

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
GENERAL INFORMATION TAB				
1. Date of interview	Date field	The reviewer will document the date of the interview with the provider.	Date PQR interview was completed with all provider staff selected for interview.	RM – Risk Management QI – Quality Improvement
2. Interview completed with	<input type="checkbox"/> Front-line supervisor <input type="checkbox"/> Manager / Leadership <input type="checkbox"/> QI Staff	The reviewer will select the staff member(s) interviewed	As you assess the facility setting, document the provider staff that you interview to obtain information. If during the span of the assessment of the setting, you interview additional staff from these categories, you must come back to this element and select the titles of the staff person(s).	
3. Name(s) of interviewee(s)	Text field	The reviewer will enter the names of the staff members interviewed	Enter the names of the provider staff that you interviewed. Make note of which interviewee title the person corresponds to. For instance, you interviewed Jane Smith, who is QI Staff. Enter “Jane Smith, QI” in this section.	
4. Date of the last documentation review for the current round.	Date field	The reviewer will enter the date of the last provider documentation review completed for this cycle of PQR review.	Enter the last date that PQR documentation was reviewed to score the tool elements. The reviewer should enter the date in this field when the PQR document review is complete and change if additional documents are submitted and reviewed post-PQR interview.	
QI/RM TAB				
5. Does the provider have a risk management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A ‘Yes’ rating is indicated when the reviewer sees the provider has a risk management plan.</p> <p>A ‘No’ rating is indicated when the provider did not submit their risk management plan.</p>	<p>The reviewer would score this element ‘Yes’ if the provider submitted evidence of a written risk management plan, per 12VAC35-105-520 B</p> <p>The risk management plan does not have to be a stand-alone document it can be included in the QI Plan.</p>	RM – Needs a Plan

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6. Does the job description for the staff designated for risk management (RM) functions include the roles and responsibilities as listed in the provider's risk management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated when the provider submits the job description for the staff the provider has designated as the risk manager and includes the risk management roles and responsibilities listed in the risk management plan.</p> <p>A 'No' rating is indicated when a job description is not provided or does not include RM functions.</p>	<p>This element will open only if element 5 is scored 'Yes'.</p> <p>Job description for this employee must reflect that all or part of their responsibilities include those of the risk management function.</p> <p>The reviewer will assess the job description for the staff currently in the role designated as responsible for RM functions to ensure the roles and responsibilities match what is listed in the RM plan.</p>	RM – Staff not qualified/Need training
7. Has the staff designated as responsible for risk functions completed department-approved training with RM attestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated when the person designated as responsible for risk management functions has completed department-approved training with RM attestation.</p> <p>A 'No' rating is indicated when the person designated as responsible for risk management functions has not completed department-approved training or the provider did not provide the RM attestation.</p>	<p>The provider's designee responsible for the risk management function must complete department-approved training, which shall include training related to risk management, understanding of individual risk screening, conducting investigations, root cause analysis, and the use of data to identify risk patterns and trends.</p> <p>12VAC35-150-520 A</p>	RM – Staff not qualified/Need training

<p>8. Has the risk management plan been reviewed and updated in conjunction with the provider’s annual systemic risk assessment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A ‘Yes’ rating is indicated when there is evidence the provider reviewed and updated their current risk management plan in conjunction with completion of an annual systemic risk assessment.</p> <p>A ‘No’ rating is indicated when the providers risk management plan was not reviewed and updated in conjunction with completion of an annual systemic risk assessment.</p>	<p>This element is conditional and will open only if element 5 is scored ‘Yes’.</p> <p>Providers are expected to review and update their risk management plan to reflect risks identified during completion of their annual systemic risk assessment. If there are risks identified in the annual systemic risk assessment which should be included in the risk management plan and are not, the score must be ‘No’.</p> <p>The date of review and update of the Risk Management Plan must be the same date or after the completion of their annual systemic risk assessment.</p> <p>Both the risk management plan and the systemic risk assessment must be completed annually.</p> <p>If the provider did not complete an annual systemic risk assessment (12-VAC-35-105-520 C) OR did not review and update their risk management plan to reflect the annual systemic risk assessment, the reviewer must score “No”.</p> <p>DBHDS expectations for completion of an annual systemic risk assessment and risk management plan</p> <p>https://dbhds.virginia.gov/wp-content/uploads/2025/09/Risk-Management-Tips-and-Tools-June-2021-Updated-June-2022.pdf</p> <p>DBHDS Office of Licensing systemic risk assessment template Systemic-Risk-Assessment-Template fillable-with-examples.pdf</p>	<p>RM – The plan needs updating/Signed</p>
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9. Has the provider's risk management plan been signed and dated in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated when the provider's risk management plan shows that it has been signed and dated within the past 12 months.</p> <p>A 'No' rating is indicated when the provider risk management plan shows it has not been signed and dated within the past 12 months.</p>	This element is conditional and will open only if element 5 is scored 'Yes' .	RM – The plan needs updating/Signed

