Background and Purpose

The Department of Behavioral Health and Developmental Services (DBHDS) functions as the state authority for the public behavioral health, developmental disabilities, and substance use disorder services system. DBHDS licenses public and private providers of community services throughout Virginia, pursuant to §37.2-405. DBHDS licenses services that provide treatment, training, support, and habilitation to individuals who have behavioral health disorders, developmental disabilities, or substance use disorders and to individuals receiving services under the Medicaid HCBS Waivers–Developmental Disabilities.

HCBS DD Waiver services support individuals with developmental disabilities to live integrated and engaged lives in their communities. Waiver regulations standardize and simplify access to services; cover services that promote community integration and engagement; promote better outcomes for individuals supported in smaller community settings; and facilitate meeting the Commonwealth's commitments under the community integration mandate of Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, as interpreted by Olmstead v. L.C.,527 U.S. 581 (1999).The Commonwealth uses QSRs and other mechanisms to assess the adequacy of providers' quality improvement strategies and provide technical assistance and other oversight to providers whose quality improvement strategies the Commonwealth determines to be inadequate. The results of the QSR will be used to evaluate:

- The quality of services at an individual, provider, private providers, region, and system- wide level.
- The extent services are provided in the most integrated setting suitable to the individuals' needs and choices.
- Whether individuals' needs are being identified and met through person-centered planning and thinking (including building on the individuals' strengths, preferences, and goals).
- Whether services are being provided in the most integrated setting suitable to the individuals' needs and are consistent with their informed choice.
- Whether individuals are having opportunities for integration in all aspects of their lives (living arrangements, work, and other day activities, access to community services and activities, and opportunities for relationships with non-paid individuals).

In addition, the QSR process will provide data in one or more of the following areas:

- Safety and freedom from harm (e.g., neglect and abuse, injuries, use of seclusion or restraints, the effectiveness of corrective actions).
- Physical, mental, and behavioral health and well-being (e.g., access to medical care, including preventative care; timeliness and adequacy of interventions, particularly in response to changes in status).
- Choice and self-determination (e.g., service plans developed through a person-centered planning process, choice of services and providers, individualized goals, self-direction of services).
- Community inclusion (e.g., community activities, integrated work opportunities, integrated living options, educational opportunities, relationships with non-paid individuals).

- Access to services (e.g., identified barriers, service gaps/delays, adaptive equipment, transportation, availability of services geographically, culturally, and linguistically competency,
- Provider capacity (e.g., caseloads, training, staff turnover, provider competency).

HSAG was selected by DBHDS to evaluate the quality of home and community-based services that are provided through the HCBS DD Waiver program by conducting QSRs.

The QSR includes two components: PQRs and PCRs. DBHDS requires all providers and CSBs/Behavioral Health Authorities (BHAs) [hereafter referred to as CSBs] to participate in the QSR process.

HSAG will modify the background and purpose for each round, based on feedback from DBHDS.

Round 8 Review Period

The QSR process for Round 8 (R8) will be to review up to 350 active licensed providers not reviewed in the previous review, including the 20 CSBs not selected for a PQR review in the past review. The QSR review is scheduled to be conducted from March 2026 through August 2026.

Sampling Methodology

HSAG has developed the following sampling methodology to generate the samples of providers/CSBs for PQRs and to sample individuals for PCRs. The sampling methodology for each component of the QSRs (i.e., PQR and PCR) is included in separate sections below.

PCR Sampling

DBHDS will indicate the number of PCRs that need to be conducted. HSAG will utilize the member list provided by DBHDS that includes approved services for each member and provider Tax Identification Numbers (TINs) of providers to stratify and sample individuals based on DD Waiver services received. The service categories for community coaching and community coaching (customized rate) will be combined into a single category called community coaching. HSAG will also combine all services in the Name field for group residential supports of 5-person group homes or larger into a single category called group residential supports > 4 persons. Group residential support for four or fewer persons will remain a distinct category from larger group residential settings. HSAG will combine the service categories for in-home residential support, 1, 2, or 3 people, and in-home support services (customized rate) into a single category called in-home support. The service categories for sponsored residential and sponsored residential (customized rate) will be combined into a single category for sponsored residential. By collapsing categories together in this manner, HSAG will sample clients to generate a statistically representative sample of the statewide population receiving services in each service category. HSAG will identify the individuals receiving services in DD Waiver service categories, calculating a count of the ClientIDs to represent the population of recipients for each service. Based on the sample size of PCR reviews across service categories per round, HSAG will calculate the Margin of Error (MOE) associated

with an alpha level of 0.05 and a rate of 0.5 and will incorporate a finite population correction to reflect the reality that the sample of service recipients for the PCRs is being drawn from a limited population. Applying the sample size calculations, HSAG will identify the MOE associated with the sample.

