PQR Tool Element	Allowable Value(s)	Evaluation Criteria
GENERAL INFORMATION TAB		
1. How was the review completed?	☐ Virtually via webinar ☐ Telephonically ☐ In-person	Reviewer will select how the review was conducted.
2. Did the provider decline an onsite in-person review due to COVID?	☐ Yes ☐ No	Reviewer will document whether the provider declined an onsite in-person review due to COVID.
3. Date of interview	Date field	Reviewer will document the date of interview with provider.
4. Interview completed with	☐ Front-line supervisor ☐ Manager / Leadership ☐ QI Staff	Reviewer will select the staff member(s) interviewed
5. Name(s) of interviewee(s)	Text field	Reviewer will enter the names of the staff members interviewed
6. Date(s) of documentation review	Text field	Reviewer will enter the date(s) of provider documentation review.
QI/RM TAB		
7. Does the agency have someone designated as responsible for risk management functions?	☐ Yes ☐ No	A "**Yes**" rating is indicated when someone is designated, and documentation indicates that they have completed department approved training A "**No**" rating is indicated when they do not have someone designated or they have not completed Department approved training.

8. Does the agency have a Risk Management Plan?	☐ Yes ☐ No	A "**Yes**" rating is indicated when review of RM plan indicates that:
		• The provider shall implement a written plan to **identify, monitor, reduce and minimize** harms and risk of harm, including:
		  ○ Personal injury
		  ○ Infectious disease
		  ○ Property damage or loss, and
		  ○ Other sources of potential liability
		
		It may be a stand-alone document or integrated into the quality improvement plan.
		
		A "**No**" rating is indicated when the provider does not have a risk management plan, OR if provider's Risk Management Plan does not address or is missing any of the criteria above.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria

9. Is there documentation of a systemic review conducted annually of the RM plan AND a quarterly review of serious incidents?	☐ Yes
	☐ No
		A "**Yes**" rating is indicated when review of the RM plan indicates that:
		• systemic risk assessment reviews **at least annually** to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services.
		
		• The risk assessment review shall address at least the following:
		
		  1. The environment of care;
		
		  2. Clinical assessment or reassessment processes;
		
		  3. Staff competence and adequacy of staffing;
		
		  4. Use of high-risk procedures, including seclusion and restraint; and
		
		  5. A review of serious incidents.
		
		• Quarterly Review of serious incidents.
		
		A "**No**" rating is indicated when the provider's Risk Management Plan does not address or is missing any of the criteria above.

10. Is the plan thorough	☐ Yes ☐ No	A "**Yes**" rating is indicated when the **annual** review of RM plan includes: • systemic risk assessment review process shall incorporate uniform risk triggers and thresholds as defined by the Department; • that a safety inspection has been performed at least annually of each service location owned, rented, or leased by the provider. Recommendations for safety improvement shall be documented and implemented by the provider. • serious injuries to employees, contractors, students, volunteers, and visitors that occur during the provision of a service or on the provider's property. Documentation shall be kept on file for three years. The provider shall evaluate serious injuries at least annually. Recommendations for improvement shall be documented and implemented by the provider. A "**No**" rating is indicated when the provider's Risk Management Plan is missing any of the criteria above.
11. The provider implements risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm.	☐ Yes ☐ No	A "**Yes**" rating is indicated when review of policies and procedures validated that the provider has risk management processes that include uniform risk triggers and thresholds that enable the provider to address harms and risks, or harm and individual file documentation validated application of the risk triggers and thresholds, this includes a system or process for tracking risk triggers and thresholds (care concerns) as they occur. And if the provider has incidents that have met the threshold for a care concern, they are able to document actions they have taken to review the incidents and mitigate risks of future harm.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
		A **"No"** rating is indicated when the policies and procedures did not validate that the provider has risk management processes that include uniform risk triggers and thresholds that enable the provider to address harms and risks of harm OR that individual file documentation did not validate application of the risk triggers and thresholds.
12. Describe any findings of No/opportunities for improvement related to the Risk Management Plan.	Text Field	
13. Does the agency have a QI Program Policy/Procedure?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a QI program policy/procedure that defines how to: 1. Explains when to use various quality improvement tools and processes. 2. Establish measurable goals and objectives; 3. Update the provider's quality improvement plan; and 4. Submit revised corrective action plans to the department for approval or continue implementing the corrective action plan and put into place additional measures to prevent the recurrence of the cited violation and address identified systemic deficiencies when reviews determine that a corrective action was fully implemented but did not prevent the recurrence of the cited regulatory violation or correct a systemic deficiency pursuant to 12VAC35-105-170**.** 5. Providers track community inclusion for individuals receiving services A "**No**" rating is indicated when provider does not have a QI policy and procedure, OR the provider's QI program policy and procedure is missing any of the above criteria.
14. Does the agency have a QI plan?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a QI plan. A "**No**" rating is indicated when the provider does not have a QI plan.
15. Is the plan thorough?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a QI plan that meets the following criteria: • Be reviewed and updated at least annually, when the provider is issued a licensing citation or CAP, or there is a change in systems or programs; • Define measurable goals and objectives; • Include and report on statewide performance measures, as required by DBHDS; • Monitor implementation and effectiveness of approved corrective action plans pursuant to 12VAC35-105-170; • Include ongoing monitoring and evaluation of progress toward meeting established goals and objects. • Details how the provider plans to and is addressing any findings born out of the execution of the portion of the QI Program