<p>10. Does the provider have a quality improvement program that includes a quality improvement plan?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> QI Program does not meet the regulation</p>	<p>A 'Yes' rating is indicated when the provider has a quality improvement -program that includes a quality improvement plan and meets regulation 12VAC35-105-620 as defined in reviewer notes.</p> <p>This is an all-or-nothing element.</p> <p>A 'No' rating is indicated when the provider has no quality improvement -program in place or quality improvement program does not include a quality improvement plan.</p> <p>The reviewer will select 'QI Program does not meet the regulation' when the provider fails to provide a document that meets regulation 12VAC35-105-620 as defined in reviewer notes.</p>	<p>12VAC35-105-620</p> <p>620 A, B, and D apply to QI Program</p> <p>620 C (1, 2, 3, 5) applies to QI Plan</p> <p>A. The provider shall develop and implement written policies and procedures for a quality improvement program sufficient to identify, monitor, and evaluate clinical and service quality and effectiveness on an ongoing and systematic basis.</p> <p>B. The quality improvement program shall utilize standard quality improvement tools, including root cause analysis, and shall include a quality improvement plan.</p> <p>C. The quality improvement plan shall:</p> <ol style="list-style-type: none"> 1. Be reviewed and updated at least annually; 2. Define measurable goals and objectives; 3. Include and report on statewide performance measures, if applicable, as required by DBHDS; and 5. Include ongoing monitoring and evaluation of progress toward meeting established goals and objectives. <p>D. The provider's policies and procedures shall include the criteria the provider will use to:</p> <ol style="list-style-type: none"> 1. Establish measurable goals and objectives; and 2. Update the provider's quality improvement plan. 	<p>QI- Needs a Plan</p>
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			<p>DBHDS Guidance document for quality improvement programs to ensure all regulatory requirements are included in their quality improvement plan and program.</p> <p><u>DBHDS Office of Licensing Tools for Developing a Quality Improvement Program - https://dbhds.virginia.gov/wp-content/uploads/2025/03/Tools-for-Developing-a-Quality-Improvement-Program_March-2025.pdf.</u></p> <p>DBHDS Quality Manual - <u>Quality-Manual-FINAL-July-2025.pdf</u>.</p>	
<p>11. Was the provider’s quality improvement plan developed or reviewed in the past year?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> QI Plan not developed or reviewed within the past 12 months</p> <p><input type="checkbox"/> Does not adhere with provider’s policy (QI Program)</p>	<p>A ‘Yes’ rating is indicated when the provider’s quality improvement plan 12VAC35-105-620 C.1 shows that it was developed or reviewed within the past 12 months AND adheres to the provider’s policy QI Program as defined in letter D of the policy (12VAC35-105-620 D).</p> <p>A ‘Not developed or reviewed within the past 12 months’ rating is indicated when the provider quality improvement plan was not developed or reviewed within the past 12 months.</p> <p>A ‘Does not adhere with provider’s policy’ rating is indicated when the provider quality improvement plan does not adhere to the provider’s policy as defined in letter D (12VAC35-105-620 D).</p>	<p>This element will open only if element 10 is scored ‘QI Program does not meet the regulation’.</p> <p>The quality improvement plan is required by 12VAC35-105-620 C.1 (QI Plan) Be reviewed and updated at least annually.</p> <p>12VAC35-105-620 D (QI Program)The provider’s policies and procedures shall include the criteria the provider will use to:</p> <ol style="list-style-type: none"> 1. Establish measurable goals and objectives; and 2. Update the provider’s quality improvement plan. 	<p>QI – Reviewed/Signed</p>

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12. Does the provider's quality improvement plan include goals and objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> QI Plan does not include goals and objectives <input type="checkbox"/> Does not adhere with provider's policy (QI Program)	<p>A 'Yes' rating is indicated when the provider's current quality improvement plan 12VAC35-105-620 C.2 includes measurable goals and objectives AND adheres to the provider's policy as defined in letter D of the policy (12VAC35-105-620 D) QI Program.</p> <p>A 'Does not include goals and objectives' rating is indicated when the provider's current quality improvement program does not include measurable goals and objectives.</p> <p>A 'Does not adhere with provider's policy' rating is indicated when the provider quality improvement plan does not adhere to the provider's policy as defined in letter D (QI Program) (12VAC35-105-620 D).</p>	<p>This element will open only if element 10 is scored the 'QI Program does not meet the regulation'.</p> <p>12VAC35-105-620 C.2 (QI Plan) Define measurable goals and objectives</p> <p>12VAC35-105-620 D (QI Program) The provider's policies and procedures shall include the criteria the provider will use to:</p> <ol style="list-style-type: none"> 1. Establish measurable goals and objectives; and 2. Update the provider's quality improvement plan. 	<p>QI – Has goals and objectives that are not SMART</p>

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<p>13. Do all goals and objectives in the provider's quality improvement plan meet SMART criteria?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' is indicated if ALL the provider's quality improvement plan goals and objectives are SMART.</p> <p>A 'No' is indicated if any of the provider's quality improvement plan goals and objectives are not SMART.</p>	<p>This element will not open if element 10 is scored No.</p> <p>The reviewer should assess the current quality improvement plan to determine if ALL goals/objectives meet SMART criteria.</p> <p>This is an all-or-nothing element, meaning if a provider has multiple goals/objectives in their quality improvement plan, ALL must meet SMART criteria, or the reviewer must score element No.</p> <p>SMART criteria:</p> <p>Specific Specific goals have a desired outcome that is clearly understood.</p> <p>Measurable Define what data will be used to measure the goal and set a method for collection.</p> <p>Achievable Goals need to be realistic to maintain the enthusiasm to try to achieve them.</p> <p>Relevant One way to determine if the goal is relevant is to define the key benefit to the organization.</p> <p>Time-Bound Goals should have a deadline.</p> <p>https://dbhds.virginia.gov/wp-content/uploads/2025/09/SMART-Goals-Worksheet.pptx</p>	<p>QI – Has goals and objectives that are not SMART</p>