HSAG will draw the sample from each DD Waiver service population using a two-stage approach. In the first stage, HSAG will randomly sample two individuals from each provider offering a service with HCBS requirements and sample one individual from each provider for non-HCBS service types, identified using TINs, where possible. Sampled providers will be limited to those as specified by DBHDS. Additionally, HSAG will prioritize selecting members who had not previously been included in the PCR sample. In the second stage, for any service categories that did not reach the required number of PCR reviews in stage one of the sampling methodology, HSAG will randomly select members regardless of provider attribution to obtain the correct number of PCR reviews in the service category. If one individual is receiving services from multiple providers in the same service category and was sampled more than once, HSAG will randomly sample a replacement member, where possible.

The population of providers in the required service categories for this study for R8 is 684. Of the providers/CSBs identified as currently offering services, DBHDS requested that 350 be included in the final sample. Across those providers, there were 4,994 client-service authorizations that represent the population of service recipients. Table 1 presents the number of clients with authorization in the population for each service, as well as the sample size required to have a total of 700 PCR reviews with an MOE of 9.52% and an alpha level of 0.05. Although the sampled PCRs represent the population for each service across all providers, all 700 sampled PCRs come from the 350 included providers/CSBs.

Table 1. Final Sample Sizes Drawn for PCRs in Each DD Waiver Service: Round 8

DD Waiver Service	Population of Service Recipients	Required Sample Size with Finite Population Correction
Community Coaching	119	57
Community Engagement	924	96
Group Day	1445	99
Group Residential Support <= 4 Persons	1027	97
Group Residential Support > 4 Persons	158	64
Group Home (Customized Rate)	38	29
Independent Living Supports	36	28
In-Home Supports	684	92
Sponsored Residential	466	87
Supported Living	97	51
Grand Total[1]	**4994**	**700**

[1]Service recipients may be duplicated across service types if receiving more than one service type

DBHDS requested that HSAG attempt to include members from all assessment tiers/levels in the sample of service recipients for PCRs. Examination of the resulting sample indicated that the sample of 700 PCR reviews included individuals from all tiers/levels in proportions consistent with the population.

HSAG also confirmed that the distribution of clients sampled for PCR reviews was consistent with the population with respect to race, sex, age, and region.

HSAG anticipates that some individuals selected for PCRs will decline the opportunity to participate or may expire prior to the completion of the PCR interview. Therefore, an oversample of DD Waiver service recipients will be drawn to provide replacements when individuals cannot or choose not to participate. Based on historical and anecdotal information received from DBHDS, the oversample will need to be large. HSAG will draw an oversample that is up to 100% of the required sample size. For services that require sampling a large portion of the population of recipients, an oversample of 100% will not be possible to obtain. Some members receiving these DD Waiver services who decline or are otherwise unable to participate may not be able to be replaced by others receiving those services. For DD Waiver services where nearly the entire population is being included in the sample, a limited oversample may be drawn. If the refusal rate for participation by recipients of those services is high enough, it is possible that the oversample may not be large enough to obtain the necessary sample size unless HSAG proceeds with collecting PCR data through record and document reviews only.

PQR Sampling

HSAG will conduct a PQR review of eligible licensed providers and CSBs to ensure that all providers are reviewed every two to three years. Due to target sample sizes, it may not be possible to sample at least two individuals from each provider for each waiver service required to meet HCBS requirements. Therefore, some PQRs may not have any associated PCRs in the sample.

Quality Service Review Scope

The QSR scope of work includes QSRs of DD Waiver service providers. Each QSR is comprised of a PQR and a sampled number of PCRs. The sample of PCRs is drawn to represent the state-wide population for each service category in the analysis. With 350 providers/CSBs delivering services across 10 service categories and a sample size limit of 700 PCRs, some QSRs will consist of a PQR and zero sampled PCRs. Most QSRs, however, will consist of a PQR and at least one sampled PCR.

The QSR electronic review tools comprehensively address the services and support that are necessary to meet an individual's needs. The tools include elements for the review of records and individual service plans to ensure that they meet the intent of the HCBS Settings Final Rule DBHDS requirements, such as a person-centered approach to service planning and service delivery and community integration. The QSR electronic tools include indicators that review the inclusion and facilitation of receipt of HCBS services and supports; a review and facilitation of ordered and recommended clinical care and assessments that are documented in the records; and Individual Service Plans (ISPs) that are included in the QSR process.

