

Developmental Disabilities Quality Improvement Committee

Established: January 2, 2013

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

The Developmental Disabilities (DD) Quality Improvement Committee (QIC) ensures a process of continuous quality improvement, maintains responsibility for prioritization of needs, work areas, and resource allocation for the DD QIC subcommittees, and works to achieve the intended outcomes for the agency and the Commonwealth.

AUTHORIZATION/SCOPE OF AUTHORITY

The DD QIC is the highest-level DD quality committee that provides oversight and directs the work of the DD QIC subcommittees (Case Management Steering Committee (CMSC), Key Performance Area Workgroups (focus on Health, Safety & Wellbeing, Community Inclusion & Integration, Provider Capacity & Competency), Mortality Review Committee (MRC), Regional Quality Councils (RQCs) (5), and the DD Risk Management Review Committee (RMRC)). The DD QIC prioritizes needs, work areas and resource allocation for the DD QIC subcommittees.

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. Advisory members, save RQC liaisons, have no term limits. RQC liaisons can serve up to two consecutive terms (one term is three years).
Case Management Steering Committee (CMSC)	Committee that monitors and works to support case management performance across responsible entities, reviews data, and implements assigned quality improvement initiatives.
Designee	A person selected to carry out a duty or role within a quality committee on behalf of a voting or advisory member. When acting on behalf of a voting member, this person assumes voting member responsibilities 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.
Executive Sponsor	Role that maintains executive authority over the actions taken by the DD QIC; the Commissioner of DBHDS serves in this 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 (KPAs)	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.
KPA Workgroups	DBHDS workgroup that includes a focus of each of the KPAs as well as on ensuring quality service provision, reviews data, and implements assigned quality improvement initiatives relative to the eight domains.
Mortality Review Committee (MRC)	Committee that conducts mortality reviews of individuals receiving a service licensed by DBHDS at the time of death and diagnosed with an intellectual disability and/or developmental disability (I/DD), reviews data, and implements assigned quality improvement initiatives.
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.
Proxy	Proxy means the authority to represent someone else, especially in voting. The QIC uses proxy only in situations when the voting member or their designee cannot attend a meeting, or when they need to leave during the meeting. In these situations, the voting member will alert the QIC via the meeting's chat function of their need to leave the meeting and who has their proxy vote.
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, workgroups, 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	Three-part document that describes (1) the programs involved in the DD QMS, and processes deployed by the programs, (2) the quality

Management Plan (QMP)	committee structure, and (3) an annual report detailing the work of the DD QMS including evaluation of the quality committees.
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 (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.
Risk Management Review Committee (RMRC)	Committee that identifies and addresses risks of harm, reviews data and implements assigned quality improvement initiatives
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 and external stakeholders with experience in:
 - Clinical training
 - Quality Improvement
 - Quality Management
 - Resource Management
 - Developmental Disabilities
 - Behavioral Health
 - Compliance
 - Behavioral Analysis
 - Provider Services
 - Data Analytics
- 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
- Ensures a process of continuous quality improvement
- Approves the creation/discontinuation of QIC subcommittees

- Develops and reviews annually the charter, with revisions as needed
- Approves all QIC subcommittee charters
- Provides orientation and training to members to include:
 - DBHDS DD Quality Management System
 - QIC charter
 - Member responsibilities
 - Continuous quality improvement
- Prioritizes needs and work areas
- Directs the work of the DD QIC subcommittees
- Monitors QIC subcommittees
- Responds to recommendations made during meetings, including approving or disapproving motions
- Provides an annual summary of actions taken during the fiscal year, including responses to recommendations made during meetings
- Reports publicly on an annual basis regarding the:
 - Availability and quality of supports and services
 - Gaps in supports and services
 - Provides recommendations for improvement
- Completes a committee performance evaluation annually that includes the accomplishments and barriers of the DD quality committee

Data Review and Analysis

- Approves new PMI(s) based in data analysis, that correspond to one KPA and at least one of the eight domains, and in keeping with continuous quality improvement practices
- Assigns the approved new PMI to one of the DD QIC subcommittees (RMRC, MRC, CMSC, or KPA Workgroups) for monitoring and reporting purposes
- Analysis of PMIs to measure performance across the KPAs, to determine PMI need for revision or retirement, at least annually
- Approves revised or retired PMIs that are based in data analysis and in keeping with continuous quality improvement practices
- Monitors the progress of PMIs across all eight domains
- Monitors provider reporting measures semi-annually and identifies systemic deficiencies or potential gaps
- Assesses annually the validity of provider reporting measures
- Reviews annual reports and determines recommendations to be addressed through DD QIC subcommittees; ensures that deficiencies have been addressed
- Informs stakeholders annually of QIIs approved for implementation, of QIIs proposed, not approved, and on the status of implemented QIIs through the Annual DD QMP Report
- Develops or directs strategic responses to address systemic deficiencies and/or gaps identified from the Quality Service Reviews (QSR) and National Core Indicators (NCI) data

