



**Virginia Department of Behavioral Health and
Developmental Services
Quality Service Reviews (QSRs)
Round 6 (R6) CSB Resource Guide**

This document is intended to outline expectations for participation in Round 6 of the QSR, assist CSBs with the successful completion of the QSR by providing responses to commonly asked questions, and serve as a checklist to use when preparing for and participating in the Virginia QSR. Please note, that the checklist below is distinct from the document submission checklist (*R6 CSB Documentation Submission Checklist*) which lists what documents are required for R6 of the QSR. This document is for your CSB’s optional use, while the *R6 CSB Documentation Submission Checklist* **must** be completed and submitted as part of your review package.

DBHDS has developed a repository for CSBs to upload non-PHI (Protected Health Information) documents that may be required for multiple review agencies, and HSAG is happy to collaborate with the Multi-Agency Review Team (MART) on this valuable tool. The MART repository is intended to be an additional tool for CSBs to reduce the administrative burden of duplicative document submission but **does not** replace the need for CSBs to organize their QSR review materials using the HSAG developed checklist. Accurate and thorough completion of this checklist contributes to the reliability and validity of QSR data for your CSB, regionally, and statewide.

Below you will find deadlines for R6, a high-level progression of the QSR review including key tasks for R6 with space to note the date of completion, and responses to the most asked questions received from CSBs about the QSR process. The lookback period for Round 6 is **July 1, 2023, through January 31, 2024**. New for Round 6: If the individual’s ISP ends during the lookback, documents for both the old ISP and the new ISP must be provided. (*For example, if the individual’s ISP is effective 9/1/2023, the Part V for the 9/2022 ISP AND the Part V for the 9/2023 must be available for review.*)

Please review this document and communicate questions to your assigned reviewer as soon as possible—R6 of the QSR requires adherence to the timelines below to ensure timely completion. **Communication is key!**

Deadlines:

QSR Activity/Task	Date
Launch	April 22, 2024
Alternates/exclusions deadline	May 8, 2024
CSBs enter SC contact information in the SC sample	May 8 - 14, 2024
Provider and CSB samples finalized by HSAG	May 14, 2024
Documentation Submission deadline to MART/SAFE* and/or WaMS	May 24, 2024
CSB Documentation Submission Checklist(s) Uploaded to SAFE	May 24, 2024
Observation Period	June 1- July 8, 2024
Deadline date for completion of Support Coordinator (SC) interviews	July 19, 2024
Deadline date for completion of Provider Quality Review (PQR) interviews	July 26, 2024

*SAFE: Secure Access File Exchange

QSR Key Steps (and Deadlines)

1. Kickoff and CSB Launch:
 - Launch email sent to all CSBs indicates if your CSB has been selected for review of waiver services in R6 or if your CSB is required to participate in Person-Center Review (PCR) only. Please see below



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for responses to commonly asked questions or reach out to your assigned reviewer/HSAG admin with questions about PQR vs. PCR-only reviews.

- Launch meeting with CSB and assigned reviewer/HSAG admin to occur *within ten business days of launch (May 3, 2024)* where CSB confirms preferences for document upload, confirms preferences for scheduling SC interviews and confirms SC contact info will be added to sample by *May 8, 2024*.
 - CSB identifies exclusions in the provider sample and adds names of three (3) FTE Direct Support Personnel (DSP) for each individual by *May 8, 2024*
 - CSB reviews provider sample alternates for possible exclusions and confirms all PCR documents for alternates will be uploaded by the documentation submission deadline
 - CSB identifies individuals in the SC sample who no longer receive support coordination through your CSB by *May 8, 2024*
 - CSBs SC sample is updated by HSAG with all alternates by *May 14, 2024*
 - If using an Electronic Health Record (EHR) for accessing and review of PCR documents, establish timeframes for reviewer access and scheduling of training needed to navigate the EHR system, through the HSAG administrator by *May 8, 2024*.
 - CSBs will confirm POC for the reviewer and/or admin to request supplemental PCR documents.
2. Document Submission and/or EHR access
- If your CSB is providing access to EHR for review of PCR documents, the CSB must provide an EHR crosswalk and conduct virtual training, prior to initiation of EHR access.
 - Evidence for QSR may be submitted via the MART repository (non-PHI documents only), via EHR access, and/or SAFE.
 - Documents uploaded to the HSAG SharePoint will not be reviewed and will be deleted.
 - If your CSB is uploading PCR documents to SAFE, please upload all requested documents, including completed checklist(s) no later than *May 24, 2024*.
 - Any evidence needed for QSR review noted on the CSB Documentation Submission Checklist as located in WaMS **must** be present in the individual's WaMS record no later than *May 24, 2024*, for individuals in sample AND alternates.
 - Completed *R6 CSB Documentation Submission Checklist(s)* must be uploaded to SAFE by *May 24, 2024*.
 - Reviewers will not assess **any** CSB documentation without a completed *R6 CSB Documentation Submission Checklist(s)*.
 - The QSR reviewer/HSAG admin will identify and communicate any missing documents with the expectation that all docs will be received prior to the SC interview where PCR documents may be discussed or reviewed.
 - Please work closely with the assigned reviewer and HSAG admins to ensure all relevant documents required for QSR review are explicated on completed documentation checklist(s), EHR crosswalks, and/or through communication with the assigned reviewer/HSAG admin.
 - Please ask questions about requested documents or evidence needed *before* the document submission deadline!
 - **Communication is key!**
3. Observations *June 1, 2024, through July 8, 2024*
- CSBs selected for review of waiver services require observation of services under review
 - CSBs not selected for review of a waiver service do not require observation of waiver service
4. Support Coordinator Interviews
- All CSBs are required to facilitate interview(s) of the SCs assigned to individuals sampled for waiver services.



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- All CSBs may choose to coordinate and schedule support coordinator interviews or allow assigned QSR reviewers to schedule interviews independently
 - Deadline date for completion of SC interviews *July 19, 2024*
5. PQR interview
- CSBs not selected for review of a waiver service in R6 will not have a PQR interview. Please see the instructions above regarding follow-up for missing PCR documents prior to the issuance of the CSB QSR report.
 - CSBs selected for review of a waiver service will have a PQR interview before the CSB QSR report is issued.
 - All PQR interviews must be completed by *July 26, 2024*
 - HSAG staff will review the documentation checklist completed by CSB to confirm all necessary evidence has been uploaded to MART and/or SAFE for reviewer assessment. Reviewers may request additional documentation specific to the PQR at the time of the PQR interview to inform accurate scoring, however any supplemental documents requested during the PQR interview must be submitted by the CSB within 24 hrs. of PQR interview for reviewer assessment and final scoring before CSB report is issued.
 - PQR interview scheduled for _____
6. Report and QSR Quality Improvement Plan (QIP) response
- The report issued to each CSB will identify if a QIP response is required for deficient finding(s)
 - QIP response from CSBs due within 15 business days of receipt of R6 QSR report
 - Technical assistance is available to assist with understanding CSB reports and/or findings, development of appropriate remediations, or support with appropriate systemic interventions to address findings.
 - Any questions or concerns regarding the R6 QSR report should be directed to your assigned QSR reviewer with cc to VAQSR@hsag.com.

Below are responses to common questions specific to each step of QSR.



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Kickoff and CSB Launch	
Is there anything new we need to know that is different from previous rounds?	<p>The QSR scope can change from round to round, and HSAG adjusts processes to accommodate for new deadlines or other DBHDS deliverables. The scope of the PQR for R6 has changed markedly, and the PCR now requires any individual with two (2) ISPs relevant to the lookback period will require submission of documents related to the development of both ISPs.</p> <p>We strongly encourage CSBs to review the available PCR and PQR evaluation criteria, and CSB Documentation Submission Checklist and contact your reviewer as soon as possible with questions to ensure a smooth and timely review.</p>
We entered primary and secondary points of contact into MART but other staff are responsible for different requests from HSAG. How do I communicate that information?	Regardless of whether your CSB is using MART for document submission, HSAG strongly encourages the primary point of contact for your CSB to meet with the HSAG assigned reviewer/admin during the first week of launch to identify key players and establish lines of communication.
In previous rounds, there were two separate checklists for documents that were required—one for PQR and the other for support coordinator documents. Is there only one checklist for R6?	<p>Yes. HSAG consolidated the two checklists to assist CSBs with the organization and tracking of QSR requirements. The checklist has been organized by documents needed for PCR support coordination review, PCR waiver service review, and PQR documents. CSBs should use the document checklist as a guide for all evidence required for successful QSR.</p> <p>CSBs may be selected to participate in a PQR that includes a review of quality improvement and risk management documents and PCR(s) for individuals who receive waiver services provided by the CSB that include individual records specific to a waiver service.</p> <p>Alternatively, CSBs may be selected to participate in PCR-<u>only</u>, where only documents related to support coordination activities provided for individuals receiving services during lookback are required to be submitted.</p> <p>Please contact your assigned reviewer or HSAG admin for assistance with the completion of your <i>R6 CSB Documentation Submission Checklist</i> to ensure all needed documents are submitted.</p>
Where can I find the sample list of individuals you are requesting documents for?	The list is on the HSAG SharePoint site. Please select the Provider Samples tab on the left of the SharePoint site screen. Then select the folder titled Round 6. In the