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
		Policy and Procedure related to provider tracking of community inclusion for individuals receiving services A "**No**" rating is indicated when any of the above criteria are not included in providers QI plan.
16. Is the plan complete?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a QI plan that includes the following elements: • Design and scope • Governance and leadership • Feedback/data systems and monitoring • Performance improvement projects • Systemic analysis • Systemic actions. • Input from individuals receiving services and their authorized representatives, if applicable, about services used and satisfaction level of participation in the direction of service planning. Reviewer should score "**No**" if any of the above criteria are note present in the plan.
17. The quality improvement plan is reviewed annually.	☐ Yes ☐ No ☐ N/A	A "**Yes**" rating is indicated when review of documentation validated that the quality improvement plan is reviewed annually and by the person designated in the quality improvement policies and procedures. A "**No**" rating is indicated when review of documentation did not validate that the quality improvement plan is reviewed annually. A "**N/A**" rating is indicated if the plan has been in place less than 1 year.
18. Providers have active risk management and quality improvement programs.	☐ Yes ☐ No	A "**Yes**" rating is indicated when review of documentation validated that the provider maintains an active quality improvement and risk management program either as separate plans or combined into one program that addresses both Quality and Risk A "**No**" rating is indicated when review of documentation did not validate that the provider maintains an active quality improvement and risk management program.
19. Describe any findings of No/opportunities for improvement related to the provider Quality Improvement Plan or QSR QIP.	Text Field	
20. Does the agency have policies and procedures that address HCBS rights?	☐ Yes ☐ No ☐ N/A	A "**Yes**" rating is indicated when the provider has a policy and procedure that addresses HCBS rights. A "**No**" provider documentation does not confirm provider has a policy and procedure that addresses HCBS rights. A "**N/A**" rating is indicated when provider service type under review are Case Management, In-home support (In-home residential), or Independent Living Supports.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
21. Are those policies and procedures reviewed with the individuals being served?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider demonstrates documentation that the HCBS policy and procedures are reviewed with the individuals being served. A "**No**" rating is indicated when any of the individual files do not include evidence HCBS policies were reviewed with the individual or provider policy does not indicate HCBS regulations are reviewed with individuals served.
22. Does the agency have policies around assurance of individual choice and self-determination?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a policy and procedure that demonstrates assurance of individual choice and self-determination. A "**No**" provider documentation does not confirm provider has a policy and procedure that provides assurance of individual choice and self-determination.
23. Does the agency have policies around dignity of risk? DBHDS Regulation: 12VAC35-115-50. Dignity. https://dsporientation.partnership.vcu.edu/section-i/the-value-of-dignity-of-risk/	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a policy and procedure that addresses dignity of risk. A "**No**" provider documentation does not confirm provider has a policy and procedure that addresses dignity of risk.
24. Does the agency have policies around medical and behavioral health emergencies?	☐ Yes ☐ No	A "**Yes**" rating is indicated when the provider has a policy and procedure that addresses medical AND behavioral health emergencies. A "**No**" provider documentation does not confirm provider has a policy and procedure that addresses medical and behavioral health emergencies.
