

Provider Documentation Submission Checklist

This checklist identifies the documents required for a successful Quality Service Review (QSR). Quality Service Review (QSR) reviewers may request additional information from providers as needed. Providers are required to provide all documents requested below, regardless of whether they were provided/uploaded during previous rounds. The Round 8 lookback period is July 1, 2025, through December 31, 2025.

Each row below lists evidence required for assessment or evaluation by the QSR reviewer and may include documents, policies, and/or procedures reviewers are evaluating as part of the QSR review. Evidence requested may be pertinent to the Provider Quality Review (PQR) or Person-Centered Reviews (PCR) being completed for your agency. The description of the document, policy, or procedure is in *italics*.

Providers may be selected to participate in a Provider Quality Review (PQR) that includes a review of quality improvement and risk management documents and performance data for the last year (listed on pgs. 6-10 under the header *PQR Documentation*) and Person-Centered Review(s) (PCRs) for individuals who receive waiver services provided by your agency that includes individual records specific to a waiver service (listed on pgs. 2-5 under the header *PCR Waiver Service Documentation*).

Providers must utilize standardized naming conventions that are clear and **guide the reviewer toward what evidence the document contains**. Please do NOT upload files with names such as XYZProvider_doc1 and XYZProvider_doc2, as **reviewers will not assess documents without clear identification of what evidence the document contains**. Providers are expected to organize their QSR document submission to best facilitate the location of needed evidence by the reviewer, meaning if a provider uploads a single file with all requested documents scanned into a single PDF, the assigned reviewer will not assess the file without the provider identifying page numbers for the evidence requested.

Please follow these requirements for naming conventions:

- SAFE will **reject** file names that cannot contain any of the following special characters: ~ “ , # % & * : < > ? / \ { } |
- Files should be the name of the policy/procedure/document with the date if applicable or a descriptor of what the document is: i.e., *QIPlan_year*, *RMPlan_year*.
- Files for employees/staff should include the name of staff with a suffix identifying the document: i.e., *StaffName_backgroundcheck*.
- Files pertaining to individuals in the PCR sample should use the assigned R7 sample ID OR individuals' initials with a suffix identifying the document, i.e., *IndividualInitials_PartV*, *IndividualInitials_FallProtocol*, *s123SPR_FallProtocol*.

Provider Documentation Submission Checklist

PCR Waiver Service Documentation (required for each of the individual(s) in the provider sample)

Provider Waiver Service Record Individual Information: Documentation must be provided from the period of July 1, 2025, through December 31, 2025 (lookback period) unless otherwise specified in the checklist or by the QSR reviewer. Providers submitting documentation for individuals via EHR must enter the location of the document within the EHR system into the table below OR provide a separate crosswalk for documents reviewed via EHR. *If a requested document is found in EHR, it must be present **by May 1, 2026**; the documents uploaded into **SAFE deadline is May 1, 2026**.*

Documentation must be provided in SAFE or EHR for each individual identified in the provider sample in SharePoint.

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
Evidence of signed annual HCBS rights disclosure for all the individuals pulled in the sample.		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
Copy of Quarterly reports completed during the look-back period. <i>These are the quarterly reports completed for the waiver service under review.</i>		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
Copy of Part V plan for support.		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
Copy of assessments completed to address a new health or behavioral risk, need, or change in status. <i>This may include assessments the provider is responsible for ensuring they are completed (i.e., annual physical for residential providers) but should include ANY assessments the provider received that impacted supports provided to the individual.</i>		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	

Provider Documentation Submission Checklist

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
Evidence of DBHDS-mandated Direct Support Personnel (DSP) competency training for staff selected by HSAG for observation.		SAFE – Employee Records	
Evidence of DBHDS-mandated Direct Support Personnel (DSP) advanced competency training for any staff selected by HSAG for observation who support individuals in SIS Tier 4 (Level 5, 6, or 7).		SAFE – Employee Records	
Evidence of provider-specific DSP training related to the outcomes and support activities of the individual’s ISP for staff selected by HSAG for observation. <i>May include training related to adaptive equipment, or medical or behavioral protocols.</i>		SAFE – Employee Records	
Evidence of staffing plan to meet any staffing levels identified in the Individual Support Plan (ISP).		SAFE – PCR Folder	
Copy of progress notes related to the individual for the look back period.		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
Copy of Behavior Support Plan, if applicable.		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
Copy of Physical support plans, if applicable. <i>Providers should upload plans/protocols specific to physical/medical support. This includes but is not limited to OT/PT/ST plans/protocols.</i>		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
Copy of protocols/procedures created for the individual related to any high-risk health factor(s): i.e., falls, swallowing, seizures.		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	