<p>14. Does the provider collect, track, and review, performance data?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A 'Yes' score is indicated when the provider documentation shows evidence of performance data collection, tracking of that performance data, and review of the performance data .</p> <p>A 'No' score is indicated if there is no evidence the provider collects any performance data, or if the performance data is not tracked, or if performance data is not reviewed.</p>	<p>This element is intended to assess if the provider is currently collecting, tracking, and reviewing performance data. Providers are expected to collect performance data, track the performance data, and review the performance data at a regular frequency.</p> <p>Providers are expected to collect data relevant to the services they provide that drives their quality improvement activities, which may include but is not limited to serious incident data, abuse/neglect data, community integration data, or other relevant performance data that allows the provider to measure progress towards identified goals and objectives (DBHDS Quality Manual, pg. 23).</p> <p>Providers are expected to track performance data via the DBHDS data tracking tool, an excel spreadsheet, or other written methods (DBHDS Quality Manual, pg. 24).</p> <p>Providers are expected to review performance data during quarterly review of incident data, or annual review of the quality improvement plan, or at another regular frequency established by the provider (DBHDS Quality Manual, pg. 31).</p> <p>The provider's documentation in totality should show <i>what</i> performance data is being collected, <i>how</i> they are tracking the performance data, and <i>evidence</i> of the activities used to regularly review data including the frequency of data review.</p> <p>Reviewers may need to assess a variety of documents to determine if performance data is currently being collected, tracked, and reviewed</p>	<p>QI – Performance Data used</p>
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			<p>regularly by the provider for the development of quality improvement goals and objectives.</p> <p>Processes for collecting and tracking performance data may be evidenced <u>in plans or meeting minutes specific to:</u></p> <ul style="list-style-type: none"> • the annual systemic risk assessment, • the annual review of the quality improvement plan, • review of a licensure inspection CAP, • quarterly review of incidents, OR • other review of the provider’s quality improvement plan or risk data completed as part of the provider's quality improvement processes. <p>Performance data collected may include but is not limited to:</p> <ul style="list-style-type: none"> • serious incident reporting data, • abuse/neglect reporting data, seclusion/restraint reporting data, • participation in community activity data, or • other data collected by the provider (such as family and individual survey data or staff competency data). <p>Quality-Manual-FINAL-July-2025.pdf</p> <p>https://dbhds.virginia.gov/wp-content/uploads/2025/08/Expectations-Regarding-Risk-Management-Programs-for-Providers-of-Developmental-Services-Memo-August-2025.pdf</p>	
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<p>15. Does the provider monitor the performance data used (collected, tracked, and reviewed) as part of the quality improvement plan/program goals and objectives?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' is indicated when the provider quality improvement plan or other quality improvement program documents the provider submits for review reflects ongoing monitoring of performance data and progress towards identified goals and objectives.</p> <p>A 'No' is indicated when the provider quality improvement plan or other quality improvement program documents the provider submits for review do not reflect ongoing monitoring of performance data and progress towards identified goals and objectives.</p>	<p>This element will only open if element 14 is scored 'Yes'.</p> <p>This element is intended to assess if providers are monitoring the performance data used (collected, tracked, and reviewed) to develop their quality improvement goals and objectives, specifically if they are regularly assessing progress towards those goals and objectives.</p> <p>Providers are expected to monitor progress towards meeting goals and objectives established in their quality improvement plan, and monitoring is expected to occur ongoing and at regular frequency (DBHDS Quality Manual, pg. 56).</p> <p>Evidence of monitoring performance data used in their quality improvement goals and objectives may be found in quarterly data review meeting minutes, annual quality improvement plan review, or other provider documents as specified on their submitted checklist.</p> <p>DBHDS 12VAC35-105-620 C.5 Include ongoing monitoring and evaluation of progress toward meeting established goals and objectives.</p> <p>https://dbhds.virginia.gov/wp-content/uploads/2025/03/Using-Data-to-Drive-Quality-PPT.pdf</p>	<p>QI – Performance Data used</p>

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
16. If Yes, what performance data?	<input type="checkbox"/> Serious Incidents <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Seclusion/Restraint <input type="checkbox"/> Participation in Community Activities <input type="checkbox"/> None of the above	The reviewer should review the provider’s quality improvement plan to determine which performance data types are used for goals and objectives.	This element will open if element 14 is scored ‘Yes’.	
17. How does the provider track data?	<input type="checkbox"/> DBHDS Risk Tracking Tool <input type="checkbox"/> Commercial software <input type="checkbox"/> Provider developed software <input type="checkbox"/> Excel or similar spreadsheet <input type="checkbox"/> Word document <input type="checkbox"/> Does not track data	The reviewer should evaluate the provider’s risk management and quality improvement plan or other provider submitted documentation for details regarding how they track performance data and select ALL methods the provider currently uses.	Providers may use a variety of tools to track performance data. Methods for tracking performance data and the tools used to do so <i>should</i> be part of the provider quality improvement plan; however, if a performance data tracking tool is submitted by the provider that is not listed in the quality improvement plan, the reviewer should include that tracking tool in the selection of types.	QI – Performance Data used

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18. Identify the frequency of data reviewed: serious incidents	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Not Reviewed	<p>The reviewer will assess provider documentation to determine how often performance data specific to <u>serious incidents</u> are reviewed and select the frequency of review by the provider as evidenced in provider performance data tracking tool(s).</p> <p>Reviewers should select Not Reviewed if the provider does not track or review serious incident data or did not provide data for this element.</p>	<p>Annually and Not Reviewed trigger a QEP</p> <p>The reviewer should evaluate provider documentation, specifically the tool(s) that track performance data as noted in element 17, to confirm serious incidents are tracked and assess at what frequency the provider reviews that performance data.</p> <p>If performance data is reviewed incrementally AS NECESSARY/other frequency, the reviewer should select the frequency at which the provider <i>formally reviews aggregated performance data for internal evaluation of progress toward goals/objectives.</i></p> <p>If a provider reviews serious incident reports as necessary/other frequency based on the severity of the incident but reviews aggregated data of serious incidents quarterly, the reviewer should select quarterly for this element.</p>	QI – Performance Data used