Provider Quality Reviews

PQR Scope

The scope of the PQRs includes a review of each DD Waiver service that the provider delivers to selected individuals. HSAG's PQR process will include:

- Assessment of the providers/CSB policies specific to Home and Community-Based Settings (HCBS) rules.
- Review of the providers' identification and mitigation of risks or harm to the individual.
- Review of provider quality improvement and risk management plans, processes, and strategies and the effectiveness of each.
- Review of performance data tracking across the organization, including serious incident reports, abuse/neglect reports, reports on the use of seclusion and restraint, individual community participation reports, and/or other performance data, such as staff competency or training.
- Interviews with multiple levels of provider/CSB staff including front-line supervisors, quality improvement managers, and executive leadership to share preliminary findings and allow opportunity for questions.
- Assessment of the provider's quality improvement plan's goals/objectives and review of evidence supporting the active implementation of the provider's/CSBs QI and RM programs.
- Follow-up on the Quality Enhancement Plan to determine if the provider has implemented the recommendations for improvement within the required time frames.
- Review of employee files for appropriate background checks and training.

Review of Provider Quality Improvement/Risk Management Plans

The PQR will include a review of provider policies and procedures and/or plans for:
- Risk Management
- Quality Improvement
- HCBS settings rule
- Employee training

The PQR record review and interview processes will be used to identify:
- Whether the provider/CSB has a risk management plan that has been updated based on information identified in the Annual Systemic Risk Assessment
- Whether the provider/CSB has a quality improvement plan that meets DBHDS regulations
- Whether the quality improvement plan developed by the provider/CSB includes measurable goals/objectives that utilize performance data
- Whether the provider/CSB collects, tracks, and reviews, performance data, including but not limited to serious incidents, abuse/neglect, use of seclusion and restraint, individual participation in community activities, and the frequency at which the provider/CSB reviews the data

- Whether the provider/CSB is using tracking tool(s), specifically trend analyses, to assess progress towards quality improvement goals that utilize performance data to monitor progress
- Whether the provider/CSB promotes individual participation in non-large group activities and participation in activities with people with whom they do not live.

Process

HSAG will review applicable provider/CSB policies and procedures, specifically those focused on risk management and quality improvement, in conjunction with performance data submitted by the provider/CSB. HSAG also will review policies specific to staff training, and staff background checks, and assess employee records for all required documentation relevant to training, and/or background checks.

Interviews with Provider Staff

A statewide population of providers and CSBs will be selected for a PQR. HSAG will conduct interviews of DD Waiver service providers/CSB staff members scheduled for a PQR. The level of staff members interviewed may include:

- Owner
- Front-line supervisors
- Managers
- Quality improvement/risk management

Process

HSAG will conduct interviews with provider/CSB staff members. HSAG's high-level steps and procedures for conducting the interview process include:

- Identify, from DBHDS data, providers/CSBs selected for reviews and interviews.
- Schedule the interview with the provider/CSB.
- Conduct the interview and document responses in the electronic tool.
- Incorporate review results into the QSR reporting, as indicated.

Person-Centered Reviews

PCR Scope

During R8, HSAG will conduct PCRs of individuals receiving services from selected providers or CSBs for the timeframe of July 1, 2025, through December 31, 2025. The scope of the PCR will include the following components for individuals included in the sample:

- Review of the individuals' protocols included in the ISP.
- Review of the support coordinator records that include documentation of providers serving the individual and the services provided; support programs; basic demographic information; service

information; member choices and direction; completed assessments; and risk reduction/safety plans.

- Other information about the individual, such as basic demographic and services information as well as other system data related to the specific individual and provider(s) serving the individual.
- Review of the individuals' ISP to verify:
  - The ISP is person-centered
  - The goals were selected by the individual
  - Whether the individual directed the ISP process
  - Whether relevant outcomes and goals were included
  - Support strategies to address risks were documented and implemented, when applicable
  - Whether the individual signed the final ISP
- Review of the individuals' assessments to ensure that identified needs were reviewed and discussed with the individual and whether the ISP was updated to reflect any changes in the individual's needs and the choices for care and service delivery to address the identified needs.
- Review of documentation and interviews for clinical concerns including, but not limited to risk of:
  - Aspiration risk awareness
  - Constipation and bowel obstruction risk awareness
  - Dehydration risk awareness
  - Falls risk awareness
  - Pressure injury risk awareness
  - Seizures risk awareness
  - Sepsis risk awareness
- Direct observation of the individual receiving DD Waiver or consumer-directed services, including shadowing of reviewers by the supervisor, as appropriate for inter-rater reliability.
- Individual interviews to assess whether services provided are offered in the most integrated settings; and whether the system is supporting the individuals' goals for community inclusion, including the assessment for barriers.
- Interviews of family members/guardians and others involved in the lives of the selected individuals. The interview will be used to identify the family member's/guardian's perspective regarding how the system is supporting the individual's desired outcomes and where the individual may be experiencing barriers.
- Interviews of the support coordinator to identify, from the perspective of the support coordinator where the system is supporting the individuals' desired outcomes and where the individual may be experiencing barriers.

