

This checklist identifies the documents required for a successful Quality Service Review (QSR). Quality Service Review (QSR) reviewers may request additional information from CSBs as needed. CSBs are required to provide all documents requested below, regardless of whether they were provided/uploaded during previous rounds. The Round 8 lookback period is July 1, 2025, through December 31, 2025.

Each row below lists evidence required for assessment or evaluation by the QSR reviewer and may include documents, policies, and/or procedures reviewers are evaluating as part of the QSR review. Evidence requested may be pertinent to the Provider Quality Review (PQR) or Person-Centered Reviews (PCR) being completed for your CSB. The description of the document, policy, or procedure is in *italics*.

CSBs may be selected to participate in a Provider Quality Review (PQR) that includes a review of quality improvement and risk management documents and performance data for the last year (listed on pgs. 10-15 under the header *PQR Documentation*) **and** Person-Centered Review(s) (PCRs) for individuals who receive waiver services provided by the CSB that includes individual records specific to a waiver service (listed on pgs. 6-9 under the header *PCR Waiver Service/Case Management Documentation*). Alternatively, CSBs may be required to participate in Person-Centered Reviews (PCRs) **only**, where documents related to ISP development and implementation and support coordination activities provided during lookback are required to be submitted, listed on pages 2-5 under the header *PCR Support Coordinator Documentation*.

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 identifying page numbers for the evidence requested.

Please follow these requirements for naming conventions:

- SAFE will **reject** file names that cannot contain any of the following special characters: ~ “ , # % & * : < > ? / \ { } |
- Files should be the name of the policy/procedure/document with the 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 R8 sample ID OR individuals' initials with a suffix identifying the document, i.e., *IndividualInitials_PartV, IndividualInitials_FallProtocol, s123SPR_FallProtocol*.

PCR Support Coordinator Documentation (PCR only)

SC Documentation: Copies of documentation must be provided for each individual in the CSB sample for the most current ISP.

*If the location of documents for individuals is not standardized, meaning some individuals' SIS is in WaMS and others are in EHR, a document checklist must be submitted for **each individual** under review for the CSB.*

*CSBs submitting documentation for individuals via EHR must enter the specific location of the document within the EHR system into the table below OR provide a **separate crosswalk** to identify the location of the document(s) needed in the EHR system. If HSAG is accessing multiple EHR systems, the notation in the right column **must** include which system document is located.*

*If a requested document is found **in WaMS**, it must be present by **April 10, 2026**. If a requested document is found **in EHR**, it must be present by **April 14, 2026**; the deadline for documents uploaded into **SAFE is May 1, 2026**.*

*Support coordination documentation submitted **must** be pertinent to the most current ISP and should include all documents related to changes in status and/or changes to the ISP.*

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
Copy of any assessments used to develop the most current ISP . Please list all assessments uploaded and their location for individuals separately in the Name of File column. <i>All assessments that were used in ISP development/planning should be uploaded. This may include but is not limited to: VIDES, SIS, CRAT, or FBA.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of all assessments completed AFTER initiation of the ISP regardless of if they resulted in a change to the ISP. <i>This should include but is not limited to FBA, Communication Assessment, Technology Assessment, PT/OT, ST assessments, or ECM/TCM criteria evaluation.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of all On-site Visit Tool(s) (OSVT) assessments completed during the lookback and since the initiation of the ISP.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
Copy of all Crisis Risk Assessment Tool(s) (CRAT) assessments completed during the lookback and since the initiation of the ISP.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of the Support Integrity Scale (SIS) used to develop the current ISP and the most recent SIS (if different from SIS used to develop the current ISP). <i>Copy is only required if NOT uploaded in WaMS.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Evidence of in-progress referrals for any supports or needs listed in ISP(s) that do not have an assigned provider. <i>This should include specific date(s) of note(s) that evidence activities related to in-progress referrals for waiver and non-waiver supports for the individual.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of any documents used to develop the current ISP not listed elsewhere with <i>evidence of an individual's confirmed diagnoses and/or risks known to be true.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of Part V Support Coordination/Case Management Plans for Supports (PFS).		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Evidence of service provision by case manager/support coordinator(s) who implemented the individual's most current ISP. <i>This should include progress notes for all contact with the individual during the lookback period, including face-to-face.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
Evidence of coordination of care as appropriate during the lookback period. <i>This should include progress notes for contact with collaterals or service providers or activities related to the individual that are relevant to the coordination of care not otherwise documented in the individual's progress notes.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of SC quarterly reports completed during the lookback and since initiation of the ISP. <i>Quarterly reports due or completed from July 1, 2025, through December 31, 2025, including quarterly reports due by end of December and completed within the grace period (outside of the lookback).</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of signed Virginia Informed Choice form(s) (DMAS-460) pertinent to the current ISP, including any completed for services added after the initiation of the current ISP.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Evidence of support planning team meetings, specifically team meetings convened during the lookback period and since initiation of the ISP to address new or changed needs or supports. <i>CSBs should upload documentation of team meetings or other planning events not otherwise included in progress notes. Please note the meetings might be outside of the lookback period.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of the ISP planning meeting signature page(s).		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of any approved Human Rights Modifications or evidence of in-progress application for modification, if applicable.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	