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19. Identify the frequency of data reviewed: abuse/neglect	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Not Reviewed	<p>The reviewer will assess provider documentation to determine how often performance data specific to <u>abuse/neglect</u> are reviewed and select the frequency of review by the provider as evidenced in the provider performance data tracking tool.</p> <p>Reviewers should select Not Reviewed if the provider does not track or did not provide data for this element.</p>	<p>Annually and Not Reviewed trigger a QEP</p> <p>The reviewer should evaluate provider documentation, specifically the tool that tracks performance data as noted in element 17, to confirm abuse/neglect are tracked and assess at what frequency the provider reviews that performance data.</p> <p>Suppose performance data is reviewed incrementally AS NECESSARY/other frequency. In that case, the reviewer should select the frequency at which the provider <i>formally reviews aggregated performance data for internal evaluation of progress toward goals/objectives.</i></p> <p>If a provider reviews abuse/neglect as necessary/other frequency but reviews aggregated data quarterly, the reviewer should select quarterly for this element.</p>	QI – Performance Data used

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20. Identify the frequency of data reviewed: seclusion and restraint	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Not Reviewed	<p>The reviewer will assess provider documentation to determine how often performance data specific to the <u>use of seclusion and restraint</u> are reviewed and select the frequency of review by the provider as evidenced in the provider performance data tracking tool.</p> <p>Reviewers should select Not Reviewed if the provider does not track or did not provide data for this element.</p>	<p>Annually and Not Reviewed trigger a QEP</p> <p>The reviewer should evaluate provider documentation, specifically the tool that tracks performance data as noted in element 17, to confirm that seclusion and restraint are tracked and assess at what frequency the provider reviews that performance data.</p> <p>If performance data is reviewed incrementally AS NECESSARY, the reviewer should select the frequency at which the provider <i>formally reviews aggregated performance data for internal evaluation of progress toward goals/objectives</i>.</p> <p>If a provider reviews seclusion and restraint as necessary but reviews aggregated data quarterly, the reviewer should select quarterly for this element.</p>	QI – Performance Data used

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21. Identify the frequency of review: community integration	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Does not meet the definition of Community Integration <input type="checkbox"/> Not Reviewed <input type="checkbox"/> N/A	<p>The reviewer will assess provider documentation to determine how often performance data specific to <u>community integration</u> are reviewed and select the frequency of review by the provider as evidenced in the provider performance data tracking tool.</p> <p>The reviewer should select 'Does not meet the definition of Community Integration' if the data does not meet the requirements as outlined in the following DBHDS memo: Expectations-regarding-provider-reporting-measures-and-risk-management-programs2.pdf</p> <p>Reviewers should select Not Reviewed if the provider does not track or did not provide data for this element.</p> <p>A 'N/A' rating is indicated for PQR only providers OR providers who have not been selected for review of a residential or group day service. Reviewer should select 'N/A' for the following services: case management (CMA), respite (CBR), or independent living support (ILS)</p>	<p>Does not meet the definition of Community Integration and Not Reviewed trigger a QEP</p> <p>The reviewer should evaluate provider documentation, specifically the tool that tracks performance data as noted in element 17, to confirm community integration is tracked and assess at what frequency the provider reviews that performance data.</p> <p>If performance data is reviewed incrementally, the reviewer should select the frequency at which the provider <i>formally reviews aggregated performance data for internal evaluation of progress toward goals/objectives</i>.</p> <p>If a provider reviews participation in community activities as necessary but reviews aggregated data quarterly, the reviewer should select quarterly for this element.</p> <p>Community Inclusion Means: https://dbhds.virginia.gov/wp-content/uploads/2023/12/Expectations-regarding-provider-reporting-measures-and-risk-management-programs2.pdf</p> <p>This element is only applicable for providers/CSBs being reviewed for residential and day support services: CCO, CEN, GDY, GRL, GRS, GHC, SPR, SUL, IHS</p>	QI – Performance Data used

<p>22. What processes are evidenced in the provider documentation that indicate how performance data was used in the development of goals/objectives? (check all that apply):</p>	<p><input type="checkbox"/> a. Root Cause Analysis activities</p> <p><input type="checkbox"/> b. Document the baseline for improvement</p> <p><input type="checkbox"/> c. Establish a goal or target for improvement</p> <p><input type="checkbox"/> d. Establish a mechanism and process for tracking progress to improvement</p> <p><input type="checkbox"/> e. Establish a timeframe for the improvement to occur</p> <p><input type="checkbox"/> f. Develop interventions that are based on the identified root causes</p> <p><input type="checkbox"/> g. If improvement has not occurred, the provider made changes to interventions</p> <p><input type="checkbox"/> h. None of the above processes were evidenced in the provider documentation</p>	<p>a. Provider evidence (located in meeting notes, meeting minutes, copies of employed RCA tools, QI, or risk management plan) includes potential causes for low performance were identified</p> <p>b. and c. The provider evidence includes a baseline of performance and a goal or target for improvement</p> <p>d. The provider evidence includes methodologies for progress tracking</p> <p>e. The provider evidence includes a specific time frame to achieve the goal for improvement</p> <p>f. The provider evidence includes the development of interventions tied to root causes identified during the completion of RCA</p> <p>g. The provider evidence indicates intervention(s) were changed to address the lack of positive progress of performance data toward identified goals</p> <p>h. There is no evidence of a-g processes found in the submitted provider documentation.</p>	<p>This element is intended to assess what provider processes for understanding and utilizing performance data occurred during the last year, as evidenced in their documentation, specifically the most recently completed quality improvement plan. For each activity, a-g, using the relevant descriptions, the reviewer must evaluate if the provider documentation illustrates the activity listed to determine how the provider utilized performance data to develop their current quality improvement plan and check all that apply.</p> <p>Examples of evidence of Root Cause Analysis: Fishbone Diagram, 5 Whys, Focus group discussions, brainstorming, Pareto chart, or other activities serving as a systematic process to identify the underlying causes of problems.</p> <p>This evidence should be found in provider meeting minutes specific to:</p> <ul style="list-style-type: none"> • the annual systemic risk assessment, • the annual review of the quality improvement plan, • a licensure inspection CAP, • quarterly review of incidents, OR • other review of the provider's quality improvement plan or risk data completed as part of the provider's quality improvement processes. <p>QIP would describe how the provider's policy on root cause analysis is implemented (with ongoing review and revision as applicable for the agency) as part of standard practice, not just performed when</p>	<p>QI – Performance Data used</p>
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			looking into serious incidents; how the RCA informs goal development (according to standards) and QI work; how the provider tracks progress towards the goal and determines whether goal achievement has addressed the root cause. There should be a common thread that connects.	
23. What is the total number of goals found in the quality improvement plan?	Number	The reviewer will add the number of goals found in the quality improvement plan.	This element only opens if element 12 is 'Yes'.	
24. How many goals are met?	Number Met	The reviewer will add the number of goals found in the quality improvement plan that meet the criteria for met.	The numbers listed in elements 24-26 should add up to the total number of goals listed in element 23. A goal is considered MET when data shows movement toward and achievement of the goal for both periods OR if the goal is data stability, data shows <i>no movement</i> (no increase or decrease) for both periods.	
25. How many goals are making progress?	Number Making Progress	The reviewer will add the number of goals found in the quality improvement plan that meet the criteria for making progress.	A goal is considered to be MAKING PROGRESS when data shows movement towards the goal but not the achievement of the goal for either of the two data periods OR if the goal is data stability, <i>no movement</i> for at least one of the two periods.	
26. How many goals not met?	Number Not Met	The reviewer will add the number of goals found in the quality improvement plan for not met.	A goal is considered NOT MET when data shows no movement (increase or decrease) for either of the two data collection periods OR if the goal is data stability, data shows <i>movement</i> (increase or decrease) for either of the two data periods.	

