Case Management Steering Committee Charter
QIC Approved September 27, 2021

Committee / Workgroup Name	**Case Management Steering Committee**
Statement of Purpose	The Case Management Steering Committee (CMSC), a subcommittee of the Department of Behavioral Health and Developmental Services (DBHDS) Quality Improvement Committee (QIC), is responsible for monitoring case management performance across responsible entities. This includes identifying and addressing risks of harm, ensuring the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings, and evaluating data to identify and respond to trends to ensure continuous quality improvement.
Authorization / Scope of Authority	The CMSC is authorized by the DBHDS QIC. The committee is charged with reviewing data selected from, but not limited to, any of the following data sets: CSB data submissions, Case Management Quality Reviews, Office of Licensing citations, Quality Service Reviews, and DMAS' Quality Management Reviews, WaMS.
Charter Review	The CMSC was established in June 2018. The charter shall be reviewed and/or revised on an annual basis, or as needed, and submitted to the QIC for review and approval.
DBHDS Quality Improvement Standards	DBHDS is committed to a Culture of Quality that is characterized as: • Supported by leadership • Person Centered • Led by staff who are continuously learning and empowered as change agents • Supported by an infrastructure that is sustainable and continuous • Driven by data collection and analysis • Responsive to identified issues using corrective actions, remedies, and quality improvement projects as indicated
Model for Quality Improvement	On a quarterly basis, DBHDS staff assigned to implement quality improvement initiatives (QIIs) will report data related to the quality improvement initiatives to the CMSC to enable the committee to track implementation. Through case management reviews, data collection, and analysis of data, including trends, patterns, and problems at individual service delivery and systemic levels, the CMSC identifies areas for development of QIIs. To that end, the committee determines the: • Aim: What are we trying to accomplish? • Measure: How do we know that a change is an improvement? • Change: What change can we make that will result in improvement? Implements the Plan/Do/Study/Act Cycle: • Plan: Defines the objective, questions and predictions. Plan data collection to answer questions. • Do: Carry out the plan. Collect data and begin analysis of the data. • Study: Complete the analysis of the data. Compare data to predictions. • Act: Plan the next cycle. Decide whether the change can be implemented.

	Additionally, the CMSC: • Establishes performance measure indicators (PMIs) that align with the eight domains when applicable • Monitors progress towards achievement of identified PMIs and for those falling below target, determines actions that are designed to raise the performance • Assesses PMIs overall annually and based upon analysis, PMIs may be added, revised or retired in keeping with continuous quality improvement practices. • Utilizes approved system for tracking PMIs, and the efficacy of preventive, corrective and improvement measures • Develops and implements preventive, corrective and improvement measures where PMIs indicate health and safety concerns • Utilizes data analysis to identify areas for improvement and monitor trends; identifies priorities and recommends QIIs as needed • Implements approved QIIs within 90 days of the date of approval • Monitors progress of approved QIIs assigned and addresses concerns/barriers as needed • Evaluates the effectiveness of the approved QII for its intended purpose • Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training • Completes a committee performance evaluation annually that includes the accomplishments and barriers of the CMSC Data reviews occur as part of quality improvement activities and as such are not considered research.
Structure of Workgroup / Committee:	
Membership	CMSC is an internal inter-disciplinary team comprised of the following DBHDS employees with clinical training and experience in the areas of case management, behavioral health, intellectual disabilities/developmental disabilities, leadership, quality improvement, behavioral analysis and data analytics: **Voting Members:** • Director of Waiver Operations or designee • Director of Provider Development or designee • Director of Community Quality Management or designee • Settlement Agreement Director • Quality Improvement Specialist • Representative, Office of Data Quality and Visualization **Advisory Members (non-voting):** • QI/QM Coordinator • Representative, Office of Licensing • Behavior Analyst

	• Other internal members as determined by the committee
Meeting Frequency	The committee will, at a minimum, meet ten times a year; additional meetings may be scheduled as determined by the urgency of issues. Meetings can occur in the absence of quorum; however, no actions can be taken during the meeting. Additional workgroups may be established as needed.
Quorum	A quorum shall be defined as 50% plus one of voting membership. These actions require quorum: approval of minutes, subcommittee recommendations to the QIC, approval/denial of QIIs, PMIs (new, revisions, ending), and charters.
Leadership and Responsibilities	The Director of Provider Development shall serve as chair and will be responsible for ensuring the committee performs its functions including development of meeting agendas and convening regular meetings. The chair may designate a co-chair as needed to assist. The standard operating procedures include: • Development and annual review and update of the committee charter • Meet regularly to ensure continuity of purpose • Maintain reports, meeting minutes, and/or actions taken as necessary and pertinent to the subcommittee's function • Analyze data to identify and respond to trends to ensure continuous quality improvement • Recommend QIIs (at least one per fiscal year, based on data analysis) to the QIC, which are consistent with Plan, Do, Study, Act model and implement QIIs as directed by the QIC. The CMSC will: • Adhere to agency policy and procedure related to HIPAA compliance and protecting confidentiality (DI 1001 – Privacy Policies and Procedures for the Use and Disclosure of PHI) • Establish a process to review a sample of case management (CM) contact data each quarter to determine reliability and provide technical assistance to CSBs as needed • Establish process to monitor compliance with performance standards • Establish process for annual retrospective reviews to validate findings of the CSB case management supervisory reviews; process includes sample stratification, quantitative measurement of both CSB and DBHDS Quality Improvement record reviews and inter-rater reliability process for DBDHS Quality Improvement staff • Establish two indicators in each of the areas of health and safety and community integration and based on review of the data from case management monitoring processes • Ensure CSBs receive their case management performance data semi-annually at a minimum • Analyze data and monitor for trends quarterly • Review and analyze CM data submitted to DBHDS that reports on CSB case management performance and related to the ten elements and at an aggregate level to determine CSB's overall effectiveness in achieving outcomes for the population they serve (such as employment, self-direction, independent living, keeping children with families)

	• Review the results of Quality Service Reviews (QSR) as it relates to case management and use findings to inform providers of recommendations as well as use systemic level findings to update guidance that is then disseminated • Review the results of other data reports that reference case management and make recommendations for systemic improvements as applicable • Share data with quality subcommittees when significant patterns or trends are identified and as appropriate to the work of the subcommittee • Provide relevant data (statewide aggregate, regional) to the RQCs which includes comparisons to other internal or external data as appropriate and include multiple years as available • Provide technical assistance to individual CSBs as needed • Track cited regulatory non-compliance correction actions to ensure remediation • Provide to the QIC recommendations to address non-compliance issues with respect to case manager contacts for consideration of appropriate systemic improvements and the Commissioner for review of contract performance issues • Produce a semi-annual report to the QIC on the findings from the data review with recommendations for systemic improvement that includes: analysis and findings and recommendations based on review of the information from case management monitoring/oversight processes including: data from the oversight of the Office of Licensing, DMAS Quality Management Reviews, CSB case management supervisors quarterly reviews replaced in 2019 by the Support Coordination Quality Review process, DBHDS Office of Community Quality Improvement retrospective reviews, Quality Service Reviews, and Performance Contract Indicator data • Report to the QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs <u>Membership Responsibilities:</u> **Voting members:** • Have decision making capability and voting status • Review data and reports for meeting discussion • A quorum of members shall approve all recommendations presented to the QIC • Members may designate an individual (designee) to attend on their behalf when they are unable to attend. The designee shall have decision-making capability and voting status. The designee should come prepared for the meeting. **Advisory members:** • Perform in an advisory role for the CMSC whose various perspectives provide insight on CMSC activities, performance outcomes, and recommended actions • Inform the committee by identifying issues and concerns to assist the CMSC in developing and prioritizing meaningful QI initiatives

	• Supports the CMSC in performing its functions All members receive orientation and training both as new to the committee and on an annual basis. Material shall include QM System, charter, committee responsibilities and continuous quality improvement.
Definitions	The following standard definitions as referenced in Part I of the Quality Management Plan (Program Description) are established for all quality committees: • Advising Members - Members of the quality committees without the authority to approve meeting minutes, charters, PMIs and other activities requiring approval. • Corrective Actions - DBHDS OL imposed requirements to correct provider violations of Licensure regulations • Data Quality Monitoring Plan - Ensures that DBHDS is assessing the validity and reliability of data, at least annually, that it is collecting and identifying ways to address data quality issues. • Eight Domains - Outline the key focus areas of the DBHDS quality management system (QMS): (1) safety and freedom from harm; (2) physical, mental and behavioral health and well-being; (3) avoiding crises; (4) stability; (5) choice and self-determination; (6) community inclusion; (7) access to services; and (8) provider capacity. • Home and Community-Based Services (HCBS) Waivers - provides Virginians enrolled in Medicaid long-term services and supports the option to receive community-based services as an alternative to an institutional setting. Virginia's CMS-approved HCBS waivers include the Community Living (CL) Waiver, the Family and Individual Supports (FIS) Waiver, and the Building Independence (BI) Waiver. • Key Performance Area (KPA) - DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities. These areas of focus include Health, Safety and Well-Being; Community Inclusion and Integration; and Provider Competency and Capacity. • Key Performance Area Workgroups - DBHDS workgroups that focus on ensuring quality service provision through the establishment of performance measure indicators, evaluation of data, and recommendation of quality improvement initiatives relative to the eight domains. • N - Sample size • National Core Indicators - Standard performance measures used in a collaborative effort across states to assess the outcomes of services provided to individuals and families and to establish national benchmarks. Core indicators address key areas of concern including employment, human rights, service planning, community inclusion, choice, health and safety • Performance Measure Indicators (PMIs) - Include both outcome and output measures established by the DBHDS and reviewed by the DBHDS QIC. The PMIs allow for tracking the efficacy of preventative, corrective and improvement initiatives. DBHDS uses these PMIs to identify systemic weaknesses or deficiencies and recommends and prioritizes quality improvement initiatives to address identified issues for QIC review. • Quality Committees - The QIC and QIC Subcommittees collectively • Quality Improvement Committee (QIC) Subcommittee/Quality Committee - DBHDS quality committees, councils and workgroups existing as part of the QMS (Case Management Steering Committee, Key

	Performance Area Workgroups, Mortality Review Committee, Regional Quality Councils, and the Risk Management Review Committee). • Quality Improvement Committee (QIC) - Oversees the work of the QIC subcommittees • Quality Improvement Initiative (QII) - Addresses systemic quality issues identified through the work of the QIC subcommittees. • Developmental Disabilities Quality Management Plan - Ongoing organizational strategic quality improvement plan that operationalizes the QMS. • Quality Service Review (QSR) - Review conducted for evaluation of services at individual, provider, and system-wide levels to evaluate: whether individuals' needs are being identified and met through person-centered planning and thinking; whether services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice; and whether individuals are having opportunities for integration in all aspects of their lives. QSRs also assess the quality and adequacy of providers' services, quality improvement and risk management strategies, and provide recommendations to providers for improvement. • Quorum - Number of voting members required for decision-making. • Regional Quality Councils (RQC) - DBHDS formulated councils, comprised of providers, CSBs, DBHDS quality improvement personnel, and individuals served and their family members that assess relevant data to identify trends and recommend responsive actions for their respective DBHDS designated regions. • State Fiscal Year (SFY) - July 1 to June 30 • Voting Members - Members of the quality committees with the authority to approve meeting minutes, charters, PMIs and other activities requiring approval. • Waiver Management System (WaMS) - The Commonwealth's data management system for individuals on the HCBS DD waivers, waitlist, and service authorizations.