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	R6 folder, there will be one or two Excel documents in the Sample folder. If your CSB has been selected for review of a waiver service, you will have two sample files: one for individuals sampled for review of a waiver service and a second for the CSB SC sample.
Our email states need to meet as soon as possible with our assigned reviewer/HSAG administrator to review our sample. Is this required?	A successful QSR can be facilitated by open and frequent communication, which is best established with a kickoff meeting to launch the next round of the QSR. This meeting will provide your CSB the opportunity to review samples uploaded to SharePoint with your assigned reviewer, ask questions about exclusion criteria, and troubleshoot concerns about meeting requested timelines.
We have our sample and the list of individuals includes people who have been discharged from our program but received services during July 1, 2023, through January 31, 2024. Is that individual still included?	Individuals may be excluded from QSR for one of a variety of reasons. Identification of individuals who do not meet the criteria for inclusion in QSR is crucial to ensure a successful QSR review, and providers/CSBs should work closely with the assigned QSR reviewer to identify individuals who may be excluded as soon as possible after receipt of the sample for R6 and no later than May 8, 2024 .
We looked at our initial audit sample only to access SharePoint later and found that additional individuals had been added. There was no notification that additional individuals would be assigned. We are not checking HSAG SharePoint daily.	Licensed provider and/or CSB samples will be updated by HSAG when individuals are excluded and alternates are assigned. Alternates/replacement cases are selected by HSAG to ensure representation via the required sampling methodology and are added to relevant CSB samples when assigned. Licensed providers/CSBs are required to communicate the need for alternates to HSAG by May 8, 2024 . CSBs will be informed via email no later than May 14, 2024 , that the SC sample has been updated with alternates and finalized. DBHDS also recommends that all CSBs check the HSAG SharePoint site regularly.
Document Submission and/or EHR Access	
Where do I need to upload documents?	New for R6 is the availability of DBHDS MART Repository for submission of <i>non-PHI documents</i> . CSBs may opt into usage of MART for PQR documents, or upload to SAFE. For documents that contain PHI or PII (Personal Identifiable Information), including those of employees/staff, CSBs have the option of granting QSR reviewers' access to the EHR system and/or uploading to SAFE. HSAG has ceased using HSAG SharePoint for document uploads and utilizes SAFE for all document uploads. Although the

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	CSB samples are located in the HSAG SharePoint, any documents uploaded to HSAG SharePoint will be deleted and CSB will be required to upload into SAFE. Please email VAQSR@hsag.com for assistance with access to SAFE.
Our CSB is using MART and has completed the Master Document List (MDL) for the location of PHI documents. Do we need to complete the checklist for HSAG?	Yes. The MART repository is a tool DBHDS has developed to reduce the administrative burden for CSBs that choose to utilize it, however, the QSR requires a fully completed checklist to ensure the reviewer is able to locate and review all necessary documents. A successful QSR review is reliant upon the CSB’s ability to submit an organized review package for reviewer assessment. HSAG is not able to complete a valid and reliable assessment of CSB documentation without completed checklist(s), regardless of whether your CSB is utilizing the MART repository and the MART MDL.
What documents do I need to upload?	<p>All documents required for successful completion of QSR are listed on the documentation checklist for CSBs, “<i>Round 6 CSB Doc Submission Checklist</i>”, linked below. Documents required for upload are specific to the identified lookback period of July 1, 2023, through January 31, 2024.</p> <div style="text-align: center;">  <p>Round 6 CSB Documentation Sub</p> </div> <p>CSBs must upload all requested documents AND a completed checklist(s) for the reviewer by the documentation deadline. Reviewers will use the provider/CSB completed checklist(s) as the guide for locating all evidence required for QSR compliance scoring. These checklists are also available on the HSAG SharePoint site in Provider Resources, or DBHDS QSR site. Specific questions about documents should be directed to your QSR Reviewer.</p>
How do I upload documents to HSAG SAFE?	<p>An instructional video for how to upload documents to HSAG SAFE is available on the HSAG SharePoint site in the Provider Resources folder, in a link named, “HSAG SAFE.” Below is the HSAG Safe User Guide.</p> <div style="text-align: center;">  <p>HSAG Safe User Guide.pdf</p> </div>