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27. Has the provider developed improvement strategies for goals not met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' score indicates a review of the provider's QI Plan must be assessed to see if the provider updated the QI Plan to include developed improvement strategies for each goal not met.</p> <p>A 'No' score is indicated when a review of the provider's QI Plan must be assessed to see if the provider did not update the QI Plan to include developed improvement strategies for each goal not met.</p>	<p>This element will open if element 26 is greater than zero.</p> <p>Reviewers must assess the document(s) (minutes, QI plan, etc.) submitted by the provider/CSB and for any goals NOT MET (data shows no movement for either of the two data periods or if the goal is stability, movement for either of the two data periods), determine if the provider documents show evidence of the lack of progress toward the goal(s) was addressed by review and update of the QI Plan.</p> <p>This is an all or nothing element, meaning if multiple goals were NOT MET and any were not addressed via provider discussion and/or change of intervention within the QI Plan, the element must be scored 'No.'</p>	QI – Performance Data used
28. During their last QSR review, did the provider receive a quality enhancement plan QEP, <i>formerly called QSR quality improvement plan (QSR QIP)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A 'Yes' rating is indicated if the provider received a QSR QIP</p> <p>A 'No' rating is indicated if the provider did not receive a QSR QIP.</p> <p>'N/A' Provider is new and has not participated in previous QSR rounds, OR provider did not have QSR QIP from the previous round, OR the QSR QIP was for elements not currently assessed in Round 8.</p>	<p>Reviewers must score this element based on the provider/CSB's most recent QSR QIP uploaded into SAFE.</p> <p>QIP-to-QEP-Memo-3.25.25.pdf</p>	

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
29. If yes, was the QEP (QSR QIP) for PCR/PQR:	<input type="checkbox"/> PCR <input type="checkbox"/> PQR <input type="checkbox"/> PCR/PQR	Check all that apply.	This element will only open if element 28 is 'Yes'	
30. Has the provider implemented their QEP (QSR QIP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' score is indicated when the provider added the QSR QIP (now QEP) into their QI Plan.</p> <p>A 'No' score is indicated when the provider's QI Plan does not include the QSR QIP (now QEP).</p>	<p>This element will only open if element 28 is 'Yes'.</p> <p>Providers are expected to include QSR findings and planned action steps for remediation in their provider quality improvement plan. While the provider can submit documents that evidence of progress towards action steps identified in the QSR QEP, the providers quality improvement plan must include the QSR QEP or the element should be score 'No'.</p> <p>Providers are not required to include each specific action step listed in their approved QEP from the previous round, but they must, at minimum, reference participation in QSR reviews and activities they are working on towards remediation of findings from the QSR in their current quality improvement plan. Providers may have specific goals and objectives that reference QSR data or may have high level goals that reference full participation and compliance with QSR reviews.</p>	QI – Implement QEP

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
31. Has the provider completed all action steps listed in the approved QSR QEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' score is indicated when the provider submits evidence showing all action steps listed in the approved QSR QEP have been completed..</p> <p>A 'No' score is indicated when the evidence submitted by the provider does not show all action steps listed in the approved QSR QEP have been completed</p>	<p>This element will only open if element 30 is 'Yes'.</p> <p>This element is intended to assess if providers have completed all action steps listed in the QEP approved during the previous round.</p> <p>This is an all or nothing element, meaning if any of the action steps listed in the approved QEP have not been completed, or if the provider cannot provide a copy of the approved QEP, the reviewer must score the element 'No'.</p>	QI – Implement QEP
32. Does the provider have policies and procedures that address HCBS rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A 'Yes' rating is indicated when the provider has a policy and procedure that addresses HCBS rights, includes a process for reviewing the policy/procedure with individuals and includes language regarding the individual's right to have private electronic communication (email, text, phone call, etc.).</p> <p>A 'No' score is indicated when a provider does not have a policy and procedure that addresses all requirements of the HCBS rights or does not include the process for reviewing the policy/procedure with individuals.</p> <p>A 'N/A' rating is indicated when the provider service type under review is case management, respite, or Independent Living Support.</p>	<p>HCBS Question</p> <p>The reviewer will indicate if the provider has a policy/procedure that addresses HCBS rights and includes a process for the policy/procedure with individuals and contains language regarding the individual's right to have private electronic communication (email, text, phone call, etc.).</p> <p>This element is applicable to providers who have been selected for review of one or more of the following services: CCO, CEN, IHS, GRS, GRL, GHC, SPR, SUL.</p> <p>This element should be scored 'Not Applicable' for PQR only providers or any provider who is being reviewed only for one or more of the following services: CMA, CBR, ILS.</p>	Employee Training - HCBS

