

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
1. Does this case meet the criteria for partial review (SC documentation and interview only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Case meets criteria for individual who is excluded but provider does not have any alternates – SC documentation and SC interview required only.</p> <p><b>No:</b> Case does not meet criteria for SC documentation and SC interview only.</p>
2. Effective date of ISP reviewed.	Date field	The reviewer will document the effective date of the ISP reviewed and used to score elements.
3. The ISP for this review period is within 365 days of the previous ISP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> The current ISP was completed in 365 days or less. The ISP must be in completed or <i>pending provider completion</i> status.</p> <p><b>No:</b> The ISP was completed greater than 365 days OR the ISP is in <i>pending SC completion</i> status.</p> <p><b>N/A:</b> Individual has been receiving waiver support for less than one year.</p>
4. The ISP reviewed identified all medical needs found in the SIS or other relevant assessments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> All medical needs identified in the SIS or other relevant assessments are addressed in the ISP.</p> <p><b>No:</b> Review of the most recent assessments notes medical needs NOT addressed in the ISP.</p> <p><b>N/A:</b> Individual has no medical needs identified in the assessments utilized to develop the ISP, or in the ISP reviewed.</p>
5. The ISP reviewed identified all behavioral needs found in the SIS or other relevant assessments.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> All behavioral needs identified in the SIS or other relevant assessments are addressed in the ISP.</p> <p><b>No:</b> Review of the most recent assessments notes behavioral needs NOT addressed in the ISP.</p> <p><b>N/A:</b> Individual has no behavioral needs identified in the assessments utilized to develop the ISP, or in the ISP reviewed.</p>
6. Were any assessments completed after the initiation of the ISP and used to inform changes to the ISP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> The ISP was changed after initiation based on assessment(s) completed after the start of the ISP plan year.</p> <p><b>No:</b> The ISP was not changed after initiation based on assessment(s) completed after the start of the ISP plan year.</p>
7. Was the RAT completed accurately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Full RAT accurately identifies all potential risk factors for the individual.</p> <p><b>No:</b> Full RAT does not accurately identify all potential risk factors for the individual, OR only the summary page of RAT was provided for reviewer assessment.</p>
8. Does the ISP Part II include all high-risk health factors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of the ISP confirms that all high-risk health factors identified in the assessments completed in conjunction with ISP development are incorporated into the ISP as appropriate.</p> <p><b>No:</b> Review of ISP does not confirm all high-risk health factors identified in assessments completed in conjunction with ISP development are incorporated into the ISP as appropriate.</p> <p><b>N/A:</b> Individual has no high-risk health factors evidenced in the assessments used to develop the ISP.</p>

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9. Describe any risks or potential risks that are not included in ISP Part II.	Text Field	
10. Is Part I of the ISP complete and thorough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP Part I includes:</p> <ul style="list-style-type: none"> <li>• The individual’s ISP meeting details,</li> <li>• Talents &amp; Contributions,</li> <li>• Important to/for</li> <li>• and wants/does not want.</li> <li>• Information provided must be in person-centered language.</li> </ul> <p><b>No:</b> Review of the ISP Part I indicates it does NOT include all aspects of person-centered planning described in bullets, and/or does not capture how the person is best supported.</p>
11. Does the ISP Part II include medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of the ISP Part II includes the individual’s medications.</p> <p><b>No:</b> Review of the ISP Part II does not include the individual’s medications.</p> <p><b>N/A:</b> Review of the ISP Part II identified that the individual does not have any prescribed or over-the-counter medications.</p>
12. If yes, is there documentation of side effect review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP Part II includes where to locate the individual’s medication side effects.</p> <p><b>No:</b> Review of the ISP Part II does not include where to locate the individual’s medication side effects.</p>
13. Does the ISP Part II include the individual’s social, developmental, behavioral, and family history?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP Part II includes the individual’s social, developmental, behavioral, and family history.</p> <p><b>No:</b> Review of the ISP Part II does not include the individual’s social, developmental, behavioral, and family history.</p>
14. Does the ISP Part II include the individual’s communication, assistive technology and modifications needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP Part II includes the individual’s communication, assistive technology and modifications needs.</p> <p><b>No:</b> Review of the ISP Part II does not include the individual’s communication, assistive technology and modifications needs.</p>
15. Does the ISP Part II include the individual’s employment status and assessment of barriers to employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of ISP Part II confirms that employment options were discussed, and the individual’s decision related to employment is documented.</p> <p><b>No:</b> Review of ISP Part II did not confirm that employment options were discussed, and the individual’s decision related to employment is not documented.</p> <p><b>N/A:</b> The individual was under the age of 14 OR over the age of 65 when the ISP was developed.</p>
16. Does the ISP Part II include the individual’s meaningful day and community involvement status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP Part II confirms the individual’s meaningful day and community involvement status was discussed.</p> <p><b>No:</b> Review of the ISP Part II does not confirm the individual’s meaningful day and community involvement status was discussed.</p>

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17. Did the individual have support from people during the development of the ISP that they wanted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of the ISP Part I indicates that the individual was given the opportunity to invite preferred people to participate in the planning process.</p> <p><b>No:</b> Review of the ISP section I is not complete, or it is not clear from documentation that the individual was able to invite preferred people to participate in the planning process.</p>
18. Outcomes are developed in the life area of Employment as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of the ISP Part I indicates life area of Employment as Important To the individual, AND Part III includes Outcome in life area of Employment.</p> <p><b>No:</b> Review of the ISP Part I indicates life area of Employment as Important To the individual WITHOUT Part III Outcome in life area of Employment.</p> <p><b>N/A:</b> individual is NOT between <b>ages 14 and 65 OR</b> if ISP Part I OR if Part II Employment section indicates individual is <b>not interested in seeking employment.</b></p>
19. Outcomes are developed in the life area of Integrated Community Involvement as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of the ISP Part I indicates life area of Integrated Community Involvement as Important To the individual, AND Part III includes Outcome in life area of Integrated Community Involvement.</p> <p><b>No:</b> Review of the ISP Part I indicates life area of Integrated Community Involvement as Important To the individual WITHOUT Part III Outcome in life area of Integrated Community Involvement.</p> <p><b>N/A:</b> Individual did not identify life area of Integrated Community Involvement as Important To them in ISP Part I.</p>
20. Outcomes are developed in the life area of Community Living as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of the ISP Part I indicates life area of Community Living as Important To the individual, AND Part III includes Outcome in life area of Community Living.</p> <p><b>No:</b> Review of the ISP Part I indicates life area of Community Living as Important To the individual WITHOUT Part III Outcome in life area of Community Living.</p> <p><b>N/A:</b> Individual did not identify life area of Community Living as Important To them in ISP Part I.</p>
21. Outcomes are developed in the life area of Safety & Security as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of the ISP Part I indicates life area of Safety &amp; Security as Important To the individual, AND Part III includes Outcome in life area Safety &amp; Security.</p> <p><b>No:</b> Review of the ISP Part I indicates life area of Safety &amp; Security as Important To the individual WITHOUT Part III Outcome in life area of Safety &amp; Security.</p> <p><b>N/A:</b> Individual did not identify life area of Safety &amp; Security as Important To them in ISP Part I.</p>
22. Outcomes are developed in the life area of Healthy Living as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of the ISP Part I indicates life area of Healthy Living as Important To the individual, AND Part III includes Outcome in life area Healthy Living.</p>

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		<p><b>No:</b> Review of the ISP Part I indicates life area of Healthy Living as Important To the individual WITHOUT Part III Outcome in life area of Healthy Living.</p> <p><b>N/A:</b> Individual did not identify life area of Healthy Living as Important To them in ISP Part I.</p>
23. Outcomes are developed in the life area of Social & Spirituality as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of the ISP Part I indicates life area of Social &amp; Spirituality as Important To the individual, AND Part III includes Outcome in life area Social &amp; Spirituality.</p> <p><b>No:</b> Review of the ISP Part I indicates life area of Social &amp; Spirituality as Important To the individual WITHOUT Part III Outcome in life area of Social &amp; Spirituality</p> <p><b>N/A:</b> Individual did not identify life area of Social &amp; Spirituality as Important To them in ISP Part I.</p>
24. Outcomes are developed in the life area of Citizenship & Advocacy as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of the ISP Part I indicates life area of Citizenship &amp; Advocacy as Important To the individual, AND Part III includes Outcome in life area Citizenship &amp; Advocacy</p> <p><b>No:</b> Review of the ISP Part I indicates life area of Citizenship &amp; Advocacy as Important To the individual WITHOUT Part III Outcome in life area of Citizenship &amp; Advocacy.</p> <p><b>N/A:</b> Individual did not identify life area of Citizenship &amp; Advocacy as Important To them in ISP Part I.</p>
25. Are all outcomes identified in Part III linked to Part V PFS as appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Review of documentation confirmed provider Part V includes all outcomes assigned to them in ISP Part III.</p> <p><b>No:</b> Review of documentation did not confirm provider Part V includes all assigned outcomes OR Part V does not include the services and supports provider has identified to achieve the outcomes.</p>
26. Does the ISP include strategies for solving conflict or disagreement that occurs during the ISP meeting with ISP supports, outcomes, or individual decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of documentation validated that strategies for solving conflict or disagreement during ISP planning process were discussed and resolved.</p> <p><b>No:</b> Review of documentation did not validate that the Support Coordinator documented and resolved conflict or disagreement during the ISP planning process.</p> <p><b>N/A:</b> No evidence of conflict or disagreement with the process was found in the record which required resolution by Support Coordinator.</p>
27. Date WaMS documentation review completed.	Date field	Reviewer will enter the date WaMS review is completed, and elements are scored.
28. Date Support Coordinator documentation review completed.	Date field	Reviewer will document the date all SC documentation provided through EHR or upload has been reviewed.
29. Date(s) of quarterly ISP review by SC during lookback.	Date field	Reviewer will enter the date(s) of ISP Quarterly review signed by the Support Coordinator during the lookback. This element will <b>repeat</b> to capture all review dates within the review lookback period.
30. The ISP and/or other SC documentation confirmed review of the ISP was conducted with the individual quarterly or every 90 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>A <b>“Yes”</b> rating is indicated when the ISP was reviewed quarterly or every 90 days.</p> <p>A <b>“No”</b> rating is indicated when the ISP was <b>not</b> reviewed quarterly or every 90 days, OR if SC documentation</p>

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<p>Source: FY 2022 and FY 2023 Community Services Performance Contract</p>		<p>indicates provider Quarterly Review was not submitted timely to include.</p> <p>A <b>“N/A”</b> rating is indicated if the individual has been enrolled in waiver services for less than 90 days.</p>
<p>31. The ISP and/or other SC documentation supports that the individual was given a choice regarding services and supports, including the individual’s residential setting, and who provides them.</p> <p>Source: FY 2019 and FY 2020 Community Services Performance Contract, DOJ Settlement Agreement Joint Filing Indicator V.I.1 and V.I.2</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A <b>“Yes”</b> rating is indicated when the following criteria are met:</p> <ul style="list-style-type: none"> <li>◆ The ISP and/or other individual record documentation demonstrates that education materials were presented in an accommodating format for the individual and/or authorized representative or family <b>AND</b></li> <li>◆ The ISP and/or other individual record documentation demonstrates that annual education was provided about less restrictive community options to any individuals living outside their own home or family’s home, or non-disability specific settings and an option for a private unit in a residential setting <b>AND</b></li> <li>◆ The Virginia Informed Choice form is present.</li> </ul> <p>A <b>“No”</b> rating is indicated when the following criteria are met:</p> <ul style="list-style-type: none"> <li>◆ The ISP and/or other individual record documentation does not demonstrate that education materials were presented in an accommodating format for the individual and/or authorized representative or family <b>OR</b></li> <li>◆ The ISP and/or other individual record documentation does not demonstrate that annual education was provided about less restrictive community options to any individuals living outside their own home or family’s home, or non-disability specific settings and an option for a private unit in a residential setting <b>OR</b></li> <li>◆ The Virginia Informed Choice form is not present.</li> </ul>
<p>32. The ISP includes signatures of the individual (or representative) and all providers responsible for its implementation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A <b>“Yes”</b> rating is indicated when the ISP is signed <b>AND</b> dated by the individual/representative <b>and</b> all providers responsible for its implementation.</p> <p>A <b>“No”</b> rating is indicated when the ISP is <b>NOT</b> signed <b>AND</b> dated by the individual/representative and all providers responsible for its implementation.</p>
<p>33. Date of contact:</p>	<p>mm/dd/yyyy</p>	<p>Reviewer will enter the date of each contact with the individual/authorized rep/guardian, for the defined lookback period/evaluation timeframe.</p> <p>This element will <b>repeat</b>.</p>
<p>34. Type of contact:</p>	<p><input type="checkbox"/> Face-to-face (In person) <input type="checkbox"/> Phone <input type="checkbox"/> Video/virtual</p>	<p>Reviewer will enter the type of each contact with the individual/authorized rep/guardian.</p> <p>Face-to-face: contact was completed face-to-face with the individual/authorized rep/guardian</p> <p>Phone: contact was completed telephonically</p> <p>Video/virtual: contact was completed virtually</p> <p>This element will <b>repeat</b>.</p>

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35. The ISP was developed according to the processes required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> A yes rating is indicated when evidence supports the ISP reviewed:</p> <ul style="list-style-type: none"> <li>Was developed in coordination with the individual and their family/caregiver, as appropriate, all providers, and others as desired by the individual.</li> <li>Includes updated VIDES, completed within a year of previous VIDES; and</li> <li>Includes <b>accurately</b> updated RAT.</li> </ul> <p><b>No:</b> A no rating is indicated when any of the above criteria were not followed</p>
36. If No, please describe ISP development processes that were not followed as required.	Text field	
37. Did the individual have a change in status during the lookback?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Documentation indicated that the individual had a change in status during the lookback.</p> <p><b>No:</b> Documentation indicated that the individual did not have a change in status during the lookback.</p>
38. The ISP and/or the individual's file included documentation the support coordinator identified and resolved any unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation, or a discrepancy between the implementation of supports and services and the individual's strengths and preferences.  Source: FY 2022 and FY 2023 Community Services Performance Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A <b>"Yes"</b> rating is indicated when there is documentation of proper identification of changes in status by the SC <b>AND</b> evidence that the individual's support planning team was convened by phone, video, or in-person to address the issue.</p> <p>A <b>"No"</b> rating is indicated when there is <b>NOT</b> documentation of proper identification of changes in status by the SC <b>OR</b> that the individual's support planning team was <b>NOT</b> convened to address the issue.</p>
39. Describe any inadequately addressed or previously unidentified risk, injury, need, change in status, deficiency in support plan or support implementation, and/or discrepancy between support implementations, services provided, and the individual's strengths and preferences.	Text field	If the preceding scored element is answered "No," the reviewer will document the findings.
40. Additional assessments for conditions listed have been offered and/or completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Review of documentation indicate additional assessments for any condition(s) listed has been completed or is in progress.</p> <p><b>No:</b> Review of documentation indicates additional assessments for any conditions listed are indicated and evidence does not confirm additional assessment has been offered and/or completed.</p> <p><b>N/A:</b> Individual's record does not show evidence any of the identified medical/behavioral conditions listed.</p>

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<b>Case Summary</b>		
41. Is there a concern that needs follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> There is a concern that requires follow-up  <b>No:</b> There are no concerns that require follow-up.
42. Type of Concern	<input type="checkbox"/> Clinical review needed <input type="checkbox"/> HSW concern	<b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information <b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing
43. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: <ul style="list-style-type: none"> <li>• Need to be addressed by a clinical lead</li> <li>• Need to be referred to DBDHS for follow-up</li> </ul>
44. Summary of HSW	Text field	
45. HSW Lead Response	Text field	The HSW Lead will provide a response to the concern/request for review
46. Clinical Reviewer Response	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.
47. Clinical Reviewer Notes		
48. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials
49. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.
50. How was the interview completed?	<input type="checkbox"/> Virtually via webinar <input type="checkbox"/> Telephonically <input type="checkbox"/> In-person	Reviewer will select the method in which the review was completed.
51. Name of Support Coordinator	Text field	Reviewer will enter the name of the SC
52. Contact information for Support Coordinator	Text field	Reviewer will document the contact information (i.e., phone number, email, etc.) of the SC.
53. Was the interviewee the primary or an interim SC?	<input type="checkbox"/> Primary <input type="checkbox"/> Interim <input type="checkbox"/> Interviewee temporarily assigned individual	Reviewer will document if the SC is the primary or an interim SC providing temporary coverage for the primary SC being unavailable, not currently assigned to a primary SC due to SC leaving, or a supervisor providing coverage due to the primary SC being new/in training)
54. How long has the SC supported the individual?	<input type="checkbox"/> < 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> > 1 year to 5 years <input type="checkbox"/> > 5 years to 10 years <input type="checkbox"/> > 10 years	Reviewer will enter the amount of time the SC has supported the individual.
55. Was the individual receiving ECM or TCM?	<input type="checkbox"/> ECM <input type="checkbox"/> TCM	The reviewer will select the type(s) of case management received. The reviewer will select <b>both</b> if both were received during the lookback period.
56. How did you make this determination?	Text field	Reviewer will document the SC's response.
57. How do you monitor the individual's support and services?	Text field	Reviewer will document the SC's response.
58. Can you describe the risks identified in the ISP?	Text field	Reviewer will document the SC's response.
59. Did the support coordinator accurately report the risks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The support coordinator was able to accurately report the risks addressed in the most recent ISP.

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addressed in the most recent ISP?		<b>No:</b> The support coordinator was not able to accurately report the risks addressed in the most recent ISP.
60. Did the individual have a change in status during the lookback period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The reviewer will document the SC's response.
61. If yes, what did you do to address the change in status?	Text field	The reviewer will document the SC's response.
62. Did the support coordinator accurately report changes in status that occurred during the lookback period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The support coordinator was able to accurately report changes in status which occurred during the lookback.  <b>No:</b> The support coordinator was not able to accurately report the changes in status which occurred during the lookback.
63. Does the individual's file show evidence of the actions taken to address the change in status as reported by the support coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Yes:</b> The individual's file has evidence actions taken to address changes in status which occurred during the lookback are documented appropriately.  <b>No:</b> The individual's file does not include evidence actions taken to address changes in status which occurred during the lookback are documented appropriately.  <b>N/A:</b> Action taken by SC occurred after the lookback and would not be evidenced in the individual's record
64. What do you do when a provider is not implementing the plan as written?	<input type="checkbox"/> Talk to my supervisor <input type="checkbox"/> Query the provider <input type="checkbox"/> Contact provider management <input type="checkbox"/> Convene a team meeting <input type="checkbox"/> Contact the guardian <input type="checkbox"/> Contact APS	The reviewer will select all responses reported by the SC.
65. What do you do when there is a conflict in the ISP planning process?	Text field	The reviewer will document the SC's response.
66. Are all medical and behavioral support needs currently being addressed, either through documented supports or in progress referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The support coordinator confirms all medical and behavioral needs for the individual are currently addressed.  <b>No:</b> Support Coordinator reports there are medical or behavioral needs that are NOT currently addressed through documented supports and/or monitoring, or an in-progress referral.
67. If No, please describe the unaddressed need, including what barriers prevent adequate support from being implemented.	Text field	The reviewer will document the SC's response.
68. Enter any TA discussed with the SC	Text field	
<b>Case Summary</b>		
69. Is there a concern that needs follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> There is a concern that requires follow-up <b>No:</b> There are no concerns that require follow-up
70. Type of Concern	<input type="checkbox"/> Clinical review needed	<b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information



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	<input type="checkbox"/> HSW concern	<b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing
71. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: <ul style="list-style-type: none"> <li>• Need to be referred to clinical lead</li> <li>• Need to be referred to DBDHS for follow-up</li> </ul>
72. Summary of HSW	Text field	
73. HSW Lead Response	Text field	The HSW Lead will provide a response to the concern/request for review
74. Clinical Reviewer Response		
75. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.
76. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials
<b>PROVIDER TAB</b>		
<b>Provider Record Review</b>		
77. Date of completed provider documentation review.	Date field	Reviewer will enter the date of provider notes/documentation review.
78. Is there evidence of completion of an annual physical exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> Documentation indicated that the individual had an annual physical exam within the past 14 months from the present day  <b>No:</b> Documentation was not provided to indicate that the individual had a physical exam within the past 14 months from present day.
79. Is there evidence of completion of an annual dental exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> Documentation indicated that the individual had an annual dental exam within the past 14 months from present day.  <b>No:</b> Documentation was not provided to indicate that the individual had a dental exam within the past 14 months from present day.
80. Did the provider identify any changes to needs or status during the lookback period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Yes:</b> The provider identified and documented changes to needs and/or outcomes/support activities and/or individual desires.  <b>No:</b> Review of documentation confirmed that: <ul style="list-style-type: none"> <li>• The provider did not document any changes to needs and/or outcomes/support activities OR</li> <li>• The provider did not document any changes to individual desires.</li> </ul> <b>N/A:</b> Should be selected if Individual <b>did not</b> have any new needs or change to status during lookback period.
81. Was there evidence that the provider implemented actions to address the changing needs and/or status?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Yes:</b> Review of documentation confirmed that the provider implemented actions to address the changing needs and/or outcomes/support activities and/or individual desires.  <b>No:</b> Review of documentation did not confirm that the provider implemented actions to address the changing needs and/or outcomes/support activities and/or individual desires.

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		<b>N/A:</b> Actions were not warranted to address the change (for instance, follow-up with physicians and/or other providers confirmed that changes were not necessary).
82. Describe any inadequately addressed or previously unidentified change in needs or outcomes/support activities, deficiency in support plan or support implementation, discrepancy between support implementations, services provided, and the individual's strengths and preferences, and/or lack of follow-up regarding an individual's stated desires.	Text box	The reviewer will document any findings from review of the individual's documentation.
83. Is there a record of the individual receiving and signing their HCBS rights disclosure on an annual basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Yes:</b> Documentation of a signed HCBS rights disclosure was provided by the provider. <b>No:</b> This document was not provided <b>N/A:</b> Provider service type under review are Case Management, In-home support (In-home residential), or Independent Living Supports.
84. Does the individual require modification to HCBS rules for health and safety risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A <b>"Yes"</b> rating is indicated when the individual's record indicates modification to HCBS rules is required for health or safety risks..  A <b>"No"</b> rating is indicated when the individual's record indicates modifications to HCBS rules for health and safety risks are not required.
85. If yes, is there an approved modification in place for health and safety risks or is the provider in process of requesting such approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A <b>"Yes"</b> rating is indicated when provider documentation includes evidence an approved HCBS Rights modification is in place for a health and safety risk, or provider has requested the approval and it is in process.  A <b>"No"</b> rating is indicated when provider documentation includes evidence restricting individuals' HCBS rights without an approved modification OR policies demonstrating setting-wide restrictions on HCBS requirements.
86. Date of observation/interview	mm/dd/yyyy	The reviewer will enter the date that the face-to-face observation was conducted.
87. Name of provider staff selected by HSAG for observation:	Text field	Reviewer will enter the name of staff <b>selected by HSAG</b> for observation.
88. Was observation completed with staff selected by HSAG?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	A <b>"Yes"</b> rating is indicated when: Staff observed was selected by HSAG reviewer.  A <b>"No"</b> rating is indicated when: Staff observed were not selected by HSAG reviewer.  A <b>"N/A"</b> rating is indicated when individual has only one (1) staff listed for service provision by provider.
89. If No, name of staff observed.	Text field	Reviewer will note name of staff observed if other than staff selected by HSAG.
90. Address of service provision where observation occurred.	Text field	Address <b>must</b> be complete, including street address, city, state, and zip code.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
91. How was the interview completed?	<input type="checkbox"/> Virtually via webinar <input type="checkbox"/> In-person	Reviewer will select the method in which the review was completed.
92. Did face to face interview of staff include observation of individual and their service provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
93. Is the individual's/provider's environment neat and clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p>The reviewer will observe and assess the individual's environment.</p> <p><b>Yes:</b> The environment is clean.</p> <p><b>No:</b> The environment is not clean/concerns were noted.</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if individuals refuse direct observation of their personal environment</p>
94. Was the person's/provider's environment accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p><b>Yes:</b> The environment meets the needs of the individual and they are able to access common areas of the service location.</p> <p><b>No:</b> The environment does not meet the needs of the individual and/or there are areas of the service location that they cannot access (ex. Kitchen, living room)</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if individuals refuse direct observation of their personal environment</p>
95. Does the individual appear well kempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p>The reviewer will observe and assess the individual for, at a minimum, the items noted in the subsequent element.</p> <p><b>Yes:</b> The individual appeared well kempt.</p> <p><b>No:</b> The individual did not appear well kempt/concerns were noted.</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if individuals refuse direct observation of their person.</p>
96. Were staff engaging with the individual based on the person's preference and interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p><b>Yes:</b> The staff were supporting the individual and engaging them in preferred activities as indicated in their ISP.</p> <p><b>No:</b> The staff were not engaging with the individual OR they were engaging with the individual in ways that are not congruent with their ISP.</p> <p><b>UTA:</b> Unable to assess.</p>
97. Was the person being offered choices throughout the visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p><b>Yes:</b> The staff were offering the individual meaningful choices during the visit and supporting them with following through with their choice.</p> <p><b>No:</b> The staff did not offer the individual options that allowed for meaningful choices to be made OR did not offer choices at all when choices were possible.</p> <p><b>UTA:</b> Unable to assess.</p>
98. Was the staff utilizing person centered language and talking with the	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<b>Yes:</b> The staff used first person language throughout the visit and addressed the individual directly.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
individual as opposed to about the individual?		<p><b>No:</b> The staff did not use first person language, did not address the individual directly, or attempt to communicate in the preferred method of the individual.</p> <p><b>UTA:</b> Unable to assess.</p>
99. Were staff implementing the Part V as written?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p>A <b>“Yes”</b> rating is indicated if the reviewer is able to observe service provision in action, and confirm it accurately represents provider Part V Plan for Supports.</p> <p>A <b>“No”</b> rating is indicated if the reviewer is NOT able to observe service provision in action that accurately represents provider Part V Plan for Supports.</p> <p><b>UTA:</b> Reviewer did not directly observe service provision.</p>
100. If No, describe	Text field	Reviewer will document deficiencies observed in services provided or plan implementation.
101. For individuals with a behavioral support plan or protocol, were staff following strategies as outlined in the written plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA <input type="checkbox"/> N/A	<p><b>Yes:</b> The staff utilized strategies identified in the BSP or behavior protocol to support the individual during the visit.</p> <p><b>No:</b> The staff did not use strategies identified in the BSP or behavior protocol to support the individual during the visit as needed.</p> <p><b>UTA:</b> Unable to assess. Reviewer did not observe any of the targeted behaviors during the visit.</p> <p><b>N/A:</b> The individual does not have a behavior support plan.</p>
102. Were staff adhering to medical protocols as outlined in the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA <input type="checkbox"/> N/A	<p><b>Yes:</b> The staff adhered to medical protocols in support of the individual during the visit as required.</p> <p><b>No:</b> The staff did not adhere to all medical protocols needed to support the individual during the visit.</p> <p><b>UTA:</b> Unable to assess. Reviewer was unable to observe <b>ANY</b> of the protocols due to need and/or timing.</p> <p><b>N/A:</b> The individual does not have any medical protocols.</p>
103. Were staff able to describe what community inclusion looks like for the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> The staff are able to describe what integrated community inclusion looks like for the individual.</p> <p><b>No:</b> The staff was not able to describe what integrated community inclusion looks like for the individual.</p> <p><b>N/A:</b> Individual does not have outcomes developed specific to goals of integrated community inclusion.</p>
104. Did the staff demonstrate competency in supporting the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p><b>Yes:</b> The staff demonstrated skills that were appropriate to support the individual and to ensure that their needs are being met. (Ex. Staff were able to demonstrate appropriate lifting techniques during transfers, staff was trained on the individual’s ISP and were able to support them based on their preferences, staff being able to communicate effectively with the individual and recognize supports needed, staff appeared trained on the needs of the individual as well as the program and did not need to rely on others for guidance and direction for items within the DSP scope)</p> <p><b>No:</b> The staff did not demonstrate the necessary skills to be able to support the individual to be able to meet their</p>

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<p>needs. (Ex. Staff did not appear to know what to do and either needed to ask for directions or did not support the individual properly within their scope.</p> <p><b>UTA:</b> Unable to assess. Reviewers will only use this option if pandemic or other health restrictions do not allow for observation.</p>
105. Were there new staff supporting the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Reviewer observed staff supporting the individual during the visit who meet the DBHDS definition of 'new.'</p> <p><b>No:</b> No staff observed supporting the individual during the visit do not meet the DBHDS definition of 'new.'</p>
106. If yes, was there evidence of oversight and monitoring of the new staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Reviewer observed appropriate supervision of new staff supporting the individual during visit.</p> <p><b>No:</b> Reviewer did not observe appropriate supervision of new staff during the visit.</p>
107. Does the individual require 1-1 support per Provider Part V?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> The individual requires 1-1 supports or has specialized staffing supports detailed in the provider Part V.</p> <p><b>No:</b> The individual does not have specialized support needs per the Provider Part V.</p>
108. If Yes, is 1-1 or specialized staffing support being implemented during observation as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p><b>Yes:</b> 1-1 supports are being implemented per provider Part V PFS as required during the observation.</p> <p><b>No:</b> 1-1 supports are not being implemented per provider Part V PFS as required during the observation.</p> <p><b>UTA:</b> Unable to assess during observation (specialized staffing support is required in the community, but onsite occurs in the home)</p>
109. What types of adaptive equipment does the individual have as part of their most recent plan?	Text field	Reviewer will indicate what adaptive equipment is included in the ISP
110. Are staff familiar with adaptive equipment needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA <input type="checkbox"/> N/A	<p><b>Yes:</b> The staff supporting the individual are familiar with the adaptive equipment the individual needs, the purpose of the equipment, and how to use the equipment properly in the correct situations.</p> <p><b>No:</b> The individual has adaptive equipment and the staff supporting the individual are either not aware of the equipment and the need for the equipment OR the staff is not properly trained on how to use the equipment or how to support the individual to use the equipment.</p> <p><b>UTA:</b> Unable to assess during observation (adaptive equipment was not needed during the observation)</p> <p><b>N/A:</b> Individual does not have adaptive equipment.</p>
111. Were staff utilizing adaptive equipment the individual had as part of their plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA <input type="checkbox"/> N/A	<p><b>Yes:</b> The staff supporting the individual are observed to be utilizing the adaptive equipment as indicated in their ISP. They appear to know how to use the equipment effectively and in the correct situations based on the ISP.</p> <p><b>No:</b> The individual has adaptive equipment and the staff supporting the individual were not utilizing the</p>

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<p>equipment based on the ISP and to best support the individual.</p> <p><b>UTA:</b> Unable to assess during observation (adaptive equipment was not needed during the observation).</p> <p><b>N/A:</b> Individual does not have adaptive equipment.</p>
<p>112. Is all equipment in working order?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA <input type="checkbox"/> N/A	<p><b>Yes:</b> All adaptive equipment is in working order. The adaptive equipment is not being used due to being in need of repair or is not in working order.</p> <p><b>No:</b> The adaptive equipment is not being used due to needing repair or is not in working order.</p> <p><b>UTA:</b> Unable to assess during observation (adaptive equipment was not needed during the observation OR no observation conducted with individual)</p> <p><b>N/A:</b> Individual does not have adaptive equipment.</p>
<p>113. Has repair or follow-up on repairs been occurring?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> The identified equipment is in the process of being repair, follow-up has occurred to repair by DME provider, the item is in the process of being replaced, or consistent follow-up is documented to address needed repairs.</p> <p><b>No:</b> No follow-up has occurred or staff supporting the individual is not aware of any follow-up actions being taken to address the repair.</p> <p><b>N/A:</b> Follow-up on repairs for adaptive equipment is not assigned to this provider</p>
<p>114. Did reviewer observe that all supports being provided were included in the provider Part V?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UTA	<p><b>Yes:</b> The reviewer did observe support needs being addressed by support staff that are included in the Provider Part V as a needed support.</p> <p><b>No:</b> The reviewer did not observe that all supports were being provided per provider Part V.</p> <p><b>UTA:</b> Reviewer did not observe supports being provided to individual <b>OR</b> Reviewer did not observe individual.</p>
<p>115. If No, describe</p>	<p>Text field</p>	
<p>116. Are staff able to describe things important to and important for the individual?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Staff were able to describe the individual's talents/contributions and what is important to and important for the individual.</p> <p><b>No:</b> Staff were not able to describe the individual's talents/contributions and what is important to and important for the individual.</p>
<p>117. Was staff able to describe the outcomes being worked on in this environment?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Staff were able to describe the outcomes being worked on in this environment.</p> <p><b>No:</b> Staff were not able to describe the outcomes being worked on in this environment.</p>
<p>118. Could the staff describe the medical support needs of the individual?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> Staff were able to describe the medical support needs of the individual and any signs/symptoms that need to be monitored.</p> <p><b>No:</b> Staff were not able to describe the medical support needs of the individual or described incorrect or incomplete support needs.</p>

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<b>N/A:</b> Individual does not have medical support needs documented in record.
119. Were staff familiar with the medical protocols to support the person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> The staff were familiar with medical protocols to support the person, signs/symptoms to look for, and how to respond appropriately per protocol.</p> <p><b>No:</b> The staff were not familiar with medical protocols to support the individual or were not able to identify the steps or how to respond appropriately per the protocol.</p> <p><b>N/A:</b> The individual does not have any medical protocols.</p>
120. What would staff do if the person experienced a medical crisis?	Text field	The reviewer will enter the staff's response.
121. Could the staff describe behavioral support needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> The staff were able to describe the individual's behavioral support needs.</p> <p><b>No:</b> The staff were not able to describe behavioral support needs or could only partially describe behavioral support needs.</p> <p><b>N/A:</b> The individual does not have any behavioral support needs.</p>
122. Were staff familiar with the behavioral support plan or protocols developed to support the person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> The staff were able to implement behavior protocols as written. Staff are able to describe antecedents, behaviors, minimization or coping strategies, and any other aspects of the behavioral protocol. Staff were implementing strategies to proactively prevent behaviors.</p> <p><b>No:</b> Observation of staff indicates they were not able to support the individual during behavior outbursts per the behavioral protocol, or staff could not explain target behaviors and associated interventions.</p> <p><b>N/A:</b> The individual observed does not have a Behavioral support plan or protocols.</p>
123. What steps would you take if an individual you are supporting was beginning to experience a mental health or behavioral crisis?	<input type="checkbox"/> Follow the steps in the person's BSP <input type="checkbox"/> Call 911 <input type="checkbox"/> Call REACH or the CSB Crisis line <input type="checkbox"/> Contact the guardian for direction or follow-up post-crisis	
124. Does the staff know what medications the person is taking or where to locate this information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Yes:</b> The staff were able to describe the medications the individual is taking or show you where they verify current medications.</p> <p><b>No:</b> The staff were not able to describe the medications or show you where this information is recorded that the person is taking.</p> <p><b>N/A:</b> The individual does not take ANY medications.</p>
125. Can the staff list the most common side effects of the medications the person is on or where to locate that information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Yes:</b> The staff were able to describe the side effects of the medications the individual is taking or show you where to locate the side effects of the medications taken.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
		<p><b>No:</b> The staff were not able to describe the side effects of the medications that the person is taking or show you where they would locate them.</p> <p><b>N/A:</b> The individual does not take ANY medications.</p>
126. When were you last trained on Medication Administration?	<input type="checkbox"/> < 6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> > 12 months ago <input type="checkbox"/> Never	Reviewer will document the DSP's response.
127. When were you last trained on Crisis Intervention?	<input type="checkbox"/> < 6 months ago <input type="checkbox"/> 6-12 months ago <input type="checkbox"/> > 12 months ago <input type="checkbox"/> Never	The reviewer will document the DSP's response.
128. Can you tell me what person-centered care means?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Staff are able to verbalize the concept of person-centered care or describe the practical application of it in their service provision.</p> <p><b>No:</b> Staff are NOT able to verbalize the concept of person-centered care, or describe the practical application of it in their service provision.</p>
129. Can you explain the individual's rights in your program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> Staff are able to verbalize the components of the HCBS settings rule or provide specific examples of implementation in their service provision.</p> <p><b>No:</b> Staff are NOT able to verbalize the components of the HCBS settings rule or provide specific examples of implementation in their service provision.</p>
130. Enter any TA discussed with the DSP.	Text field	
<b>Case Summary</b>		
131. Is there a concern that needs follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> There is a concern that requires follow-up</p> <p><b>No:</b> There are no concerns that require follow-up</p>
132. Type of Concern	<input type="checkbox"/> Clinical review needed <input type="checkbox"/> HSW <input type="checkbox"/> Provider Capacity & Competency	<p><b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information</p> <p><b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing</p> <p><b>Provider Capacity &amp; Competency:</b> the reviewer scored deficient any element identified as requiring a PCC Notification</p>
133. Summary of Clinical Review Concerns	Text field	<p>This section is provided for reviewers to document any questions or concerns that:</p> <ul style="list-style-type: none"> <li>• Need to be addressed by a clinical lead</li> <li>• Need to be referred to DBDHS for follow-up</li> </ul>
134. Summary of HSW/Provider Capacity and Competency Concerns	Text field	
135. HSW Lead Response	Text field	The clinical reviewer will respond to the concern/request for a review.
136. Clinical Reviewer Response		
137. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.



PCR Tool Element	Allowable Value(s)	Evaluation Criteria
138. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials
<b>INDIVIDUAL TAB</b>		
<b>Individual Information</b>		
139. Can and does the individual choose to participate in the interview process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The individual can and chooses to participate in the interview process.  <b>No:</b> The individual cannot or chooses not to participate in the interview process.
140. If No, select the reason	<input type="checkbox"/> Individual or SDM/Family declined prior to or at the time of arrival for observation.  <input type="checkbox"/> The individual declined upon arrival for observation.  <input type="checkbox"/> The individual is not present at the time of observation with staff.  <input type="checkbox"/> Individuals in medical and/or behavioral distress that precluded interview.	If the preceding element is answered, “No,” the reviewer will document the reason that the individual cannot or chooses not to participate in the interview process.
141. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.
142. How was the interview completed?	<input type="checkbox"/> Virtually via webinar <input type="checkbox"/> Telephonically <input type="checkbox"/> In-person	The reviewer will select the method in which the review was completed.
143. If the interview was not able to be conducted in private, describe why	Text field	If the interview was not able to be conducted in private, the reviewer will document why.
<b>Individual Interview</b>		
144. Do you like living here?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual’s response.
145. Would you like to live somewhere else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual’s response.
146. Did you choose the people you live with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual’s response.  N/A Should be selected for individuals who live alone.
147. Do you have a key to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY  The reviewer will enter the individual’s response.
148. If No, why not?	Text field	RESIDENTIAL ONLY  If the preceding element is answered, “No,” the reviewer will enter the individual’s response.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
149. Do you have a key to your bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY The reviewer will enter the individual's response.
150. If No, why not?	Text field	RESIDENTIAL ONLY If the preceding element is answered, "No," the reviewer will enter the individual's response.
151. Do you open your mail or help with opening your mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY The reviewer will enter the individual's response.
152. Do you have visitors at your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	RESIDENTIAL ONLY The reviewer will enter the individual's response.
153. Do you like attending this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	GROUP DAY or other COMMUNITY-BASED PROGRAMS ONLY The reviewer will enter the individual's response.
154. Did you get to choose the people you participate in the group with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CND	GROUP DAY or other COMMUNITY-BASED PROGRAMS ONLY The reviewer will enter the individual's response.
155. Would you like to do something else during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	NOT APPLICABLE FOR RESPITE/CRISIS The reviewer will enter the individual's response.
156. Do you like your staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES The reviewer will enter the individual's response.
157. If No, why not?	Text field	ALL SERVICE TYPES If the preceding element is answered, "No," the reviewer will enter the individual's response.
158. If you want to be alone, what can you do?	Text field	ALL SERVICE TYPES The reviewer will enter the individual's response.
159. Who decides what things you get to do?	Text field	ALL SERVICE TYPES The reviewer will enter the individual's response.
160. If you want to go somewhere, does your provider take you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	Exclude crisis, respite, case management. The reviewer will enter the individual's response.
161. Can you get where you want to go without problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	Exclude crisis, respite, and case management. The reviewer will enter the individual's response.
162. If No, what kinds of problems do you have?	Text field	Exclude crisis, respite, and case management. The reviewer will enter the individual's response.
163. What if you want to do something but no one else wants to?	Text field	ALL SERVICE TYPES The reviewer will enter the individual's response.
164. Who do you go out into the community with?	Text field	ALL SERVICE TYPES The reviewer will enter the individual's response.
165. Do you spend time in the community doing the things you like to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES The reviewer will enter the individual's response.
166. Do you do those things as often as you would like?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES The reviewer will enter the individual's response.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
167. Are there things you would like to do that you are not able to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
168. Describe the activities individual reports they would like to do but are not able to do.	Text Field	
169. When you are hungry what do you do?	Text field	ALL SERVICE TYPES  The reviewer will enter the individual's response.
170. Do you want to attend a church/synagogue/mosque or other religious activity of your choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
171. Do you attend religious services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
172. If No, why not?	Text field	ALL SERVICE TYPES  If the preceding element is answered, "No," the reviewer will enter the individual's response.
173. Are you registered to vote?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CND	ALL SERVICE TYPES The reviewer will enter the individual's response.  The reviewer will select N/A if the individual is not 18 years of age or older or is unable to vote due to legal status.
174. Did you vote in the last election?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CND	ALL SERVICE TYPES The reviewer will enter the individual's response.  The reviewer will select <b>N/A</b> if the individual is not 18 years of age or older or is unable to vote due to legal status.
175. If No, why not?	Text field	ALL SERVICE TYPES  If the preceding element is answered, "No," the reviewer will enter the individual's response.
176. Do you participate in your banking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
177. Do you have a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.  <b>N/A: the individual is NOT between ages 14 and 65.</b>
178. Do you want one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
179. Is your support coordinator currently addressing your employment goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
180. Do you feel safe here?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CND	ALL SERVICE TYPES  The reviewer will enter the individual's response.
181. If No, is there a specific reason why?	Text field	ALL SERVICE TYPES  If the preceding element is answered, "No," the reviewer will enter the individual's response.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
<b>Case Summary</b>		
182. Is there a concern that needs follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> There is a concern that requires follow-up  <b>No:</b> There are no concerns that require follow-up
183. Type of Concern	<input type="checkbox"/> Clinical review needed <input type="checkbox"/> HSW concern	<b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information. <b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing.
184. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that: <ul style="list-style-type: none"> <li>• Need to be addressed by a clinical lead</li> <li>• Need to be referred to DBDHS for follow-up</li> </ul>
185. Summary of HSW	Text field	Reviewer to utilize to document any other notes if additional space is needed.
186. HSW Lead Response		
187. Clinical Reviewer Response	Text field	The clinical reviewer will provide a response to the concern/request for a review.
188. Clinical Reviewer Notes	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.
189. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials.
190. Can the SDM or family member participate in the interview process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes:</b> The SDM or family member can participate in the interview process.  <b>No:</b> The SDM OR family member cannot participate in the interview process.
191. If No, document the reason	<input type="checkbox"/> Unable to contact <input type="checkbox"/> SDM/Family Declined <input type="checkbox"/> No Family Involved <input type="checkbox"/> Individual prefers family not to be interviewed	If the preceding element is answered, "No" the reviewer will document the reason that the SDM or family member cannot participate in the interview process.
192. Date of interview	mm/dd/yyyy	The reviewer will enter the date that the interview was conducted.
193. How was the interview completed?	<input type="checkbox"/> Virtually via webinar <input type="checkbox"/> Telephonically <input type="checkbox"/> In-person	The reviewer will select the method in which the review was completed.
194. Interview completed with	<input type="checkbox"/> Legal guardian <input type="checkbox"/> Authorized rep <input type="checkbox"/> Family member <input type="checkbox"/> SDM	The reviewer will select all participants interviewed.
195. Interviewee contact information	Text field	The reviewer will enter contact information for the interviewee (i.e., name, phone number, email address, etc.).
196. Did the SC provide the individual with a choice in service providers, including a choice in SC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<b>Yes:</b> The SDM and/or family member validated that the individual was provided a choice in service providers.  <b>No:</b> The SDM and/or family member did not validate that the individual was provided a choice in service providers.  <b>Not Sure:</b> The SDM and/or family member is not sure or responds that they do not know if it was discussed.

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
197. Did the SC discuss employment goals and options with the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<p><b>Yes:</b> The SDM and/or family member validated that the SC discussed employment goals and options.</p> <p><b>No:</b> The SDM and/or family member did not validate that the SC discussed employment goals and options.</p> <p><b>Not Sure:</b> The SDM and/or family member is not sure or responds that they do not know if it was discussed.</p>
198. Did the SC discuss community involvement opportunities with the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<p><b>Yes:</b> The SDM and/or family member validated that the SC discussed community involvement opportunities.</p> <p><b>No:</b> The SDM and/or family member did not validate that the SC discussed community involvement opportunities.</p> <p><b>Not Sure:</b> The SDM and/or family member is not sure or responds that they do not know if it was discussed.</p>
199. Are all of the individual's needs and supports currently being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<p><b>Yes:</b> The SDM and/or family member did not report the individual has needs or supports that are unmet.</p> <p><b>No:</b> The SDM and/or family member reported the individual has needs or supports that are unmet.</p> <p><b>Not Sure:</b> The SDM and/or family member is not sure if the individual has unmet needs or supports.</p>
200. If No, describe	Text field	The reviewer will document any needs or supports that are not being met as reported by the SDM and/or family member.
201. Did you have an opportunity to participate in the ISP development?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<p><b>Yes:</b> The SDM and/or family member reported that he/she had an opportunity to participate in the ISP development.</p> <p><b>No:</b> The SDM and/or family member reported that he/she did not have an opportunity to participate in the ISP development.</p> <p><b>Not Sure:</b> The SDM and/or family member was not sure if he/she had an opportunity to participate in the ISP development.</p>
202. Do you feel the ISP is representative of the person's needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<p><b>Yes:</b> The SDM and/or family member reported that he/she felt the ISP is representative of the individual's needs.</p> <p><b>No:</b> The SDM and/or family member reported that he/she did not feel the ISP is representative of the individual's needs.</p> <p><b>Not Sure:</b> The SDM and/or family member was not sure if the ISP is representative of the individual's needs.</p>
203. If No, why not?	Text field	The reviewer will document the interviewee's response.
204. Does the SDM/Family confirm there are no concerns regarding the current service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> The SDM and/or family member reported that there are no concerns</p> <p><b>No:</b> The SDM and/or family member reported concerns.</p>
205. If No, describe	Text field	The reviewer will document the interviewee's response.
<b>Case Summary</b>		
206. Is there a concern that needs follow-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Yes:</b> There is a concern that requires follow-up</p> <p><b>No:</b> There are no concerns that require follow-up.</p>
207. Type of Concern	<input type="checkbox"/> Clinical review needed	<b>Clinical review needed:</b> the reviewer has identified the need for assistance in reviewing clinical information

PCR Tool Element	Allowable Value(s)	Evaluation Criteria
	<input type="checkbox"/> HSW concern	<b>HSW concern:</b> the reviewer has identified a Health, Safety, or Welfare concern that must be reported to DBHDS and/or Licensing
208. Summary of Clinical Review Concerns	Text field	This section is provided for reviewers to document any questions or concerns that:  This needs to be addressed by a clinical lead and/or Needs to be referred to DBDHS for follow-up
209. Summary of HSW	Text field	Reviewer to utilize to document any other notes if additional space is needed
210. HSW Lead Response	Text field	The clinical reviewer will provide a response to the concern/request for a review
211. Clinical Reviewer Response	Text field	The clinical reviewer can use this section to document additional notes regarding his/her review, including documenting the information/records reviewed, individuals and/or staff that contributed to the clinical reviewer's review, etc.
212. Clinical Reviewer notes	Text Field	
213. Clinical reviewer name and credentials	Text field	The clinical reviewer will enter his/her name and credentials