

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
<b>A. Service Coordinator (SC) Documents</b>		
1. Does this case meet criteria for SC documentation and interview only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Case meets criteria for individual who is excluded but provider does not have any alternates – SC documentation and SC interview required only.</p> <p><b>No:</b> Case does not meet criteria for SC documentation and SC interview only.</p>
2. Date of WaMS review	Date field	The reviewer will document the date that the individual’s WaMS information was reviewed.
3. Were any assessments completed after the initiation of the ISP and used to inform changes to the ISP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Assessment(s) were completed after the start of the ISP plan year and were used to update the ISP.</p> <p><b>No:</b> All assessments were completed prior to the initiation of the ISP.</p>
4. Were there any medical needs identified in the SIS or any other assessment that were not addressed in the ISP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the Part V, SIS, behavioral health assessment/plan, RAT, OSVT includes medical needs NOT addressed in the ISP.</p> <p><b>No:</b> All medical needs identified in the assessments are addressed in the ISP.</p>
5. Were there any behavioral needs identified in the SIS or any other assessment that were not addressed in the ISP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the Part V, SIS, behavioral health assessment/plan, RAT, OSVT includes behavioral needs NOT addressed in the ISP.</p> <p><b>No:</b> All behavioral needs identified in the assessments are addressed in the ISP.</p>
6. Was the RAT completed timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> RAT was completed prior to the ISP meeting or on the same day.</p> <p><b>No:</b> RAT was completed after the ISP meeting OR was not completed.</p> <p><b>N/A:</b> ISP meeting was prior to the implementation of the RAT.</p>
7. Does the ISP incorporate elements from the RAT?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> Review of the ISP confirms that elements identified in the RAT are incorporated.</p> <p><b>No:</b> Review identified RAT elements that were not included in the ISP.</p> <p><b>N/A:</b> ISP meeting was prior to the implementation of the RAT.</p>
8. Is Part I of the ISP complete and thorough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP section I includes the individual’s ISP meeting details, talents &amp; contributions, important to/for, and wants/doesn’t want. The information provided is in person centered language and how the individual is best supported.</p>

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		<b>No:</b> Review of the ISP section I is not specific to the individual and/or does not capture how the person is best supported.
9. Does the ISP section II include the individual's health and behavioral support needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> Review of the ISP section II includes the individual's health and behavioral support needs.  <b>No:</b> Review of the ISP section II does not include the individual's health and behavioral support needs.
10. Does the ISP section II include medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<b>Yes:</b> Review of the ISP section II includes the individual's medications.  <b>No:</b> Review of the ISP section II does not include the individual's medications.  <b>N/A:</b> Review of the ISP section II identified that the individual does not have any prescribed or over-the-counter medications.
11. If yes, is there documentation of side effect review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<b>Yes:</b> Review of the ISP section II includes the individual's medication side effects.  <b>No:</b> Review of the ISP section II does not include the individual's medication side effects.  <b>N/A:</b> Review of the ISP section II identified that the individual does not have any prescribed or over-the-counter medications.
12. Does the ISP section II include the individual's physical and health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> Review of the ISP section II includes the individual's physical and health conditions.  <b>No:</b> Review of the ISP section II does not include the individual's physical and health conditions.
13. Does the ISP section II include the individual's social, developmental, behavioral, and family history?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> Review of the ISP section II includes the individual's social, developmental, behavioral, and family history.  <b>No:</b> Review of the ISP section II does not include the individual's social, developmental, behavioral, and family history.
14. Does the ISP section II include the individual's communication, assistive technology and modifications needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> Review of the ISP section II includes the individual's communication, assistive technology and modifications needs.  <b>No:</b> Review of the ISP section II does not include the individual's communication, assistive technology and modifications needs.

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15. Does the ISP part II include the individual's employment status and assessment of barriers to employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>This element is applicable to individuals aged 14-65 only.</b></p> <p><b>Yes:</b> Review of the documentation (ISP, Virginia Informed Choice Form, progress notes, and/or person-centered review) confirms that employment options were discussed, and the individual's decision related to employment is documented.</p> <p><b>No:</b> Review of the documentation did not confirm that employment options were discussed, and the individual's decision related to employment is not documented.</p> <p><b>N/A:</b> The individual is under the age of 14 OR over the age of 65.</p>
16. Does the ISP section II include the individual's meaningful day and community involvement status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP section II includes the individual's meaningful day and community involvement status.</p> <p><b>No:</b> Review of the ISP section II does not include the individual's meaningful day and community involvement status.</p>
17. Did the individual have support from people during the development of the ISP that they wanted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP section I indicates that the individual was given the opportunity to invite preferred people to participate in the planning process.</p> <p><b>No:</b> Review of the ISP section I is not complete, or it is not clear from documentation that the individual was able to invite preferred people to participate in the planning process.</p>
18. Are all risks identified in Part II of the ISP addressed under an outcome in Part III?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP section III includes all risks identified in Part II or documentation of the reason that the risk is not being addressed.</p> <p><b>No:</b> Review of the ISP section III does not include all risks identified in Part II.</p>
19. Describe any risks or needs that do not have a corresponding ISP outcome.	Text field	Reviewer will describe any risks that are not addressed.
20. Outcomes are developed in each of the following life areas:	<input type="checkbox"/> Employment <input type="checkbox"/> Integrated Community Involvement <input type="checkbox"/> Community Living <input type="checkbox"/> Safety & Security <input type="checkbox"/> Healthy Living <input type="checkbox"/> Social & Spirituality <input type="checkbox"/> Citizenship & Advocacy	Reviewer will indicate which life area(s) that have outcomes identified in Part III of the ISP.

