

PQR Tool Element	Allowable Value(s)	Evaluation Criteria
GENERAL INFORMATION TAB		
1. How was the review completed?	<input type="checkbox"/> Virtually via webinar <input type="checkbox"/> Telephonically <input type="checkbox"/> In-person	The reviewer will select how the review was conducted.
2. Date of interview	Date field	The reviewer will document the date of the interview with the provider.
3. Interview completed with	<input type="checkbox"/> Front-line supervisor <input type="checkbox"/> Manager / Leadership <input type="checkbox"/> QI Staff	The reviewer will select the staff member(s) interviewed
4. Name(s) of interviewee(s)	Text field	The reviewer will enter the names of the staff members interviewed
5. Date of last documentation review	Date field	The reviewer will enter the date of the last provider documentation review.
QI/RM TAB		
6. Does the agency have someone designated as responsible for risk management functions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A “Yes” rating is indicated when someone is designated as responsible for risk management functions.</p> <p>A “No” rating is indicated when they do not have someone designated as responsible for risk management functions.</p>
7. If yes, has the designated person completed department-approved training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>This element will open if the previous element is scored YES.</p> <p>A “Yes” rating is indicated when the person designated as responsible for risk management functions has completed department-approved training as required.</p> <p>A “No” rating is indicated when the person designated as responsible for risk management functions has not completed department-approved training as required.</p>
8. Does the provider collect and track performance data, including serious incidents and other risk information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A “Yes” score is indicated when the provider documentation shows <i>the use of quantifiable data</i>, specifically the collection of performance data identified during their annual review of the quality improvement plan and/or annual systemic risk assessment AND tracking of that performance data for at least two periods.</p> <p>Performance data collected may include but is not limited to:</p> <ul style="list-style-type: none"> • serious incident reporting data, • abuse/neglect reporting data, seclusion/restraint reporting data, • participation in community activity data, or other data collected by the provider (such as family and individual survey data, or staff competency data). <p>Performance data is quantifiable when it is measurable, systematically calculated at each review period, and can illustrate trends over time.</p> <p>Tracking of performance data can occur at the frequency the provider determines appropriate (i.e., the definition of “two periods” may vary by data type or by provider) but must be collected</p>

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		<p>and reviewed at regular intervals (annually, quarterly, monthly).</p> <p>Reviewers should consider the performance data collected and tracked by the provider in totality, and score the element based on the best use of the performance data. Meaning if the provider documentation shows evidence of the use of two types of performance data, but only one type meets the criteria listed, the reviewer should score the element “Yes.”</p> <p>A “No” score is indicated if there is no evidence the provider uses any performance data, if performance data is not tracked for at least two periods, or if performance data is not systematically calculated with the ability to illustrate trends.</p>
<p>9. How does the provider track data?</p>	<input type="checkbox"/> DBHDS Risk tracking tool <input type="checkbox"/> Commercial software <input type="checkbox"/> Provider developed software <input type="checkbox"/> Excel or similar spreadsheet <input type="checkbox"/> Paper	<p>The reviewer should evaluate the provider’s quality improvement plan or other provider submitted documentation for details regarding how they track performance data and select ALL methods the provider currently uses.</p>
<p>10. Identify the type of data tracked and the frequency of review: serious incidents</p>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> N/A	<p>The reviewer will assess provider documentation to determine how often performance data specific to <u>serious incidents</u> are reviewed and select the frequency of review by the provider as evidenced in provider performance data tracking tool(s).</p> <p>Reviewers should select N/A if the provider does NOT track serious incidents.</p>
<p>11. # of periods in the last year the provider reviewed performance data specific to serious incidents</p>	<p>Number</p>	<p>Based on the frequency of review of performance data specific to serious incidents noted in the previous element, the reviewer will determine <i>how many periods has the provider tracked this data for the past year</i>.</p>
<p>12. Identify the type of data tracked and the frequency of review: abuse/neglect</p>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> N/A	<p>The reviewer will assess provider documentation to determine how often performance data specific to <u>abuse/neglect</u> are reviewed and select the frequency of review by the provider as evidenced in the provider performance data tracking tool.</p> <p>Reviewers should select N/A if the provider does NOT track allegations of abuse/neglect.</p>
<p>13. # of periods in the last year the provider reviewed performance data specific to allegations of abuse/neglect</p>	<p>Number</p>	<p>Based on the frequency of review of performance data specific to reporting abuse/neglect noted in the previous element, the reviewer will determine <i>how many periods has the provider tracked this data for the past year</i>.</p>
<p>14. Identify the type of data tracked and the frequency of review: seclusion and restraint</p>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> N/A	<p>The reviewer will assess provider documentation to determine how often performance data specific to the <u>use of seclusion and restraint</u> are reviewed and select the frequency of review by the provider as evidenced in the provider performance data tracking tool.</p>

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		Reviewers should select N/A if the provider does NOT track the use of seclusion and restraint.
15. # of periods in the last year the provider reviewed performance data specific to the use of seclusion and restraint	Number	Based on the frequency of review of performance data specific to the use of seclusion and restraint noted in the previous element the reviewer will determine <i>how many periods has the provider tracked this data for the past year.</i>
16. Identify the type of data tracked and the frequency of review: participation in community activities	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> N/A	<p>The reviewer will assess provider documentation to determine how often performance data specific to <u>individual participation in community activities</u> are reviewed and select the frequency of review by the provider as evidenced in the provider performance data tracking tool.</p> <p>Reviewers should select N/A if the provider does NOT track individual participation in community activities.</p>
17. # of periods in the last year the provider reviewed performance data specific to individual participation in community activities	Number	Based on the frequency of review of performance data participation in community activities noted in the previous element the reviewer will determine how many periods has the provider tracked this data for the past year
18. Identify the type of data tracked and the frequency of review: Other	Text Box	<p>The reviewer should list here any performance data tracked that is not related to incident reporting, abuse/neglect reporting, seclusion and restraint usage, or participation in community activities.</p> <p>The reviewer must include the frequency of review for the data types listed (monthly, quarterly, annually, as needed).</p>
19. Extent of provider data tracking	<input type="checkbox"/> a. Evidence of performance data collection, but no evidence of ANY systematic review <input type="checkbox"/> b. Evidence of performance data collection and review over at least 2 periods <input type="checkbox"/> c. Evidence of performance data collection and review, including documentation that performance data has been used to identify opportunities for improvement	<p>Reviewers should consider each type of performance data collected and tracked by the provider, and select the criteria based on the best use of the performance data. <i>Meaning if ANY performance data is being collected, reviewed, and has been used to identify opportunities for improvement, the reviewer should select 'c.'</i></p> <p>a. The provider documentation indicates performance data is being collected, but there is no evidence of systematic review.</p> <p>b. The provider documentation indicates performance data is being collected, systematically reviewed, and has been reviewed by the provider for <u>at least</u> two consecutive periods.</p> <p>c. The provider documentation indicates performance data is being collected, systematically reviewed, has been reviewed by the provider for at least two consecutive periods, and has been used to identify opportunities for improvement in the current quality improvement plan.</p>
20. Date the Quality Improvement Plan was signed and approved by the provider/CSB.	Date Field	Reviewer should enter the date the most current Quality Improvement Plan was reviewed and signed, which should be the annual review date.

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<p>21. Does the provider’s current quality improvement plan include at least one goal or objective based on one or more of the performance data types above that meet SMART criteria?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A “Yes” rating is indicated when the provider’s current quality improvement plan has at least one goal/objective based on performance data identified above (assessed for elements 10, 12, 14 & 16) that meets SMART criteria.</p> <p>A “No” rating is indicated when the provider’s current quality improvement plan has goals/objectives but does not meet SMART criteria, OR they are not based on performance data, OR the quality improvement plan does not have goals/objectives in the current quality improvement plan.</p>
<p>22. If Yes, what performance data is included in the goals/objectives that meet SMART criteria?</p>	<input type="checkbox"/> Serious Incidents <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Seclusion/Restraint <input type="checkbox"/> Participation in Community Activities <input type="checkbox"/> Other performance data	<p>Reviewer should review the goals/objectives in the provider’s quality improvement plan to determine which goals/objectives meet SMART criteria and select the type(s) of performance data used to measure progress towards those goals/objectives.</p>
<p>23. What processes are evidenced in the provider documentation that indicate how performance data was used in the development of goals/objectives? (check all that apply):</p>	<input type="checkbox"/> a. Conduct a root cause analysis of the data <input type="checkbox"/> b. Identify potential causes for low performance using a non-evidenced based method <input type="checkbox"/> c. Establish a goal or target for improvement <input type="checkbox"/> d. Establish a timeframe for the improvement to occur <input type="checkbox"/> e. Develop interventions that are based on the identified root causes <input type="checkbox"/> f. Measure whether improvement has occurred <input type="checkbox"/> g. If improvement has not occurred, the provider made changes to interventions <input type="checkbox"/> None of the above processes were evidenced in the provider documentation	<p>a. Provider evidence (notes, meeting minutes, fishbone diagrams, or other RCA tools) indicates an RCA was conducted on the performance data</p> <p>b. Provider evidence indicates potential causes for low performance were identified, but were based on conjecture, staff opinion, or other non-evidenced based method</p> <p>c. The provider evidence indicates performance data was used to identify a goal or target for improvement</p> <p>d. The provider evidence indicates performance data was used to establish a specific time frame to achieve the goal for improvement</p> <p>e. The provider evidence indicates the development of interventions tied to root causes identified during the completion of RCA</p> <p>f) Provider meeting minutes or other documents indicate performance data was used to determine if positive progress has occurred toward goals</p> <p>g) The provider evidence indicates intervention(s) were changed to address the lack of positive progress of performance data toward identified goals</p>
<p>24. How many goals/objectives does the provider have in their Quality Improvement Plan?</p>	<p>Number</p>	<p>The reviewer will count the number of goals /objectives in the provider’s current Quality Improvement Plan.</p>
<p>25. How many of the goals/objectives in the Quality Improvement Plan meet all SMART criteria?</p>	<p>Number</p>	<p>The reviewer will count the number of goals/objectives that meet the SMART criteria in the provider’s current Quality Improvement Plan.</p>
<p>26. How many goals/objectives are based on performance data tracked by the provider?</p>	<p>Number</p>	<p>The reviewer will count the number of goals/objectives that meet SMART criteria identified in the provider’s QI plan that are based on performance data tracked by the provider, as identified above.</p>

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27. How many provider goals/objectives based on performance data show no progress toward the goal?	Number	The reviewer will assess the current quality improvement plan or other provider documentation to count the number of listed goals/objectives that utilize performance data to track the progress that shows No evidence of progress toward the stated goal.
28. How many provider goals/objectives based on performance data show progress, but have not been met?	Number	The reviewer will assess the current quality improvement plan to count the number of listed goals/objectives that utilize performance data to track progress where there is evidence of progress but the goal has not been met.
29. How many provider goals/objectives based on performance data have been met?	Number	The reviewer will assess the current quality improvement plan to count the number of goals/objectives that utilize performance data where there is evidence the provider achieved the identified goal.
30. Has the provider made progress on the actions identified in the QSR QIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A “Yes” rating is indicated if the provider is actively working on or has completed actions identified in the QSR QIP.</p> <p>A “No” rating is indicated if the provider did not submit a QSR QIP as required, OR the provider is not actively working on or has completed actions identified in the approved QSR QIP.</p> <p>N/A: Provider is new and has not participated in previous rounds, OR provider did not have QSR QIP from the previous round.</p>
31. Does the agency have policies and procedures that address HCBS rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A “Yes” rating is indicated when the provider has a policy and procedure that addresses HCBS rights.</p> <p>A “No” provider documentation does not confirm provider has a policy and procedure that addresses HCBS rights.</p> <p>A “N/A” rating is indicated when the provider service type under review is Case Management, In-home support (In-home residential), or Independent Living Support.</p>
32. Are those policies and procedures reviewed with the individuals being served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A “Yes” rating is indicated when the provider demonstrates documentation that the HCBS policy and procedures are reviewed with the individuals being served.</p> <p>A “No” rating is indicated when any of the individual files do not include evidence that HCBS policies were reviewed with the individual or provider policy does not indicate HCBS regulations are reviewed with individuals served.</p>
33. Does the agency have policies around assurance of individual choice and self-determination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A “Yes” rating is indicated when the provider has a policy and procedure that demonstrates assurance of individual choice and self-determination.</p> <p>A “No” provider documentation does not confirm provider has a policy and procedure that</p>

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		<p>provides assurance of individual choice and self-determination.</p> <p>A “N/A” rating is indicated when the provider service type under review is Case Management, In-home support (In-home residential), or Independent Living Support.</p>
<p>34. Does the agency have policies around dignity of risk?</p> <p>DBHDS Regulation: 12VAC35-115-50. Dignity.</p> <p>https://dsorientation.partnership.vcu.edu/section-i/the-value-of-dignity-of-risk/</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>A “Yes” rating is indicated when the provider has a policy and procedure that addresses dignity of risk.</p> <p>A “No” rating is indicated when the provider documentation does not confirm provider has a policy and procedure that addresses dignity of risk.</p> <p>A “N/A” rating is indicated when the provider service type under review is Case Management, In-home support (In-home residential), or Independent Living Support.</p>
<p>35. Does the agency have policies around medical and behavioral health emergencies?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A “Yes” rating is indicated when the provider has a policy and procedure that addresses medical AND behavioral health emergencies.</p> <p>A “No” provider documentation does not confirm provider has a policy and procedure that addresses medical and behavioral health emergencies.</p>
<p>36. Does the agency have policies that support individuals’ participation in financial management and decision-making?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>A “Yes” rating is indicated when the residential provider has a policy, procedure, or process that supports individual participation in financial management and decision-making.</p> <p>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.</p> <p>A “N/A” rating is indicated for PQR only providers OR <i>providers who have not been selected for review of a residential service.</i></p>
<p>37. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>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.</p> <p>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.</p>

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EMPLOYEE RECORDS TAB		
38. Does the agency have a hiring policy and procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A "Yes" rating is indicated if the provider has a hiring policy and procedure.</p> <p>A "No" rating is indicated if the provider does not have a hiring policy and procedure.</p>
39. Does the policy include requirements around background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A "Yes" rating is indicated if the provider's hiring policy and procedure include requirements for a background check.</p> <p>A "No" rating is indicated if the provider's hiring policy and procedure do not include requirements for a background check.</p>
40. Does the agency have an orientation training policy for all staff at all levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A "Yes" rating is indicated if the provider has an orientation training policy and procedure for all staff at all levels.</p> <p>A "No" rating is indicated if the provider does not have an orientation training policy and procedure for all staff at all levels.</p>
41. Does the agency have a written process for determining staff competence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A "Yes" rating is indicated if the provider has a written process for determining staff competence.</p> <p>A "No" rating is indicated if the provider does not have a written process for determining staff competence.</p>
42. Number of employee records reviewed	Drop Down	The reviewer will use the drop-down menu to select the number of employee records reviewed (0-5).
43. How many employee records had proof of background checks?	Drop Down	The reviewer will use the drop-down menu to select the number of employee records with proof of background checks.
44. List staff without evidence of background checks	Text field	The reviewer will list the names of staff without evidence of background checks.
45. How many employee records had documentation of provider-based orientation training?	Drop Down	The reviewer will use the drop-down menu to select the number of employee records with evidence of provider-based orientation training (0-5).
46. List staff without evidence of orientation training	Text field	List staff without evidence of orientation training.
47. How many employee records have proof of competency-based training?	Drop Down	The reviewer will use the drop-down menu to select the number of employee records with evidence of competency-based training (0-5).
48. List staff without evidence of competency-based training	Text field	List staff without evidence of competency-based training.
49. Number of employees reviewed who serve anyone in SIS Tier 4 (SIS Level 5, 6, 7)	Drop Down	<p>The reviewer will use the drop-down menu to select the number of employee records reviewed who support SIS Tier 4 individuals (0-5).</p> <p>List zero if no individuals in the sample or none of the individuals receiving service from the provider require a level of support (SIS Tier 4).</p>
50. How many employees serving someone in SIS Tier 4 have documentation of advanced competency training?	Drop Down	The reviewer will use the drop-down menu to select the number of employee records reviewed with appropriate documentation of advanced competency training to provide SIS Tier 4 support as required.

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		Indicate how many employees reviewed who serve anyone who requires SIS Tier 4 level of support who has documentation of completion of advanced competency training.
51. List staff without evidence of advanced competency training	Text field	List employees who support an individual with an SIS Tier 4 who did not have evidence of advanced competency training.
52. Does provider documentation show that the setting has implemented annual HCBS-specific training with all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A “Yes” rating is indicated when the provider documentation demonstrates that the list of attendees for the most recent annual HCBS-specific training held by the provider includes all employees listed on the staff roster submitted by the provider unless the staff has been hired within the last 180 days and have not completed full training to date.</p> <p>A “No” rating is indicated when provider documentation does not evidence that all staff have completed HCBS training within the last year</p> <p>A “N/A” rating is indicated for PQR only providers</p>
53. Describe any findings of No/opportunities for improvement related to Employee records.	Text Box	
ROLLUP & INTERVIEW TAB		
54. Does the provider promote individual participation in meaningful work activities as defined by DBHDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A “Yes” rating is indicated if the provider is able to demonstrate or verbalize methods or strategies to promote participation in meaningful work activities defined as individual-supported employment or employment in a small group that is community-based and not located at a center, and not work created solely for a person with a disability. It should be a job that an organization would have to pay someone with or without a disability to do.</p> <p>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.</p> <p>https://dbhds.virginia.gov/wp-content/uploads/2023/12/Expectations-regarding-provider-reporting-measures-and-risk-management-programs2.pdf</p>
55. Does the provider promote individual participation in non-large group activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>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.</p> <p>A “No” rating is indicated if the provider is not able to demonstrate or verbalize methods or strategies to promote participation in non-large group activities as determined by the individual.</p>
56. Does the provider encourage individual participation in	<input type="checkbox"/> Yes <input type="checkbox"/> No	A “Yes” rating is indicated if the provider is able to demonstrate or verbalize methods or

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community outings with people other than those with whom they live?		strategies to encourage participation in community outings with people other than those with whom 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 whom they live.
57. Please explain individuals’ rights in the program.	Text field	Record interview answer
58. Please explain the agency’s process for addressing what to do when someone is having a medical emergency.	Text field	Record interview answer
59. Please explain the agency’s process for individuals’ needs when an individual is having a behavioral or psychiatric crisis.	Text field	Record interview answer
60. When you identify concerns with the process, how do you report those?	Text field	Record interview answer
61. How are they addressed?	Text field	Record interview answer
62. Please explain the onboarding process for new employees.	Text field	Record interview answer
63. How do you communicate your QI plan to all levels of staff?	Text field	Record interview answer
64. Describe any leadership responses that were inconsistent with staff responses and observations.	Text field	Record interview answer
65. Describe any findings of No/opportunities for improvement related to Rollup & Interview.	Text Field	
Case Summary		
66. Is there a concern that needs follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Select “Yes” when there is a concern that requires a follow-up or elements 46, 48, and/or 51 are scored “Yes”. Select “No” when there are no concerns that require follow-up.
67. Type of Concern	<input type="checkbox"/> Provider Capacity & Competency	Provider Capacity & Competency Notification: the reviewer scored deficient in any element identified as requiring a Provider Capacity & Competency Notification.
68. Summary of Provider Capacity and Competency Concerns	Text field	
69. PCC Lead Response	Text field	