Quality Improvement Initiative(s)

- Identifies areas for improvement and recommends QIIs for development to the DD QIC subcommittees
- Reviews proposed QIIs to:
 - Ensure use of Model for Improvement
 - Ensure alignment with agency priorities

- Ensure no duplication of existing quality improvement activities already deployed in the DBHDS DD system
- Ensure addressment of identified concerns
- Ensure agency resources permit implementation of the QII as written
- Determine extent of administrative burden placed on CSBs and/or providers
- Approves or disapproves the proposed QIIs upon consideration of above criteria
- Provides rationale for QII disapproval to the proposing DD QIC subcommittee
- Directs the implementation of approved QIIs
- Assigns resources as needed for DD QIC subcommittees to implement approved QIIs
- Holds DD QIC subcommittees accountable for QIIs, ensuring that the Model for Improvement (includes Plan-Do-Study-Act cycle) is utilized throughout the QII lifecycle
- Monitors the progress of approved QIIs, addresses concerns/barriers as needed, recommends revisions to QIIs as needed

Meetings

- Conducts regular meetings to ensure continuity of purpose
- Maintains reports and/or meeting minutes as necessary and pertinent to the committee’s function
- Reviews and responds to regular reports from the DD QIC subcommittees (at least three times per year)
- Reviews and responds to quarterly reports from the QSR vendor
- Reviews and responds to presentations from NCI, Quality Review Team, and Office of Licensing
- Reviews and responds to annual reports

MEMBER ROLES AND RESPONSIBILITIES

Role and Title	Responsibility
Executive Sponsor , DBHDS Commissioner	<ul style="list-style-type: none"> ● Maintains executive authority over DD QIC actions ● Approves DD QIC membership ● Appoints DD QIC advisory members
Chair Deputy Commissioner, Clinical and Quality Management Co-Chair Assistant Commissioner of Quality Management and Strategic Outcomes	<ul style="list-style-type: none"> ● Ensures DD QIC executes responsibilities ● Ensures DD QIC performs its functions ● Ensures occurrence of quality plan activities ● Ensures core monitoring of metrics ● Facilitates meetings
Logistic Support Director, Quality Improvement Analytics and Processes	<ul style="list-style-type: none"> ● Develops agenda per schedule ● Develops draft minutes, finalizes approved minutes ● Organizes review schedule for year ● Schedules DD QIC meetings yearly ● Assists DD QIC subcommittees in their reporting ● Distributes meeting materials via email/Teams ● Monitors quorum; alerts chair/co-chair of quorum status ● Distributes to voting members information for actions that need to occur between meetings

	<ul style="list-style-type: none"> • Coordinates and implements DD QM Plan activities (Parts 1, 2, and 3) • Provides orientation to all DD QIC members • Develop reports • Provides orientation and training for all members; new members receive training prior to attending meeting
Voting Members	<ul style="list-style-type: none"> • Maintains decision making capability and voting status. • Assigns designee when unable to attend a meeting in full or if voting member needs to leave during the meeting • Informs Chair, Co-chair, and Logistic Support when designee will be attending • Assigns proxy vote if assigned designee unable to attend on voting member's behalf or needs to leave during the meeting • Informs Chair, Co-chair, and Logistic Support via meeting chat when proxy vote is assigned. • Accepts no more than one assigned proxy vote • Reviews data and reports for meeting discussion; comes prepared • Attends 75% of meetings per year; may send a designee to one meeting per year
Advisory Members	<ul style="list-style-type: none"> • Performs in an advisory role for the DD QIC • Informs the committee by identifying issues and concerns to assist the DD QIC in its actions • Attends 75% of meetings per year and may send a designee to one meeting per year if the designee represents the same advisory role (i.e. representing same subject matter, discipline, or DBHDS office)
QI Consultation, Technical Assistance and Coaching Quality Improvement Specialist, QI Implementation Manager, Director, QI Analytics and Processes	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • DBHDS Commissioner (Executive Sponsor) • Chief of Staff • Deputy Commissioner for Clinical and Quality Management • Assistant Commissioner of Quality Management and Strategic Outcomes • Deputy Commissioner of Community Services • Deputy Commissioner for Facility Services • Assistant Commissioner for Provider Management • Assistant Commissioner for Developmental Services
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	<ul style="list-style-type: none"> • Assistant Commissioner for Crisis Services • Assistant Commissioner for Behavioral Health Services
Advisory Members	<ul style="list-style-type: none"> • Chief Deputy Commissioner • Facility Quality and Risk Management Director • Director, Office of Community Quality Improvement • Chief Diversity, Opportunity, and Inclusion Officer • Pharmacy Manager • Behavioral Health Facility Director • Training Center Director • Representative, Department of Medical Assistance Services • Liaisons, Regional Quality Councils • Quality Improvement Director, Community Services Board • Representative, Service Provider • Representatives, Associations as determined by the committee