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21. Are there any needs identified in Part III where a provider has not been identified and a Part V developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of Part III indicated that there are need(s) identified that are not assigned to a provider to address and/or Part V developed to address the need.</p> <p><b>No:</b> Review of Part III had all outcomes assigned to providers to be addressed.</p>
22. Has there been follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Documentation indicated that there has been follow up to link to a provider, an interim ISP that indicates follow up, protocol developed by provider to address, or follow up in the OSVT.</p> <p><b>No:</b> Documentation of follow up to address the identified need in Part III was not located.</p>
23. Does the ISP Part V include the individual's outcomes, including the services and supports that will assist the individual to achieve the outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of documentation validated that the ISP includes the individual's outcomes and the services and supports to assist in achieving the outcomes.</p> <p><b>No:</b> Review of documentation did not validate that ISP includes the individual's outcomes OR does not include the services and supports to assist in achieving the outcomes.</p>
24. Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> Review of documentation validated that the ISP includes strategies for solving conflict or disagreement with the process.</p> <p><b>No:</b> Review of documentation did not validate that the ISP includes strategies for solving conflict or disagreement with the process.</p> <p><b>N/A:</b> An issue was not identified; there was no evidence of conflict or disagreement with the process.</p>
25. Date of SC notes/documentation review	Date field	Reviewer will enter the date of SC notes/documentation review.
26. Date(s) of additional documentation review	Text field	Reviewer will document the date(s) of any additional SC notes/documentation review that occurred after the initial review, to include any date(s) of review of documentation requested after initial review.
27. Date(s) of ISP review	Date field	Reviewer will enter the date(s) of ISP review. This element will <b>repeat</b> to capture all review dates within the review lookback period.
28. The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days. Source: FY 2022 and FY 2023 Community Services Performance Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p>A <b>"Yes"</b> rating is indicated when the ISP was reviewed quarterly or every 90 days.</p> <p>A <b>"No"</b> rating is indicated when the ISP was not reviewed quarterly or every 90 days.</p>

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		A <b>“Not Applicable”</b> rating is indicated if the individual has been enrolled in waiver services for less than 90 days.
29. The ISP and/or other documentation supports that the individual was given a choice regarding services and supports, including the individual’s residential setting, and who provides them. Source: FY 2022 and FY 2023 Community Services Performance Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	A <b>“Yes”</b> rating is indicated when the following criteria are met: <ul style="list-style-type: none"> <li>◆ The ISP and/or other individual record documentation demonstrates that education materials were presented in an accommodating format for the individual and/or authorized representative or family <b>AND</b></li> <li>◆ The ISP and/or other individual record documentation demonstrates that annual education was provided about less restrictive community options to any individuals living outside their own home or family’s home, or non-disability specific settings and an option for a private unit in a residential setting <b>AND</b></li> <li>◆ The Virginia Informed Choice form is present.</li> </ul> A <b>“No”</b> rating is indicated when the following criteria are met: <ul style="list-style-type: none"> <li>◆ The ISP and/or other individual record documentation does not demonstrate that education materials were presented in an accommodating format for the individual and/or authorized representative or family <b>OR</b></li> <li>◆ The ISP and/or other individual record documentation does not demonstrate that annual education was provided about less restrictive community options to any individuals living outside their own home or family’s home, or non-disability specific settings and an option for a private unit in a residential setting <b>OR</b></li> <li>◆ The Virginia Informed Choice form is not present.</li> </ul>
30. The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	A <b>“Yes”</b> rating is indicated when the ISP is signed <b>AND</b> dated by the individual/representative <b>and</b> all providers responsible for its implementation.  A <b>“No”</b> rating is indicated when the ISP is <b>NOT</b> signed <b>AND</b> dated by the individual/representative and all providers responsible for its implementation.
31. Date of contact:	mm/dd/yyyy	Reviewer will enter the date of each contact with the individual/authorized rep/guardian, for the defined lookback period/evaluation timeframe.
32. Type of contact:	<input type="checkbox"/> Face-to-face (In person) <input type="checkbox"/> Phone <input type="checkbox"/> Video/virtual	Reviewer will enter the type of each contact with the individual/authorized rep/guardian.  Face-to-face: contact was completed face-to-face with the individual/authorized rep/guardian  Phone: contact was completed telephonically

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		Video/virtual: contact was completed virtually
33. The ISP and/or the individual’s file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual’s support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual’s strengths and preferences. Source: FY 2022 and FY 2023 Community Services Performance Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p>A “<b>Yes</b>” rating is indicated when the individual’s file included documentation of identification and resolution <b>AND</b> that the individual’s support planning team was convened by phone, video, or in person to address the issue.</p> <p>A “<b>No</b>” rating is indicated when the individual’s file does <b>NOT</b> include documentation of identification and resolution <b>OR</b> that the individual’s support planning team was <b>NOT</b> convened to address the issue.</p> <p>A “<b>Not Applicable</b>” rating is indicated when there were no unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual’s support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual’s strengths and preferences.</p>
34. Describe any inadequately addressed or previously unidentified risk, injury, need, change in status, deficiency in support plan or support implementation, and/or discrepancy between support implementations, services provided, and the individual’s strengths and preferences	Text field	If the preceding scored element is answered “No,” the reviewer will document the findings.
<b>Case Summary</b>		
35. Is there a concern that needs follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> There is a concern that requires follow up</p> <p><b>No:</b> There are no concerns that require follow up.</p>
36. Type of Concern	<input type="checkbox"/> Team lead assistance requested <input type="checkbox"/> Clinical review needed <input type="checkbox"/> HSW concern	<p><b>Team lead assistance requested:</b> the reviewer has a question/concern for the team lead to review and provide guidance for completing an element</p> <p><b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information</p> <p><b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing</p>
37. Summary of Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: Needs to be addressed by a team lead <b>or</b> Needs to be referred to DBDHS for follow up
38. Additional Notes	Text field	Reviewer to utilize to document any other notes if additional space needed

