

Quality Service Review Methodology

Background and Purpose

The Department of Behavioral Health and Developmental Services (DBHDS) functions as the state authority for the public behavioral health, developmental disabilities, and substance use disorder services system. DBHDS licenses public and private providers of community services throughout Virginia, pursuant to §37.2-405. DBHDS licenses services that provide treatment, training, support, and habilitation to individuals who have behavioral health disorders, developmental disabilities, or substance use disorders; and to individuals receiving services under the Medicaid Home and Community-Based Services (HCBS) Waivers-Developmental Disabilities (DD).

HCBS DD Waiver services support individuals with developmental disabilities to live integrated and engaged lives in their communities. Waiver regulations standardize and simplify access to services; cover services that promote community integration and engagement; promote better outcomes for individuals supported in smaller community settings; and facilitate meeting the Commonwealth's commitments under the community integration mandate of Title II of the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, as interpreted by *Olmstead v. L.C.*, 527 U.S. 581 (1999).

The Commonwealth uses Quality Service Reviews (QSRs) and other mechanisms to assess the adequacy of providers' quality improvement strategies and provide technical assistance and other oversight to providers whose quality improvement strategies the Commonwealth determines to be inadequate. The results of the QSR will be used to evaluate:

- The quality of services at an individual, provider, private providers, region, and system-wide level.
- The extent services are provided in the most integrated setting suitable to the individuals' needs and choices.
- Whether individuals' needs are being identified and met through person-centered planning and thinking (including building on the individuals' strengths, preferences, and goals).
- Whether services are being provided in the most integrated setting suitable to the individuals' needs and are consistent with their informed choice.
- Whether individuals are having opportunities for integration in all aspects of their lives (living arrangements, work and other day activities, access to community services and activities, and opportunities for relationships with non-paid individuals).

In addition, the QSR process will provide data in one or more of the following areas:

- Safety and freedom from harm (e.g., neglect and abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions, licensing violations).
- Physical, mental, and behavioral health and well-being (e.g., access to medical care, including preventative care; timeliness and adequacy of interventions, particularly in response to changes in status).
- Avoiding crises (e.g., use of crisis services, admissions to emergency rooms or hospitals, admissions to Training Centers or other congregate settings, contact with criminal justice system).
- Stability (e.g., maintenance of chosen living arrangement, change in providers, work/other day program stability).
- Choice and self-determination (e.g., service plans developed through person-centered planning process, choice of services and providers, individualized goals, self-direction of services).

- Community inclusion (e.g., community activities, integrated work opportunities, integrated living options, educational opportunities, relationships with non-paid individuals).
- Access to services (e.g., waitlists, outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, availability of services geographically, cultural, and linguistic competency).
- Provider capacity (e.g., caseloads, training, staff turnover, provider competency).

These areas are captured in three DBHDS Key Performance Areas (KPA): *Health, Safety, and Well-Being KPA*, *Community Integration and Inclusion KPA*, and *Provider Competency and Capacity KPA*. HSAG was selected by DBHDS to evaluate the quality of home and community-based services that are provided through the HCBS DD Waiver program by conducting QSRs. The QSR includes two components: Provider Quality Reviews (PQRs) and Person-Centered Reviews (PCRs). DBHDS requires all providers and Community Service Boards (CSBs)/Behavioral Health Authorities (BHAs) [hereafter referred to as CSBs] participate in the QSR process.

Round 3 Review Period

Round 3

The QSR process of 100 percent of providers (N=614) will be conducted beginning November 29, 2021 through February 28, 2022.

Sampling Methodology

HSAG has developed the following sampling methodology to generate the samples of providers/CSBs for PQRs and to sample individuals for PCRs. The sampling methodology for each component of the QSRs (i.e., PQR and PCR) are included in separate sections below.

PCR Sampling

DBHDS has indicated 1,200 PCRs will be conducted for Round 3. HSAG will use the member list provided by DBHDS that includes approved services for each member, and provider Tax Identification Numbers (TINs) of providers, to stratify and sample individuals based on DD Waiver services received. HSAG will collapse all service categories in the *Name* field for crisis support (i.e., center-based crisis support, community-based crisis support, and crisis support services) into a single category called crisis support services. The service categories for community coaching and community coaching (customized rate) will be combined into a single category called community coaching. HSAG will also combine all services in the *Name* field for group residential supports of 5-person group homes or larger into a single category called group residential supports > 4 persons. Group residential support for four or fewer persons will remain as a distinct category from larger group residential settings. HSAG will combine the service categories for in-home residential support, 1, 2, or 3 people, and in-home support services (customized rate) into a single category called in-home supports. The service categories for sponsored residential and sponsored residential (customized rate) will be combined into a single category for sponsored residential. Finally, for the respite service category, four providers were identified by DBHDS using Tax Identifier numbers as those providing center-based agency directed respite services. HSAG

retained all service authorizations for respite care provided by these four providers and excluded all other respite service authorizations to for the category of center-based respite care. By collapsing categories together in this manner, HSAG will sample clients to generate a statistically representative sample of the statewide population receiving services in each service category.