Provider Documentation Submission Checklist

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
Evidence of any adaptive equipment program staff is responsible for securing and maintaining that is not currently in place , is on order, or is in the process of repair. <i>Providers need only upload documentation if there is equipment being repaired or on order for an individual included in the PCR sample.</i>		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
Copy of Medication Administration Records (MAR) for the duration of look back.		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
Copy of approved modification of rights to HCBS settings to address health or safety risks, or evidence of request in progress, when applicable. <i>For individuals who require modification to HCBS settings to address health or safety risk(s), a copy of the approved modification, or a copy of the progress note indicating the request has been made, must be provided.</i>		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
Providers reviewed for Residential Services ONLY: Copy of documentation for the most recent annual physical exam <i>The provider is NOT required to upload this information unless the individual is being reviewed for supported living, sponsored residential, group home ≤ four, group home > four, or group home customized rate.</i>		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	

Provider Documentation Submission Checklist

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
<p>Providers reviewed for Residential Services ONLY: Copy of documentation for the most recent annual dental exam. <i>The provider is NOT required to upload this information unless the individual is being reviewed for supported living, sponsored residential, group home ≤ four, group home > than four, or group home customized rate.</i></p>		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	
<p>Providers reviewed for Residential Services ONLY: Copy of current lease or other residential agreement signed by the individual. <i>The provider is NOT required to upload this information unless the individual is being reviewed for supported living, sponsored residential, group home ≤ 4, group home > 4, or group home customized rate.</i></p>		<input type="checkbox"/> SAFE – PCR Folder <input type="checkbox"/> EHR	

Provider Documentation Submission Checklist

PQR Documentation

The documents listed below are required to ensure a successful Provider Quality Review (PQR). QSR reviewers may request additional information from providers, as needed, before the PQR interview.

Documents uploaded **after** the **documentation submission deadline (5/1/26)**, will not be reviewed nor considered for compliance scoring unless explicitly requested by the reviewer.

Document(s) Requested	Name of File(s)	SAFE Subfolder	Date Uploaded
Copy of most recently signed and dated risk management plan . (PQR elements #5 risk management plan and #9 risk management plan signed and dated)		PQR folder in SAFE	
Copy of the job description for the staff designated as responsible for risk management functions as listed in the provider’s risk management plan. (PQR element #6)			
Copy of signed DBHDS Risk Management Attestation for the staff designated in the Risk Management Plan as responsible for risk management functions (12VAC35-105-520.A). <i>Evidence that the person designated for agency risk management functions has completed DBHDS-approved training.</i> (PQR element #7)		PQR folder in SAFE	
Copy of the current annual systemic risk assessment (SRA) . <i>The provider should upload the SRA that shows the completion of the annual systemic risk assessment in conjunction with the update of the risk management plan based on the annual SRA.</i> (PQR element #8)		PQR folder in SAFE	

Provider Documentation Submission Checklist

Document(s) Requested	Name of File(s)	SAFE Subfolder	Date Uploaded
<p>Copy of Quality Improvement (QI) policies and/or procedures demonstrating the provider has a QI program. <i>This document confirms the provider/CSB has a QI Program, which includes how criteria were established to identify, monitor, and evaluate clinical and service quality and effectiveness on an ongoing and systematic basis and utilizes standard quality improvement tools, including root cause analysis, and shall include a quality improvement plan (12VAC35-105-620.A-B;C 1-3, 5;D).</i> (PQR element #10)</p>		<p>PQR folder in SAFE</p>	
<p>Copy of the last two signed Quality Improvement plans (2025/2026) and minutes with QI activities, if applicable. <i>QI Plan documentation: Proof of annual review/update #11; measurable goals and objectives #12, #13; include and report statewide performance measure, if applicable, as required by DBHDS. This document is the provider's active, working plan/minutes for QI activities. (12VAC35-105-620.C).</i> (PQR elements #11, #12, #13, #23, #24, #25, #26, #27)</p>		<p>PQR folder in SAFE</p>	