25. Does the agency have policies that support individuals' participation in financial management and decision making?	☐ Yes ☐ No ☐ N/A	A "**Yes**" rating is indicated when the residential provider has a policy, procedure or processes that support individua participation in financial management and decision making. A "**No**" rating is indicated when the residential provider does not have a policy, procedure or processes that support individual participation in financial management and decision making. A "**N/A**" rating is indicated for PQR only OR providers who have not been selected for review of a residential service.
26. Does the agency have documentation of a signed lease, residency agreement or other written agreement in place that provides language referencing individual protections from eviction for all persons served.	☐ Yes ☐ No ☐ N/A	A "**Yes**" rating is indicated when the provider demonstrates documentation that a signed lease is on file for all individuals reviewed which includes minimum information such as address, lease term date, amount of rent due and rent due dates, and language or citation to the VRLTA regarding protection against eviction. A "**No**" rating is indicated when the residential provider does not have a lease or residency agreement, or minimum information is missing from the lease.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
		A "**N/A**" rating is indicated for **PQR only providers** OR *providers who have not been selected for review of a residential service*.
CI & QIPTAB		
27. How many incident reports does the provider have for the review period?	Text field	Reviewer will insert how many incidents reports the provider has for the lookback period. This information is provided by DBHDS in the CHRIS report file for the lookback period.
28. How many people did the provider serve during the review period?	Text field	Reviewer will have provider report number of people served during the lookback period.
29. Reviewer confirms CHRIS incident report spreadsheet is free from patterns of abuse, neglect, or exploitation.	☐ Yes ☐ No	A "**Yes**" rating is indicated if review of CHRIS incident report spreadsheet results in no patterns of abuse, neglect, or exploitation identified. A "**No**" rating is indicated if review of CHRIS incident report spreadsheet results in patterns of abuse, neglect, or exploitation identified.
30. Has the provider made progress on actions identified in the QSR QIP?	☐ Yes ☐ No ☐ N/A	A "**Yes**" rating is indicated if the provider is actively working on actions identified in the QSR QIP. A "**No**" rating is indicated If the provider did not submit a QSR QIP as required, OR provider is not actively working on actions identified in the approved QSR QIP. **A "N/A"** rating is indicated if the provider is new and has not participated in previous rounds, OR provider did not have QSR QIP from previous round.
EMPLOYEE RECORDS TAB		
31. Does the agency have a hiring policy and procedure?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider has a hiring policy and procedure. A "**No**" rating is indicated if the provider does not have a hiring policy and procedure.
32. Does the policy include requirements around background checks?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the providers hiring policy and procedure includes requirements for a background check. A "**No**" rating is indicated if the providers hiring policy and procedure does not include requirements for a background check.
33. Does the agency have an orientation training policy for all staff at all levels?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider has an orientation training policy and procedure for all staff at all levels. A "**No**" rating is indicated if the provider does not have an orientation training policy and procedure for all staff at all levels.
34. Does the agency have a written process for determining staff competence?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider has a written process for determining staff competence. A "**No**" rating is indicated if the provider does not have a written process for determining staff competence.
35. Number of employee records reviewed	Drop Down	Reviewer will use drop down menu to select number of employee records reviewed (0-5).
36. How many employee records had proof of background checks?	Drop Down	Reviewer will use drop down menu to select number of employee records with proof of background checks.
37. List staff without evidence of background checks	Text field	Reviewer will list names of staff without evidence of background checks.