HSAG identified the individuals receiving services in each of the 12 DD Waiver service categories, calculating a count of the *ClientID*'s to represent the population of recipients for each service. With a sample size limited to 1,200 PCR reviews across the 12 service categories, HSAG calculated the Margin of Error (MOE) associated with an alpha level of 0.05, a rate of 0.5, and incorporating a finite population correction to reflect the reality that the sample of service recipients for the PCRs is being drawn from a limited population.^[1] Applying the sample size calculations, HSAG identified the MOE associated with the sample is 8.46%.

HSAG removed all providers identified as no longer providing services from the PQR population prior to drawing the PCR sample. Where there were new providers in the PQR population that did not participate in either the Round 1 or Round 2 reviews, HSAG ensured that these providers had at least one associated PCR review included in the sample.

HSAG drew the sample from each DD Waiver service population using a two-stage approach. In the first stage, HSAG randomly sampled one individual from each provider offering a service, identified using Tax Identification Numbers (TINs), where possible. If there were more providers than the required sample size for the service category, HSAG first sampled members from providers that had not previously participated in the Round 1 or Round 2 reviews. Then HSAG randomly selected one member from each of the remaining providers to obtain the correct number of PCR reviews in the service category. If one individual was receiving services from multiple providers in the same service category, and was sampled more than once, HSAG randomly sampled a replacement member. Where the first stage of sampling did not yield the required number of sampled individuals for PCR review, the second stage consisted of a random sample of all remaining individuals with authorizations for the service, regardless of provider attribution, to bring the total sample up to the required number of PCR reviews.

Finally, to capture all CSBs in the PQR portion of the QSR, HSAG included seven CSBs that only provide case management services to their clients, as these organizations would not otherwise have been included in the sample based on waiver services provided. Because the case management service category does not require a representative sample for reporting purposes, DBHDS approved the random sampling of one member for PCR review from each of the seven CSBs providing only case management services.

The population of providers in the required service categories for this study for Round 3 is 615. Eight providers were dropped from the analysis after being identified as no longer offering services, and seven CSBs providing only case management services were added, reducing the total number of providers for PQR reviews to 614. Across those 614 providers, there were 19,216 client-service authorizations from

^[1] The sample size, $n = z_{1-\alpha}^2 (p_u q_u / e^2)$, where z is the z-score associated with an alpha level of .05 (i.e., 1.96), p represents an estimated measure rate, q is the complement of the measure rate, and e is the margin of error. The finite population correction factor is $fpc = n / (1 + \frac{(n-1)}{N})$, where n is the calculated sample size above, and N is the population size of recipients for a service (Valliant et al., 2013).

which to sample individuals for PCR review. Table 1 presents the number of clients with authorization in the population for each service, as well as the sample size required to have a total of 1,200 PCR reviews with an MOE of 8.46% and an alpha level of 0.05.

Table 1. Final Sample Sizes Drawn for PCRs in Each DD Waiver Service: Round 3

DD Waiver Service	Population of Service Recipients	Required Sample Size with Finite Population Correction
Center-Based Respite Care	62	43
Community Coaching	325	96
Community Engagement	2,571	128
Crisis Support Services	205	82
Group Day	6,258	132
Group Residential Support <= 4 Persons	3,042	129
Group residential Support > 4 Persons	2,124	127
Group Home (Customized Rate)	107	60
Independent Living Supports	135	68
In-Home Supports	2,066	126
Sponsored Residential	2,154	127
Supported Living	167	75
Total without Case Management	19,216	1,193
Case Management ¹	N/A	7
Grand Total²	19,216	1,200

¹ Case Management was added to include CSBs that only provide case management services to their members. Seven CSBs fell into this group. Because each PCR includes a review of case management services, case management does not require a representative sample of members to participate in PCRs, the total population of members receiving services is not required, and HSAG sampled one member from each of the seven CSBs providing only case management services.

²Service recipients may be duplicated across service types if receiving more than one service type

DBHDS requested that HSAG attempt to include members from all assessment tiers/levels in the sample of service recipients for PCRs. Examination of the resulting sample indicated that the sample of 1,200 PCR reviews included individuals from all tiers/levels in proportions consistent with the population. HSAG also confirmed that the distribution of clients sampled for PCR reviews was consistent with the population with respect to sex, age, and region.

HSAG anticipates that some individuals selected for PCRs will decline the opportunity to participate or may expire prior to the completion of the PCR interview. Therefore, an oversample of DD Waiver service recipients will be drawn to provide replacements when individuals cannot or choose not to participate. Based on historical and anecdotal information received from DBHDS, the oversample will need to be large. HSAG will draw an oversample that is up to 50 percent of the required sample size. For services that require sampling a large portion of the population of recipients, an oversample of 50

percent will not be possible to obtain. Some members receiving these DD Waiver services who decline or are otherwise unable to participate may not be able to be replaced by others receiving those services. For DD Waiver services where nearly the entire population is being included in the sample, a limited oversample may be drawn. If the refusal rate for participation by recipients of those services is high enough, it is possible that the oversample may not be large enough to obtain the necessary sample size, unless HSAG proceeds with collecting PCR data through record and document reviews only.

