

Documentation Submission Checklist

This checklist identifies the documents **recommended** for submission to ensure a successful Provider Quality Review (PQR) review but is not an exhaustive list. Depending on the setting, some documentation may not be applicable. There may be documents that encompass more than one element; multiple copies of the same document **do not** need to be submitted. QSR reviewers may request additional information from CSBs/providers, as needed during the PQR interview.

Each row below lists a document, policy, or procedure reviewers are evaluating as part of the QSR review. Description of the document, policy, or procedure is in *italics*. Providers may use the file naming guide offered below but are not required to do so.

File Naming Guide:

- Files names cannot contain any of the following special characters: ~ " , # % & * : < > ? / \ { } |
- Files without PHI should be the name of the policy/procedure/document with date if applicable, i.e., *QIPlan_2021.doc*, *RMPlan_2021.doc*, *RMDocumentation_MeetingMinutes.doc*
- Files for employees/staff should be name of staff with suffix of type of document, i.e., *KateORourke_backgroundcheck.doc*, *StaffName_ISPtraining.doc*
- Files for individuals in PCR sample should use initials **only** with suffix of type of document, i.e., *KO_PartV.doc.*, *KO_FallProtocol.doc*
- Files for individuals in the PCR sample that are large or contain many pages of scanned records (i.e., MAR or progress notes) should be separated by month if possible, and file named with date suffix, i.e., *KO_MARJuly2021.doc*

For each document/policy/procedure requested, please upload one copy, and note the name of the file in the second column. Reviewers will use this column to locate the document/policy/procedure for that element. If the document requested may be found in WaMS, providers should note this in the Name of File column. Please also note the date of file upload, and the contact person if reviewer requires assistance locating or opening a document.



Provider Documentation Submission Checklist Round 4

Documentation Submission Checklist

Provider Name: _____

Quality Information (QI) and Risk Management (RM)	Name of File/Location	Date	Responsible Party (designated to upload documents/reports)
Copy of Quality Improvement plan. <i>This document is the active, working plan a provider uses for QI activities.</i>			
Copy of documents related to the CSB's/provider's risk management processes/plan. <i>Providers should upload all documents/policies/procedures used in their risk management activities. A provider's risk management plan may be a part of the QI plan, or it may be a separate document. If risk management is incorporated under QI plan, providers may indicate this in Name of File column.</i>			
Evidence of active QI and RM programs. <i>Documentation of an active plan could include committee minutes, documents noting training or re-training of staff, or other confirmation of working plan.</i>			
Evidence of efforts to implement QSR Quality Improvement Plan (QIP) approved actions. <i>Providers should upload documentation specific to the QIP action items approved at end of Round 3. Documentation should evidence completion of an action item or show progress toward completion if the due date has not passed. Providers should note N/A in Name of File column if they did not have a R3 QIP.</i>			
Home and Community-Based Service (HCBS) Settings	Name of File/Location	Date	Responsible Party
Copy of policies and/or procedures that address HCBS rights.			

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Evidence that HCBS rights are reviewed annually for all the individuals pulled in the sample.			
Copy of policies around dignity of risk, assurance of individual choice, and self-determination. <i>Provider is not required to have separate policies for each of these components, but all components must be addressed.</i>			
Copy of policies for medical and behavioral health emergencies. <i>Providers are not required to have separate policies for medical and behavioral emergencies but both types of emergencies must have documented processes.</i>			
Critical Incident Reporting	Name of File/Location	Date	Responsible Party
Copy of policy and procedure related to reporting of suspected or alleged incidents of abuse, neglect, and/or exploitation.			
Evidence of critical incident reports submitted as required during the review period, including evidence of follow up to incident. <i>Providers should upload any incident reports for individuals pulled in the sample that were entered into CHRIS system during the lookback period, including documentation of follow up to incidents as appropriate.</i>			
Employee Records	Name of File/Location	Date	Responsible Party
Copy of hiring policies and procedures.			
Evidence of background checks for requested staff.			
Evidence of orientation training for requested staff.			
Copy of provider’s policy for determining staff competency. <i>Providers should upload a copy of their written process for determining staff competence if they do not have formal policy.</i>			

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Evidence of competency-based training for requested staff.			
Evidence of advanced competency training for requested employees who provide support to Tier 4 individuals.			
<p>This checklist identifies the documents recommended for submission to ensure a successful Person-Centered Reviews (PCR) desk review but is not an exhaustive list. The CSB/provider should consider submission of additional documentation, as applicable, to inform review of the elements in the QSR tools. Depending on the setting/CSB/provider, some documentation may not be applicable. There may be documents that encompass more than one element; multiple copies of the same document do not need to be submitted. QSR reviewers may request additional information from providers, as needed during the PCR interview and observation.</p>			
<p>Provider/CSB/BHA Record Individual Information: Documentation must be provided from the period of July 1, 2021-April 30, 2022 unless otherwise specified in the checklist or by the QSR reviewer.</p> <p>Documentation must be provided for each individual identified in the CSB’s/provider’s sample. <i>Providers are not required to list file names for all PCR individuals if using naming guidelines above; the file template name used can be noted in Name of File column.</i></p>			
Individual Records	Name of file/Location	Date	Responsible Party (designated to upload documents/reports)
Copy of Quarterly reports submitted during lookback period (7/1/21-4/30/22).			
Copy of Part V plan for supports.			
Evidence of DBHDS-mandated Direct Support Personnel (DSP) competency training.			
Evidence of provider-specific DSP training related to the outcomes and support activities of the individual’s ISP. <i>May include training related to adaptive equipment, or medical or behavioral protocols.</i>			
Evidence of staffing plan to meet any staffing levels identified in the Individual Support Plan (ISP).			

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Copy of case note documentation related to the individual.			
Copy of Behavior Support Plan, if applicable.			
Copy of Physical support plans, if applicable. <i>Providers should upload plans/protocols specific to physical/medical supports. This is including but not limited to OT/PT/ST plans/protocols.</i>			
Copy of protocols/procedures created for the individual related to any high-risk health factor(s), i.e.: falls, swallowing, seizures.			
Evidence of any required adaptive equipment that is not currently in place is on order or in process of repair. <i>Providers need only upload documentation if there is equipment being repaired or on order for an individual included in the PCR sample.</i>			
Copy of Medication Administration Records (MAR). <i>Providers should upload MARs for the individual, for the lookback period, including documentation of review of medications and their side effects with the individual.</i>			