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39. Team Lead Response	Text field	The team lead will provide response to the concern.
40. Clinical Reviewer Response	Text field	The clinical reviewer will provide response to the concern/request for review
41. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.
42. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials
<b>B. Service Coordinator</b>		
<b>SC Information</b>		
43. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.
44. How was the interview completed?	<input type="checkbox"/> Virtually via webinar <input type="checkbox"/> Telephonically <input type="checkbox"/> In-person	Reviewer will select the method in which the review was completed.
45. Did the SC decline an onsite in-person interview due to COVID?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The SC refused an in-person review. <b>No:</b> The SC did not refuse an in-person review.
46. Name of Support Coordinator	Text field	Reviewer will enter the name of the SC
47. Contact information for Support Coordinator	Text field	Reviewer will document the contact information (i.e., phone number, email, etc.) of the SC.
48. Was the interviewee the primary or an interim SC?	<input type="checkbox"/> Primary <input type="checkbox"/> Interim	Reviewer will document if the SC is the primary or an interim SC (providing temporary coverage for primary SC being unavailable, not currently assigned to a primary SC due to SC leaving, or a supervisor providing coverage due to primary SC being new/in training)
49. How long has the SC supported the individual?	<input type="checkbox"/> < 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> > 1 year to 5 years <input type="checkbox"/> > 5 years to 10 years <input type="checkbox"/> > 10 years	Reviewer will enter the amount of time the SC has supported the individual.
<b>SC Interview</b>		
50. Was the individual receiving ECM or TCM?	<input type="checkbox"/> ECM <input type="checkbox"/> TCM	The reviewer will select the type(s) of case management received. The reviewer will select both if both were received during the lookback period.
51. How did you make this determination?	Text field	Reviewer will document the SC's response.
52. How do you monitor the individual's supports and services?	Text field	Reviewer will document the SC's response.
53. Can you describe the risks identified in the ISP?	Text field	Reviewer will document the SC's response.
54. How are these addressed?	Text field	Reviewer will document the SC's response.

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55. What do you do when an individual has a change in status?	Text field	Reviewer will document the SC's response.
56. What do you do when a provider is not implementing the plan as written?	Text field	Reviewer will document the SC's response.
57. What do you do when there is a conflict in the ISP planning process?	Text field	Reviewer will document the SC's response.
58. Are there any medical or behavioral support needs that are not currently being addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewer will document the SC's response.
59. If yes, please describe	Text field	Reviewer will document the SC's response.
60. Please describe the barriers to addressing the medical or behavioral support needs that are not currently being addressed.	Text field	Reviewer will document the SC's response.
<b>Case Summary</b>		
61. Is there a concern that needs follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> There is a concern that requires follow up <b>No:</b> There are no concerns that require follow up
62. Type of Concern	<input type="checkbox"/> Team lead assistance requested <input type="checkbox"/> Clinical review needed <input type="checkbox"/> HSW concern	<b>Team lead assistance requested:</b> the reviewer has a question/concern for the team lead to review and provide guidance for completing an element <b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information <b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing
63. Summary of Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: Needs to be addressed by a team lead <b>or</b> Needs to be referred to DBDHS for follow up
64. Additional Notes	Text field	Reviewer to utilize to document any other notes if additional space needed
65. Team Lead Response	Text field	The team lead will provide response to the concern.
66. Clinical Reviewer Response	Text field	The clinical reviewer will provide response to the concern/request for review
67. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.
68. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials
<b>C. Provider Information</b>		



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<b>Provider Record Review</b>		
69. Date of provider documentation review	Date field	Reviewer will enter the date of provider notes/documentation review.
70. Date(s) of additional documentation review	Text field	Reviewer will document the date(s) of any additional provider notes/documentation review that occurred after the initial review, to include any date(s) of review of documentation requested after initial review.
71. Is there evidence of completion of an annual physical exam or valid justification for deferral of the annual exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Documentation indicated that the individual had an annual physical exam within the past year or valid justification of deferral of the annual exam.</p> <p><b>OR</b></p> <p>Provider submitted valid justification for deferral of the annual exam.</p> <p><b>No:</b> Documentation was not provided to indicate that the individual had a physical exam within the past year.</p>
72. Is there evidence of completion of an annual dental exam or valid justification for deferral of the annual exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Documentation indicated that the individual had an annual dental exam within the past year or valid justification of deferral of the annual exam.</p> <p><b>OR</b></p> <p>Provider submitted valid justification for deferral of the annual dental exam.</p> <p><b>No:</b> Documentation was not provided to indicate that the individual had a dental exam within the past year.</p>
73. Did the provider identify any changes to needs or status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> The provider identified and documented changes to needs and/or outcomes/support activities and/or individual desires.</p> <p><b>No:</b> Review of documentation confirmed that:</p> <ul style="list-style-type: none"> <li>• The provider did not document any changes to needs and/or outcomes/support activities OR</li> <li>• The provider did not document any changes to individual desires.</li> </ul>
74. If yes, was there evidence that the provider implemented actions to address the changing needs and/or status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of documentation confirmed that:</p> <ul style="list-style-type: none"> <li>• The provider implemented actions to address the changing needs and/or outcomes/support activities and/or individual desires OR</li> <li>• There was evidence that the provider documented that changes were not warranted (for instance, follow up with physicians and/or other providers confirmed that changes should not be made).</li> </ul>

