

Case Management Steering Committee

Established: June 1, 2018

Revised: June 23, 2025

MISSION

To identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; to collect and evaluate data to identify and respond to trends to ensure continuous quality improvement.

PURPOSE

As a subcommittee of the Department of Behavioral Health and Developmental Services (DBHDS) Development Disabilities (DD) Quality Improvement Committee (QIC), the Case Management Steering Committee (CMSC) oversees and coordinates activities to strengthen the case management system. The CMSC monitors case management (CM) performance across responsible entities. The subcommittee's goals are to:

- Ensure and oversee the coordination of all internal and external quality improvement activities that affect both the transactional and transformational components of case management
- Identify strengths, weaknesses, and gaps in newly implemented products and processes
- Make recommendations for system improvement.

AUTHORIZATION/SCOPE OF AUTHORITY

The CMSC is authorized by the DBHDS DD QIC. The subcommittee is charged with reviewing data selected from, but not limited to, any of the following data sets: CSB data submissions, Support Coordination Quality Reviews (formerly Case Management Quality Reviews), Office of Licensing citations, Quality Service Reviews, DMAS' Quality Management Reviews, and WaMS. Data reviews occur as part of quality improvement activities and as such are not considered research. CMSC collaborates with the Provider Capacity and Competency KPA Workgroup as needed. Additional workgroups may be established as needed.

DEFINITIONS

Term	Definitions
Advisory Members	Members of the quality committees without the authority to approve meeting minutes, charters, PMIs, and other activities requiring approval. Members do provide input and feedback to voting members.
Continuous Quality Improvement (CQI)	An ongoing process of data collection and analysis for the purpose of improving programs, services, and processes.
Designee	A person selected to carry out a duty or role within a quality committee on behalf of a voting member. This person assumes voting member responsibilities when acting on behalf of voting member and should be in a position reflective of that authority, including awareness of the organization or system impact of actions taken by the QIC.

	Designee should be prepared to step in during the meeting as needed to fulfill the voting member's role.
Eight Domains	Designated spheres of knowledge, influence, or activity within the structure of the DD QMS: safety and freedom from harm; physical, mental, and behavioral health and wellbeing, avoiding crises, stability, choice and self-determination, community inclusion, access to services, and provider capacity.
Key Performance Areas (KPA's)	DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services. The DD QMS has established three: health, safety and wellbeing, community inclusion and integration, and provider capacity and competency.
National Core Indicators (NCI)	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)	Outcome and output measures used to report the progress towards specified targets established by DBHDS DD QMS, designed to address areas of importance, or need for DBHDS.
Provider Reporting Measures	Measures that providers report progress on to DBHDS that assess both positive and negative aspects of health and safety and of community integration.
Quality Committees	A collective term used to describe the groups within the DD QMS who consider, investigate, act, and report on quality assurance, risk management, and quality improvement. Groups include quality improvement committee (QIC), subcommittees, work groups, and councils.
Quality Improvement Committee (QIC)	Overarching quality committee that exists as part of the DD Quality Management System (QMS)
QIC Subcommittees	Committees, councils, and workgroups that exist as part of the DD QMS and who report to the DD QIC.
Quality Improvement Initiative (QII)	A formal plan, based upon data reviews, that addresses identified areas for improvement and uses the Model for Improvement.
Quality Plan aka Quality Management Plan (QMP)	Three-part document that describes (1) the programs involved in the DD QMS, and processes deployed by the programs, (2) the quality committee structure, and (3) an annual report detailing the work of the DD QMS including evaluation of the quality committees.
Quality Service Review (QSR)	A quality review that evaluates the quality of services at individual, provider, and system-wide levels. These reviews evaluate whether individuals' needs are being identified and met through person-centered planning and thinking. These reviews evaluate whether services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice. These reviews evaluate 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 (RQCs)	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.
Surveillance Data	Data that is not specific to a performance measure indicator; all other data that is collected and reviewed
Voting Members	Members of the quality committees with the authority to approve meeting minutes, charters, PMIs, and other activities requiring approval.

RESPONSIBILITIES, DUTIES, ACTIVITIES

General

- Includes internal stakeholders with experience in:
 - Clinical training
 - Quality improvement
 - Quality management
 - Resource management
 - Developmental disabilities
 - Behavioral health
 - Compliance
 - Behavioral analysis
 - Provider services
 - Data analytics
- Determines need for other internal members
- Commits to a culture of quality characterized by:
 - Supported by leadership
 - Person Centered
 - Led by staff who continuously learn and empowered as change agents
 - Supported by an infrastructure that is sustainable and continuous
 - Driven by data collection and analysis
 - Responds to identified issues by using QIIs and other mitigating strategies as indicated
- Implements continuous quality improvement processes or practices
- Develops and reviews annually the charter with revisions as needed
- Completes a committee performance evaluation annually that includes the accomplishments and barriers of the DD quality committee
- Provides orientation and training to members to include:
 - DBHDS DD Quality Management System
 - CMSC charter
 - Member responsibilities
 - Continuous quality improvement
- Reports to the QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs
- Provides relevant data (statewide aggregate, regional) to the RQCs including comparisons to other internal or external data with multiple years as available

- Shares data with quality subcommittees when significant patterns or trends are identified and as appropriate to the work of the subcommittee
- Adheres to agency policy on HIPAA compliance and protecting confidentiality (IT.001 – Privacy Policies and Procedures for the Use and Disclosure of PHI)
- Establishes a process to review a sample of CM contact data each quarter to determine reliability and provides technical assistance to CSBs as needed
- Establishes a process to monitor compliance with CM performance standards
- Establishes a process for annual retrospective reviews to validate findings of the Support Coordinator Quality Reviews; review process includes:
 - sample stratification
 - quantitative measurement of both CSB and DBHDS Quality Improvement record reviews
 - inter-rater reliability process for DBDHS Quality Improvement staff
- Establishes two indicators in each of the areas of health and safety and community integration
- Ensures CSBs receive their CM performance data semi-annually, at a minimum
- Provides technical assistance to individual CSBs as needed
- Tracks cited regulatory non-compliance correction actions to ensure remediation
- Makes recommendations to the DD QIC to address non-compliance issues with respect to CM contacts for consideration of appropriate systemic improvements
- Provides recommendations to the Commissioner for review of contract performance issues
- Produces a semi-annual report that includes data from:
 - Office of Licensing
 - DMAS Quality Management Reviews
 - Support Coordination Quality Review process
 - Quality Service Reviews
 - Performance Contract Indicator data
- Shares findings from the semi-annual report with the DD QIC including recommendations for systemic improvement

Data Review and Analysis

- Establishes performance measure indicators (PMIs) that align with the eight domains when applicable
- Assesses PMIs overall annually and based upon analysis, PMIs may be added, revised, or retired
- Monitors progress towards achievement of identified PMIs, and for those falling below target, determines actions designed to raise the performance
- Develops and implements preventive, corrective and improvement measures where PMIs indicate health and safety concerns
- Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training
- Determines priorities when establishing PMIs
- Considers a variety of data sources for collecting data and identify the data sources to be used
- Analyzes, reviews, and evaluates data to identify trends, gaps, and other findings, at least quarterly
- Utilizes data to identify areas for improvement and monitor trends; identifies priorities and recommends QII as needed

- Analyzes CSB CM performance and ten elements' data to determine overall effectiveness of CSBs in achieving outcomes for the population they serve
- Reviews the results of Quality Service Reviews (QSR) as it relates to CM
- Uses QSR findings to inform providers of recommendations and use systemic level findings to update guidance that is then disseminated
- Reviews the results of other data reports that reference CM and make recommendations for systemic improvements as applicable

Quality Improvement Initiative(s)

- Identifies areas for development of quality improvement initiatives (QIIs) using:
 - case management reviews
 - data collection
 - analysis of data including trends and patterns
 - noted problems at individual service delivery and systemic levels
- Utilizes the Model for Improvement, which includes the Plan-Do-Study-Act cycle when considering a quality improvement initiative (QII)
- Develops QII Toolkit, per directions, when proposing a QII
- Proposes at least one QII per year, consistent with the Model for Improvement and Plan-Do-Study-Act cycles
- Implements approved QIIs within 90 days of the date of approval, and as directed by the DD QIC
- Monitors progress of assigned, approved QII(s) and addresses concerns/barriers as needed, via updates to QII Toolkit(s)
- Evaluates the effectiveness of the approved QII(s) for its intended purpose
- Provides updates to the DD QIC on QII(s) status

Meetings

- Conducts regular meetings to ensure continuity of purpose
- Maintains reports and/or meeting minutes as necessary and pertinent to the committee's function
- Aligns work to the assigned key performance area (KPA), including the domains associated with the KPA
- Utilizes approved system for tracking PMIs, the efficacy of preventive, corrective and improvement measures, and work of the subcommittee
- Discusses and responds to the DD QIC assignments or directives
- Updates members on QII status according to data review schedule
- Monitors established process to review a sample of CM contact data quarterly to determine reliability and provide technical assistance to CSBs as needed

MEMBER ROLES AND RESPONSIBILITIES

Role and Title	Responsibility
Chair Director Provider Network Supports or designee Co-chair , Community Resource Consultant	• Ensures subcommittee executes responsibilities • Ensures subcommittee performs its functions • Facilitates meetings • Ensures response to RQCs' suggestions, questions, or requests • Provides update to DD QIC as scheduled

Logistic Support QI Implementation Manager/Director, QI Analytics and Processes	• Develops agenda per schedule • Develops draft minutes, finalizes approved minutes • Schedules meetings • Monitors quorum; alerts chair/co-chair of quorum status • Develop reports, presentations • Develop data review schedule • Distributes materials via Teams • Distributes, via Teams, when voting members need to act • Provides orientation to all members
Voting Members	• Maintains decision making capability and voting status. • Responsible to enter, review and analyze assigned data when indicated • Review surveillance data to identify any concerns for discussion at the scheduled time • Reviews data and reports for meeting discussion; comes prepared • Assigns a designee when unable to attend; designee serves as voting member with all rights • Informs Chair and Logistic Support when unable to attend, and if a designee will be attending
Advisory Members	• Performs in an advisory capacity by identifying issues and concerns • Contributes to discussions and assigned work • Supports the subcommittee in performing its functions
QI Consultation, Technical Assistance and Coaching Director, Community Quality Management or designee, Quality Improvement Specialist, QI Implementation Manager, Director QI Analytics and Processes	• Provides consultation and technical assistance when needed relative to quality management and quality improvement practices including use of tools • Provides consultation and technical assistance when needed relative to data analysis, data visualizations • Provides coaching specific to quality improvement initiatives

MEMBERSHIP

Voting Members	• Director of Waiver Network Supports or designee • Director of Provider Network Supports or designee • Director of Community Quality Management or designee • Associate Director for the Office of Community Quality Improvement • Community Resource Consultant • Quality Research Specialist, Office of Quality Assurance and Healthcare Compliance
Advisory Members	• QI Implementation Manager / Director, QI Analytics and Processes • Community Resource Consultant

	• Quality Improvement Specialist • Representative, Office of Licensing • Behavior Analyst • Director, Transition Network Supports • WaMS Data Analyst • Other internal members as determined by the committee
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MEETINGS

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.
Quorum	A quorum is 50% plus one of the voting members. Actions requiring quorum include approving minutes, subcommittee recommendations to the DD QIC, approval/denial of proposed QIIs, proposed PMIs (new, revised, ending), charter revisions and CSB Improvement Plan.
Agenda and Minutes	The agenda, meeting materials, and draft minutes from previous meetings shall be posted to Teams prior to the scheduled meeting. All meeting materials are stored in Teams for members to view.

CONTACT

Division, Office, or Program	Role Title
Developmental Services	Provider Network Supports Director
Office of Clinical Quality Management	Quality Improvement Implementation Manager