Evaluations

HSAG will review and assess information as part of the PCRs. To evaluate quality, HSAG will use the results of the PCR targeted interviews of individuals about their perceptions, experience, and satisfaction, related to the delivery of HCBS services and supports. HSAG's evaluation will review relevant documentation, records, and system data. The PCR quality evaluation also will include data and information such as:

- Individual support plans

- Assessments
- Support coordinator records
- Provider records for the service being reviewed

Process

HSAG results from PCR record reviews, direct observations, and interviews will be documented in the electronic PCR tool. The results of the PCRs will be a component in evaluating the quality of service delivery for individuals served in the HCBS DD Waiver program.

Record Reviews

The record review process will support and inform the PCRs. HSAG's record review process will evaluate whether DD Waiver services included in the ISP are documented in the record and whether individuals have access to needed services in the most appropriate integrated setting and consistent with their informed choice.

Process

HSAG will conduct record reviews of the records of the individuals selected from DD Waiver service data. HSAG's high-level steps and procedures for conducting the record review process are:

- Identify, from DBHDS data, individuals and services provided for each provider/CSB selected for reviews, interviews, and observation.
- Obtain records for individuals selected from provider/CSB.
- Conduct the record review.
- Incorporate record review results into individual, provider, and system-level analyses and reporting.

Staff Selection for Observation

HSAG will randomly select the direct support personnel (DSP) to be observed.

Process

The HSAG reviewer will perform the following steps to select staff for observation:

1. Request the licensed provider and/or CSB to enter in its sample spreadsheet the name of three FTEs who work most with each individual during daytime hours.
2. Identify staff to observe from the list and communicate to the provider staff selected, requesting employee records, a schedule of availability that is congruent with the sampled individual's schedule, and the address of service to observe.
3. Email the provider two days before the scheduled observation and confirm no active COVID/quarantine at the site and inform the provider that the individual may decline the interview or choose to not participate when the reviewer arrives.
4. Arrive for the scheduled observation.

i. If a staff member selected by the reviewer is NOT present, but the individual is present, and another staff is available for an interview:
  - Conduct the observation and interview with the staff available.
  - Select NO for the PCR DSP element, indicating staff was randomly selected by HSAG and enter the name of the staff observed.
  - Request employee records from the provider for staff observed.

ii. If the staff member selected by the reviewer is present, but the individual is NOT present:
  - Observe the environment and interview the staff member.
  - Select NO for PCR element "Can and does individual agree to participate in QSR interview?" and enter the reason.

iii. If the staff member selected is not present and the individual is not present:
  - Contact the provider once to reschedule with the selected staff

Direct Observation of Individual Receipt of Waiver Services

HSAG will complete direct observation of the representative sample of individuals receiving DD Waiver services who were selected for interviews at service sites. HSAG will conduct the observation during the individual's regularly scheduled service or support visit.

Process

HSAG will conduct observation of the individual receiving DD Waiver services that are documented in the ISP by performing the following steps:
1. Conduct a review of the individual's ISP and identify DD Waiver services the individual receives.
2. Identify the DD Waiver service provider responsible for the provision of the DD Waiver service.
3. Inform the individual and family member, guardian, or authorized representative during their interview that HSAG completed an observation of the provision of the DD Waiver service prior to the interview, as applicable.
4. Contact the DD Waiver service provider and determine dates of scheduled DD Waiver services with staff selected by HSAG for observation.
5. Attend and observe the provision of the DD Waiver service.
6. Conduct staff interview with staff selected by HSAG.
7. Document findings or results in the HSAG QSR electronic tool.
8. Incorporate observation results into individual, provider, and system-level analysis and reporting.

Interviews of Individuals Receiving HCBS Services

HSAG will select a representative sample and conduct interviews with individuals receiving HCBS services as part of the PCR process. HSAG will schedule interviews at times convenient to the individual and protect the privacy of the individual while conducting the interview.
Interviews not conducted in private will be documented as such, and the reviewers will identify other participants in the interview.