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		<b>No:</b> Review of documentation did not confirm that the provider implemented actions to address the changing needs and/or outcomes/support activities and/or individual desires.
75. Describe any inadequately addressed or previously unidentified change in needs or outcomes/support activities, deficiency in support plan or support implementation, discrepancy between support implementations, services provided, and the individual's strengths and preferences, and/or lack of follow up regarding an individual's stated desires.	Text box	The reviewer will document any findings from review of the individual's documentation.
<b>Provider Observation &amp; Interview</b>		
76. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.
77. Interview completed with	<input type="checkbox"/> DSP <input type="checkbox"/> Front-line supervisor <input type="checkbox"/> Program Manager <input type="checkbox"/> Relevant professional <input type="checkbox"/> Other	Reviewer will select all staff member(s) interviewed DSP: Direct Support Professional
78. Name(s) of interviewee(s)	Text field	Reviewer will enter the names of the staff members interviewed
79. Contact information for interviewee(s)	Text field	Reviewer will document the name and contact information (i.e., phone number, email, etc.) of any interviewee.
80. How was the interview completed?	<input type="checkbox"/> Virtually via webinar <input type="checkbox"/> Telephonically <input type="checkbox"/> In-person	Reviewer will select the method in which the review was completed.
81. Did the provider/DSP decline an onsite in-person interview due to COVID?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The provider/DSP declined an in-person review. <b>No:</b> The provider/DSP did not decline an in-person review.
82. Date of observation	Date field	The reviewer will enter the date of observation.
83. Is the individual's environment neat and clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	The reviewer will observe and assess the individual's environment.  <b>Yes:</b> The environment is clean.  <b>No:</b> The environment is not clean/concerns were noted.

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		<p><b>UTA:</b> Unable to assess. Reviewers will only use this option if pandemic or other restrictions do not allow for observation.</p>
<p>84. Was the person’s environment accessible?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA</p>	<p><b>Yes:</b> The environment meets the needs of the individual and they are able to access common areas of the service location.</p> <p><b>No:</b> The environment does not meet the needs of the individual and/or there are areas of the service location that they cannot access (ex. Kitchen, living room)</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if pandemic or other restrictions do not allow for observation.</p>
<p>85. Does the individual appear well kempt?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA</p>	<p>The reviewer will observe and assess the individual for, at a minimum, the items noted in the subsequent element.</p> <p><b>Yes:</b> The individual appeared well kempt.</p> <p><b>No:</b> The individual did not appear well kempt/concerns were noted.</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if pandemic or other restrictions do not allow for observation.</p>
<p>86. Were staff engaging with the individual based on the person’s preference and interests?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA</p>	<p><b>Yes:</b> The staff were supporting the individual and engaging them in preferred activities as indicated in their ISP.</p> <p><b>No:</b> The staff were not engaging with the individual OR they were engaging with the individual in ways that are not congruent with their ISP.</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if pandemic or other restrictions do not allow for observation.</p>
<p>87. Was the person being offered choices throughout the visit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA</p>	<p><b>Yes:</b> The staff were offering the individual meaningful choices during the visit and supporting them with following through with their choice.</p> <p><b>No:</b> The staff did not offer the individual options that allowed for meaningful choices to be made OR did not offer choices at all when choices were possible.</p>

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		<b>UTA:</b> Unable to assess. Reviewers will only use this option if pandemic or other restrictions do not allow for observation.
88. Was the staff utilizing person first language and talk with the individual as opposed to about the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p><b>Yes:</b> The staff used first person language throughout the visit and addressed the individual directly.</p> <p><b>No:</b> The staff did not use first person language, did not address the individual directly, or attempt to communicate in the preferred method of the individual.</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if pandemic or other restrictions do not allow for observation.</p>
89. Were staff implementing the Part V as written?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p>A <b>“Yes”</b> rating is indicated if the following criteria are met:</p> <ul style="list-style-type: none"> <li>◆ Observation of the individual demonstrates that the services provided by the provider reflect the implementation of the Part V as written.</li> </ul> <p>A <b>“No”</b> rating is indicated when the following criteria are met:</p> <ul style="list-style-type: none"> <li>◆ Observation of the individual does not demonstrate that the services provided by the provider reflect the implementation of the Part V as written.</li> </ul> <p>UTA: Unable to assess.</p>
90. If No, describe	Text field	Reviewer will document observations that do not demonstrate that the services provided by the provider reflect the implementation of the Part V as written.
91. For individuals with behavioral support plans, were staff addressing behaviors per the BSP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> The staff utilized strategies identified in the BSP to support the individual during the visit. Staff was able to recognize targeted behaviors and implement strategies from the BSP and/or staff follow the protocol identified in the BSP as appropriate.</p> <p><b>No:</b> The staff did not use strategies identified in the BSP to support the individual during the visit when they were needed per BSP.</p> <p><b>UTA:</b> Unable to assess. Reviewer did not observe any of the targeted behaviors during the visit.</p> <p><b>N/A:</b> The individual does not have a behavior support plan.</p>

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
92. Were staff adhering to medical and behavioral protocols as outlined in the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> The staff utilized medical and behavioral protocols to support the individual during the visit as indicated in the protocol.</p> <p><b>No:</b> The staff did not follow the protocol as written.</p> <p><b>UTA:</b> Unable to assess. Reviewer did not observe any of the protocols due to need and/or timing (I.E. SLEEPING PROTOCOL)</p> <p><b>N/A:</b> The individual does not have any medical or behavioral protocols.</p>
93. Did staff appear to understand the person's support needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p><b>Yes:</b> The staff appeared to be able to understand and respond appropriately to the individual's support needs.</p> <p><b>No:</b> The staff did not appear to understand the individual's support needs or did not respond to their needs per the ISP.</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if pandemic or other restrictions do not allow for observation.</p>
94. Did the staff demonstrate competence in supporting the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p><b>Yes:</b> The staff demonstrated skills that were appropriate to support the individual and to ensure that their needs are being met. (Ex. Staff were able to demonstrate appropriate lifting techniques during transfers, staff was trained on the individual's ISP and were able to support them based on their preferences, staff being able to communicate effectively with the individual and recognize supports needed, staff appeared trained on the needs of the individual as well as the program and did not need to rely on others for guidance and direction for items within the DSP scope)</p> <p><b>No:</b> The staff did not demonstrate the necessary skills to be able to support the individual to be able to meet their needs. (Ex. Staff did not appear to know what to do and either needed to ask for directions or did not support the individual properly within their scope.)</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if pandemic or other restrictions do not allow for observation.</p>

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
95. Were there new staff supporting the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> The staff observed supporting the individual has not passed a DMAS-approved objective, standardized test of knowledge, skills, and abilities and were required to work alongside another DSP or supervisor.</p> <p><b>No:</b> The staff observed supporting the individual passed a DMAS-approved objective, standardized test of knowledge, skills, and abilities and were NOT required to work alongside another DSP or supervisor.</p>
96. If yes, was there evidence of oversight and monitoring of the new staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> The staff supporting the individual had oversight from a designated staff member who was assisting them with monitoring and training.</p> <p><b>No:</b> The new staff did not have oversight observed during the visit.</p> <p><b>N/A:</b> No new staff</p>
97. Are specialized staffing support needs being implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> The individual has specialized staffing support as detailed in the provider Part V.</p> <p><b>No:</b> The individual has specialized support needs that are not being implemented during observation per the ISP and as detailed in the Provider Part V.</p> <p><b>UTA:</b> Unable to assess during observation (specialized staffing support is required in the community, but onsite occurs in the home)</p> <p><b>N/A:</b> Individual does not have specialized staffing support needs.</p>
98. What types of adaptive equipment does the individual have as part of their plan?	Text field	Reviewer will indicate what adaptive equipment is included in the ISP.
99. Are staff familiar with adaptive equipment needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> The staff supporting the individual are familiar with the adaptive equipment the individual needs, the purpose of the equipment, and how to use the equipment properly in the correct situations.</p> <p><b>No:</b> The individual has adaptive equipment and the staff supporting the individual are either not aware of the equipment and the need for the equipment OR the staff is not properly trained on how to use the equipment or how to support the individual to use the equipment.</p>

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<p><b>UTA:</b> Unable to assess during observation (adaptive equipment was not needed during the observation)</p> <p><b>N/A:</b> Individual does not have adaptive equipment.</p>
<p>100. Were staff utilizing adaptive equipment the individual had as part of their plan?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> UTA  <input type="checkbox"/> Not Applicable</p>	<p><b>N/A OR NOT OBSERVED IF INDIVIDUAL EITHER DOES NOT HAVE ADAPTIVE EQUIPMENT OR USE WAS NOT OBSERVED (I.E. WHEELCHAIR ONLY USED FOR OUTINGS AND OUTINGS NOT OBSERVED).</b></p> <p><b>Yes:</b> The staff supporting the individual are observed to be utilizing the adaptive equipment as indicated in their ISP. They appear to know how to use the equipment effectively and in the correct situations based on the ISP.</p> <p><b>No:</b> The individual has adaptive equipment and the staff supporting the individual were not utilizing the equipment based on the ISP and to best support the individual. (Ex. Individual has a gait belt that must be worn while ambulating, but the individual keeps getting up and walking around the environment without supports)</p> <p><b>UTA:</b> Unable to assess during observation (adaptive equipment was not needed during the observation)</p> <p><b>N/A:</b> Individual does not have adaptive equipment.</p>
<p>101. Was any equipment in need of repair?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> UTA  <input type="checkbox"/> Not Applicable</p>	<p><b>Yes:</b> The adaptive equipment is not being used due to being in need of repair or is not in working order.</p> <p><b>No:</b> All adaptive equipment is in working order.</p> <p><b>UTA:</b> Unable to assess during observation (adaptive equipment was not needed during the observation)</p> <p><b>N/A:</b> Individual does not have adaptive equipment.</p>
<p>102. Has repair or follow up on repairs been occurring?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>Yes:</b> The identified equipment is in the process of being repair, follow up has occurred to repair by DME provider, the item is in the process of being replaced, or consistent follow up is documented to address needed repairs.</p>

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<b>No:</b> No follow up has occurred or staff supporting the individual is not aware of any follow up actions being taken to address the repair.
103. Describe any equipment in need of repair or equipment for which repair needs are not being addressed.	Text field	Reviewer will indicate the equipment in need of repair.
104. Did you identify any support needs not addressed in the person’s plan through your observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The reviewer observed support needs being addressed by support staff that are not included in the Provider Part V but should be included as a needed support.  <b>No:</b> The reviewer observed that all supports being provided were included the ISP.
105. Does the person appear to have any unmet health or behavioral support needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The reviewer observed that the individual appeared to have unmet health or behavior support needs that are not being addressed or are not included in the ISP. (Ex. if there is no evidence that provider staff use an active BSP to address behaviors)  <b>No:</b> The reviewer did not observe any unmet health or behavioral support needs.
106. If yes, describe	Text field	Reviewer will describe the unmet health or behavioral support need(s).
107. Are staff able to describe things important to and important for the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> Staff were able to describe the individual’s talents/contributions and what’s important to and important for the individual.  <b>No:</b> Staff were not able to describe the individual’s talents/contributions and what’s important to and important for the individual.
108. Was staff able to describe the outcomes being worked on in this environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> Staff were able to describe the outcomes being worked on in this environment.  <b>No:</b> Staff were not able to describe the outcomes being worked on in this environment.
109. Could the staff describe the medical support needs of the individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> Staff were able to describe the medical support needs of the individual and any signs/symptoms that need to be monitored.  <b>No:</b> Staff were not able to describe medical support needs of the individual or described incorrect or incomplete support needs.
110. Were staff familiar with medical protocols to support the person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<b>Yes:</b> The staff were familiar with medical protocols to support the person, sign/symptoms to look for, and how to respond appropriately per protocol.



PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<p><b>No:</b> The staff were not familiar with medical protocols to support the individual or were not able to identify the steps or how to respond appropriately per the protocol.</p> <p><b>N/A:</b> Individual does not have any medical protocols.</p>
111. What would staff do if the person experienced a medical crisis?	Text field	Reviewer will enter the staff's response.
112. Could the staff describe behavioral support needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> The staff were able to describe the individual's behavioral support needs.</p> <p><b>No:</b> The staff were not able to describe behavioral support needs or could only partially describe behavioral support needs.</p> <p><b>N/A:</b> Individual does not have any behavioral support needs.</p>
113. Were staff familiar with behavioral protocols to support the person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> The staff were able to implement behavior protocols as written. Staff are able to describe antecedents, behaviors, minimization or coping strategies, and any other aspects of the behavioral protocol. Staff were implementing strategies to proactively prevent behaviors.</p> <p><b>No:</b> The staff were not able to describe behavioral support protocol, proactive preventive strategies, or how to support the individual during behavior outbursts per the behavioral protocol.</p> <p><b>N/A:</b> Behavioral support protocols not applicable for the individual</p>
114. What would staff do if the person experienced a mental health or behavioral crisis?	Text field	Reviewer will enter staff's response.
115. Does the staff know what medications the person is taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> The staff were able to describe the medications the individual is taking.</p> <p><b>No:</b> The staff were not able to describe the medications that the person is taking.</p> <p><b>N/A:</b> Individual does not take ANY medications.</p>
116. Can the staff list the most common side effects of the medications the person is on?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p><b>Yes:</b> The staff were able to describe the side effects of the medications the individual is taking.</p> <p><b>No:</b> The staff were not able to describe the side effects of the medications that the person is taking.</p>

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<b>N/A:</b> Individual does not take ANY medications.
117. Have there been any events related to the individual's high-risk factors (i.e., aspiration, choking, constipation, falls, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<b>Yes:</b> The staff reported that there have been events related to the individual's high-risk factors.  <b>No:</b> The staff reported that there have not been any events related to the individual's high-risk factors.  <b>N/A:</b> The individual does not have high risk factors.
118. Did these events warrant and result in a modification to the ISP or protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<b>Yes:</b> The staff reported that there have been events related to the individual's high-risk factors and protocols or procedures were created or modified as a result OR there is evidence that protocols were reviewed but no changes were warranted (which may include follow up with physicians and/or other providers who requested no changes be made).  <b>No:</b> The staff reported that there have been events related to the individual's high-risk factors, but protocols or procedures were not created or modified as a result.  <b>N/A:</b> There were no events related to the individual's high-risk factors.
119. What training did you receive when you were hired?	Text field	Reviewer will document the DSP's response.
120. What ongoing training do you receive?	Text field	Reviewer will document the DSP's response.
121. Do you believe you received all of the training you needed to support the individuals you are serving?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewer will document the DSP's response.
122. If no, what training do you feel you need?	Text field	Reviewer will document the DSP's response.
<b>Case Summary</b>		
123. Is there a concern that needs follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> There is a concern that requires follow up  <b>No:</b> There are no concerns that require follow up
124. Type of Concern	<input type="checkbox"/> Team lead assistance requested <input type="checkbox"/> Clinical review needed <input type="checkbox"/> HSW concern	<b>Team lead assistance requested:</b> the reviewer has a question/concern for the team lead to review and provide guidance for completing an element <b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing
125. Summary of Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: Needs to be addressed by a team lead <b>or</b> Needs to be referred to DBDHS for follow up
126. Additional Notes	Text field	Reviewer to utilize to document any other notes if additional space needed
127. Team Lead Response	Text field	The team lead will provide response to the concern.
128. Clinical Reviewer Response	Text field	The clinical reviewer will provide response to the concern/request for review
129. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.
130. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials
<b>D. Individual</b>		
<b>Individual Information</b>		
131. Can and does the individual choose to participate in the interview process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The individual can and chooses to participate in the interview process.  <b>No:</b> The individual cannot or chooses not to participate in the interview process.
132. If No, document reason	Text field	If the preceding element is answered, "No," the reviewer will document the reason that the individual cannot or chooses not to participate in the interview process.
133. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.
134. How was the interview completed?	<input type="checkbox"/> Virtually via webinar <input type="checkbox"/> Telephonically <input type="checkbox"/> In-person	Reviewer will select the method in which the review was completed.
135. Did the individual decline an onsite in-person interview due to COVID?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The individual refused an in-person review. <b>No:</b> The individual did not refuse an in-person review (e.g., an in-person interview was completed).
136. If the interview was not able to be conducted in private, describe why	Text field	If the interview was not able to be conducted in private, the reviewer will document why.
<b>Individual Interview</b>		
137. Do you like living here?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	<b>Residential:</b> group home, supported living, sponsored res, in-home services, independent living <b>Day/group:</b> day program, community engagement, community coaching  RESIDENTIAL ONLY  The reviewer will enter the individual's response.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
138. Would you like to live somewhere else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual's response.
139. Did you choose the people you live with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual's response.
140. Do you have a key to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual's response.
141. If no, why not?	Text field	RESIDENTIAL ONLY  If the preceding element is answered, "No," the reviewer will enter the individual's response.
142. Do you have a key to your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual's response.
143. If no, why not?	Text field	RESIDENTIAL ONLY  If the preceding element is answered, "No," the reviewer will enter the individual's response.
144. Do you open your mail or help with opening your mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual's response.
145. Do you have visitors at your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual's response.
146. Do you like attending this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	DAY/GROUP ONLY  The reviewer will enter the individual's response.
147. Did you get to choose the people you participate in the group with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	DAY/GROUP ONLY  The reviewer will enter the individual's response.
148. Would you like to do something else during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	NOT APPLICABLE FOR RESPITE/CRISIS  The reviewer will enter the individual's response.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
149. Do you like your staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
150. If no, why not?	Text field	ALL SERVICE TYPES  If the preceding element is answered, "No," the reviewer will enter the individual's response.
151. If you want to be alone, what can you do?	Text field	ALL SERVICE TYPES  The reviewer will enter the individual's response.
152. Who chooses what things you get to do?	Text field	ALL SERVICE TYPES  The reviewer will enter the individual's response.
153. If you want to go somewhere, does your provider take you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	EXCLUDE CRISIS, RESPITE, CASE MANAGEMENT  The reviewer will enter the individual's response.
154. Do you have any problems getting to go where you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	EXCLUDE CRISIS, RESPITE, CASE MANAGEMENT  The reviewer will enter the individual's response.
155. If yes, what kinds of problems do you have?	Text field	EXCLUDE CRISIS, RESPITE, CASE MANAGEMENT  The reviewer will enter the individual's response.
156. What if you want to do something but no one else wants to?	Text field	ALL SERVICE TYPES  The reviewer will enter the individual's response.
157. Who do you go out into the community with?	Text field	ALL SERVICE TYPES  The reviewer will enter the individual's response.
158. What do you like to do during the day?	Text field	ALL SERVICE TYPES  The reviewer will enter the individual's response.
159. What do you like to do at in the evening?	Text field	ALL SERVICE TYPES  The reviewer will enter the individual's response.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
160. When you are hungry what do you do?	Text field	ALL SERVICE TYPES  The reviewer will enter the individual's response.
161. Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
162. Do you attend religious services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
163. If no, why not?	Text field	ALL SERVICE TYPES  If the preceding element is answered, "No," the reviewer will enter the individual's response.
164. Are you registered to vote?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> CND	ALL SERVICE TYPES The reviewer will enter the individual's response.  The reviewer will select N/A if the individual is not 18 years of age or older.
165. Did you vote in the last election?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.  The reviewer will select N/A if the individual is not 18 years of age or older.
166. If no, why not?	Text field	ALL SERVICE TYPES  If the preceding element is answered, "No," the reviewer will enter the individual's response.
167. Do you participate in your banking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
168. Do you have a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.  The reviewer will select N/A if the individual does not participate in a job or day program OR if the individual is less than 14 years old.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
169. Do you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
170. Do you feel safe here?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
171. If no, is there a specific reason why?	Text field	ALL SERVICE TYPES  If the preceding element is answered, "No," the reviewer will enter the individual's response.
<b>Case Summary</b>		
172. Is there a concern that needs follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> There is a concern that requires follow up  <b>No:</b> There are no concerns that require follow up
173. Type of Concern	<input type="checkbox"/> Team lead assistance requested <input type="checkbox"/> Clinical review needed <input type="checkbox"/> HSW concern	<b>Team lead assistance requested:</b> the reviewer has a question/concern for the team lead to review and provide guidance for completing an element <b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information <b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing
174. Summary of Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: Needs to be addressed by a team lead <b>or</b> Needs to be referred to DBDHS for follow up
175. Additional Notes	Text field	Reviewer to utilize to document any other notes if additional space needed
176. Team Lead Response	Text field	The team lead will provide response to the concern.
177. Clinical Reviewer Response	Text field	The clinical reviewer will provide response to the concern/request for review
178. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.
179. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials
<b>E. Support Decision Maker</b>		

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
<b>SDM/Family Member Information</b>		
180. Can the SDM or family member participate in the interview process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> The SDM or family member can participate in the interview process.</p> <p><b>No:</b> The SDM OR family member cannot participate in the interview process.</p>
181. If No, document reason	Text field	If the preceding element is answered, “No,” the reviewer will document the reason that the SDM or family member cannot participate in the interview process.
182. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.
183. How was the interview completed?	<input type="checkbox"/> Virtually via webinar <input type="checkbox"/> Telephonically <input type="checkbox"/> In-person	Reviewer will select the method in which the review was completed.
184. Did the SDM/family member decline an onsite in-person interview due to COVID?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> The SDM/family member refused an in-person review.</p> <p><b>No:</b> The SDM/family member did not refuse an in-person review (e.g., the interview was completed in-person).</p>
185. Interview completed with	<input type="checkbox"/> Legal guardian <input type="checkbox"/> Authorized rep <input type="checkbox"/> Family member <input type="checkbox"/> SDM	Reviewer will select all participants interviewed
186. Interviewee contact information	Text field	Reviewer will enter contact information for the interviewee (i.e., name, phone number, email address, etc.)
<b>SDM/Family Member Interview</b>		
187. Did the SC provide the individual with a choice in service providers, including a choice in SC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<p><b>Yes:</b> The SDM and/or family member validated that the individual was provided a choice in service providers.</p> <p><b>No:</b> The SDM and/or family member did not validate that the individual was provided a choice in service providers.</p> <p><b>Not Sure:</b> The SDM and/or family member is not sure or responds that they do not know if it was discussed.</p>
188. Did the SC discuss employment goals and options with the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<b>Yes:</b> The SDM and/or family member validated that the SC discussed employment goals and options.



PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<p><b>No:</b> The SDM and/or family member did not validate that the SC discussed employment goals and options.</p> <p><b>Not Sure:</b> The SDM and/or family member is not sure or responds that they do not know if it was discussed.</p>
189. Did the SC discuss community involvement opportunities with the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<p><b>Yes:</b> The SDM and/or family member validated that the SC discussed community involvement opportunities.</p> <p><b>No:</b> The SDM and/or family member did not validate that the SC discussed community involvement opportunities.</p> <p><b>Not Sure:</b> The SDM and/or family member is not sure or responds that they do not know if it was discussed.</p>
190. Does the individual have any needs or supports that are currently not being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<p><b>Yes:</b> The SDM and/or family member reported that the individual has needs or supports that are not being met.</p> <p><b>No:</b> The SDM and/or family member did not report that the individual has needs or supports that are not being met.</p> <p><b>Not Sure:</b> The SDM and/or family member is not sure or responds that they do not know if it was discussed.</p>
191. If yes, describe	Text field	The reviewer will document any needs or supports that are not being met as reported by the SDM and/or family member.
192. Did you have an opportunity to participate in the ISP development?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<p><b>Yes:</b> The SDM and/or family member reported that he/she had an opportunity to participate in the ISP development.</p> <p><b>No:</b> The SDM and/or family member reported that he/she did not have an opportunity to participate in the ISP development.</p> <p><b>Not Sure:</b> The SDM and/or family member was not sure if he/she had an opportunity to participate in the ISP development.</p>
193. Do you feel the ISP is representative of the person's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The SDM and/or family member reported that he/she felt the ISP is representative of the individual's needs.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
	<input type="checkbox"/> Not Sure	<p><b>No:</b> The SDM and/or family member reported that he/she did not feel the ISP is representative of the individual's needs.</p> <p><b>Not Sure:</b> The SDM and/or family member was not sure if the ISP is representative of the individual's needs.</p>
194. If no, why not?	Text field	The reviewer will document the interviewee's response.
195. Do you have any concerns regarding the current service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> The SDM and/or family member reported that concerns have been reported to the SC and/or support workers.</p> <p><b>No:</b> The SDM and/or family member reported that concerns have not been reported to the SC and/or support workers.</p>
196. If yes, describe	Text field	The reviewer will document the interviewee's response.
<b>Case Summary</b>		
197. Is there a concern that needs follow up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> There is a concern that requires follow up</p> <p><b>No:</b> There are no concerns that require follow up.</p>
198. Type of Concern	<input type="checkbox"/> Team lead assistance requested <input type="checkbox"/> Clinical review needed <input type="checkbox"/> HSW concern	<p><b>Team lead assistance requested:</b> the reviewer has a question/concern for the team lead to review and provide guidance for completing an element</p> <p><b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information</p> <p><b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing</p>
199. Summary of Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: Needs to be addressed by a team lead <b>or</b> Needs to be referred to DBDHS for follow up
200. Additional Notes	Text field	Reviewer to utilize to document any other notes if additional space needed
201. Team Lead Response	Text field	The team lead will provide response to the concern.
202. Clinical Reviewer Response	Text field	The clinical reviewer will provide response to the concern/request for review
203. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.
204. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials