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, the effectiveness of corrective actions,).
- 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).
- Choice and self-determination (e.g., service plans developed through a 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., identified barriers, service gaps/delays, adaptive equipment, transportation, availability of services geographically, culturally, and linguistically competency).
- Provider capacity (e.g., caseloads, training, staff turnover, provider competency).

These areas are captured in three DBHDS Key Performance Areas (KPAs): *Health, Safety, and Well-Being KPA*, *Community Integration and Inclusion KPA*, and *Provider Capacity and Competency 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] to participate in the QSR process.

Round 7 Review Period

The QSR process for Round 7 (R7) will be to review up to 310 active licensed providers not reviewed in the previous review, including the 20 CSBs not selected for a PQR review in the past review. The QSR review is scheduled to be conducted from April 2025 through August 2025.

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) is included in separate sections below.

PCR Sampling

DBHDS has indicated that 720 PCRs will be conducted for R7. HSAG utilized 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. 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 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 support. The service categories for sponsored residential and sponsored residential (customized rate) will be combined into a single category for sponsored residential. 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. Finally, the crisis support service category will be excluded during this round.

HSAG identified the individuals' receiving services in 12 DD Waiver service categories, calculating a count of the *ClientIDs* to represent the population of recipients for each service. With a sample size limited to 720 PCR reviews across 12 service categories, HSAG calculated the Margin of Error (MOE) associated with an alpha level of 0.05, a rate of 0.5, and incorporated 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 9.15%.

HSAG drew the sample from each DD Waiver service population using a two-stage approach. In the first stage, HSAG randomly sampled two individuals from each provider offering a service with HCBS requirements and sampled one individual from each provider for non-HCBS service types, identified using Tax Identification Numbers (TINs), where possible. Sampled providers were limited to those that did not participate in Round 6 and were prioritized in the sample if they participated in Round 5. Additionally, HSAG prioritized selecting members who had not previously been included in the PCR sample. In the second stage, for any service categories that did not reach the required number of PCR reviews in stage one of the sampling methodology, HSAG randomly selected members regardless of provider attribution 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 possible.

The population of providers in the required service categories for this study for R7 is 581. Of the 581 providers/CSBs identified as currently offering services, DBHDS requested that 310 be included in the final sample. Across those 581 providers, there were 4,364 client-service authorizations that represent the population of service recipients. 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 720 PCR reviews with an MOE of 9.15% and an alpha level of 0.05. Although the sampled PCRs represent the population for each service across all providers, all 720 sampled PCRs come from the 310 included providers/CSBs.

Table 1. Final Sample Sizes Drawn for PCRs in Each DD Waiver Service: Round 7

DD Waiver Service	Population of Service Recipients	Required Sample Size with Finite Population Correction
Center-Based Respite	30	24
Community Coaching	65	42
Community Engagement	715	100
Group Day	1350	106

[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).

DD Waiver Service	Population of Service Recipients	Required Sample Size with Finite Population Correction
Group Residential Support <= 4 Persons	843	102
Group Residential Support > 4 Persons	299	84
Group Home (Customized Rate)	18	16
Independent Living Supports	27	23
In-Home Supports	478	93
Sponsored Residential	500	94
Supported Living	39	30
Total without Case Management	4,364	714
Case Management[1]	NA	6
Grand Total[2]	**4,364**	**720**

[1] Case Management was added to include CSBs that only provide case management services to their members. Six 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 six CSBs providing only case management services.

[2] Service 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 720 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 100 percent of the required sample size. For services that require sampling a large portion of the population of recipients, an oversample of 100 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 up to 290 eligible providers and the 20 CSBs not reviewed during R6. Therefore, R7 will consist of a total of 310 PQRs. As noted above, because the target sample size is

720 PCRs, it is impossible to sample at least two individuals from each provider for each waiver service required to meet HCBS requirements. Therefore, some PQRs do not have any associated PCRs in the sample. Overall, 81 providers do not have any associated PCRs in the sample. This is due primarily to the large number of providers who provide Group Day, Group Residential Support ≤ 4, and Group Residential > 4 services in the sample and the limited number of PCRs being performed.

Quality Service Review Scope

The QSR scope of work includes QSRs of DD Waiver service providers. Each QSR is comprised of a PQR and a sampled number of PCRs. The sample of PCRs is drawn to represent the state-wide population for each service category in the analysis. With 310 providers/CSBs delivering services across 12 service categories and a sample size limit of 720 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 support that are necessary to meet an individual's needs. The tools include elements for the 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 Permanent Injunction, 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; a review and facilitation of ordered and recommended clinical care and assessments that are documented in the records; and Individual Service Plans (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. HSAG's PQR process will include:

- Assessment of the providers/CSB policies specific to Home and Community-Based Settings (HCBS) rules.
- 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 serious incident reports, abuse/neglect reports, reports on the use of seclusion and restraint, individual community participation reports, and/or other performance data, such as staff competency or training, or medication errors. ,
- Interviews with multiple levels of provider/CSB staff including direct support workers, support coordinators, front-line supervisors, managers, and registered nurses.
- Assessment of the provider's quality improvement plan's goals/objectives and review of evidence supporting the active implementation of the provider's/CSBs QI and RM programs.

- Follow-up and technical assistance on a quality enhancement plan to determine if the provider has implemented the recommendations for improvement within the required time frames.
- Review of employee files for appropriate background checks and training.

PQR Methodology

Provider Quality Reviews will include a review of one or more DD Waiver service, including support coordination/case management, that a provider is delivering to DD Waiver recipients, including:

Table 1 – DD Waiver Services Included in the PQR

DD Waiver Services	
Case Management	Group Home > 4 persons
Center-Based Respite	Group Home (customized rate)
Community Coaching	Independent Living Supports
Community Engagement	In-Home Supports
Group Day	Sponsored Residential
Group Home ≤ 4 persons	Supported Living

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
- Effectiveness of quality improvement and risk management strategies

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

- Whether the provider/CSB has a risk management plan that has been updated based on information identified in the Annual Systemic Risk Assessment
- Whether the provider/CSB has a quality improvement plan that meets DBHDS regulations
- Whether the quality improvement plan developed by the provider/CSB includes measurable goals/objectives that utilize performance data.
- Whether the provider/CSB is collecting, measuring, calculating, tracking, and reviewing performance data, including but not limited to serious incidents, abuse/neglect, use of seclusion and restraint, individual participation in community activities, and the frequency at which the provider/CSB reviews the data
- Whether the provider/CSB is using tracking tool(s), specifically trend analyses, to assess progress towards quality improvement goals that utilize performance data to measure progress
- Whether the provider/CSB promotes individual participation in meaningful work as defined by DBHDS, participation in non-large group activities, and participation in activities with people with whom they do not live.

Process

HSAG will review applicable provider/CSB policies and procedures, specifically those focused on risk management and quality improvement, in conjunction with performance data submitted by the provider/CSB. HSAG also will review policies specific to staff training, and staff background checks, and assess employee records for all required documentation relevant to training, and/or background checks.

Interviews with Provider Staff

A statewide population of providers and CSBs will be selected for a PQR. HSAG will conduct interviews of DD Waiver service providers/CSB staff members scheduled for a PQR. The level of staff members interviewed may include:

- Owner
- Front-line supervisors
- Managers
- Quality improvement/risk management

Process

HSAG will conduct interviews with provider/CSB 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.
- Schedule the interview with the provider/CSB.
- Conduct the interview and document responses in the electronic tool.
- Incorporate review results into the QSR reporting as indicated.

Person-Centered Reviews

PCR Scope

During R7, HSAG will conduct PCRs of individuals receiving services from selected providers or CSBs for the timeframe of September 16, 2024, through January 31, 2025. The scope of the PCR will include the following components for individuals included in the sample:

- Review of the individuals' protocols included in the ISP.
- 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; and risk reduction/safety plans.
- 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

- o Whether relevant outcomes and goals were included
- o Support strategies to address risks were documented and implemented, when applicable
- o Whether the individual signed the final ISP
- 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:
  - o Aspiration risk awareness
  - o Constipation and bowel obstruction risk awareness
  - o Dehydration risk awareness
  - o Falls risk awareness
  - o Pressure injury risk awareness
  - o Seizures risk awareness
  - o Sepsis risk awareness
- Direct observation of the individual receiving DD Waiver or consumer-directed services, including shadowing of reviewers by the supervisor, as appropriate for inter-rater reliability.
- Individual interviews to assess whether services provided are offered in the most integrated settings; and whether the system is supporting the individuals' goals for community inclusion, including the assessment for 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.

When QSRs are scheduled, it will be communicated to providers, individuals, and families of the expectation for interviews of individual waiver service recipients to be conducted in a private area where provider staff cannot hear the interview or influence the interview responses unless the individual needs or requests staff assistance. Providers will be informed of the need to provide/designate a private location for the interview, such as an office space or conference room on the day of the QSR review. If such a space is not available in the building, the reviewer will work with the provider to determine additional areas that will allow the interview to be conducted privately, such as the interview could be outside on a porch or patio area. If the weather does not allow the interview to be conducted outside or a location does not have a private office or conference room, then the provider will be requested to provide a part of the main area away from staff and others for the interview to ensure individual privacy.

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 evaluation will review relevant documentation, records, and system data. The PCR quality evaluation also will include data and information such as:

- Individual support plans
- Assessments
- 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. HSAG's record review process will evaluate whether DD Waiver services included in the ISP are documented in the record and whether 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 provider/CSB selected for reviews, interviews, and observation.
- Obtain records for individuals selected from provider/CSB.
- Conduct the record review.
- Incorporate record review results into individual, provider, and system-level analyses and reporting.

Staff Selection for Observation

HSAG will randomly select the direct support personnel (DSP) to be observed.

Process

HSAG high-level steps are:

- Reviewer requests licensed provider and/or CSB to enter in their sample spreadsheet the name of three (3) FTEs who work most with each individual (PCR) during daytime hours.

- Reviewer identifies staff to observe from the list and communicates to provider staff selected, requesting employee records and schedule of availability that is congruent with individual sampled schedule, and address of service to observe.
- Reviewer emails the provider two (2) days before the scheduled observation confirms no active COVID/quarantine at the site and informs the provider that the individual may decline the interview or choose to not participate when the reviewer arrives.
- Reviewer arrives for the scheduled observation.
  - If a **staff** selected by the reviewer is <u>NOT present</u>, but the **individual** <u>is present</u> and another staff is available for an interview:
    - Reviewer conducts observation and interview with staff available
    - Reviewer selects NO for new PCR DSP element, noted below, and enters the name of staff observed.
    - Reviewer requests employee records from the provider for staff observed.
  - If staff selected by the reviewer is present, but the individual is NOT present:
    - Reviewer observes the environment and interviews staff
    - Reviewer selects NO for PCR element "Can and does individual agree to participate in QSR interview" and enters the reason
  - If the staff selected is not present **and** the individual is not present, the reviewer contacts the provider once to re-schedule with the selected staff.

Direct Observation of Individual Receipt of Waiver Services

HSAG will complete direct observation of the representative sample of individuals receiving DD Waiver services who were selected for interviews at service sites. HSAG will conduct the observation during the individual's regularly scheduled service or support visit.

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 with staff selected by HSAG for observation.
- Attend and observe the provision of the DD Waiver service.
- Conduct staff interview with staff selected by HSAG.
- Document findings or results in the HSAG QSR 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:

- 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 provider/CSB.
- Schedule the individual interview.
- 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' needs are being met through current supports
- 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 is served by the provider/CSB.
- Schedule the family member, guardian, or authorized representative interview.
- 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 with 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 is served by the provider/CSB.
- Review the individual's ISP.
- Schedule the support coordinator interviews and provide technical assistance, when applicable.
- Conduct the interview and document responses in the electronic tool.
- Incorporate interview results into the QSR reporting, as indicated.

Review of Provider Quality Enhancement Plans (formerly Quality Improvement Plan)

When findings of a deficiency occur during a QSR, the provider/CSB will be required to address and remediate the deficiencies through the quality enhancement plan (QEP) process. HSAG will provide written, actionable recommendations for any deficient areas identified during the review.

One actionable recommendation example for Quality Improvement (QI) and/or Risk Management (RM) data elements (elements 5-31) is:

Licensed DD providers (i.e., private providers and CSBs) with a deficiency related to the Provider Quality Review (PQR) Quality Improvement (QI), and/or Risk Management (RM) data elements, must outline all steps to be taken to address those QI/RM deficiencies, in their QEP. The steps should include actions the provider/CSB will take in-house. The providers/CSBs will receive an invitation from the Office of Community Quality Improvement (OCQI) to accept Expanded Consultation/Technical Assistance (ECTA).

A template for the QEP will be offered by HSAG to the provider/CSB. HSAG will be available to provide technical assistance to support the provider/CSB in sufficiently addressing the recommendations for improvement and ensuring that the quality improvement interventions the provider/CSB is planning are likely to result in the provider/CSB successfully achieving compliance with the requirement when the QEP is implemented. Toward this goal, HSAG will evaluate the QEP'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/CSB will take.
- Whether the planned activities/interventions meet the intent of the requirement.
- Whether the planned interventions are anticipated to bring the provider/CSB into compliance with the requirement.
- Appropriateness of the timeline to correct the deficiency, considering the severity and impact on individuals.
- If a QI/RM QEP is indicated the provider/CSB will be required to detail the immediate QEP action steps they will work on, and then the provider/CSB can choose to pursue opportunities to accept an ETCA invitation, offering consultation and technical assistance on the provider/CSBs approved QSR QEP.

Process

Providers or CSBs will be required to develop and implement quality enhancement 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 enhancement plan based on the recommendations provided.
- HSAG will evaluate the quality enhancement 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 Enhancement Plans

HSAG will review the results of the implementation of the quality enhancement plan during the next round of QSRs for which the provider/CSB is selected.

Process

During the next round of QSRs, HSAG will assess the degree to which the provider/CSB has initiated and implemented its QEP 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 enhancement plan.

Data Cleaning and Monitoring

The HSAG QSR leadership (Directors and Health Informatics Specialist) directs data monitoring and cleaning processes. Data monitoring is the process by which data entered into a database is reviewed to identify data outliers, incompleteness, duplicate entries, errors, and inconsistencies. Data cleaning is defined as the process of fixing incorrect, incomplete, duplicate, or otherwise erroneous data in a data set and it involves identifying data errors and then changing, updating, or removing data to correct them.

Data Cleaning Processes

Data cleaning processes occur from initial data entry by the QSR reviews to the completion of the review. The QSR leadership team directs the QSR reviewers to revise data when a need for data correction is identified. HSAG's QSR leadership team exports data from the PCR and PQR tools to ensure PCR and PQR tool guidance is being adhered to, e.g., the clinical reviewer ensures applicable notes have been added to the tool. HSAG conducts the following data quality assurance and cleaning activities:

- The QSR leadership team reviews PCRs and PQRs before they are set to complete.
  - o Leadership review of PCRs and PQRs includes confirmation that the clinical review has been completed when the reviewer identified the need for possible additional assessment (as indicated by the Clinical Decision Tree process) and confirmation that clinical notes have been entered in the tool, through both note entry and scoring. In the event that the leadership review reveals that the clinical review was not completed when the reviewer identified the need for possible additional assessment, or clinical notes could not be located in the tool when the need for a clinical review was indicated, leadership requests a clinical review immediately, for timely entry into tool prior to completion.
  - o Leadership review of PCRs and PQRs includes assessment of element(s) identified through competency checks and/or IRR as having the potential for a higher frequency of error. Elements identified with potential high error frequency during competency checks by all reviewers are brought to DBHDS. This potential occurs most often with new elements or elements where scoring criteria include a 'N/A' option rather than a clear complaint or deficient score (Yes/No). In the event that the leadership review reveals a potential error, the case is scored with a reviewer consult to confirm the best choice before the case is determined as ready to complete.
  - o In the event that there are patterns of errors identified during the performance of the aforementioned activities, leadership provides re-training, and/or the reviewer is dismissed per IRR policy.

Data Monitoring Processes

All PCRs and PQRs are reviewed by the HSAG QSR leadership team, which checks for possible data inconsistencies in the scoring of elements. HSAG leadership also monitors QSR data for completeness, duplicate entries, and/or outliers through tool design and SharePoint PQR and PCR trackers.

- Completeness, duplicate entries, and erroneous data entry are managed through abstraction tool design, SharePoint PQR, and PCR trackers. The abstraction tool is designed to prevent:
  - PCR and PQR data entry for services that do not apply to the service provider, CSB or individual being reviewed. For example, requirements for providers of residential services, that do not apply to in-home support services, will show in the PCR and PQR as greyed out, thus preventing data entry for nonapplicable elements.
  - Duplicate entries are managed through abstraction tool design. All providers and individuals included in the sample are assigned unique identifier that prevents duplication of individuals and/or providers. No data entry outside of elements in the tool is completed by reviewers, so it is not possible to score an element more than once, or with more than one score.
  - Data entry for dates outside of review timeframes. For example, if a reviewer attempts to enter a date outside of the review timeframe, the abstraction tool displays a red "x" when the reviewer saves the case.
  - Completing a case with data missing. The tool will display a red "x" if a question(s) has not been answered and prevents the user from saving the record unless all required entries have been made.
  - Entering data for cases designated as a partial review. A partial review is defined as a review that includes Support Coordinator information *only* when the individual selected for a PCR did not receive services during the look-back period, the service provider is no longer in operation, the individual is deceased, the provider that provided services during the look-back period is unresponsive to requests for documentation, the individual is currently hospitalized or was hospitalized during the look-back period, the individual is or was incarcerated during the look-back period, the individual refused to participate in the PCR or the individual has been discharged from services.
- SharePoint PCR and PQR trackers are used to determine when all data collection has been completed and the reports are ready for generation. Provider/CSB reports are generated by the QSR leadership team using automated reporting and report generation specifications, to ensure reports are replicable regardless of the person(s) generating the report(s).

Additionally, Information Technology personnel run regular reports that indicate where the end-user has: 1) not set a record to complete, 2) has not met established timelines for the completion of data entry, and 3) data entries that indicate that the reviewer needs to take additional steps to further address requirements for data collection and input. The report(s) also identify outliers (when comparing the QSR reviewer against their documented work, on other reviews completed during the review period, and as it relates to the data patterns identified amongst other QSR reviewers). This information is displayed on a dashboard which is used by leadership to review progress and discuss challenges with the outputs and progress to QSR completion before a record is closed.

Integrity of Data

The HSAG procedure: *Systems and Information Integrity* and the HSAG policy: *Information Systems Integrity* outlines what HSAG utilizes for providing transparency. These documents further show the processes followed to identify data quality and compliance reporting concerns, within the HSAG data source systems.

Prior to the beginning of each round of the QSR, HSAG will work with the DBHDS Office of Clinical and Quality Management to review the PQR and PCR tools to ensure terms and expectations contained within align with those of DBHDS or DBHDS affiliated entities that use QSR data. DBHDS will provide HSAG with updated process documents for each DBHDS or DBHDS-affiliated entity that uses QSR data, prior to each round. HSAG will collaborate with the DBHDS point of contact to facilitate conversations with DBHDS QSR dataset owners to rectify discrepancies between the HSAG dataset and DBHDS secondary data source output.

Reporting of Abuse, Neglect, and 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 Quality Management Contracts Manager and the backup designee identified by DBHDS.

QSR Scoring Methodology

HSAG will use electronic tools for the reviews, interviews, and observation visits. HSAG's electronic tools record 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 provide 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's 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 are 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%	

N/A and unable to assess (UTA) designation are removed from the denominator when scoring an element since this designation indicates the element could not be scored for performance.

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.
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 7 folder for each provider/CSB will be added to the HSAG Secure Access File Exchange (SAFE) for document upload.
5. A Round 7 sample folder is added for each provider in SharePoint.
    a. Provider and CSB samples are uploaded into the provider folder.
6. The reviewer contacts the provider (the reviewer will document this in the provider Contact Log on SharePoint).
    a. Reviewer during contact will ensure provider/CSB provides the main point of contact and a backup point contact, Provider/CSB has access to SharePoint, and Provider/CSB has access to SAFE.
    b. Reviewer will make contact by email within 1 business day of receiving the caseload assignment.
        i. R7 introductory email containing the documentation checklist, instructions on how to view the sample on SharePoint, and request for provider/CSB to complete sample spreadsheet with direct support personnel (DSP) information requested.
        ii. If the provider does not have a working email, the reviewer will attempt to contact by phone to obtain a working email and update the contact log in SharePoint. The introductory email will then be sent.
        iii. The reviewer will call the provider on the 2nd business day after the initial email to review the sample file and confirm individual participants or alternates.
    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 the next step (e).
        ii. The reviewer will make a 3rd attempt phone call within 1 business day of 2nd attempt, if the reviewer is not successful in speaking with the provider, the reviewer will send a summary email of all attempts that will include copying the DBHDS QSR email and the VAQSR email. If contact is made, the reviewer will proceed to the next step (e). If no contact is made, the reviewer will update the contact log in SharePoint and HSAG will notify DBHDS.
        iii. DBHDS will contact the provider instructing them to contact HSAG.
        iv. If the provider does not contact HSAG within ten business days of the introductory email, HSAG will close the PCR/PQR and update the contact log in SharePoint, HSAG will update the non-responsive provider list for DBHDS on SharePoint. This will end the QSR process.
    d. If contact is made:
        i. The reviewer will request records from the provider including the name of the DSP selected for observation from the provider sample spreadsheet.
            1. Provider/CSB will notify HSAG within 7 business days of initial contact but no later than May 2, 2025, if alternates are needed.
                a. If a provider notifies HSAG that an individual is deceased, hospitalized, or incarcerated, an alternate will be assigned.
                b. If alternates are requested, the individual in the sample will either be replaced, partial, or excluded.

       c. No alternates will be provided after May 13, 2025.

    2. Provider and CSB will submit documents by May 22, 2025, into SAFE.

       a. Provider/CSB will upload documents/records to HSAG SAFE, Multi-Agency Review Team (MART) repository, and/or provide EHR access. Any providers/CSBs that provide EHR access will have until May 13. 2025 to ensure all requested documents are in the EHR. The location of where the provider/CSB stores records will be noted by the provider/CSB on the document checklist. This checklist will be uploaded by the provider/CSB into SAFE.

    ii. The reviewer schedules on-site interviews/observation

7. If after contact is made the provider discontinues contact or does not keep their scheduled appointment:
   a. The reviewer will document in the provider Contact Log on SharePoint.
   b. The reviewer will attempt final contact copying DBHDS and VAQSR.
   c. DBHDS will contact the provider.
   d. HSAG will update the non-responsive provider list for DBHDS on SharePoint.
   e. If the provider does not contact HSAG within 5 business days of final contact, HSAG will end the QSR process.

8. If uploaded records are found to be incomplete the reviewer will notify the provider of what is missing and request supplemental upload of documents within 2 business days.

9. On-site Observations and Interviews.
   a. The reviewer will confirm the appointment with DSP staff selected 2 days prior.
      i. If the provider confirms the appointment, the reviewer will meet as scheduled.
      ii. If the provider is unavailable at the designated time, the reviewer will reschedule once.
      iii. If the provider does not respond to the confirmation email or is a no-show for the confirmed appointment, HSAG will note in the tool staff did not participate.
      iv. If the individual is a no-show or refused upon arrival for an on-site interview and observation, the reviewer will complete the observation/review with the provider staff available.

10. Final report.
    a. A Round 7 report folder will be created in HSAG SAFE.
    b. The provider/CSB will be notified via email Round 7 QSR Report, Actionable Recommendations, and the QEP Template are available in the provider Round 7 report folder in SAFE.
    c. HSAG reviews findings and provides technical assistance if requested for the completion of the QEP response, as requested/required by the provider/CSB.
    d. The provider/CSB must respond if a QEP is needed within 15 business days.
       i. If the provider/CSB does not respond to the QEP email within 15 business days, add to the Did Not Respond to R7 QEP list; DBHDS will be notified.
       ii. DBHDS will contact the provider/CSB.

      iii.   If the provider/CSB does not contact HSAG within 30 calendar days, the QSR process will end.

  e. HSAG will notify the provider/CSB within 5 business days of receipt of the QEP whether accepted or modifications are requested.

      i.   If accepted, an approval email will be sent to the provider/CSB stating that HSAG has approved their QEP.

      ii.   If not accepted, HSAG will email the provider/CSB the specifics of what modifications are needed. The email will include a QEP modification deadline of two business days.