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
33. If no, is the issue no policy or missing any of the HCBS required components?	<input type="checkbox"/> No policy submitted <input type="checkbox"/> The policy is missing one or more of the HCBS requirements <input type="checkbox"/> The policy does not address reviewing with individuals <input type="checkbox"/> The policy does not include individual's right to privacy in electronic communications	The reviewer will select the best choice reason for a deficient score in the previous element.	<p>HCSB Question</p> <p>This element will only open if the previous element is scored 'No'</p> <p>This is an all-or-nothing element All HCBS requirements must be in the policy, or you would select "Missing one or more of the HCBS requirements."</p> <p>HCBS policy requirements:</p> <ol style="list-style-type: none"> 1. Setting is integrated & Supports Full Access to the Community 2. Rights of Privacy, Dignity, Respect & Freedom from Coercion & Restraint 3. Optimize but does not regiment individual initiative & autonomy 4. Facilitates choice regarding services and supports and who provides them 5. Values, Principles, Common Language 6. Additional Conditions for Residential Settings <p>https://www.dmas.virginia.gov/media/4768/hcbs-powerpoint-support-coordinators.pdf</p> <p>https://www.dmas.virginia.gov/for-members/benefits-and-services/waivers/home-and-community-based-services-toolkit/</p>	Employee Training - HCBS

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
34. Does the agency have policies around assurance of individual choice and self-determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated when the provider has a policy and procedure that demonstrates assurance of individual choice and self-determination.</p> <p>A 'No' provider documentation does not confirm that the provider has a policy and procedure that assures individual choice and self-determination.</p>	<p>This element is confirming the provider has a policy regarding assurance of individual choice and self-determination.</p> <p>Providers may have policies that address the concept of individual choice but phrase it otherwise; for example, policies around supported decision-making and staff's role in the individual's support decision-making process.</p> <p>https://dbhds.virginia.gov/wp-content/uploads/2023/03/SDMA-Info-Sheet.pdf;</p> <p>https://dbhds.virginia.gov/supported-decision-making-supported-decision-making-agreements/ to understand how supported decision-making can benefit individuals.</p>	Employee Training - Choice

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
<p>35. Does the agency have policies detailing how they assure dignity of risk for individuals they serve?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated when the provider has a policy and procedure that addresses dignity of risk and includes the rights of a person to make an informed choice, to engage in experiences meaningful to him/her, and which are necessary for personal growth.</p> <p>A 'No' rating is indicated when the provider documentation does not confirm that the provider has a policy and procedure that addresses dignity of risk OR when the policy submitted is missing any of the three required aspects.</p>	<p>The reviewer should confirm that the provider has a policy that addresses the following:</p> <ul style="list-style-type: none"> the rights of a person to make an informed choice, to engage in experiences meaningful to him/her, and which are necessary for personal growth and development. <p>The provider policy does not need to be separate from the policies addressing HCBS settings rights and individual choice and self-determination, but it must include the criteria noted above and procedures by which the provider assures implementation of the policy.</p> <p>This is an all or nothing element; if the policy is missing any of the above criteria, the reviewer must score element 'No'.</p> <p>DBHDS resource specific to dignity of risk: https://dbhds.virginia.gov/wp-content/uploads/2025/01/About-Dignity-of-Risk-January-2025-1.pdf</p> <p>SC Manual: https://dbhds.virginia.gov/assets/doc/sccm/dd-sc-manual-09202021-rev-1-final-for-online.pdf</p> <p>DSP Orientation Training: https://dsporientation.partnership.vcu.edu/section-i/the-value-of-dignity-of-risk/</p>	<p>Employee Training - Dignity</p>

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
36. If No, what is missing in the dignity of risk policy?	<input type="checkbox"/> No policy submitted <input type="checkbox"/> Policy missing rights of the person to make an informed choice <input type="checkbox"/> Policy missing rights of the person to engage in experiences meaningful to him/her. <input type="checkbox"/> Policy missing rights of the person to engage in experiences that are necessary for personal growth and development	The reviewer will select the Multi-select	This element will only open if the previous element is scored 'No'.	Employee Training - Dignity
37. Does the agency have policies around medical emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A 'Yes' rating is indicated when the provider has a policy and procedure that addresses medical emergencies. A 'No' provider documentation does not confirm that the provider has a policy and procedure that addresses medical emergencies.	This element is confirming the provider has a policy that defines the process for staff to follow during medical emergencies. NOTE: This is not specific to an individual—it should be a general policy for the provider. Individuals may have their protocols specific to their health needs. A provider/CSB does not have to have separate policies for medical and behavioral health emergencies.	Employee Training - Emergencies