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	<p>If you have followed the instructions and are having issues uploading, please contact the VAQSR@hsag.com email for assistance.</p>
<p>Will you share the form/checklist you are using to evaluate the quality of services? Will you share the tool you are using to evaluate PQR and PCR?</p>	<p>The PQR and PCR tools have been available on the HSAG QSR SharePoint site in the Provider Resources folder for each round of the QSR. HSAG strongly encourages providers/CSBs to review compliance elements and relevant scoring criteria to increase understanding of DBHDS expectations and best practices.</p> <div style="display: flex; justify-content: center; gap: 20px;"> <div style="text-align: center;">  Round 6 PCR Evaluation Criteria N </div> <div style="text-align: center;">  Round 6 PQR Evalutaion Criteria N </div> </div>
<p>How will we know which employee records to upload?</p>	<p>Only CSBs selected for review of a waiver service are required to upload employee records. Employee records must be submitted for all staff observed/interviewed for a waiver service and will be randomly chosen by your assigned reviewer per DBHDS guidance from staff added to your provider sample. CSBs selected for review of a waiver service must add the names of <i>up to three (3) FTE DSPs for each individual</i> in the provider sample as soon as possible after identification of exclusions. Reviewers will identify staff selected for observation from the waiver service sample after CSB's addition of staff names for each individual (no later than April 18, 2024) for upload by April 28, 2024, deadline. <u>Staff identified for observation are the employees whose records should be uploaded for review by the documentation deadline.</u> If your CSB has time constraints specific to obtaining staff records, please communicate with your assigned reviewer after adding names of staff to expedite the identification of staff for observation and allow ample time to obtain needed employee records.</p>
<p>What documents will HSAG review onsite?</p>	<p>Due to requirements of the DOJ Independent Reviewer, HSAG is not able to accommodate virtual or in-person assessment of documents. All documents used to score compliance with QSR elements must be submitted to MART, SAFE, or via EHR. If your CSB is using MART for the upload of PQR documents, please review the Master Document List for any documents containing PHI needed for the QSR, ensure</p>



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	they are submitted via SAFE or through your CSBs EHR, and note the location on your completed <i>R6 Documentation Submission Checklist</i> . If the QSR reviewer determines while onsite that additional documentation is necessary to complete scoring (for example if staff selected by HSAG for observation is not present on the day of observation, additional records for the DSP observed will need to be added post-observation), CSB will be notified by the reviewer of evidence required for supplemental upload to SAFE and/or MART.
We are a CSB using MART for PQR docs and EHR access for support coordinator docs. Our CSB will not need access to SAFE, correct?	MART repository cannot hold PHI or PII, which likely will be found in many PQR documents that detail tracking of performance data and/or employee records. These documents should be uploaded to SAFE. Final CSB reports, resources, and QIP template, if applicable are also uploaded by HSAG into SAFE.
Our administrative staff is overwhelmed and will not be able to upload the volume of records required in that short a timeframe.	Timeframes for completion and the volume of individuals selected for the QSR are determined by DBHDS.
Why doesn't HSAG give CSBs an opportunity to submit documents we may have missed? We are getting 'dinged' when we have the document available if the reviewer has just asked us.	<p>Due to the timelines established by DBHDS to meet DOJ Settlement Agreement requirements, QSR reviewers have very limited time post-PQR interview to assess supplemental documents. A successful QSR is reliant on a CSB's ability to provide a complete review package with all relevant evidence by the document deadline for reviewer assessment.</p> <p>Additionally, a reliable and valid assessment is built using standardized processes for all CSBs, including but not limited to adherence to DBHDS timelines. This is particularly important for PCR documents, as QSR reviewers must assess the full medical record pertinent to lookback for accurate compliance scoring. Lastly, some QSR compliance elements assess if a document is present in a specific location <u>at the time of review</u>, hence supplemental submission of documentation would not remedy the deficiency.</p> <p>HSAG strongly encourages CSBs to utilize the <i>R6 Provider Doc Submission Checklist</i> as a guide for what evidence is needed for QSR R6 and review completed checklist(s) with your assigned reviewer to ensure all documents are submitted by the document deadline and not omitted from provider upload, and/or facilitate reviewer location of needed evidence in an EHR</p>