Process

HSAG will conduct interviews with individuals receiving HCBS DD Waiver services. HSAG will perform the following steps and procedures to conduct the interview process:

1. Select a random sample of individuals to participate in the PCR that are served by the CSB/provider.
2. Schedule the individual interview in conjunction with the relevant staff interview.
3. Review the individual's ISP and provider service records for the time frame under review during each round.
4. Conduct the interview and document responses in the electronic tool.
5. Incorporate interview results into the QSR reporting as indicated.
6. Document any clinical or Health, Safety, and Well-being (HSW) concerns observed in the PCR tool and/or consult with HSAG clinical reviewer regarding abuse, neglect, and/or exploitation concerns when appropriate.

Interviews of Family Members/Guardians or Authorized Representatives of Individuals Receiving HCBS Services

HSAG will conduct interviews with family members/guardians or authorized representatives of the individuals selected for the PCR process. The interview tools will be designed to identify the family member's/guardian's perspective regarding the quality of services provided to their loved one, how the system is supporting the individual's desired outcomes, and where the individual may be experiencing barriers.

HSAG will conduct the family interview in conjunction with the individual interview when requested or schedule the interviews at convenient times for the family members/guardians and protect the privacy of the individual.

Process

HSAG will conduct interviews with the individual's family member, guardian, or authorized representative regarding the individual's HCBS DD Waiver services. HSAG will perform the following steps and procedures to conduct the interview process:

1. Select a random sample of individuals to participate in the PCR that is served by the CSB/provider.
2. Schedule the family member, guardian, or authorized representative interview.
3. Review the individual's ISP.
4. Conduct the interview and document responses in the electronic tool.
5. Incorporate interview results into the QSR reporting, as indicated.
6. Document any clinical or HSW concerns observed in the PCR tool and/or consult with HSAG clinical reviewer regarding abuse, neglect, and/or exploitation concerns when appropriate.

Interviews of Support Coordinator

HSAG will conduct interviews with the individuals' support coordinators as part of the PCR process. HSAG's interview tools will assess the quality of support coordination services provided, identify where

the system is supporting the individuals' desired outcomes, and where the individuals may be experiencing barriers from the perspective of the support coordinator or relevant professional.

HSAG will schedule interviews at convenient times so that, whenever possible, interviews regarding all individuals selected for the PCR being served by the same support coordinator will be conducted consecutively during the scheduled interview appointment. This will reduce the burden on the coordinator whenever possible.

Process

HSAG will conduct support coordinator interviews as follows:
1. Conduct a review of the ISP of the individual whose support coordinator will be interviewed.
2. Conduct an interview with the individual's support coordinator, performing the following steps and procedures:
    i. Select a random sample of individuals to participate in the PCR that is served by the CSB/provider.
    ii. Review the individual's ISP.
    iii. Schedule the support coordinator interview and provide technical assistance when applicable.
    iv. Conduct the interview and document responses in the electronic tool.
    v. Address clinical concerns identified by the clinical reviewer when applicable.
    vi. Provide technical assistance to the support coordinator when indicated.
    vii. Incorporate interview results into the QSR reporting, as indicated.
3. Document any clinical or HSW concerns observed in the PCR tool and/or consult with HSAG clinical reviewer regarding abuse, neglect, and/or exploitation concerns when appropriate. An example of when an HSW alert would be completed is: 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, the reviewer will complete and submit an HSW Alert (due to non-coverage).

Telephone and On-site Entrance Conferences

HSAG will conduct individualized virtual launch webinars with all licensed providers and CSBs selected for PQR review prior to each round of the QSR. Launch webinars with licensed providers will be conducted by the reviewer assigned to the provider. Launch webinars with CSBs will be facilitated by an HSAG-designated CSB Point of Contact. All launch webinars will provide high-level information about the QSR, identify points of contact, communicate timelines for the review and relevant deadlines, and demonstrate access to SharePoint and SAFE. The webinars will also provide an opportunity for the licensed provider/CSB to ask questions related to processes for completion of the QSR and new aspects of the review that may have changed from previous rounds and clarify expectations for documents needed or proper completion of the QSR Documentation Submission Checklist(s). Licensed providers/CSBs may request an on-site entrance conference, which HSAG will accommodate when feasible.

HSAG provides an overview of the entrance conference agenda:
1. Share Introductions.

2. Establish Points of Contact.
3. Communicate Timelines/Deadlines.
4. Demonstrate Electronic Tools (SAFE and SharePoint) Access.
5. Display/Review Documentation Checklist.
6. Answer Questions.