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
38. Does the agency have policies around behavioral health emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated when the provider has a policy and procedure that addresses behavioral health emergencies.</p> <p>A 'No' rating is indicated with the provider documentation does not confirm that the provider has a policy and procedure that addresses behavioral health emergencies.</p>	<p>This element is confirming the provider has a policy that defines the process for staff to follow during behavioral health emergencies.</p> <p>NOTE: This is not specific to an individual—it should be a general policy for the provider. Individuals may have their protocols specific to their behavioral health needs.</p> <p>A provider/CSB does not have to have separate policies for medical and behavioral health emergencies.</p>	Employee Training - Emergencies
39. Does the agency have policies that support individuals' participation in financial management and decision-making?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A 'Yes' rating is indicated when the residential provider has a policy, procedure, or process that supports individual participation in financial management and decision-making.</p> <p>A 'No' rating is indicated when the residential provider does not have a policy, procedure, or processes that support individual participation in financial management and decision-making.</p> <p>A 'N/A' rating is indicated for PQR-only providers OR providers who have not been selected for review of a residential service.</p>	<p>This element is intended to assess whether providers being reviewed for one or more residential services have a policy that outlines processes to support individual participation in financial decision-making.</p> <p>This element should be scored for any provider being reviewed for one or more residential service types: GRS, GRL, GHC, SPR, SUL</p> <p>This element should be scored N/A for PQR only providers or any provider who is being reviewed only for one or more of non-residential service types: case management (CMA), CBR, CCO, CEN, GDY, IHS, ILS.</p>	Employee Training - Choice
EMPLOYEE RECORDS TAB				

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
40. Does the agency have a policy and procedure for recruiting and hiring staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated if the provider has a hiring policy and procedure.</p> <p>A 'No' rating is indicated if the provider does not have a hiring policy and procedure.</p>	<p>This element is looking for a policy and/or procedure for recruiting and hiring staff.</p> <p>Providers may have one policy that details hiring procedures, but it must detail distinct procedures for recruiting and hiring staff.</p>	Employee Training – Hiring Practices
41. Does the hiring policy include requirements around background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated if the provider's hiring policy and procedure include requirements for a background check.</p> <p>A 'No' rating is indicated if the provider's hiring policy and procedure do not include requirements for a background check.</p>	<p>This element will open only if the previous element is scored YES.</p> <p>Reviewers should confirm that the provider's hiring policy includes the requirement for background checks.</p> <p>The element will be scored 'No' if the provider does not include the requirement of a background check.</p>	Employee Training – Hiring Practices
42. Does the agency have an orientation training policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated if the provider has an orientation training policy and procedure.</p> <p>A 'No' rating is indicated if the provider does not have an orientation training policy and procedure.</p>	<p>Reviewers should confirm the provider has an orientation policy.</p> <p>Providers may have one policy that details hiring procedures AND orientation training procedures for new employees, but it must detail distinct procedures for orientation training.</p>	Employee Training – Hiring Practices
43. Does the orientation training policy address all staff at all levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated if the provider has an orientation training policy and procedure for all staff at all levels.</p> <p>A 'No' rating is indicated if the provider does not have an orientation training policy and procedure for all staff at all levels.</p>	<p>This element only opens if the previous element is 'Yes'.</p> <p>Reviewers should confirm that the provider's orientation policy encompasses/addresses all staff employed by the agency.</p> <p>Providers may have one policy that details hiring procedures AND orientation training procedures for new employees, but it must detail distinct procedures for orientation training of all levels of new employees after hire.</p>	Employee Training – Hiring Practices

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
44. Does the agency have a written process for determining staff competence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' rating is indicated if the provider has a written process for determining staff competence.</p> <p>A 'No' rating is indicated if the provider does not have a written process for determining staff competence.</p>	<p>This element is confirming the provider has a process by which they determine new staff is competent to perform their job AND confirming this process is documented in writing.</p> <p>This process may be an aspect of the provider's training policy or within another policy.</p> <p>Reviewers are confirming the presence of the process, NOT evaluating if the process is adequate. DBHDS Resource: https://dbhds.virginia.gov/wp-content/uploads/2025/05/Expectations-Regarding-Provider-Training-and-Development-5.2.25- 1 .pdf</p>	Employee Training - Competence
45. Number of employee records reviewed	Drop Down	The reviewer will use the drop-down menu to select the number of employee records reviewed (0-5).	This will be a number between zero and five.	
46. How many employee records had proof of background checks?	Drop Down	The reviewer will use the drop-down menu to select the number of employee records with proof of background checks.	Out of the number of employees reviewed, how many had documentation of background checks? Maybe from when they were hired.	
47. List staff without evidence of background checks:	Text field	The reviewer will list the names of staff without evidence of background checks.	Reviewers should enter staff names without evidence of background checks from employee records reviewed. If all staff under review have evidence, the reviewer will leave the text box empty.	Employee Training – Hiring Practices
48. Does the provider/CSB have a policy on annual HCBS training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' score is indicated when a provider/CSB has a policy on annual HCBS training.</p> <p>A 'No' score is indicated when a provider/CSB does not have a policy on annual HCBS training.</p>	HCBS Question	Employee Training - HCBS

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
49. Has the provider/CSB implemented annual HCBS-specific training including signed acknowledgement of HCBS training by all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>*Reviewer will complete and submit a Provider Competency and Capacity Notification for the provider if the provider has not provided documentation demonstrating annual HCBS-specific training with all staff, as required.</p> <p>A 'Yes' rating is indicated when the provider/CSB documentation demonstrates annual HCBS-specific training for all employees was implemented by the provider.</p> <p>A 'No' rating is indicated when provider/CSB documentation does not demonstrate that annual HCBS training was implemented for all staff.</p>	<p>HCBS Question</p> <p>Providers/CSBs must show evidence of annual HCBS training, including signed acknowledgment of HCBS training by all staff.</p> <p>DBHDS Resource: https://dbhds.virginia.gov/wp-content/uploads/2025/04/Orientation-Form-Template.pdf</p>	Employee Training - HCBS
50. Describe any findings of No/opportunities for improvement related to Employee records:	Text Box			
ROLLUP & INTERVIEW TAB				