PQR Sampling

HSAG will conduct a PQR review of 100 percent of eligible providers and 100 percent of CSBs delivering services during Round 3. Therefore, round 3 will consist of 614 PQRs of providers and CSBs. As noted above, because the target sample size is 1,200 PCRs, it is not possible to sample at least one individual from each provider. Therefore, some PQRs do not have any associated PCRs in the sample. Specifically, the number of providers for which a PCR is not included in the sample is provided in Table 2.

Table 2. Number of Providers Without an Associated PCR Review Sampled

Service Category	Provider Population	PCR Sample Size	Number of Providers without a PCR Sample
Community Engagement	132	128	4
Group Day	176	132	44
Group Residential Support <= 4 Persons	424	129	295
Group Residential Support > 4 Persons	128	127	1

Round 3 Quality Service Review Scope

The QSR scope of work includes QSRs of DD Waiver service providers. Each QSR is comprised of a Provider Quality Review (PQR) and a sampled number of Person-Centered Reviews (PCRs). The sample of PCRs is drawn to be representative of the state-wide population for each service category in the analysis. With 614 providers delivering services across 13 service categories, and a sample size limit of 1,200 PCRs, some QSRs will consist of a PQR and zero sampled PCRs. Most QSRs, however, will consist of a PQR and at least one sampled PCR.

The QSR electronic review tools comprehensively address the services and supports that are necessary to meet individual's needs. The tools include elements for review of records and individual service plans to ensure that they meet the intent of the HCBS Settings Final Rule and the requirements in the Settlement Agreement, such as a person-centered approach to service planning and service delivery and community integration. The QSR electronic tools include indicators that review the inclusion and facilitation of receipt of HCBS services and supports; and a review and facilitation of ordered and recommended clinical care and assessments that are documented in the records and ISPs that are included in the QSR process.

Provider Quality Reviews

PQR Scope

The scope of the PQRs includes a review of each DD Waiver service that the provider delivers to selected individuals. The Round 3 review will cover documents produced between November 29, 2021 through February 28, 2022. HSAG's PQR process will include:

- Review of the quality, accessibility and sufficiency of services provided to meet the individuals' needs as specified in the individual's ISP and provider implementation plans to verify that ISPs:
 - Are person-centered and include goals selected by the person; include people the individual chose to participate in the process; are prepared in a convenient, private, and accessible location for the individual; support the individual's cultural and language preferences; and follow the HCBS Final Rule requirements for the service planning and plan development process and are reflective of the Department of Justice and DBHDS agreed upon indicators.
 - Offer information about less-restrictive community options and provide for the individual to receive assistance to make choices and direct the ISP process to receive services and supports in the most integrated setting that meets their needs, desires, and choices.
 - Document the individual's choices of service options presented to the individual.
 - Identify risks and their cause(s), if known, with measurable, relevant outcomes and goals.
 - Include relevant support strategies to address known and newly identified risks, and document whether these strategies were implemented.
 - Were signed by the individual in the final version.
- Review of how the provider is meeting the intent of the HCBS Final Rule.
- Review of the providers' identification and mitigation of risks or harm to the individual.
- Review of provider quality improvement and risk management plans, processes, and strategies and the effectiveness of each.
- Review of data across the organization, including incident reports, performance data, results of licensing inspections, and human rights reviews, among others.
- Conduct observations and interviews with multiple levels of provider staff members, including direct support workers, front-line supervisors, and managers.
- Development of quality improvement plans that address issues identified in the PQR, with actionable recommendations and timelines for implementation for each provider surveyed.
- Follow-up and technical assistance on quality improvement plans to determine if the provider has implemented the recommendations for improvement within the required time frames.

PQR Methodology

Provider Quality Reviews will include a review of each DD Waiver service, including support coordination, that a provider is delivering to DD Waiver recipients under the Settlement Agreement including:

Table 1 – DD Waiver Services Included in the PQR

DD Waiver Services	
Agency-directed center-based respite	Group home > 4 persons
Case management	Group home (customized rate)
Community coaching	Independent living supports
Community engagement	In-home supports
Crisis support services	Sponsored residential
Group day	Supported living
Group home <= 4 persons	

Individual Support Plan Review and Provider Implementation Plan

The PQR Round 3 reviews will include a review of documents dated January 1-June 30, 2021 (lookback period and November 29, 2021 – February 28, 2022 (review period, if latest document is required for a specific element). The PQR will assess the quality and accessibility of services provided to meet individuals' needs, including whether:

- Person-centered planning was used to identify whether individuals' needs were being identified and met and changes made when there is a change in status
- Services built upon the individuals' strengths, preferences, and goals
- Individuals were informed of the available integrated service options
- Services were accessible and offered, and provided in the setting most suitable for and preferred by the individual
- Services and supports maximized the individuals' opportunities for integration in all aspects of their lives, including living arrangements, work and other day-to-day activities, access to and choice of community services and activities, and opportunities for relationships with non-paid individuals

HSAG will review the providers' identification of risks, risk management strategies, and a risk management plan. HSAG will review providers' implementation of quality improvement strategies through a review of policies and procedures. Provider interviews will assess whether providers' policies and procedures are adequate and were implemented effectively. The review of the risk management strategy effectiveness will include information from incident report data, if available.

The PQR will include a review of the quality of individuals' ISPs and provider implementation of the plan such as:

- Whether the ISP was developed using a person-centered planning process, directed by the individual when possible, and includes goals the individual selected.
- Whether the ISP process included people the individual chose to participate in the process.
- Whether the individual was provided with necessary information and supports that allowed the individual to direct the process and make informed choices and decisions regarding supports and service delivery.
- The timeliness of the ISP process and whether it was updated when the individual had identified changes in condition or at his or her request.
- The planning process was conducted in a location that was convenient, accessible, and ensured privacy for the individual.

- Whether the process supported the individuals' cultural and language preferences and the ability to choose their providers.
- Whether strategies for the individual to resolve conflict or disagreement during the development of the ISP were implemented, if applicable.
- Risk factors were identified and discussed with the individual, and the individual had measures in place to minimize risks.
- Consideration of barriers that impact the individual's achievement of outcomes.

Process

HSAG will conduct ISP reviews of the individuals selected from DD Waiver service data. HSAG's high-level steps and procedures for conducting the ISP review process include:

- Identify, from DBHDS data, the CSB and the support coordinator for the ISP review.
- Schedule the review a minimum of 14 days in advance and inform the CSB and support coordinator which individual records to have available.
- Pre-populate CSB, support coordinator and individual demographic data in the electronic tool.
- Conduct the ISP review.
- Incorporate review results into the QSR reporting, as indicated.

Review of Provider Quality Improvement/Risk Management Plans

The PQR will include a review of provider policies and procedures and/or plans for:

- Preventing, identifying, and reporting incidents and injuries to individuals
- Identification and mitigation of risks and harms to the individual
- Quality improvement and risk management strategies

The PQR record review and interview processes will be used to identify:

- Whether the providers' staff members are identifying potential and actual risks or harm to individuals
- Whether the service and support needs identified in the individual's ISP were delivered
- Whether providers are monitoring outcomes for the individual
- Whether the provider discussed with the individual the plans or strategies to mitigate any risk or harm

Process

HSAG will review applicable provider policies and procedures, including those focused on quality improvement. HSAG also will review the ISPs and will conduct record reviews, observations, and interviews during the PQRs and PCRs to determine the status of implementation of risk management and quality improvement processes. HSAG's electronic PQR and PCR tools will include content that will allow for the review of risk mitigation, as applicable.

Non-Duplication of Current Licensure Survey

Before beginning the PQR, HSAG will review the provider's Licensure Survey results. HSAG will review the provider deficiencies found during the most recent Licensure Survey. HSAG will review the posted corrective action plan and corrective actions the provider submitted to Licensure to correct the deficiencies. During the PQR, HSAG will review the provider's implementation of the provider's Licensure corrective action plan. HSAG will review policies and procedures, conduct interviews with staff, and review staffing levels as needed to determine the status of the provider's/CSB's implementation of the corrective actions in response to the Licensure survey results.

Observation/Interviewers with Provider Staff

A statewide population of providers and CSBs will be selected for a PQR. HSAG will conduct interviews of DD Waiver service provider's/CSB staff members scheduled for a PQR. HSAG will customize the PQR tools for each level of staff member included in the PQR. The level of staff members interviewed will include:

- Direct support workers/support coordinators
- Front-line supervisors
- Managers
- Quality improvement/risk management
- Nurses, if applicable

Process

HSAG will conduct observations and interviews of CSB/provider staff members. HSAG's high-level steps and procedures for conducting the interview process include:

- Identify, from DBHDS data, providers/CSBs selected for reviews and interviews.
- Identify the individuals selected for the PCR that are served by the provider/CSB.
- Identify the provider/CSB support coordinator/direct service workers and front-line supervisor quality improvement/risk management manager, and manager that provide services or supervise services for the selected individual(s).
- Schedule the interview a minimum of 14 days in advance and inform the CSB/provider which direct support worker, front-line supervisor, and manager to have available for interview.
- The electronic tool will pre-populate provider and individual demographic data in the electronic tool.
- Conduct the interview and document responses in the electronic tool.
- Conduct an exit session with the provider and share preliminary findings.
- Incorporate review results into the QSR reporting as indicated.

Development of Quality Improvement Plans

When findings of a deficiency occur during a QSR, the CSB/provider will be required to address and remediate the deficiencies through the quality improvement plan (QIP) process. HSAG will provide written, actionable recommendations with implementation timelines for any deficient areas identified during the review. A template for the QIP will be offered by HSAG to the provider. HSAG will be

available to provide technical assistance to support the provider in sufficiently addressing the recommendations for improvement and ensuring that the quality improvement interventions the provider is planning are likely to result in the provider successfully achieving compliance with the requirement when the QIP is implemented. Toward this goal, HSAG will evaluate the QIP's sufficiency for:

- Completeness in addressing each required action and assigning a responsible individual, a timeline/completion date, and specific actions/interventions that the provider will take.
- Whether the planned activities/interventions meet the intent of the requirement.
- Whether to which the planned interventions are anticipated to bring the provider into compliance with the requirement.
- Appropriateness of the timeline to correct the deficiency, considering the severity and impact on individuals.