MEETINGS

Meeting Frequency	The DD QIC shall meet at a minimum four times a year. Meetings can occur in the absence of quorum; however, no action, where approval of the DD QIC is required, can be taken in this instance. In such instances, approval may be sought via email or through Teams.
Quorum	A quorum is 50% plus one of the voting members. Quorum status is monitored throughout the meeting with verification of quorum status before voting on these deliberations that require quorum. Actions requiring quorum include approving minutes, approval/denial of QILs, PMIs (new, revised, ending), and charters.
Agenda and Minutes	The agenda, meeting materials, and draft minutes from previous meetings shall be emailed prior to the scheduled meeting or posted to Teams.

CONTACT

Division, Office, or Program	Role Title
Division, Clinical & Quality Management	Deputy Commissioner
Office of Clinical Quality Management	Assistant Commissioner of Quality Management and Strategic Outcomes

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 (KPAs)	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	<ul style="list-style-type: none"> • 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

<p>Logistic Support QI Implementation Manager/Director, QI Analytics and Processes</p>	<ul style="list-style-type: none"> • 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
<p>Voting Members</p>	<ul style="list-style-type: none"> • 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
<p>Advisory Members</p>	<ul style="list-style-type: none"> • Performs in an advisory capacity by identifying issues and concerns • Contributes to discussions and assigned work • Supports the subcommittee in performing its functions
<p>QI Consultation, Technical Assistance and Coaching Director, Community Quality Management or designee, Quality Improvement Specialist, QI Implementation Manager, Director QI Analytics and Processes</p>	<ul style="list-style-type: none"> • 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

<p>Voting Members</p>	<ul style="list-style-type: none"> • 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
<p>Advisory Members</p>	<ul style="list-style-type: none"> • QI Implementation Manager / Director, QI Analytics and Processes • Community Resource Consultant

	<ul style="list-style-type: none"> • 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 QILs, 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

KPA Workgroups Charter

Established: September 7, 2017

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 setting; 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 Key Performance Area (KPA) Workgroups are charged with responsibilities associated with collecting and analyzing reliable data that address health and wellness, community inclusion and integration, and provider capacity and competency. The KPA Workgroups assess whether the needs of individuals enrolled in a DD waiver are met, whether individuals have choice in all aspects of their selection of services and supports, and whether there are effective processes in place to monitor the individuals' health and safety. This includes the domains of safety and freedom from harm, physical, mental/behavioral health and wellbeing, avoiding crises, stability, choice and self-determination, community inclusion, access to services, and provider capacity. The KPA Workgroups monitors progress towards achievement of goals described in established performance measure indicators (PMIs). Outcomes have been established in each KPA:

Health, Safety and Wellbeing:

Individual: People being served are safe, receive routine, preventative healthcare, and holistic, person-centered behavioral health services and supports.

Community Inclusion and Integration:

People have opportunities to engage in community-based activities, that support socialization, employment, recreation, and personal development for the purpose of building and strengthening relationships with others in their local community.

Provider Capacity and Competency:

Having enough providers, who are knowledgeable, trained, and experienced, in our network to ensure equitable and timely access to supports/services.

AUTHORIZATION/SCOPE OF AUTHORITY

The KPA Workgroups have been authorized by the DBHDS DD QIC. Their scope of authority includes identifying concerns/barriers in meeting the PMIs, implementing and/or recommending quality improvement initiatives (QIIs). The subcommittee is 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. Data reviews occur as part of quality improvement activities and as such are not considered research. Additional focus groups may be established as needed.

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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 (terms used within the DOJ Permanent Injunction formerly DOJ Settlement Agreement).
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 the 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 evaluate the quality and adequacy of providers' quality improvement 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:
 - o Clinical training
 - o Quality improvement
 - o Quality management
 - o Resource management
 - o Developmental disabilities
 - o Behavioral health
 - o Compliance
 - o Behavioral analysis
 - o Provider services
 - o Data analytics
- Determines need for other internal members; adds advisory consultants as needed or required
- Commits to a culture of quality characterized as:
 - o Supported by leadership
 - o Person Centered

- o Led by staff who continuously learn and empowered as change agents
- o Supported by an infrastructure that is sustainable and continuous
- o Driven by data collection and analysis
- o 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
- Submits revised charter for Quality Improvement Committee (QIC) approval 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:
 - o DBHDS DD Quality Management System
 - o KPA Workgroups charter
 - o Member responsibilities
 - o 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)

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
- Determines and finalizes surveillance data from a variety of sources
- Uses surveillance data to establish a PMI or develop a QII
- Monitors surveillance data on a regular schedule
- Monitors surveillance data in each domain and responds to identified trends or concerns
- 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
- Reviews the results of Quality Service Reviews (QSR) to identify system level findings for proposing a QII

- Reviews the results of National Core Indicators (NCI) IDD survey to identify areas for improvement
- Utilize the NCI adult family, family guardian, and child family surveys as part of surveillance data review as applicable

Quality Improvement Initiative(s)

- Identifies areas for development of QIIs using:
 - o data reviews
 - o data collection
 - o analysis of data including trends and patterns
 - o 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 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
- Discusses, at a deeper level, PMIs, and associated surveillance data at scheduled intervals
- 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

MEMBER ROLES AND RESPONSIBILITIES

Role and Title	Responsibility
Chair Developmental Services Assistant Commissioner Co-Chair – as designated by Chair	<ul style="list-style-type: none"> • 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 Director, QI Analytics and Processes	<ul style="list-style-type: none"> • Develops agenda per schedule • Develops draft minutes, finalizes approved minutes

	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 Assistant Commissioner of Quality Management and Strategic Outcomes or designee, Quality Improvement Specialist Director, QI Analytics and Processes/QI Implementation Manager, QM Contracts Manager, Data and Project Coordinator, QI Implementation Manager	<ul style="list-style-type: none"> • 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

Enter participant's role title. DO NOT enter names - DELETE PRIOR TO PUBLICATION

Voting Members	<ul style="list-style-type: none"> • Assistant Commissioner, Developmental Services or designee • Director, Office of Waiver Network Supports or designee • Director, Office of Provider Network Supports or designee
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	<ul style="list-style-type: none"> • Director, Office of Community Housing or designee • Assistant Commissioner of Quality Management and Strategic Outcomes or designee • Director, Office of Human Rights or designee • Director, Office of Integrated Health Network Supports or designee • Quality Improvement Specialist • Manager, Office of Individual and Family Support or designee • Director, Office of Licensing or designee • Representative, Office of Crisis Services, or designee • Community Resource Consultant • Community Employment Specialist • HCBS Policy & Compliance Manager
Advisory Members	<ul style="list-style-type: none"> • Director, QI Analytics and Processes • Deputy Commissioner, Community Services • QI Implementation Manager • Data and Project Coordinator, Office of Clinical Quality Management • Director, Transition Network Supports • Quality Management Contracts Manager • Registered Nurse Care Consultants • OIHNS Project Manager • Other internal members as determined by the committee

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), and charter revisions.
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

Enter the name of the individual(s) who are responsible for updating and interpreting the charter- DELETE PRIOR TO PUBLICATION

Division, Office, or Program	Role Title
Division of Developmental Services	Assistant Commissioner for Developmental Services
Office of Clinical Quality Management	Director, QI Analytics & Processes

Mortality Review Committee

Established: January 2, 2013

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 by collecting and evaluating data to identify and respond to trends that ensure continuous quality improvement.

PURPOSE

The Department of Behavioral Health and Developmental Services (DBHDS) Developmental Disability (DD) Mortality Review Committee (MRC) is to focus on system-wide quality improvement by conducting mortality reviews of individuals who were receiving a service licensed by DBHDS at the time of death and diagnosed with an intellectual disability and/or developmental disability (IDD). To the best of its ability, the MRC will determine the cause of an IDD individual's death, whether the death was expected, if the death was potentially preventable, and develops and assigns specific recommendations in order to promote the health, safety and wellbeing of said individuals based upon case specific information and identification of trends and patterns in data analysis.