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
<p>51. Does the provider promote individual participation in non-large group activities?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>A 'Yes' rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to promote participation in non-large group activities as determined by the individual.</p> <p>A 'No' rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to promote participation in non-large group activities as determined by the individual.</p> <p>A 'N/A' rating is indicated for PQR only providers OR providers who have not been selected for review of a residential or group day service.</p>	<p>HCBS Question</p> <p>Reviewers should consider policies or verbalized methods of promoting individual participation in non-large group activities. Does the provider offer opportunities for no more than 1:3 outings or activities? How does the provider gather that information? How often are opportunities offered? What do these activities look like?</p> <p>A simple 'Yes' or 'No' from the provider is NOT sufficient to make a determination from this section—the reviewer must ask probing questions to be able to make a determination based on the provider's responses.</p> <p>This element should be scored for any provider being reviewed for one or more residential or group day service types: GDY, GRS, GRL, GHC, SPR, SUL.</p> <p>This element should be scored N/A for PQR only providers or any provider who is being reviewed only for one or more of non-residential service types: case management (CMA), CBR, CCO, CEN, IHS, ILS.</p>	<p>Employee Training - HCBS</p>

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
<p>52. Does the provider encourage individual participation in community outings with people other than those with whom they live?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>A 'Yes' rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to encourage participation in community outings with people other than those with whom they live, including community members.</p> <p>A 'No' rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to encourage participation in community outings with people other than those with whom they live.</p> <p>A 'N/A' rating is indicated for PQR only providers OR providers who have not been selected for review of a residential service.</p>	<p>HCBS Question</p> <p>Reviewers should consider policies or verbalized methods of promoting individual participation in community integration. How do they encourage participation in activities with people other than those they live with? Are they offered options? How do they decide? If the person is not interested, how often do they check back in with them to offer different options? Are they offering options based on their preferences?</p> <p>Note that participation in activities with other group homes or disabled persons can be considered, but this element is looking for interaction with the community.</p> <p>A simple 'Yes' or 'No' from the provider is NOT sufficient to make a determination from this section—the reviewer must ask probing questions to be able to make a determination based on the provider's responses.</p> <p>This element should be scored for any provider being reviewed for one or more residential service types: GRS, GRL, GHC, SPR, SUL.</p> <p>This element should be scored N/A for PQR only providers or any provider who is being reviewed only for one or more of non-residential service types: case management (CMA), CBR, CCO, CEN, GDY, IHS, ILS.</p>	<p>Employee Training - HCBS</p>

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
53. Can the provider explain an individual's HCBS rights in your program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' indicates the staff interviewed can verbalize the components of the HCBS settings rule rights or provide specific examples of implementation in their service provision.</p> <p>A 'No' indicates the staff interviewed are not able to verbalize the components of the HCBS settings rule rights or provide specific examples of implementation in their service provision.</p>	<p>HCBS Question</p> <p>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.</p> <p>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.</p> <p>"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".</p>	Employee Training - HCBS
54. Is the staff able to explain the provider's process for addressing what to do when someone is having a medical emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A 'Yes' indicates that the staff verbalized methods or strategies of what to do when someone is having a medical emergency, such as calling 911 first.</p> <p>A 'No' response indicates that staff were not able to verbalize what to do when someone is having a medical emergency OR the provider does not have a policy that addresses medical emergencies.</p>	<p>Note that this is not individual-specific but a general policy for the provider.</p> <p>The reviewer will have the provider's medical emergency process on hand and assess the staff's response according to the contents.</p>	Employee Training - Emergencies
55. Please explain the provider's process for addressing individuals' needs when an individual is having a behavioral or psychiatric crisis.	Text field	Record interview answer	Record answers provided by staff. Please note that even if the staff indicates that they have not been in this situation or do not have individuals who have a "behavioral or psychiatric crisis," they should be able to describe the agency policy on how to address it.	

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
56. When staff identify concerns with the process for addressing individuals' needs when an individual is having a behavioral or psychiatric crisis, does staff know how to report those concerns?	Text field	Record interview answer	Record answers provided by staff. Referring to any concerns with the provider's processes for medical, behavioral, or psychiatric crises. If they do not have any concerns with any of the company processes, they should approach their answer as hypothetical: what would the staff do if they identified concerns with the process?	
57. How are those process concerns addressed?	Text field	Record interview answer	Record answers provided by staff. Element refers to the preceding element. If the staff member has a concern with a process, how are those concerns addressed? Element is looking to gather information on how staff can communicate concerns with leadership. Do they feel like they are able to discuss concerns with management? Is there more than one mechanism they can use to report concerns? Is there a process in place for staff to address concerns with management?	
58. Please explain the onboarding process for new employees.	Text field	Record interview answer	Record answers provided by staff. This should include their hiring, training, and competency processes. Element is looking to gather information to determine if there are gaps between the process identified previously with leadership and the direct care staff.	
59. How do you communicate your QI plan to all levels of staff?	Text field	Record interview answer	Record answers provided by staff. Reviewers should ask probing questions about how often it is communicated. What method is used to communicate the QI plan? How is feedback incorporated into the plan? Are DSPs involved in data gathering and analysis?	

PQR Tool Element	Allowable Value(s)	Evaluation Criteria	Reviewer Notes	QEP category
60. Describe any findings of No/opportunities for improvement related to the provider's quality service review:	Text Field			
Case Summary				
61. Is there a concern that needs follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Select ' Yes ' when there is a concern that requires a follow-up. Select ' No ' when there are no concerns that require follow-up.		
62. Type of Concern	<input type="checkbox"/> HSW <input type="checkbox"/> PCC			
63. Summary of HSW Alert or PCC Notification	Text field			
64. PCC or HSW Lead Response	Text field			