Review of Provider Quality Enhancement Plans (formerly Quality Improvement Plan)

When findings of a deficiency occur during a QSR, the CSB/provider will be required to address and remediate the deficiencies through the QEP process. HSAG will provide written, actionable recommendations for any deficient areas identified during the review. A template for the QEP will be offered by HSAG to the provider in addition to two resource documents with actionable recommendations for each compliance element in the PQR and the PCR. HSAG will be available to provide technical assistance to support the provider in sufficiently addressing the recommendations for improvement, tailoring the actionable recommendation offered by HSAG to the provider.
Toward this goal, HSAG will evaluate the QEP's sufficiency for:

- Completeness in addressing each required action and assigning a responsible individual, a timeline/completion date, and specific actions/interventions that the provider will take.
- Whether the planned activities/interventions meet the intent of the requirement.
- Whether the planned interventions are anticipated to bring the provider into compliance with the requirement.
- Appropriateness of the timeline to correct the deficiency, considering the severity and impact on individuals.

Process

Providers or CSBs will be required to develop and implement quality enhancement plans (QEP) to remediate the deficiencies. The following process will be used:

- Technical assistance will be provided, as indicated to assist the provider/CSB to correct the deficiency at VAQSR@hsag.com.
- HSAG will provide a template for the provider/CSB to use in developing a QEP based on the recommendations provided.
- HSAG will evaluate the QEP and provide technical assistance, as necessary.

Follow-up on QEPs

HSAG will review the results of the implementation of the QEP during the next round of QSRs for which the provider/CSB is selected.

Process

First, HSAG will determine if the provider/CSB has implemented its QEP by reviewing the provider/CSB quality improvement plan to see if the QEP was incorporated. Second, HSAG will review whatever the provider/CSB indicated on the documentation checklist it would like reviewed as evidence of improvement or submitted as a separate document in the SAFE or MART repository that shows the provider/CSB is aware of the previous QSR QEP and working to address the approved actions within the time frames listed by the provider/CSB in its plan.

If the data/documentation review reflects the provider/CSB has not made progress or implemented the QEP from a previous round, HSAG will provide technical assistance during the current review PQR interview. A list of provider/CSBs with QI/RM deficiencies will be referred to the DBHDS ECTA team for expanded consultation and technical assistance after the review.

Data Cleaning and Monitoring

The HSAG QSR leadership (QSR Project Directors and business analyst) will direct data monitoring and cleaning processes. Data monitoring is the process by which data entered into a database are reviewed to identify data outliers, incompleteness, duplicate entries, errors, and inconsistencies. Data cleaning is the process of fixing incorrect, incomplete, duplicate, or otherwise erroneous data in a dataset and involves identifying data errors and then changing, updating, or removing data to correct them.

Data Cleaning Processes

Data cleaning processes occur from initial data entry by the QSR reviews to the completion of the review. The QSR leadership team directs the QSR reviewers to revise data when a need for data correction is identified. HSAG's QSR leadership team exports data from the PCR and PQR tools to ensure PCR and PQR tool guidance is being adhered to, e.g., the clinical reviewer ensures applicable notes have been added to the tool. HSAG conducts the following data quality assurance and cleaning activities:

- The QSR leadership team reviews PCRs and PQRs before they are set to complete.
- Leadership review of PCRs and PQRs includes confirmation that the clinical review has been completed when the reviewer identified the need for possible additional assessment (as indicated by the Clinical Decision Tree process) and confirmation that clinical notes have been entered in the tool through both note entry and scoring. In the event that the leadership review reveals that the clinical review was not completed when the reviewer identified the need for possible additional assessment, or clinical notes could not be located in the tool when the need for a clinical review was indicated, leadership requests a clinical review immediately, for timely entry into tool prior to completion.
- Leadership review of PCRs and PQRs includes assessment of element(s) identified through competency checks and/or IRR as having the potential for a higher frequency of error. Elements identified with potential high error frequency during competency checks by all reviewers are brought to DBHDS. This potential occurs most often with new elements or elements where scoring criteria include a 'N/A' option rather than a clear complaint or deficient score (Yes/No).

In the event that the leadership review reveals a potential error, the case is scored with a reviewer consult to confirm the best choice before the case is determined as ready to complete.

- In the event that there are patterns of errors identified during the performance of the aforementioned activities, leadership provides retraining, and/or the reviewer is dismissed per IRR policy.

Data Monitoring Processes

All PCRs and PQRs are reviewed by the HSAG QSR leadership team, which checks for possible data inconsistencies in the scoring of elements. HSAG leadership also monitors QSR data for completeness, duplicate entries, and/or outliers through tool design and SharePoint PQR and PCR trackers.

