Inverse measure*	Community Inclusion CSB: Individual Services and Supports - Community Inclusion
182. Is your support coordinator currently addressing your employment goals?	☐ Yes ☐ No ☐ N/A ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response.	HCBS Question The reviewer will enter individuals' responses. **N/A**: Individual reports not currently needing support to address employment goals. **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response.	Provider: Individual Service Provision - Community Inclusion CSB: Individual Services and Supports - Community Inclusion
183. Do you feel safe here?	☐ Yes ☐ No ☐ CND	ALL SERVICE TYPES The reviewer will enter the individual's response and consider responses to follow-up prompts when scoring.	HCBS Question Do you feel safe in this home/at this program? **CND**: Could not determine. Reviewers will utilize **CND** if unable to determine the individual's response to the interview question or the follow-up prompt.	Provider: Individual Services Provision – Rights CSB: Individual Services and Supports - Rights
184. If **No**, is there a specific reason why?	Text field	ALL SERVICE TYPES If the preceding element is answered, '**No'**, the reviewer will enter the individual's response.	This element is intended to provide an opportunity for the individual to express their concerns about safety AND confirm any concerns for safety expressed by the individual are being appropriately addressed by relevant staff using the reviewer's clinical judgment. If the individual responds '**No**' to element 183, and the reviewer is not able to determine whether the expressed concern for safety is being appropriately addressed OR is unsure if the expressed safety concern is being appropriately addressed, ==the reviewer should consider if an HSW alert is appropriate.==	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
Case Summary				
185. Is there a concern that needs follow-up?	☐ Yes ☐ No	**Yes**: There is a concern that requires follow-up **No**: There are no concerns that require follow-up	All HSAG reviewers (including team leads and clinical reviewers) will follow HSAG's reporting procedure to ensure reportable incidents are reported timely and alerts to DBHDS and/or Licensing are completed per the procedure.	
186. If Yes, type of Concern	☐ Clinical review needed ☐ HSW concern	**Clinical review needed**: the reviewer has identified the need for assistance in reviewing clinical information. **HSW concern**: the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing.	If there is an HSW concern, the team lead will review and follow the HSAG Reporting procedure to ensure the capture of information and timely reporting to DBHDS and/or Licensing. This element will only be completed if there is a concern that needs follow-up.	
187. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: • Need to be addressed by a clinical lead • Need to be referred to DBDHS for follow-up	Reviewers must identify the element that is being reported as a concern. For instance, the reviewer may identify a concern during an interview with the individual. The reviewer should document here that the concern was identified during the interview, describe which element/question the concern related to, and describe the concern. If at any time there is evidence of abuse, neglect, exploitation, and/or restriction of rights without indication that the required review has been completed and report to CPS/APS as applicable has been completed, the reviewer will alert the team lead so that notification to DBHDS and appropriate reporting can be completed. This element will only be completed if there is a concern that needs follow-up.	
188. Summary of HSW	Text field	Reviewer to utilize to document any other notes if additional space is needed.	This element will only be completed if there is a concern that needs follow-up.	
189. HSW Lead Response				
190. Clinical Reviewer Response	Text field	The clinical reviewer will provide a response to the concern/request for a review.	This section will only be completed if clinical review assistance is requested. The clinical reviewer will describe the response to the question/concern from the reviewer and any actions required (i.e. reviewed documentation, agree with reviewer's response, no change in scoring recommended and no action needed by provider and/or	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
			SC; OR reviewed concern, disagree with reviewer's response and provided feedback to reviewer for change of response; OR reviewed concern, action needed by provider and/or SC [describe action needed], alert documented and referred to provider and/or SC and/or DBHDS on mm/dd/yy at hh:mm).	
191. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.	This section will only be completed if clinical review assistance is requested.	
192. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials.	This section will only be completed if clinical review assistance is requested.	
SDM/FAMILY TAB				
SDM/Family Member Information				
193. Can the SDM or family member participate in the interview process?	☐ Yes ☐ No	**Yes**: The SDM or family member can participate in the interview process. **No**: The SDM or family member cannot participate in the interview process.		
194. If **No**, document the reason	☐ Unable to contact SDM/Family ☐ Declined ☐ No Family Involved ☐ Individual prefers family not to be interviewed	If the preceding element is answered, '**No'** the reviewer will document the reason that the SDM or family member cannot participate in the interview process.	This element will only be completed if the preceding element is '**No**'.	
195. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.		

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
196. How was the interview completed?	☐ Virtually via webinar ☐ Telephonically ☐ In-person	The reviewer will select the method in which the review was completed.		
197. Interviewee	☐ Legal guardian ☐ Authorized rep ☐ Family member ☐ SDM ☐ Paid provider	The reviewer will select all roles for participant interviewed.	Reviewer should be interviewing the family member identified by the individual and/or service provider who provides natural, formal, and/or paid supports.	
198. Interviewee contact information	Text field	The reviewer will enter contact information for the interviewee (i.e., name, phone number, email address, etc.).		
Family Member Interview				
199. Did the SC provide the individual with a choice in service providers, including a choice in SC?	☐ Yes ☐ No ☐ Not Sure	**Yes**: The SDM and/or family member validated that the individual was provided with a choice in service providers. **No**: The SDM and/or family member did not validate that the individual was provided with a choice in service providers. **Not Sure**: The SDM and/or family member is not sure or responds that they do not know if it was discussed.	HCBS Question Typically discussed during the annual meeting and should be documented on the VA Informed Choice form.	CSB: Support Coordinator - ISP Implementation
200. Did the SC discuss employment goals and options with the individual?	☐ Yes ☐ No ☐ Not Sure	**Yes**: The SDM and/or family member validated that the SC discussed employment goals and options.	HCBS Question It is the expectation the employment is discussed at least annually, typically at the annual meeting.	CSB: Support Coordinator - ISP Implementation

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		No: The SDM and/or family member did not validate that the SC discussed employment goals and options. **Not Sure**: The SDM and/or family member is not sure or responds that they do not know if it was discussed.		
201. Does the individual participate in his/her community according to his/her preferences?	☐ Yes ☐ No ☐ Not Sure	**Yes**: The SDM and/or family member validated that the individual is participating in the community according to his/her preferences. **No**: The SDM and/or family member did not validate that the individual is participating in the community according to his/her preferences. Not Sure: The SDM and/or family member is not sure.	HCBS Question This question is intended to assess if the individual is able to participate in community activities according to their preferences based on the knowledge of the family member.	Provider: Individual Services Provisions - Community Inclusion
202. Describe anything that prevents the individual from being involved in his/her community:	Text Field	The Reviewer will document the SDM and/or family member's response.	HCBS Question This element will only open if the previous element is scored '**No**'. The SDM/family member should describe the specific barriers they believe prevent the individual from being involved in their community, with examples when possible, based on observation of the individual's services.	
203. Did the SC discuss community involvement opportunities with the individual?	☐ Yes ☐ No ☐ Not Sure	**Yes**: The SDM and/or family member validated that the SC discussed community involvement opportunities.	HCBS Question This may include community coaching, community engagement, or other activities that occur in the community that are not service based. This could be a discussion with the SC	CSB: Support Coordinator - ISP Implementation

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		No: The SDM and/or family member did not validate that the SC discussed community involvement opportunities. **Not Sure**: The SDM and/or family member is not sure or responds that they do not know if it was discussed.	about different events that the individual may be interested in that occur in the community.	
204. Are all of the individual's needs and supports currently being met?	☐ Yes ☐ No ☐ Not Sure	**Yes**: The SDM and/or family member did not report that the individual has needs or supports that are unmet. **No:** The SDM and/or family member reported the individual has needs or supports that are unmet. **Not Sure**: The SDM and/or family member is not sure if the individual has unmet needs or supports.	HCBS Question The reviewer will ask the SDM and/or family member if they believe the individual's needs and supports are currently being met and score based on their response.	CSB: Support Coordinator - Follow Through
205. If **No**, describe:	Text field	The reviewer will document any needs or supports that are not being met as reported by the SDM and/or family member.	Include why they think the need is not being met if they share that information as well as any follow-up, they have been doing on their own to address the need or fill the gap.	
206. Did you have an opportunity to participate in the ISP development?	☐ Yes ☐ No ☐ Not Sure	**Yes**: The SDM and/or family member reported that he/she had an opportunity to participate in the ISP development.	Were you invited to participate in the annual meeting? Did you provide feedback prior to the meeting if you were unable to attend? Did you complete any forms and return them prior to the meeting to ensure your feedback was included in the meeting?	CSB: Support Coordinator - ISP Implementation

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		No: The SDM and/or family member reported that he/she did not have an opportunity to participate in the ISP development. **Not Sure**: The SDM and/or family member was not sure if he/she had an opportunity to participate in the ISP development.		
207. Do you feel the ISP is representative of the person's needs?	☐ Yes ☐ No ☐ Not Sure	**Yes**: The SDM and/or family member reported that he/she felt the ISP is representative of the individual's needs. **No**: The SDM and/or family member reported that he/she did not feel the ISP is representative of the individual's needs. **Not Sure**: The SDM and/or family member was not sure if the ISP is representative of the individual's needs.	Does the individual want to work on what is included in their ISP? Do you read their ISP and can tell that it is the person's? Do you feel that there is something missing from the ISP that is Important to ensure their needs are being met?	CSB: Support Coordinator - ISP Implementation
208. If **No**, why not?	Text field	The reviewer will document the interviewee's response.	Element only answered if the preceding element is '**No**'.	
209. Does the SDM/Family confirm there are no concerns regarding the current service providers?	☐ Yes ☐ No	**Yes**: The SDM and/or family member reported that there are no concerns	This element is intended to capture concerns about the current Support Coordinator or provider of service under review. The person interviewed may express concerns about previous support coordinators, providers not under review, or non-waiver service providers, However, the reviewer	CSB: Support Coordinator - Follow Through

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
		No: The SDM and/or family member reported concerns.	should inform SDM and/or family members that these concerns are NOT under the purview of the VA QSR. Reviewer may also confirm awareness that any concerns related to Human Rights may be reported to the LHRC.	
210. If **No**, describe:	Text field	The reviewer will document the interviewee's response.	Element only answered if the preceding element is '**No**'.	
Case Summary				
211. Is there a concern that needs follow-up?	☐ Yes ☐ No	**Yes**: There is a concern that requires follow-up **No**: There are no concerns that require follow-up.	All HSAG reviewers (including team leads and clinical reviewers) will follow HSAG's reporting procedure to ensure reportable incidents are reported timely and alerts to DBHDS and/or Licensing are completed per the procedure. At a minimum, concerns that are documented include any report of actual or alleged abuse, neglect, exploitation, or other critical incident. Reviewers will follow HSAG procedure for reporting incidents.	
212. If yes, the type of Concern	☐ Clinical review needed ☐ HSW concern	**Clinical review needed**: the reviewer has identified the need for assistance in reviewing clinical information **HSW concern**: the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing	If there is an HSW concern, the team lead will review and follow the HSAG Reporting procedure to ensure the capture of information and timely reporting to DBHDS and/or Licensing. This element will only be completed if there is a concern that needs follow-up.	
213. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: This needs to be addressed by a clinical lead and/or Needs to be referred to DBDHS for follow-up	Reviewers must identify the element that is being reported as a concern. For instance, the reviewer may identify a concern during an interview with the SDM and/or family member. The reviewer should document here that the concern was identified during the interview, describe which element/question the concern related to, and describe the concern. This element will only be completed if there is a concern that needs follow-up.	

PCR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP criteria
214. Summary of HSW	Text field	Reviewer to utilize to document any other notes if additional space is needed	This element will only be completed if there is a concern that needs follow-up.	
215. HSW Lead Response	Text field	The clinical reviewer will provide a response to the concern/request for a review	This section will only be completed if clinical review assistance is requested. The clinical reviewer will describe the response to the question/concern from the reviewer and any actions required (i.e. reviewed documentation, agree with reviewer's response, no change in scoring recommended and no action needed by provider and/or SC; OR reviewed concern, disagree with reviewer's response and provided feedback to reviewer for change of response; OR reviewed concern, action needed by provider and/or SC [describe action needed], alert documented and referred to provider and/or SC and/or DBHDS on mm/dd/yy at hh:mm).	
216. Clinical Reviewer Response	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.	This section will only be completed if clinical review assistance is requested.	
217. Clinical Reviewer notes	Text Field			
218. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials.	This section will only be completed if clinical review assistance is requested.	