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
38. How many employee records had documentation of provider-based orientation training?	Drop Down	Reviewer will use drop down menu to select number of employee records with evidence of provider-based orientation training (0-5).
39. List staff without evidence of orientation training	Text field	List staff without evidence of orientation training.
40. How many employee records have proof of competency-based training?	Drop Down	Reviewer will use drop down menu to select number of employee records with evidence of competency-based training (0-5).
41. List staff without evidence of competency-based training	Text field	List staff without evidence of competency-based training.
42. Number of employees reviewed who serve anyone in SIS tier 4?	Drop Down	Reviewer will use drop down menu to select number of employee records reviewed who support SIS Tier 4 individuals (0-5). List zero if no individuals in the sample or none of the individuals receiving service from the provider require level of supports (SIS tier 4).
43. How many employees serving someone in tier 4 have documentation of advanced competency training?	Drop Down	Reviewer will use drop down menu to select number of employee records reviewed with appropriate documentation of advanced competency training to provide SIS Tier 4 supports as required. Indicate how many employees reviewed who serve anyone who requires SIS tier 4 level of support who have documentation of completion of advanced competency training.
44. List staff without evidence of advanced competency training	Text field	List employees who support an individual with a SIS tier 4 who did not have evidence of advanced competency training.
45. Does provider documentation show that the setting has implemented annual HCBS-specific training with all staff?	☐ Yes ☐ No ☐ N/A	A "**Yes**" rating is indicated when the provider documentation demonstrates that staff have completed HCBS training within the last year AND that training materials demonstrate all HCBS requirements. A "**No**" rating is indicated when provider documentation does not evidence that staff have completed HCBS training within the last year OR training materials do not incorporate all requirements. A "**N/A**" rating is indicated for PQR only providers
46. Describe any findings of No/opportunities for improvement related to Employee records.		
ROLLUP & INTERVIEW TAB		
47. Does the provider promote individual participation in what the individual considers to be meaningful work activities?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to promote participation in meaningful work activities as determined by the individual. A "**No**" rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to promote participation in meaningful work activities as determined by the individual.
48. Does the provider promote individual participation in non-large group activities?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to promote participation in non-large group activities as determined by the individual. A "**No**" rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
		promote participation in non-large group activities as determined by the individual.
49. Does the provider encourage individual participation in community outings with people other than those with whom they live?	☐ Yes ☐ No	A "**Yes**" rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to encourage participation in community outings with people other than those with home, they live including community members. A "**No**" rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to encourage participation in community outings with people other than those with home, they live.
50. Please explain individuals' rights in the program.	Text field	Record interview answer
51. Please explain the agency's process for addressing what to do when someone is having a medical emergency.	Text field	Record interview answer
52. Please explain the agency's process for individuals' needs when an individual is having a behavioral or psychiatric crisis.	Text field	Record interview answer
53. When you identify concerns with the process, how do you report those?	Text field	Record interview answer
54. How are they addressed?	Text field	Record interview answer
55. Please explain the onboarding process for new employees.	Text field	Record interview answer
56. How do you communicate your QI plan to all levels of staff?	Text field	Record interview answer
57. Describe any leadership responses that were inconsistent with staff responses and observation.	Text field	Record interview answer
58. Describe any findings of No/opportunities for improvement related to Rollup & Interview.	Text Field	
Case Summary		
59. Is there a concern that needs follow-up?	☐ Yes ☐ No	**Yes**: There is a concern that requires follow-up. **No**: There are no concerns that require follow up.
60. Type of Concern	☐ Clinical review needed ☐ HSW concern ☐ Provider Capacity & Competency HSW concern	**Clinical review needed**: the reviewer has identified the need for assistance in reviewing clinical information **HSW concern**: the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing **Provider Capacity & Competency HSW Concern**: the reviewer scored deficient any element identified as requiring a PC&C HSW Alert
61. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: • Need to be addressed by a clinical lead • Need to be referred to DBDHS for follow up

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
62. Summary of HSW/Provider Capacity and Competency Concerns	Text field	
63. HSW Lead Response	Text field	The HSW Lead will provide a response to the concern/request for review
64. Clinical Reviewer Response	Text field	The clinical reviewer will provide response to the concern/request for review
65. 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.
66. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials.