

### Documentation Submission Checklist

This checklist identifies the documents **required** to ensure a successful Quality Service Review (QSR) and includes documents pertinent to Provider Quality Review (PQR) review and Person Centered Review (PCR) but is not an exhaustive list. 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 prior to the PQR interview.*

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. **Providers are required to upload all documents listed below, regardless of if uploaded during previous rounds. Round 6 lookback period for all requested documents is July 1, 2023, through January 31, 2024.** New for R6: **If the individual's ISP ends during the lookback, documents relevant to the development of the old ISP and the new ISP must be provided. (For example, if the individual's ISP is effective 9/1/2023, Part V for the 9/2022 ISP AND Part V for the 9/2023 must be available for review, if not available in WaMS.)**

Each row below lists a document, policy, plan, or procedure reviewers are evaluating as part of the QSR review. The description of the document, policy, plan, or procedure is in *italics*. Providers must utilize standardized naming conventions that are clear and **guide the reviewer toward what evidence the document contains**. Please do NOT upload files with names such as XYZProvider\_doc1, and XYZProvider\_doc2 as **reviewers will not assess documents without clear identification of what evidence the document contains**. Providers are expected to organize their QSR document submission to best facilitate the location of needed evidence by the reviewer, meaning if a provider uploads a single file with all requested documents scanned into a single PDF, the assigned reviewer will not assess the file without the provider identified page numbers for the evidence requested.

#### Please follow these requirements for naming conventions:

- SAFE will **reject** any file names with the following special characters: ~ " , # % & \* : < > ? / \ { } |
- Files should be the name of the policy/procedure/document with date if applicable, or a descriptor of what the document is: i.e., *QIPlan\_year*, *RMPlan\_year*.
- Files for employees/staff should include the name of staff with a suffix identifying the document: i.e., *StaffName\_backgroundcheck*.
- Files pertaining to individuals in the PCR sample should use the assigned R6 sample ID OR individuals' initials with a suffix identifying the document, i.e., *IndividualInitials\_PartV*, *IndividualInitials\_FallProtocol*, *s123SPR\_FallProtocol*.
- Files pertaining to 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 the file named with individual R6 sample ID or initials, name of the document, and date suffix: i.e., *IndividualInitials\_MAR\_MonthYear*

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**Provider Name:** \_\_\_\_\_

Quality Improvement (QI), Risk Management (RM) and Performance Data	Name of File(s)	Location
Copy of the most recently reviewed and signed Quality Improvement plan, including evidence of annual review by designated staff, and date of annual review. <i>This document is the active, working plan a provider uses for QI activities. Evidence of the annual review should include meeting minutes from the annual review of the QI plan.</i>		SAFE
Quality Improvement (QI) policies and/or procedures that demonstrate the provider has a QI program and which established criteria for establishing measurable goals (12VAC105-620.D.1-3)		SAFE
Copy of the most current risk management plan and copy of the most recently completed annual systemic risk assessment (12VAC35-105-520B.-D.). <i>Provider should upload any documentation, performance data, or other data that informed the completion of the annual systemic risk assessment.</i>		SAFE
Root cause analysis policy. CSBs should provide the policy specific to 12VAC35105-160.E.2.a-d.		SAFE
Performance data collected for the past year. <i>Performance data may include but is not limited to serious incident data, abuse/neglect data, data on the use of seclusion and/or restraints, individual participation in community activities data, or other relevant performance data such as data collected from families, staff competency data, or medication errors. Providers are not required to upload the data collected but must provide a written record of the collection.</i>		SAFE
Documentation that explicates how your agency uses performance data. Providers are not required to upload documentation more than once, so if the current risk management plan explicates how the provider agency uses performance data, only one (1) copy is required. <i>Documentation should include</i>		SAFE

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<p><i>but is not limited to plans/policies/procedures or meeting minutes that detail how performance data is measured, calculated, reviewed, and tracked, including what tools identify trends over time. Providers should upload documents including but not limited to meeting minutes from review of plans, root cause analyses, trend analyses, and/or quarterly reviews of serious incidents for the past year. For example, if your agency uses the DBHDS Risk Tracking Tool, please provide the most recently updated version that is tied to the most recently completed annual systemic risk assessment.</i></p>		
<p>Copy of signed DBHDS Risk Management Attestation (12VAC35-105-520A). <i>Evidence person designated for agency risk management functions has completed DBHDS approved training.</i></p>		SAFE
<p>Evidence of <b>active</b> implementation of the provider’s QI and RM programs (12VAC35-105-620A.-C.). <i>Documentation of an active plan could include committee minutes for meetings where performance data or current goals/objectives are discussed, and/or documents indicating implementation of quality improvement activities.</i></p>		SAFE
<p>Evidence of efforts to implement the last QSR Quality Improvement Plan (QIP) approved actions, when applicable.</p>		SAFE
<b>Home and Community-Based Service (HCBS) Settings</b>	<b>Name of File(s)</b>	<b>Location</b>
<p>Copy of policies and/or procedures that address HCBS rights.</p>		SAFE
<p>Evidence that HCBS rights are reviewed annually for all the individuals pulled in the sample.</p>		SAFE
<p>Current staff roster listing all staff.</p>		SAFE
<p>Evidence of annual HCBS training with all staff listed on the roster. <i>Provider is not required and should not upload evidence of training for each staff</i></p>		SAFE

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<i>singularly, but one document that shows all staff has completed annual training as required.</i>		
<i>Copy of policies around dignity of risk, assurance of individual choice, and self-determination. Provider is not required to have separate policies for each of these components, but all components must be addressed.</i>		SAFE
<i>Copy of policies for medical and behavioral health emergencies. Providers are not required to have separate policies for medical and behavioral emergencies but both types of emergencies must have documented processes.</i>		SAFE
<i>Evidence of lease or residency agreement that includes language referencing individual protections from eviction, specifically VRTLA 55-248.16 (Residential providers only).</i>		SAFE
<i>Evidence of policy that outlines processes to support individual participation in financial decision-making (Residential providers only).</i>		SAFE

## Provider Documentation Submission Checklist Round 6

**Providers with PCR's will be notified of staff selected by the reviewer for observation to direct provider upload of relevant employee files by the deadline.**

**Providers without PCR's should select up to five (5) staff whose employee records will be uploaded for review. Providers without PCR's must prioritize staff selection based on those that serve Tier 4 individuals. If provider does NOT serve individuals in Tier 4, any staff may be selected for record upload, inclusive of items listed below.**

Employee Records	Name of File(s)	Location
Copy of hiring policies and procedures.		SAFE
Evidence of background checks for staff selected for observation. <i>May include both staff selected by HSAG for observation AND staff observed on-site if different from staff selected by HSAG.</i>		SAFE
Evidence of orientation training for staff selected for observation. <i>May include both staff selected by HSAG for observation AND staff observed on-site if different from staff selected by HSAG.</i>		SAFE
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 a formal policy.</i>		SAFE
Evidence of competency-based training for staff selected for observation.		SAFE
Evidence of advanced competency training for requested employees who provide support to Tier 4 individuals. <i>Please note N/A in column Name of File/Location if the provider does not serve Tier 4 individuals.</i>		SAFE

## Provider Documentation Submission Checklist Round 6

This checklist identifies the documents **required** for submission to ensure a successful Person-Centered Reviews (PCR) desk review but is not an exhaustive list. The provider may consider submission of additional documentation, as applicable, to inform review of the elements in the QSR tools. 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.

**Provider Record Individual Information: Documentation must be provided from the period of July 1, 2023, through January 31, 2024, unless otherwise specified in the checklist or by the QSR reviewer.** New for R6: **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, Part V for the 9/2022 ISP AND Part V for the 9/2023 must be available for review.)** Documentation must be provided for each individual identified in the provider’s sample. *Providers are not required to list all file names for PCR individuals **if using the naming guidelines above**; the file template name used can be noted in the Name of File column.*

Individual Records	Name of file(s)	Location
Copy of Quarterly reports completed during the lookback period.		SAFE/EHR
Copy of Part V plan for support. <i>Providers should upload the Part V PFS associated with the ISP that covers lookback.</i>		SAFE/EHR
Copy of assessments completed to address a new health or behavioral risk, need, or change in status. <i>This may include assessments the provider is responsible for ensuring are completed (i.e., annual physical for residential providers) but should include ANY assessments the provider received that impacted supports provided to the individual.</i>		SAFE/EHR
Evidence of DBHDS-mandated Direct Support Personnel (DSP) competency training for staff selected by HSAG for observation.		SAFE/EHR
Evidence of provider-specific DSP training related to the outcomes and support activities of the individual’s ISP for staff selected by HSAG for observation. <i>May include training related to adaptive equipment, or medical or behavioral protocols.</i>		SAFE/EHR
Evidence of staffing plan to meet any staffing levels identified in the Individual Support Plan (ISP).		SAFE/EHR
Copy of progress notes related to the individual for the lookback period.		SAFE/EHR

## Provider Documentation Submission Checklist Round 6

Copy of Behavior Support Plan, if applicable.		SAFE/EHR
Copy of Physical support plans, if applicable. <i>Providers should upload plans/protocols specific to physical/medical support. This includes but is not limited to OT/PT/ST plans/protocols.</i>		SAFE/EHR
Copy of protocols/procedures created for the individual related to any high-risk health factor(s), i.e.: falls, swallowing, seizures.		SAFE/EHR
Copy of protocols/procedures related to any high-risk health factor(s), i.e., falls, choking, seizures, that are utilized for ALL individuals served in the program(s) as preventative supports.		SAFE/EHR
Evidence of any adaptive equipment your agency is responsible for securing and maintaining that is <u>not currently in place</u> , <u>is on order</u> , or is <u>in the process of repair</u> . <i>Providers need only upload documentation if there is equipment being repaired or on order for an individual included in the PCR sample.</i>		SAFE/EHR
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>		SAFE/EHR
Copy of approved modification of rights to HCBS settings to address health or safety risks, or evidence of request in progress, when applicable. <i>For individuals who require modification to HCBS settings to address health or safety risk(s), a copy of the approved modification, or a copy of the progress note indicating the request has been made, must be provided.</i>		SAFE/EHR
<b>Providers reviewed for Residential Services:</b> Copy of documentation for the most recent annual physical exam and most recent annual dental exam. <i>The provider is NOT required to upload this information unless the individual being reviewed for sponsored residential, group home less than four, group home greater than four, or group home customized rate.</i>		SAFE/EHR