## Case Management Steering Committee Charter September 2019

Revisions per 9-13-19 final QM plan Part II

Committee / Workgroup Name	Case Management Steering Committee
Statement of Purpose	The Case Management Steering Committee, 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 to identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and evaluate data to identify and respond to trends to ensure continuous quality improvement.
Authorization / Scope of Authority	The Case Management Steering Committee is responsible for performance monitoring of case management by responsible entities. 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.
	The committee's analysis will identify trends and progress toward meeting established Support Coordination/Case Management targets. Based on this data review and system analysis, the committee will recommend systemic quality improvement initiatives to the QIC.
	The committee recommends technical assistance based on review of CSB specific data. If CSB specific improvements are not demonstrated after receiving technical assistance, the committee will make recommendations to the Commissioner for enforcement actions pursuant to the CSB Performance Contract based on negative findings.
Charter Review	The Case Management Steering Committee was established in June 2018. The charter shall be reviewed on an annual basis or as needed and submitted to the Quality Improvement Committee 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	Determine 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?

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	Implement the Plan/Do/Study/Act Cycle:
	Plan: Defines the objective, questions and predictions. Plan data collection to answer questions
	<ul> <li>Do: Carry out the plan. Collect data and begin analysis of the data.</li> </ul>
	<ul> <li>Study: Complete the analysis of the data. Compare data to predictions.</li> </ul>
	<ul> <li>Act: Plan the next cycle. Decide whether the change can be implemented.</li> </ul>
Structure of Workgroup /	, c
Membership	Director of Waiver Operations or designee
Wemsersmp	Director of Provider Development or designee
	Director of Community Quality Improvement or designee
	Settlement Agreement Director
	Two Quality Improvement Program Specialists
	Representative, Office of Data Quality and Visualization
Meeting Frequency	The committee will, at a minimum, meet ten times a year.
Quorum	A quorum shall be defined as 50% plus one of voting membership.
Leadership and	The Settlement Agreement Director shall serve as chair and will be responsible for ensuring the committee performs
Responsibilities	its functions including development of meeting agendas and convening regular meetings. The standard operating
	procedures include:
	- Development and annual review and update of the committee charter
	- Regular meetings to ensure continuity of purpose
	- Maintenance of reports and/or meeting minutes as necessary and pertinent to the committee's function
	- Quality improvement initiatives consistent with Plan, Do, Study, Act model
	Meeting minutes are prepared and distributed to committee members prior to the meeting. Minutes shall reflect the committee's review and analysis of data.
	Other resmansibilities:
	Other responsibilities: Ensure that the CSBs receive their case management performance data semi-annually at a minimum.
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	Produce a semi-annual report to the DBHDS Quality Improvement Committee on the findings from the data review with recommendations for system improvement. The Case Management Steering Committee's report will include an analysis of 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, DBHDS Office of Community Quality Improvement retrospective reviews, Quality Service Reviews, and Performance Contract Indicator data.

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The Case Management Steering Committee will report to the Quality Improvement Committee at least semi-annually.