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	system. HSAG encourages CSBs to review the <i>R6 CSB Doc Submission Checklist</i> and request clarification about what evidence to upload PRIOR to submission of documents and completion of the checklist. CSBs will be provided 24 hours post-PQR interview to submit any supplemental PQR documents the reviewer has requested to confirm scoring. PCR documents will not be reviewed during the PQR interview and no supplemental PCR documents submitted post-PQR interview will be evaluated.
Who do we contact to set up a virtual review of how to navigate our EHR system?	While HSAG is happy to coordinate a virtual review of the CSB EHR system with all reviewers who will need access to your system, we require CSBs to provide an EHR crosswalk for participants to use <i>during the virtual review</i> , whenever possible. Please email VAQSR@hsag.com or notify HSAG of your request to conduct a virtual EHR review.
Support coordinator documents for our CSB may be found in WaMS or EHR depending on the individual's support coordinator. How should we complete the CSB documentation checklist?	<i>R6 CSB Doc Submission Checklist</i> is the guide for CSBs to identify what documents/evidence are necessary for successful QSR review and provides a clear roadmap for the reviewer to locate all documents pertinent to the individual. If a particular document requested <i>does not have a standardized location for all individuals sampled</i> , CSB should complete a <u>separate checklist for each individual</u> noting the location of the document to prevent deficient findings due to the inability to locate the evidence requested.
If an individual's ISP effective date is during the lookback period, should we upload ISP development documents and evidence for the most recent ISP or the one that ends during the lookback period?	Individuals selected for PCR whose ISP effective date is during the lookback must include documents pertinent to the development of both ISPs. CSBs are strongly encouraged to review your SC sample and determine what individuals may have ISPs with an effective date during the lookback to ensure all appropriate documentation is provided. CSBs are not required to upload multiple copies of the same document; <i>for example, if an individual's ISP effective date requires submission of documents for two ISPs, but the same SIS was utilized in the development of both ISPs, only one (1) copy of the SIS is required.</i>
Please clarify the expectation to provide documents if they are available through other sources such as WaMS.	If the requested document is found in WaMS, CSB may indicate this on the <i>R6 CSB Doc Submission Checklist</i> in the relevant row for that document. HSAG will access WaMS for any documentation noted on the CSB documentation checklist to be available in WaMS. Please complete the column for Name of File



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	to ensure QSR reviewers evaluate the correct document. <u>All documents provided via WaMS must be present in the individual’s record by the documentation deadline.</u> Please note that while the RAT summary page is found in WaMS, the QSR requires the full completed RAT for compliance assessment.
Our CSB transitioned EHR systems within the last year. Individuals’ records may be in our old system or our new system. Can HSAG reviewers’ access both systems?	HSAG is committed to reducing administrative burden for CSBs and facilitate ease of record submission, however, a valid and reliable PCR review requires an individual’s medical record to be assessed <i>as a whole, ideally at one time with all relevant documents available.</i> To that end, HSAG would prefer CSBs undertake the task of collating all records needed for a specific individual to ensure a complete submission, rather than the reviewer collecting all necessary documents from multiple sources to assess at different times. Ultimately, accessing multiple EHR systems may increase the frequency of deficient scores due to the inability to find a specific document. However, if accessing multiple EHR systems for support coordinator documents is the best administrative option, your CSB must complete the documentation checklist to specify which EHR system each document is located in and provide a written crosswalk for both systems. <i>Virtual tours/training of multiple EHR systems will not be sufficient to ensure reviewers’ successful navigation of your EHR systems.</i> HSAG will coordinate with CSBs to resolve issues specific to document submission and/or EHR access. Questions or concerns regarding EHR access should be directed to VAQSR@hsag.com .
Observations and Support Coordinator Interviews	
The individual selected has a support coordinator who has been working with them for only a few months and did not create the Individual Support Plan (ISP) reviewed. Do you still need to interview them?	Support coordinator interview questions are focused on the ISP pertinent to the lookback period for the individual sampled. If the SC who developed the ISP pertinent to the lookback period is not available, the current SC is responsible for completing the interview.
Have guardians been given information on this review?	Information about the QSR process is available on the DBHDS website on the Developmental Services home page under Quality Service Reviews. QSR reviewers rely on accurate information in WaMS to identify family, authorized representatives, substitute decision-makers, and/or legal guardians for interviews. Please ensure this information is accurate and up-to-date for individuals sampled in the QSR. QSR reviewers



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	provide information on the review to individuals, shared decision-makers, and families during outreach calls and through the interview process.
What if family members do not want to participate? Additionally, what happens if the family does not have a way to do a virtual visit? Will a telephone interview work?	Family members are encouraged to participate but have the right to decline participation. Additionally, individuals selected for review of their service have the right to request HSAG not to interview their family. HSAG offers the option to complete family interviews in person, virtually, or by phone.
The individual sampled has been transferred to another CSB. Do we still need to upload documents for review?	Yes. The QSR is a retrospective review, meaning it assesses the plan for a specific lookback period. For R6, the lookback is July 1, 2023, through January 31, 2024. If the individual was not serviced through your CSB for <i>any</i> portion of the lookback (i.e., no support coordination <i>at all</i> during the lookback), please notify your assigned reviewer for the next steps.
PQR Interviews	
Our CSB has not been selected for review of a waiver service. When do we get our exit interview?	While the QSR does not conduct exit interviews per se, CSBs will have the opportunity to discuss findings with HSAG staff at the time of report issuance and receive technical assistance regarding findings or appropriate systemic remediations. The PQR interview, conducted with CSBs selected for review of waiver services, is used for additional data collection and assessment by QSR reviewers, not a review of preliminary findings.
Who should attend the PQR interview?	CSBs can determine which staff are appropriate to attend the PQR interview. PQR interview questions are available in the PQR Tool and Evaluation Criteria, linked above in this document and found on the HSAG SharePoint site. Please review these interview questions to determine the most appropriate staff to attend and communicate participants to your assigned QSR reviewer for inclusion in the virtual PQR interview.
Reports and QIPs (Post-Review)	
Findings in the QSR report are not detailed enough for a CSB to follow up with specific support coordinators to correct the deficient finding.	QSR report findings are de-identified and utilize sample IDs for individuals reviewed. CSBs are strongly encouraged to review QSR findings systemically rather than singular deficiencies to be corrected. Your assigned QSR reviewer and/or HSAG admins are available to provide technical assistance specific to a systemic understanding of QSR findings



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	and incorporation of HSAG recommendations for remediation into CSB quality improvement activities.
We received our report and have questions. Is our assigned QSR reviewer the person to ask?	Yes. Your assigned QSR reviewer is the best person to respond to questions regarding findings in your QSR report. However, QSR reviewers' schedules may fluctuate and response times can vary. Additionally, the VAQSR@hsag.com email is monitored continually and can also provide assistance.
How is the QSR QIP different from our agency QIP? I submitted our agency quality improvement plan—what else does HSAG need?	The QSR QIP is the response submitted to HSAG that details how the provider/CSB will address deficiencies identified in the QSR and is a required last step of each round of the QSR. Providers who have QSR QIPs from previous rounds of the QSR are required to submit evidence of progress towards those actions AND are required to show evidence of integration into current provider quality improvement activities. QSR QIP is not pertinent to providers who have not previously participated in the QSR, or providers whose participation did not result in deficient findings.
We disagree with the findings in our QSR report. How do we dispute findings?	HSAG reviewers and administrators are available to assist with understanding the findings in your CSB report and can explicate findings in dispute for best remediation. QSR is somewhat unique from other reviews in that deficiencies are identified but no citations are issued, nor is there a formal appeal process. All QSR findings disputed by a CSB are communicated to DBHDS. Please contact your QSR reviewer via email and cc VAQSR@hsag.com as soon as possible after receiving your report to discuss and schedule a virtual technical assistance session with HSAG.