- Completeness, duplicate entries, and erroneous data entry are managed through abstraction tool design, SharePoint PQR, and PCR trackers. The abstraction tool is designed to prevent:
  - o PCR and PQR data entry for services that do not apply to the service provider, CSB or individual being reviewed. For example, requirements for providers of residential services, that do not apply to in-home support services, will show in the PCR and PQR as greyed out, thus preventing data entry for nonapplicable elements.
  - o Duplicate entries are managed through abstraction tool design. All providers and individuals included in the sample are assigned unique identifier that prevents duplication of individuals and/or providers. No data entry outside of elements in the tool is completed by reviewers, so it is not possible to score an element more than once, or with more than one score.
  - o Data entry for dates outside of review timeframes. For example, if a reviewer attempts to enter a date outside of the review timeframe, the abstraction tool displays a red "x" when the reviewer saves the case.
  - o Completing a case with data missing. The tool will display a red "x" if a question(s) has not been answered and prevents the user from saving the record unless all required entries have been made.
  - o Entering data for cases designated as a partial review. A partial review is defined as a review that includes Support Coordinator information *only* when the individual selected for a PCR did not receive services during the look-back period, the service provider is no longer in operation, the individual is deceased, the provider that provided services during the look-back period is unresponsive to requests for documentation, the individual is currently hospitalized or was hospitalized during the look-back period, the individual is or was incarcerated during the look-back period, the individual refused to participate in the PCR or the individual has been discharged from services.
- SharePoint PCR and PQR trackers are used to determine when all data collection has been completed, and the reports are ready for generation. Provider/CSB reports are generated by the QSR leadership team using automated reporting and report generation specifications, to ensure reports are replicable regardless of the person(s) generating the report(s).

Additionally, Information Technology personnel run regular reports that indicate where the end-user has: 1) not set a record to complete, 2) has not met established timelines for the completion of data entry, and 3) data entries that indicate that the reviewer needs to take additional steps to further address requirements for data collection and input. The report(s) also identify outliers (when comparing the QSR reviewer against their documented work, on other reviews completed during the review period, and as it

relates to the data patterns identified amongst other QSR reviewers). This information is displayed on a dashboard which is used by leadership to review progress and discuss challenges with the outputs and progress to QSR completion before a record is closed.

Integrity of Data

The HSAG procedure: *Systems and Information Integrity* and the HSAG policy: *Information Systems Integrity* outlines what HSAG utilizes for providing transparency. These documents further show the processes followed to identify data quality and compliance reporting concerns, within the HSAG data source systems.

Prior to the beginning of each round of the QSR, HSAG will work with the DBHDS Office of Clinical and Quality Management to review the PQR and PCR tools to ensure terms and expectations contained within align with those of DBHDS or DBHDS affiliated entities that use QSR data. DBHDS will provide HSAG with updated process documents for each DBHDS or DBHDS-affiliated entity that uses QSR data, prior to each round. HSAG will collaborate with the DBHDS point of contact to facilitate conversations with DBHDS QSR dataset owners to rectify discrepancies between the HSAG dataset and DBHDS secondary data source output.

Processes for QSR Scoring Methodology

HSAG will use electronic tools for the reviews, interviews, and observation visits. HSAG's electronic tools record the results of documentation reviews, interview responses, and observations. The tools include data-gathering elements that inform the scored element in the tool. The electronic tool contains the criteria and links to reference material that the reviewer will use to determine compliance with the requirement. Reviewers also will access a user guide for the electronic tools that provide additional information and resources to assist reviewers with understanding and applying the criteria for scoring each element in the tool. HSAG's electronic tool will score the results of QSR's required elements. The data-gathering elements will roll up into a standard score. An aggregate overall score will be calculated related to the provision of patient-centered, informed services that conform to the HCBS Settings Rule.

The scoring criteria are as follows:

Yes indicates full compliance, defined as including the following:

- All documentation reviewed, including policies and procedures, meet requirements; and
- Those interviewed can provide responses to reviewers that are consistent with the requirements or documentation.
- Observations are consistent with the ISP.

No indicates noncompliance, defined as any one or more of the following*:*

- Documentation does not meet the requirements;
- Providers or staff members interviewed describe processes that conflict with policies or procedures or have little or no knowledge of the process or requirement;
- The interview or observation results do not support that the requirement has been implemented.

After the review, HSAG will calculate a percentage of compliance score using a weighted score. The weighted score is calculated by:

- Assigning a value of 1.0 to each *Yes* score and a value of 0.0 for each *No* score and *NA* designation.
- Dividing the total summed weighted score by the number of applicable elements in the tool.

The following table illustrates the above methodology:

Table 2: PQR Scoring Tool						
Yes	=	7	X	1.00	=	7.0
No	=	2	X	.00	=	0.0
Not Applicable	=	3	NA			NA
Total Applicable	=	9	**Total Score**		=	7.0
Total Score Divided by Total Applicable					=	77.78%

N/A designation is removed from the denominator when scoring an element since this designation indicates the element could not be scored for performance.