CSB
SC Documentation Submission Checklist

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
Copy of Medication list, if applicable.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of Medication side effects documentation, if applicable.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	

PCR Waiver Service/Case Management Documentation (required for each of the individual(s) in the provider sample)

CSB/BHA Waiver Service Record Individual Information: Documentation must be provided from the period of July 1, 2025, through December 31, 2025 (lookback period) unless otherwise specified in the checklist or by the QSR reviewer. CSBs submitting documentation for individuals via EHR must enter the location of the document within the EHR system into the table below OR provide a separate crosswalk for documents reviewed via EHR.

Documentation must be provided in SAFE, EHR, or WaMS for each individual identified in the provider sample in SharePoint.

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
Evidence of signed annual HCBS rights disclosure for all the individuals pulled in the sample.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of Quarterly reports that cover the look-back period. <i>These are the quarterly reports completed for the waiver service under review, not SC quarterly reports.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of Part V plan for support.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
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 they 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>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
Evidence of DBHDS-mandated Direct Support Personnel (DSP) competency training for staff selected by HSAG for observation.		SAFE Employee Records	
Evidence of DBHDS-mandated Direct Support Personnel (DSP) advanced competency training for any staff selected by HSAG for observation who support individuals in SIS Tier 4 (Level 5, 6, or 7).		SAFE Employee Records	
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 Employee Records	
Evidence of staffing plan to meet any staffing levels identified in the Individual Support Plan (ISP).		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of progress notes related to the individual for the look back period.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR	
Copy of Behavior Support Plan, if applicable.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of Physical support plans, if applicable. <i>CSBs should upload plans/protocols specific to physical/medical support. This includes but is not limited to OT/PT/ST plans/protocols.</i>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
Copy of protocols/procedures created for the individual related to any high-risk health factor(s): i.e., falls, swallowing, seizures.		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
<p>Evidence of any adaptive equipment program staff is responsible for securing and maintaining that is not currently in place, is on order, or is in the process of repair. <i>CSBs need only upload documentation if there is equipment being repaired or on order for an individual included in the PCR sample.</i></p>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR	
<p>Copy of Medication Administration Records (MAR) for the duration of look back.</p>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR	
<p>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></p>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
<p>CSBs reviewed for Residential Services ONLY: Copy of documentation for the most recent annual physical exam <i>The CSB is NOT required to upload this information unless the individual is being reviewed for supported living, sponsored residential, group home less than four, group home greater than four, or group home customized rate.</i></p>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	
<p>CSBs reviewed for Residential Services ONLY: Copy of documentation for the most recent annual dental exam. <i>The CSB is NOT required to upload this information unless the individual is being reviewed for supported living, sponsored residential, group home less than four, group home greater than four, or group home customized rate.</i></p>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	

CSB SC Documentation Submission Checklist

Document(s) Requested	Name of File	Location	If EHR, list where in the EHR document is found
<p>CSBs reviewed for Residential Services ONLY: Copy of current lease or other residential agreement signed by the individual. <i>The CSB is NOT required to upload this information unless the individual is being reviewed for supported living, sponsored residential, group home ≤ 4, group home > 4, or group home customized rate.</i></p>		<input type="checkbox"/> SAFE <input type="checkbox"/> EHR <input type="checkbox"/> WaMS	

PQR Documentation

The documents listed below are required to ensure a successful Provider Quality Review (PQR). QSR reviewers may request additional information from CSBs, as needed, before the PQR interview.

CSBs utilizing the MART repository for PQR documents: Please note that the PQR documents that contain PHI cannot be uploaded to MART. **If the evidence needed is a combination of documents with PHI and without PHI, CSBs must be specific about which document can be found in SAFE vs. MART.** QSR reviewers will not evaluate documents in the MART repository not listed on this checklist. CSBs must enter the name of the file(s) and the MART subfolder where the document is located in the repository into the second and third columns, respectively. This information will guide QSR reviewers to appropriate evidence for compliance scoring. Documents uploaded **after the documentation submission deadline (5/1/26)**, will not be reviewed nor considered for compliance scoring unless explicitly requested by the reviewer.

CSBs not utilizing the MART repository for PQR documents: CSBs must enter the name of the file(s) and SAFE subfolder where the document is located in the second and third columns, respectively. This information will guide QSR reviewers to appropriate evidence for compliance scoring. QSR reviewers **will not evaluate SAFE documents not listed on this checklist.** Documents uploaded **after the documentation submission deadline (5/1/26)**, will not be reviewed nor considered for compliance scoring unless explicitly requested by the reviewer.

Document(s) Requested	Name of File(s)	MART/SAFE Subfolder	Date Uploaded
Copy of most recently signed and dated risk management plan. (PQR elements #5 risk management plan and #9 signed and dated)			
Copy of the job description for the staff designated as responsible for risk management functions as listed in the provider’s risk management plan. (PQR element #6)			
Copy of signed DBHDS Risk Management Attestation for the staff designated in the Risk Management Plan as responsible for risk management functions (12VAC35-105-520.A). <i>Evidence that the person designated for agency risk management functions has completed DBHDS-approved training.</i> (PQR element #7)		SAFE PQR Folder	

Document(s) Requested	Name of File(s)	MART/SAFE Subfolder	Date Uploaded
<p>Copy of the current annual systemic risk assessment (SRA). <i>The provider should upload the SRA that shows the completion of the annual systemic risk assessment in conjunction with the update of the risk management plan based on the annual SRA.</i> (PQR element #8)</p>			
<p>Copy of Quality Improvement (QI) policies and/or procedures demonstrating the provider has a QI program. <i>This document confirms the provider/CSB has a QI Program, which includes how criteria were established to identify, monitor, and evaluate clinical and service quality and effectiveness on an ongoing and systematic basis and utilizes standard quality improvement tools, including root cause analysis, and shall include a quality improvement plan (12VAC35-105-620.A-B;C 1-3, 5; D). (PQR element #10)</i></p>			
<p>Copy of the last two signed Quality Improvement plans (2025/2026) and minutes with QI activities, if applicable. <i>QI Plan documentation: Proof of annual review/update; measurable goals and objectives; include and report statewide performance measure, if applicable, as required by DBHDS. This document is the provider's active, working plan/minutes for QI activities. (12VAC35-105-620.C).</i> (PQR elements #11, #12, #13, #15, #23, #24, #25, #26, #27)</p>			

Document(s) Requested	Name of File(s)	MART/SAFE Subfolder	Date Uploaded
<p>Copy of performance data collected during the past 18 months (12VAC35-105-160.C; 12VAC35-105-520.C-D; 12VAS35-105-610). <i>Providers should submit documents that show how data was tracked and used for the development of the current QI plan and/or data collected as part of goals/objectives for the past QI plan. Performance data may be identified for collection and tracking in QI or RM plans or meeting minutes. Documentation should include details on how performance data is measured, calculated, reviewed, and tracked, including what tools identify trends over time. (For example, if your agency uses the DBHDS Risk Tracking Tool, please provide the most recently updated version tied to the most recently completed annual systemic risk assessment.)</i> (PQR element #14, #16, #17, #22)</p>			
<p><i>Any performance data tracked by the provider/CSB - evidence of tracking serious incidents.</i> (PQR element #18)</p>			
<p><i>Any performance data tracked by the provider/CSB - evidence of tracking abuse/neglect.</i> (PQR element #19)</p>			
<p><i>Any performance data tracked by the provider/CSB - evidence of tracking use of seclusion and/or restraint, even if not utilized.</i> (PQR element #20)</p>			
<p><i>Performance data tracked by the provider/CSB - evidence of tracking individual participation in community activities.</i>(PQR element #21)</p>			

Document(s) Requested	Name of File(s)	MART/SAFE Subfolder	Date Uploaded
<p>Copy of Quality Service Review Quality Improvement Plan (QIP) approved actions with evidence of implementation. <i>(NA for providers not required to submit QSR QIP in Rounds 1-7 or not reviewed for QSR in past review).</i> (PQR elements #29, #30, and #31) QSR QIP are now Quality Enhancement Plans (QEPs) since Round 7</p>			
<p>Copy of policy/procedure that addresses HCBS rights that include a process for reviewing the policy/procedure with people receiving waiver service and an individuals' right to privacy in electronic communications. (PQR elements #32 and #33)</p>			
<p>Copy of policy that demonstrates assurance of individual choice and self-determination. (PQR element #34)</p>			
<p>Copy of policy detailing how dignity of risk is assured for the individuals receiving waiver services. (PQR element #35 and #36)</p>			
<p>Copy of policy for medical emergencies. <i>CSBs are not required to have separate policies for medical and behavioral emergencies, but both types of emergencies must have documented processes for staff.</i> (PQR element #37)</p>			
<p>Copy of policy for behavioral health emergencies. <i>CSBs are not required to have separate policies for medical and behavioral emergencies, but both types of emergencies must have documented processes for staff.</i> (PQR element #38)</p>			
<p>Evidence of policy that outlines processes to support individual participation in financial decision-making <i>(Any provider being reviewed for one or more residential Service types: GRS, GRL, GHC, SPR, SUL).</i> (PQR element #39)</p>			

Document(s) Requested	Name of File(s)	MART/SAFE Subfolder	Date Uploaded
Copy of recruiting and hiring policy/procedure. (PQR elements #40 and #41)			
Copy of orientation training policy/procedure. (PQR elements #42 and #43)			
Copy of policy or written process for determining staff competence. (PQR element #44)			
Current staff roster listing all staff.		SAFE PQR Folder	
Evidence of completed background check(s) for staff selected. <i>HSAG needs evidence that a background was completed. The reviewer will inform you of the staff selected from the staff roster.</i> (PQR elements #47)		SAFE PQR Folder	
Copy of HCBS training policy. (PQR element #48)			
Evidence of annual HCBS training with all staff. <i>Providers/CSBs must show evidence of annual HCBS training, including signed acknowledgment of HCBS training by all staff.</i> (PQR element #49)		SAFE PQR Folder	
Provider/CSBs reviewed for one or more residential and/or group day services types : GDY, GRS, GRL, GHC, SPR, SUL Copy of policies/procedures that evidence how the provider promotes individual participation in non-large group activities. (PQR element #51)			
Providers/CSBs reviewed for one or more residential and/or group day service types: GDY, GRS, GRL, GHC, SPR, SUL			

CSB
SC Documentation Submission Checklist

Document(s) Requested	Name of File(s)	MART/SAFE Subfolder	Date Uploaded
Copy of policies/procedures that evidence how the provider promotes individual participation in community outings with people other than with whom they live. (PQR element #52)			