Provider Documentation Submission Checklist

Document(s) Requested	Name of File(s)	SAFE Subfolder	Date Uploaded
<p>Copy of performance data collected during the past 18 months (12VAC35-105-160.C; 12VAC35-105-520.C-D; 12VAS35-105-610). <i>Providers should submit documents that show how data was tracked and used for the development of the current QI plan and/or data collected as part of goals/objectives for the past QI plan.</i> <i>Performance data may be identified for collection and tracking in QI or RM plans or meeting minutes.</i> <i>Documentation should include details on how performance data is measured, calculated, reviewed, and tracked, including what tools identify trends over time. (For example, if your agency uses the DBHDS Risk Tracking Tool, please provide the most recently updated version tied to the most recently completed annual systemic risk assessment.)</i> (PQR element #14, #15, #16, #17, #22)</p>		<p>PQR folder in SAFE</p>	
<p><i>Any performance data tracked by the provider/CSB - evidence of tracking serious incidents.</i> (PQR element #18)</p>			
<p><i>Any performance data tracked by the provider/CSB - evidence of tracking abuse/neglect.</i> (PQR element #19)</p>			
<p><i>Any performance data tracked by the provider/CSB - evidence of tracking use of seclusion and/or restraint, even if not utilized.</i> (PQR element #20)</p>			
<p><i>Performance data tracked by the provider/CSB - evidence of tracking individual participation in community activities.</i> (PQR element #21)</p>			

Provider Documentation Submission Checklist

Document(s) Requested	Name of File(s)	SAFE Subfolder	Date Uploaded
<p>Copy of Quality Service Review Quality Improvement Plan (QIP) approved actions with evidence of implementation in the provider/CSBs document labeled QI Plan. <i>(NA for providers not required to submit QSR QIP (QEP) in Rounds 1-7 or not reviewed for QSR in past review).</i> (PQR elements #29, #30, and #31) QSR QIP are now Quality Enhancement Plans (QEPs) since Round 7</p>			
<p>Copy of policy/procedure that addresses HCBS rights that include a process for reviewing the policy/procedure with people receiving waiver service and an individuals' privacy in electronic communications. (PQR elements #32 and #33)</p>		SAFE PQR Folder	
<p>Copy of policy that demonstrates assurance of individual choice and self-determination. (PQR element #34)</p>		SAFE PQR Folder	
<p>Copy of policy detailing how dignity of risk is assured for the individuals receiving waiver services. (PQR element #35 and #36)</p>		SAFE PQR Folder	
<p>Copy of policy for medical emergencies. <i>CSBs are not required to have separate policies for medical and behavioral emergencies, but both types of emergencies must have documented processes for staff.</i> (PQR element #37)</p>		SAFE PQR Folder	
<p>Copy of policy for behavioral health emergencies.</p>		SAFE PQR Folder	

Provider Documentation Submission Checklist

Document(s) Requested	Name of File(s)	SAFE Subfolder	Date Uploaded
<p><i>CSBs are not required to have separate policies for medical and behavioral emergencies, but both types of emergencies must have documented processes for staff.</i></p> <p>(PQR element #38)</p>			
<p>Evidence of policy that outlines processes to support individual participation in financial decision-making (<i>Any provider being reviewed for one or more residential Service types: GRS, GRL, GHC, SPR, SUL</i>).</p> <p>(PQR element #39)</p>		SAFE PQR Folder	
<p>Copy of recruiting and hiring policy/procedure.</p> <p>(PQR elements #40 and #41)</p>		SAFE PQR Folder	
<p>Copy of orientation training policy/procedure.</p> <p>(PQR elements #42 and #43)</p>		SAFE PQR Folder	
<p>Copy of Provider’s policy or written process for determining staff competence.</p> <p>(PQR element #44)</p>		SAFE PQR Folder	
<p>Current staff roster listing all staff.</p>		SAFE PQR Folder	
<p>Evidence of completed background check(s) for staff selected. <i>HSAG needs evidence that a background was completed. The reviewer will inform you of the staff selected from the staff roster.</i></p> <p>(PQR elements #47)</p>		SAFE PQR Folder	
<p>Copy of HCBS training policy.</p> <p>(PQR element #48)</p>		SAFE PQR Folder	

Provider Documentation Submission Checklist

Document(s) Requested	Name of File(s)	SAFE Subfolder	Date Uploaded
<p>Evidence of annual HCBS training with all staff. <i>Providers/CSBs must show evidence of annual HCBS training, including signed acknowledgment of HCBS training by all staff.</i> (PQR element #49)</p>		SAFE PQR Folder	
<p>Providers being reviewed for one or more residential or group day service types: GDY, GRS, GRL, GHC, SPR, SUL. Copy of policies/procedures that evidence how the provider promotes individual participation in non-large group activities. (PQR element #51)</p>		SAFE PQR Folder	
<p>Providers being reviewed for one or more residential service types: GRS, GRL, GHC, SPR, SUL. Copy of policies/procedures that evidence how the provider promotes individual participation in community outings with people other than with whom they live. (PQR element #52)</p>		SAFE PQR Folder	