Process for Reporting Abuse, Neglect, and Exploitation

To identify and report abuse, neglect, and exploitation, HSAG will 1) review current, relevant performance data, assessments, progress notes, and quality/risk management plan; 2) identify potential abuse, neglect, or exploitation of the individual or a potential rights restriction in the absence of an approved plan, or if the rights restriction is implemented inconsistently with the approved plan; 3) observe the staff and environment to identify potential abuse, neglect, or exploitation; 4) report to DBHDS Human Rights and/or the Department of Social Services Adult/Child Protective Services within 24 hours of identification any immediate risks to the health and safety of individuals served (abuse, neglect, or exploitation); and 5) send copies of these referrals (HSW Alert) to the DBHDS Quality Management Contracts Manager, the backup designee identified by DBHDS, and the DBHDS Human Rights Director.

Processes for Development of Communication Plan

HSAG has developed a Communications Plan that has been implemented for seven rounds of QSRs. To update the plan and related materials for each new round, HSAG will 1) meet weekly with DBHDS and participate in workgroup meetings to establish the scope of each review (e.g., lookback periods); 2) incorporate this information from the meetings, including new time frames, the sampling size, and which services will be performed, into the Communications Plan and materials; and 3) review correspondence pertinent to the QSRs as well as directives and information from DBHDS memos and modify the plan and materials, as applicable.

Processes for Making Recommendations based on QSR findings

Based on QSR results, HSAG will develop actionable and measurable recommendations that can be used to improve services and outcomes at the individual, provider, and system levels. HSAG will 1) prepare reports for providers after the completion of each QSR round; 2) include a separate section in the reports with areas of deficiency for providers to address in a QEP; 3) list recommendations for each deficiency; and 4) provide technical assistance in understanding the reports and in developing the QEP. HSAG will assess the implementation of the QEPs during the next QSR round for which they are selected for review. Recommendations and QSR report formats are included in the QSR Communication Plan.

Data from DBHDS and the Order QSRs Would Be Performed (i.e., project workflow)

DBHDS provides three control files from DBHDS VAPRSS: The first includes individuals (clients) with active service authorization for receiving services in 10 DD Waiver service categories. The second provides individual first and last name, gender, date of birth, Virginia region, tier level, current CSB, and current provider(s). The third file provides provider name, tax identification number, service address, bed capacity, phone number, email, primary specialty code (waiver service).
To select the sample of individuals to be reviewed, DBHDS provides the following: number of individuals to be reviewed, waiver service categories to be reviewed, number of providers and community boards to be reviewed, and any parameters such as if a provider or CSB had a PQR during the previous review exclude from this review.

Project Workflow

HSAG will complete the following steps related to QSRs:
1. DBHDS/HSAG meet to review changes to the PCR/PQR process based on IRR from previous review.
2. HSAG updates PCR/PQR tools with feedback and approval of DBHDS.
3. DBHDS establishes sample parameters (number of PCRs, number of PQRs, services to be reviewed, lookback period for review, including memos for providers/CSBs about any expectations/changes).
4. DBHDS provides the control file.
5. HSAG creates the sample based on parameters for this review.
6. HSAG updates deliverables: e.g., Methodology, PCR evaluation tool, PQR evaluation tool, Communication Plan.
7. HSAG hires/trains reviewers.
8. Reviewers pass competency.
9. DBHDS/HSAG update website with review information/updates.
10. HSAG launches review with email campaign linked to DBHDS and HSAG by cc'ing the DBHDS and HSAG QSR helpdesk emails.
11. HSAG notifies DBHDS if any provider/CSBs are not participating in the review process as required.

12. HSAG provides alternates if an individual chooses or cannot participate in the review.
13. HSAG reviewers perform document reviews, interviews, and observations.
14. HSAG reviewers inform providers/CSB of missing documents to upload.
15. HSAG documents review results in the review tool and conducts IRR of PCR/PQR scoring.
16. HSAG documents on-site observations/interviews in the review tool. HSAG conducts IRR of live interviews.
17. HSAG completes quality assurance reviews of all documentation for the record review, observations, interviews.
18. HSAG generates QSR reports with PCR/PQR results and uploads them along with actional recommendations into SAFE for providers/CSBs to access.
19. Providers/CSBs create QEPs to address any deficiencies noted in QSR report. HSAG provides technical assistance as requested by providers/CBSs to help with the completion of the QEP response.
20. Providers/CSBs upload QEPs into SAFE.
21. HSAG notifies providers/CSBs if QEPs are approved or if modifications are required.
22. HSAG informs DBHDS if any providers/CSBs are not submitting QEPs as required.