Process

Providers or CSBs will be required to develop and implement quality improvement plans to remediate the deficiencies. The following process will be used:

- Technical assistance will be provided, as indicated to assist the provider/CSB to correct the deficiency at VAQSR@hsag.com.
- HSAG will provide a template for the provider/CSB to use in developing a quality improvement plan based on the recommendations provided.
- HSAG will evaluate the quality improvement plan and provide technical assistance, as necessary to ensure that, when implemented, the plan has the potential to resolve the deficiency.

Follow-up on Quality Improvement Plans

HSAG will review the results of the implementation of the quality improvement plan during the next round of QSRs.

Process

During the next round of QSRs, HSAG will assess the degree to which the provider has initiated and implemented its QIP and note whether there is either successful completion or continuing, ongoing implementation efforts underway. Should more immediate follow-up be needed, (e.g., prior to the next QSR cycle), HSAG will work with DBHDS regarding follow-up on the quality improvement plan.

Person-Centered Reviews

PCR Scope

During Round 3, HSAG will conduct PCRs of individuals receiving services from selected providers or CSBs for the timeframe of January 1, 2021 through June 30, 2021 for support coordination and for provider documentation. The scope of the PCR will include the following components for individuals included in the sample:

- Review of the individuals' risk reduction plans and/or protocols included in the ISP, and the quality improvement/risk management plans, processes, and strategies to address the risks and to prevent harm to the individual.
- Review of provider and support coordination records to validate that individual outcomes, as outlined in ISPs, are being achieved or progress is being made toward their achievement.
- Review of the support coordinator records that include documentation of providers serving the individual and the services provided; support programs; basic demographic information; service information; member choices and direction; completed assessments; risk reduction/safety plans; and that outcomes are being achieved or progress is being made toward their achievement.
- Other information about the individual, such as basic demographic and services information as well as other system data related to the specific individual and provider(s) serving the individual.
- Review of the individuals' ISP to verify:
 - The ISP is person-centered
 - The goals were selected by the individual
 - Whether the individual directed the ISP process
 - The individual's ability to self-direct his/her own life
 - Whether risks and causes were identified and measurable
 - Whether relevant outcomes and goals were included
 - Support strategies to address risks were documented and implemented, when applicable
 - Whether the final ISP was signed by the individual
- Review of the individuals' assessments to ensure that identified needs were reviewed and discussed with the individual and whether the ISP was updated to reflect any changes in the individual's needs and the choices for care and service delivery to address the identified needs.
- Review of documentation and interviews for clinical concerns including, but not limited to risk of:
 - Aspiration pneumonia risk awareness
 - Constipation and bowel obstruction risk awareness
 - Dehydration risk awareness
 - Falls risk awareness
 - Pressure injury risk awareness
 - Seizures risk awareness
 - Sepsis risk awareness
- Direct observation of the individual receiving DD Waiver or consumer-directed services.
- Individual interviews to assess whether individuals are meeting outcomes in the areas of person-centered planning, integrated settings, and community inclusion; whether the system is supporting the individual's desired outcomes and where the individual may be experiencing barriers.
- Interviews of family members/guardians and others involved in the lives of the selected individuals. The interview will be used to identify the family member's/guardian's perspective regarding how the system is supporting the individual's desired outcomes and where the individual may be experiencing barriers.
- Interviews of the support coordinator to identify, from the perspective of the support coordinator where the system is supporting the individuals' desired outcomes and where the individual may be experiencing barriers.

PCR Methodology

HSAG will schedule individuals' interviews at convenient times and locations to ensure their privacy. Interviews not conducted in private will be documented as such and will identify other participants in the interview, such as a paid or non-paid proxy for the individual; documentation of whether the interview is conducted privately is documented in HSAG's electronic tool.

Evaluations

HSAG will review and assess information as part of the PCRs. To evaluate quality, HSAG will use the results of the PCR targeted interviews of individuals about their perceptions, experience and satisfaction, related to the delivery of HCBS services and supports. HSAG's quality evaluation will consider relevant documentation, records, and system data. The PCR quality evaluation also will include data and information such as:

- Individual support plans
- Assessments
- Risk reduction plans
- Support coordinator records
- Provider records for the service being reviewed

Process

HSAG results from PCR record reviews, direct observations, and interviews will be documented in the electronic PCR tool. The results of the PCRs will be a component in evaluating the quality-of-service delivery for individuals served in the HCBS DD Waiver program.

Record Reviews

The record review process will support and inform the PCRs. The provider and support coordinator record review will be an integral part of the PCR process and will be used to validate that individual outcomes, as outlined in the ISPs, are being achieved or there is progress toward their achievement. HSAG's record review process will evaluate whether DD Waiver services included in the ISP are documented in the record and that individuals have access to needed services in the most appropriate integrated setting and consistent with their informed choice.

Process

HSAG will conduct record reviews of the records of the individuals selected from DD Waiver service data. HSAG's high-level steps and procedures for conducting the record review process are:

- Identify, from DBHDS data, individuals and services provided for each CSB/provider selected for reviews, interviews, and observation.
- Schedule the review a minimum of 14 days in advance and inform the CSB/provider which individual records to have available.
- Pre-populate provider and individual demographic data in the electronic tool.
- Conduct the record review.

- Finalize the review within 30 calendar days of the on-site visit and completion of interviews.
- Incorporate review results into individual, provider, and system level analysis and reporting.

Direct Observation of Individual Receipt of Waiver Services

HSAG will complete direct observation of the representative sample of individuals receiving DD Waiver services that were selected for interviews at service sites. HSAG will conduct the observation during the individual's regularly scheduled service or support visit. HSAG's direct observation tool will align with the services and supports outlined in the individual's ISP and will assess where the system is supporting desired outcomes and where there may be barriers.

Process

HSAG will conduct observation of the individual receiving DD Waiver services that are documented in the ISP. HSAG's high-level steps and procedures for conducting the observation include:

- Conduct a review of the individual's ISP and identify DD Waiver services the individual receives.
- Identify the DD Waiver service provider responsible for the provision of the DD Waiver service.
- Inform the individual and family member, guardian, or authorized representative during their interview that HSAG completed an observation of the provision of the DD Waiver service prior to the interview, as applicable.
- Contact the DD Waiver service provider and determine dates of scheduled DD Waiver services.
- Attend and observe the provision of the DD Waiver service.
- Document findings or results in the HSAG QSR electronic tool.
- The tool will be pre-populated with the provider, support coordinator, and individual demographic data in the electronic tool.
- Incorporate observation results into individual, provider, and system level analysis and reporting.

Interviews of Individuals Receiving HCBS Services

HSAG will conduct interviews with individuals as part of the PCR process and will ensure the selection of a representative sample of individuals. HSAG will schedule interviews at convenient times to ensure the privacy of the individual. Interviews not conducted in private will be documented as such and will identify other participants in the interview, such as a paid or non-paid proxy for the individual. Using the interview tool, HSAG will review:

- The degree to which individuals are achieving their ISP goals
- Effectiveness and outcomes of person-centered planning
- Choices provided in service settings, including the most integrated setting
- Ability to maximize opportunities for community inclusion

To promote consistency and accuracy of the PCRs, an electronic tool will be used to capture results and responses. The tool will include definitions and, where indicated, examples to ensure a consistent understanding of the review requirement.

Process

HSAG will conduct interviews with individuals receiving HCBS DD Waiver services. HSAG's high-level steps and procedures for conducting the interview process include:

- Select a random sample of individuals to participate in the PCR that are served by the CSB/provider.
- Schedule the individual interview a minimum of 14 days in advance of the interview date, as needed and/or requested.
- Pre-populate provider, support coordinator, and individual demographic data in the electronic tool.
- Review the individual's ISP and provider service records for the timeframe under review during each Round.
- Conduct the interview and document responses in the electronic tool.
- Incorporate interview results into the QSR reporting as indicated.

Interviews of Family Members/Guardians or Authorized Representatives of Individuals Receiving HCBS Services

HSAG will conduct interviews with family members/guardians or authorized representatives of the individuals selected for the PCR process. The interview tools will be designed to identify the family member's/guardian's perspective regarding how the system is supporting the individual's desired outcomes and where the individual may be experiencing barriers.

HSAG will schedule the interviews at convenient times for the family members/guardians, ensuring that the privacy of the individual is protected. The interviews will align with the interviews of the selected individuals. The interview tool will assess the family members/guardian's perception regarding:

- Whether the individuals are meeting ISP goals
- The effectiveness and outcomes of person-centered planning
- Whether the individual was provided choices in service settings, including the most integrated setting
- Whether the individual was able to maximize opportunities for community inclusion

Process

HSAG will conduct interviews with the individual's family member, guardian, or authorized representative regarding the individual's HCBS DD Waiver services. HSAG's high-level steps and procedures for conducting the interview process include:

- Select a random sample of individuals to participate in the PCR that are served by the CSB/provider.
- Schedule the family member, guardian, or authorized representative interview a minimum of 14 days in advance.
- Pre-populate provider, support coordinator and individual demographic data in the electronic tool.
- Review the individual's ISP.
- Conduct the interview and document responses in the electronic tool.
- Incorporate interview results into the QSR reporting, as indicated.

Support Coordinator Interviews

Interviews will be conducted with the individuals' support coordinators as part of the PCR process. HSAG's interview tools will be designed to identify where the system is supporting the individuals' desired outcomes and where the individual may be experiencing barriers from the perspective of the support coordinator or relevant professional.

HSAG will schedule interviews at convenient times so that, whenever possible, interviews regarding all individuals selected for the PCR being served by the same support coordinator will be conducted consecutively during the scheduled interview appointment to reduce the burden on the coordinator whenever possible.

Process

HSAG will conduct a review of the ISP of the individual whose support coordinator will be interviewed. HSAG will then conduct an interview of the individual's support coordinator. HSAG's high-level steps and procedures for conducting the interview process include:

- Select a random sample of individuals to participate in the PCR that are served by the CSB/provider.
- Review the individual's ISP.
- Schedule the support coordinator interviews a minimum of 14 days in advance.
- Pre-populate provider, support coordinator, and individual demographic data in the electronic tool.
- Conduct the interview and document responses in the electronic tool.
- Incorporate interview results into the QSR reporting, as indicated.

Reporting of Abuse, Neglect, Exploitation

If during the review process a reviewer identifies potential abuse, neglect, or exploitation of the individual or a potential rights restriction in the absence of an approved plan, or if the rights restriction is implemented inconsistently with the approved plan, the reviewer will make a referral to DBHDS Human Rights and/or the Department of Social Services Adult/Child Protective Services, as applicable within 24 hours of identification. Copies of these referrals will be sent to both the DBHDS QSR Coordinator and the back-up designee identified by DBHDS.

QSR Scoring Methodology

HSAG will use electronic tools for the reviews, interviews, and observation visits. HSAG's electronic tools records the results of documentation reviews, interview responses, and observations. The tools include data gathering elements that inform the scored element in the tool. The electronic tool contains the criteria and links to reference material that the reviewer will use to determine compliance with the requirement. Reviewers also will access a user guide for the electronic tools that provides additional information and resources to assist reviewers with understanding and applying the criteria for scoring each element in the tool. HSAG's electronic tool will score the results of QSR required elements. The data gathering elements will roll up into a standard score. An aggregate overall score will be calculated related to the provision of patient-centered, informed services that conform to the HCBS Settings Rule.

The scoring criteria is as follows:

- *Yes* indicates full compliance, defined as including the following:
 - All documentation reviewed, including policies and procedures, meet requirements; and
 - Those interviewed can provide responses to reviewers that are consistent with the requirements or documentation.
 - Observations are consistent with the ISP.
- *No* indicates noncompliance, defined as any one or more of the following:
 - Documentation does not meet the requirements;
 - Providers or staff members interviewed describe processes that conflict with policies or procedures or have little or no knowledge of the process or requirement;
 - The interview or observation results do not support that the requirement has been implemented.

After the review, HSAG will calculate a percentage of compliance score using a weighted score. The weighted score is calculated by:

- Assigning a value of 1.0 to each *Yes* score and a value of 0.0 for each *No* score and *NA* designation.
- Dividing the total summed weighted score by the number of applicable elements in the tool.

The following table illustrates the above methodology:

Table 2: PQR Scoring Tool							
Yes	=	7	X	1.00	=	7.0	
No	=	2	X	.00	=	0.0	
Not Applicable	=	3	NA			NA	
Total Applicable	=	9	Total Score		=	7.0	
Total Score Divided by Total Applicable						= 77.78%	

Recommendations

QSR results will be used by HSAG to develop actionable and measurable recommendations that can be used to improve services and outcomes at the individual, provider, and system levels. Recommendations and QSR report formats are included in the QSR Communication Plan.

Communication Plan Provider Contact Process Flow

1. The sample list is received from DBHDS.
 - a. The sample list is saved for reviewers to utilize for contact information. If the list does not have correct contact information, the reviewer will search WaMS or the web for contact information.
 - b. If the reviewer is not able to find the contact information, DBHDS will be notified via SharePoint automatic notification (in the DBHDS share folder by HSAG management for assistance to find the contact information).
2. PQR and PCR samples and oversamples are created.
3. Reviewer caseloads are created.
 - a. Reviewer home addresses are mapped to provider/CSB addresses.
 - b. Provider samples and CSB samples are created on the Excel sample template.
4. A Round 3 sample folder is added for each provider in SharePoint.
 - a. Provider and CSB samples are uploaded into the folder.
5. The reviewer contacts the provider (the reviewer will document in provider Contact Log on SharePoint).
 - a. Round 1 and Round 2 non-responders and non-sampled providers will be prioritized for Round 3 reviews.
 - b. Reviewer will make contact by email within 1 business day of receiving caseload assignment.
 - i. Round 3 introductory email containing the documentation checklist, what documents can be uploaded/which documents can be reviewed during in-person observation meeting, and instructions on how to view sample on SharePoint.
 - ii. If the provider does not have a working email, the reviewer will attempt contact by phone to obtain a working email and update the contact log in SharePoint. The introductory email will then be sent.
 - iii. All emails will be sent with “Read Receipt”
 - iv. If the email is not opened within 1 business day, the reviewer will call the provider.
 - c. If the reviewer cannot contact the provider:
 - i. The reviewer will make a 2nd attempt within 2 business days. If contact is made, the reviewer will proceed to next step (d).
 - ii. The reviewer will make a 3rd attempt within 2 business days. If contact is made, the reviewer will proceed to next step (d). If no contact is made, the reviewer will update the contact log in SharePoint, which will automatically notify DBHDS
 - iii. DBHDS will contact provider instructing them to contact HSAG.
 - iv. If the provider does not contact HSAG within 30 calendar days, HSAG will close the PCR/PQR and update the contact log in SharePoint, which will notify DBHDS automatically.
 - d. If contact is made:
 - i. The reviewer will request records from the provider (with introductory email)

1. Providers/CSBs will notify HSAG within 2 weeks of initial contact if alternates are needed. The introductory email will include notice of a call with provider/CSB to ensure Providers/CSBs anticipate the need of reviewing the sample list within the first 2 weeks of receipt.
 - a. If alternates are requested, the individual in the sample will either be replaced or excluded.
 - b. If a provider notifies HSAG that an individual is deceased, hospitalized, or incarcerated, an alternate will be assigned.
 - c. No alternates will be provided after December 31, 2021.
2. Providers and CSBs have 30 calendar days to provide documents/records after record request in the introductory email.
 - a. Providers/CSBs will upload documents/records to SharePoint, and/or the HSAG Dropbox account and/or provide EHR access during on-site. Location of where records are stored by provider will be noted by provider on document/record request checklist.
 - b. If alternates are requested/provided, providers/CSBs will have one additional week after receiving their alternate(s) to upload records.
- ii. The reviewer schedules on-site interviews/observation (the provider must upload all documents 2 weeks prior to scheduled interview).
- iii. If on-site interviews/observation is refused, provider will be added to on-site refusal list in SharePoint, which will automatically notify DBHDS
- iv. DBHDS will contact the provider.
- v. If the provider does not contact HSAG within 30 calendar days, HSAG will end the QSR process.
6. If after contact is made and the provider discontinues contact or does not keep their scheduled appointment (the reviewer will document in provider Contact Log on SharePoint).
 - a. The reviewer will attempt to contact one time and will give 2 business days for a response.
 - b. If a response is not received within 2 business days, the provider will be added to challenging provider list on SharePoint with a description of how provider did not follow through; DBHDS will be automatically notified.
 - c. DBHDS will contact the provider.
 - d. If the provider does not contact HSAG within 30 calendar days, HSAG will end the QSR process.
7. If the provider has not uploaded records (the reviewer will document in provider Contact Log on SharePoint).
 - a. The reviewer will contact the provider and make a final request for records with a two-business day deadline.
 - b. If records are not uploaded, the provider will be added to challenging provider list on SharePoint with no upload note; DBHDS will be automatically notified.
 - c. DBHDS will contact the provider.

- d. If the provider does not contact HSAG within 30 calendar days, HSAG will end the QSR process.
- 8. If uploaded records are found to be incomplete (the reviewer will document in provider Contact Log on SharePoint).
 - a. The reviewer will contact the provider and request records with a 2-day business day deadline.
 - b. If records are not received, the reviewer will proceed with review with what is available.
- 9. On-site Observations and Interviews.
 - a. The reviewer will confirm appointment the day before
 - i. If the provider is available, the reviewer will meet as scheduled and follow COVID protocols.
 - ii. If the provider is unavailable, the reviewer will attempt to reschedule once.
 - iii. If unable to reschedule, HSAG will notify DBHDS.
 - iv. DBHDS will contact the provider.
 - v. If the provider does not contact HSAG within 30 calendar days, HSAG will end the QSR process: HSAG will bill for the completed review.
 - vi. If Individual/Family/Guardian are a no-show upon arrival for on-site interview and observation. The Reviewer will complete the observation/review with the provider.
 - vii. HSAG will bill for the completed review.
 - b. If the provider does not respond to initial on-site observations and interviews scheduling, the reviewer will attempt one more time within 2 business days.
 - i. If the provider is non-responsive, the provider will be added to challenging provider list on SharePoint with no upload note; DBHDS will be automatically notified.
 - ii. DBHDS will contact the provider.
 - iii. If the provider does not contact HSAG within 30 calendar days, HSAG will end the QSR process.
 - iv. HSAG will bill for the completed review.
- 10. Round 3 report.
 - a. A Round 3 report folder created in SharePoint
 - i. The QIP template will be uploaded into Round 3 Report folder.
 - b. The Round 3 Report will be emailed to provider with guidance/instructions.
 - c. The provider must respond if a QIP is needed within 15 business days.
 - i. If the provider/CSB does not respond to QIP email within 15 business days, add to the Did Not Respond to R3 QIP list; DBHDS will be automatically notified.
 - ii. DBHDS will contact provider.
 - iii. If the provider does not contact HSAG within 30 calendar days, the QSR process will end.
 - d. HSAG will notify the provider within 5 business days of receipt of the QIP whether accepted or modifications are requested.

- i. If accepted, an approval email will be sent to the provider/CSB stating HSAG has approved their QIP.
 - ii. If not accepted, HSAG will email the provider/CSB the specifics of what modifications are needed. The email will include a QIP modification deadline of two business days.
- e. HSAG reviews findings with provider/CSB.