AUTHORIZATION/SCOPE OF AUTHORITY

At the direction of the DBHDS Commissioner and under the supervision of the Deputy Commissioner for Clinical and Quality Management, the MRC utilizes the DBHDS incident reporting system and collaborates with the Office of Licensing to review deaths of individuals with IDD individuals who received a service licensed by DBHDS within 90 days of their death. Additional records are requested from the appropriate entities per Virginia Code § 2.2-3705.5, 2.2-3711, and 2.2-4002 amendment of the Virginia Code. The MRC may interview any persons having information regarding the individual's care. As a DD Quality Improvement Committee (QIC) subcommittee, the MRC provides ongoing monitoring and data analysis to identify trends and/or patterns, makes determinations based on each decedent's specific case, and develops recommendations in order to promote the health, safety, and wellbeing of IDD individuals in the Commonwealth. Data reviews occur as part of quality improvement activities and as such are not considered research. Additional workgroups may be established as needed.

DEFINITIONS

Term	Definitions
Advisory Member	Non-voting stakeholder members selected and approved by the DBHDS Quality Improvement Committee and DBHDS Commissioner
Comprehensive Clinical Case summaries	An in-depth inclusive, concise, and comprehensive review of clinical and other sequential information related to the events surrounding the IDD individual's death. After review/appraisal by the Chair/Co-Chair, a CCS is assigned a Tier category (<i>see definition below</i>) and considered a clinical summary for presentation to the MRC. This may be reassigned at the recommendation of the MRC.
Continuous Quality Improvement (CQI)	An ongoing process of data collection and analysis for the purpose of improving programs, services, and processes.

Corrective Action Plan (CAP)	Required regulatory response to a finding of noncompliance, issued by either the Office of Licensing or the Office of Human Rights.
Data Formats	Data format utilized: Reviewed – Denotes actual cases examined by the MRC in a specified timeframe, which may include a death that happened at any point in time. Occurred – Denotes only deaths that transpire during a specified timeframe.
Designee	A person selected to carry out a duty or role within a DD quality committee on behalf of a voting member. This person assumes voting member responsibilities when acting on behalf of a voting member and should be in a similar position reflective of that role with understanding and awareness of the organization or system impact of actions taken by the MRC. Designees may also be selected by an advisory member to fill in when the advisory member is unable to attend. Person should have the same/similar role as that of the advisory member whenever possible.
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.
Electronic Medical Record Form (eMRF)	A document developed by the Mortality Review Office Clinical Nurse Reviewers from submitted documents, that contains a succinct chronological sequence of events relating to the death of an IDD individual. The form also contains demographic and other specific individual information that the MRC utilizes to make mortality determinations, decisions, PMIs and reports (quarterly and annual). May also be used for QIIs and other appropriate data purposes. Reviewed during MRC meetings online as a PDF document but stored in an electronic DBHDS approved database.
Evidence of Maltreatment	Potential or actual physical/emotional (abuse/neglect/OHR violation) harm noted in documents submitted for review
Executive Sponsor	Role that establishes the Mortality Review Committee; the Commissioner of DBHDS serves in this role
Expected Death (XP)	A death that occurred as a result of a known medical condition, anticipated by health care providers to occur as a result of that condition and for which there is no indication that the individual was not receiving appropriate care. Clear evidence that the individual received appropriate and timely care for the medical condition exists.
Key Performance Areas (KPA)	DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities: health, safety and wellbeing, community inclusion and integration, and provider capacity and competency.
Mortality Prevention Strategies	For PP recommendations by the MRC, the MRC shall consider if one of the following may be utilized:

	<p><u>Primary Mortality Prevention Strategies</u> - Educational and changes to services designed to help prevent a condition or event from taking place, that have been found to contribute to morbidity or mortality, such as education on reducing falls</p> <p><u>Secondary Mortality Prevention Strategies</u> - Early detection and timely treatment of conditions or injuries focusing on minimizing harmful effects and preventing further morbidity or mortality, such as interventions that support and promote cancer screening.</p> <p><u>Tertiary Mortality Prevention Strategies</u> – Use of evidence-based treatment and management of conditions or injuries, such as disease control/prevention programs and protocols.</p>
Performance Measure Indicators (PMIs)	Outcome and output measures established by the DBHDS QIC that DBHDS uses to report the progress of efforts in addressing the availability, accessibility, and quality of services across the KPAs and eight domains.
Potentially Preventable (PP) Death	<p>Deaths in the opinion of the MRC that might have been prevented with reasonable valid intervention (<i>e.g., medical, social, psychological, legal, and educational</i>). If the individual was provided with known effective medical treatment or public health intervention and died despite this provision of evidenced based care, the death is not considered potentially preventable.</p> <p>Deaths determined to be PP have identifiable actions or care measures that should have occurred or been utilized. A death may be determined to be PP regardless of whether the death is actionable by DBHDS or within the control of DBHDS. Deaths that occur in settings that are not licensed by DBHDS may be PP deaths. Deaths that do not indicate a violation of a licensing standard may also be PP. When the MRC determines that a death is PP, the committee categorizes factors that may have prevented the death. For a death to be determined to be PP, the actions and events immediately surrounding the death must be related to deficits in the timeliness or absence of, at least one of four factors (coordination and optimization of care, access to care, including delay in seeking treatment, execution of established protocols, and assessment of, and response to the individual's needs or change in status).</p>
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, workgroups, 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.
Quorum	Number of voting members required for decision-making
Recusal	To remove oneself from participation to avoid a conflict of interest (COI) in order to maintain neutrality and credibility of the MRC mortality review process. COI exists when an MRC member has a financial, professional, or personal interest that could directly influence MRC determinations, findings, or recommendations.
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.
State Fiscal Year (SFY)	July 1 – June 30
Tier 1 Case	<p>A case is categorized as Tier 1 when <u>any</u> of the following criteria exists:</p> <ul style="list-style-type: none"> ➤ Cause of death cannot clearly be determined or established, or is unknown ➤ Any unexpected death (<i>such as suicide, homicide, or accident</i>). This includes any death that was: not anticipated or related to a known terminal illness or medical condition, related to injury, accident, inadequate care or associated with suspicions of abuse or neglect. A death due to an acute medical event that was not anticipated in advance nor based on an individual's known medical condition(s) may also be determined to be an unexpected death. ➤ Abuse or neglect is specifically documented ➤ Documentation of investigation by or involvement of law enforcement or similar agency (<i>including forensic</i>) ➤ Specific or well-defined risks to safety and well-being are documented.
Tier 2 Case	<p>A case is categorized as Tier 2 when <u>all the first 4</u> criteria exist:</p> <ul style="list-style-type: none"> ➤ Cause of death can clearly be determined or established ➤ No documentation of abuse or neglect is noted ➤ No documentation of investigation by or involvement of law enforcement or similar agency (<i>including forensic</i>) is recorded ➤ No documentation of specific or well-defined risks to safety and well-being are noted. ➤ An expected death that occurred as a result of a known medical condition, anticipated by health care providers to occur as a result of that condition and for which there is no indication that the individual was not receiving appropriate care. ➤ An unexpected (unexplained) death that occurred as a result of a condition that was previously undiagnosed, occurred suddenly, or was not anticipated. This includes any death that was: not anticipated or related to a known terminal illness or medical condition, related to injury, accident, inadequate care or associated with suspicions of abuse or neglect. A

	death due to an acute medical event that was not anticipated in advance nor based on an individual's known medical condition(s) may also be determined to be an unexpected death.
Unexpected Death (UXP)	A death that occurred as a result of a condition that was previously undiagnosed, occurred suddenly, or was not anticipated. Deaths are considered unexpected when they are not anticipated nor related to a known terminal illness or medical condition; are related to injury, accidents, inadequate care; or are associated with suspicions of abuse or neglect. An acute medical event that was not anticipated in advance nor based on an individual's known medical condition(s), or as a consequence thereof, may also be determined to be an unexpected death. An unexplained death is considered an unexpected death.
Voting Member	Members of the quality committees constituting a quorum with the authority to approve meeting minutes, charters, PMIs, and other activities requiring approval.

RESPONSIBILITIES, DUTIES, ACTIVITIES

General:

- Includes members with training and experience in the areas of IDD including but not limited to:
 - Clinical expertise
 - Medical services
 - Pharmacy services
 - Quality improvement
 - Compliance
 - Incident management
 - Behavior analysis
 - Data analytics
- 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 when indicated
- Implements continuous quality improvement processes or practices
- Develops and reviews annually the charter with revisions as needed
- Completes orientation and training for new members within 30 business days of joining the MRC. Training includes:
 - Orientation to the MRC charter to educate the member on the definitions, scope, mission, vision, charge, and function of the MRC
 - Review of the policies, processes, and procedures of the MRC
 - Education on the role/responsibility of the member(s)
 - Training on continuous quality improvement principles
- Signs confidentiality agreement form pursuant to Virginia Code § 37.2-314.1 for all MRC members and other persons who attend closed meetings of the MRC where relevant

- Member confidentiality forms remain valid for the entire term of MRC membership
- Guest confidentiality forms are valid for repeat attendance at MRC meetings.
- Adheres to agency policy on HIPAA compliance and protecting confidentiality (IT.001 – Privacy Policies and Procedures for the Use and Disclosure of PHI)
- Completes a committee performance evaluation annually that includes the accomplishments and barriers of the MRC
- Utilizes an information management system to track the referral, review and mandated documentation submission required for IDD individual deaths
- Demonstrates on an ongoing basis that it identifies, addresses, and seeks to prevent instances of abuse, neglect, exploitation, and unexplained deaths
- Prepares and delivers a report of deliberations, findings, and recommendations (if none, states affirmatively), for deaths requiring review within 90 days of the death quarterly
- Prepares an annual report of aggregate mortality trends and patterns for all individual deaths that occurred in the state fiscal year
- Includes the systemic QII recommendations made to the DD QIC in annual and quarterly reports
- Completes annual report by December 31
- Publishes annual report to the Library and DBHDS website
- Reports to the DD QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs
- Provides relevant data to the RQCs including comparisons to other data from previous years as available and per the Annual Report
- Shares data with other DBHDS quality subcommittees when significant patterns or trends are identified and as appropriate to the work of the subcommittee

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, may add, revise, or retire PMIs in keeping with continuous quality improvement practices
- Monitors progress toward the achievement of identified PMIs and for those falling below target determines actions designed to raise performance
- Develops and implements preventive, corrective, and improvement measures where PMIs indicate health and safety concern
- Analyzes, reviews, and evaluates data to identify trends, gaps, and other findings, at least quarterly
- Utilizes data analysis to identify areas for improvement and monitor trends; identifies priorities and recommends QIIs as needed
- Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training
- Uses case-specific, aggregate mortality data to determine if a PMI is warranted, or to develop a QII

Quality Improvement Initiative:

- Identifies areas for development of quality improvement initiatives (QIIs) using:
 - mortality reviews
 - data collection,
 - analysis of data including trends and patterns

- noted problems at individual service delivery and systemic levels
- Identifies priorities and recommend QIIs as needed based upon data analysis
- 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 four QIIs per year (can be one per quarter), 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
- Updates members quarterly on status of approved, assigned QIIs included in quarterly data reviews
- Utilizes an approved system for tracking PMIs to monitor the efficacy of preventive, corrective and improvement measures, and work of the subcommittee and status of PMI(s)
- Discusses and responds to the DD QIC assignments or directives
- Recuses members from MRC proceedings when a COI arises by halting discussion and placing the COI case at the end of the meeting to allow the COI member to remain and participate in other case determinations, then leave prior to discussion of the COI case.
- Provides case review documentation during the meeting only to ensure confidentiality and adherence to mandated privacy regulations and guidelines
- Performs comprehensive clinical mortality reviews utilizing a multidisciplinary approach that:
 - Addresses relevant factors (e.g., medical, genetic, social environmental, risk, susceptibility, and others specific to the individual)
 - Addresses quality of service
- Evaluates the quality of the decedent's licensed services to ensure provision of a reliable, person-centered, evidenced-based approach related to:
 - Disease
 - Disability
 - Health status
 - Service use/provision
 - Access to care
- Identifies risk factors, gaps in service, and recommend QIIs to promote safety, freedom from harm, and physical, mental, and behavioral health and wellbeing
- Reviews OL and/or OHR corrective action plans (CAPs) related to developing and monitoring MRC recommendations to ensure no further action is required
- Notes either agreement with OL and/or OHR CAPs or need for further action in meeting minutes
- Makes additional recommendations for further investigation and/or actions by other DBHDS offices represented by MRC members, when relevant through the Action Tracking

Log (ATL)

- Assigns these recommendations and/or actions to specific, appropriate MRC member(s), and tracks the status of these recommendations through review of the ATL at each MRC meeting to ensure completion
- Seeks to make the following determinations through a comprehensive multi-disciplinary approach for each case reviewed:
 - The cause of death (CoD)
 - If the death was expected (EXP)
 - Whether the death was potentially preventable (PP)
 - Any relevant factors impacting the individual’s death
 - Evaluation of the quality of licensed services related to disease, disability, health status, service use, and access to care, to ensure provision of a reliable, person-centered approach
 - Any other findings that could affect the health, safety, and welfare of these individuals
 - Other actions that may reduce these risks, to include provider training and communication regarding risks, alerts, and opportunities for education
- Makes and documents relevant recommendations and/or interventions for any actions identified based on the case review
- Documents in the meeting minutes, Notes Summary, Action Tracking Log, and/or on the electronic Mortality Review Form
- Assures all determinations can be made. If so, the case is closed; if not, the case is pended until the next meeting. When requested, additional information is obtained.
- Reviews pended case at next meeting, when the designated committee member provides an update, or requested information is received.
- Closes the case once all determinations are completed
- Categorizes factors for PP deaths (*see definitions*) that may have prevented the death.
- Assures factors relate to deficits in the timeliness or absence of, at least one of the following factors:
 - Coordination and optimization of care
 - Access to care, including delay in seeking treatment
 - Execution of established protocols
 - Assessment of, and response to, the individual’s needs or change in status
- Assigns one of the Mortality Prevention Strategies for each PP case (Primary, Secondary or Tertiary – *see definitions*) as cited in the recommended reference text (Steven Staugaitis & Emily Lauer, “Risk Management Mortality Review and Reporting in Developmental Disabilities: How to Use Mortality Review and Reporting as a Quality Enhancement Tool in Development Disability Service Organizations”, University of Massachusetts Medical School, (2015):69)

MEMBER ROLES AND RESPONSIBILITIES

Role and Title	Responsibility
Chair/Co-Chair Deputy Commissioner for Clinical and Quality Management or MRO Clinical Manager	<ul style="list-style-type: none"> • Ensures committee executes responsibilities • Ensures committee performs its functions • Ensures committee performs its core processes • Facilitates MRC meetings, case reviews and determinations through discussion • Ensures quorum decisions are made and documented

	<ul style="list-style-type: none"> Ensures consideration and, as appropriate, approval of quality improvement activities
Logistic Support MRO Program Coordinator	<ul style="list-style-type: none"> Creates agenda in collaboration with MRO Clinical Manager & MRC Chair Schedules meetings and ensures mandates are maintained r/t holidays and attendance Monitors quorum and alerts chair/co-chair of status at start of meetings & after break Documents meeting proceedings, case discussions and summarizes the assigned actions at end of each MRC meeting Maintains Reviews Action Tracking Log Composes Quarterly Data Reports and reviews them at an MRC meeting every quarter. Electrically mails them to the DBHDS Commissioner every quarter. Uploads MRC meeting documents to the MS Teams folder immediately prior to each MRC meeting. Promptly removes them at the end of each MRC meeting to maintain & adhere to PHI/HIPAA privacy and confidentiality as mandated by regulating state and federal entities
Clinical Nurse Reviewers	<ul style="list-style-type: none"> Compose succinct CCS from reviews of submitted documents (see SOP) to develop a sequence of events timeline of relevant specific information Obtains additional documents when needed to ensure no gaps in the sequence of events Tracks and records relevant data for QIIs, PMIs and other concerns that may be utilized for promoting the health, safety and wellbeing of IDD decedents Attends each MRC meeting to a) answer queries, b) provide additional information regarding case content, c) participate in discussions, and d) record determinations on the eMRF Displays relevant non-PHI materials (e.g., Meeting date/time/name, Break time information, & MRC definitions) through screen share during each MRC meeting Serves as a non-voting member
Voting Members	<ul style="list-style-type: none"> May send a designee, approved by the MRC Chair/Co-Chair, who has attended MRC orientation and signed the Confidentiality Form. Prior to the meeting, informs Chair or MRO Program Coordinator when unable to attend and that designee is attending Inform Chair or MRO Program Coordinator when a guest needs to attend a MRC meeting so appropriate arrangements can be made to maintain confidentiality and adhere to PHI mandates. Have decision-making capability and voting status

	<ul style="list-style-type: none"> • Must attend 75% of meetings per year and may send an approved designee for 25% of meetings (as stated in first bulleted statement above) • Recognize that an excused absence does not contribute to the 75% attendance requirement • Make a motion to approve, or second a motion to approve in order to progress through MRC meetings, and as required to ensure mandated quorum status for designated actions • Participates in meeting discussions, case determinations, ATL reviews and QII development
<p>Advisory Members</p>	<ul style="list-style-type: none"> • May send a designee, approved by the MRC chair/co-chair, who has attended MRC orientation and signed the Confidentiality Form • Prior to the meeting, informs Chair or MRO Program Coordinator when unable to attend and that designee will be attending • Inform Chair or MRO Program Coordinator when a guest needs to attend an MRC meeting so appropriate arrangements can be made to maintain confidentiality and adhere to PHI mandates • Expected to attend at least three meetings quarterly (one per month) • Recognize that an excused absence does not contribute to the attendance requirement • Participate in meeting discussions, case determinations, ATL reviews, and QII development with insight, clinical information, medical expertise, and/or relevant knowledge and experience • Assist in identifying and prioritizing decision-making and recommendations • May be appointed for a term of 2 years and may be reappointed for additional terms • Serves as a non-voting member
<p>Guests</p>	<ul style="list-style-type: none"> • May attend only when Chair or MRO Program Coordinator has been informed of guest's name, department and reason for attendance was provided by an MRC member • Appropriate arrangements need to be made to maintain confidentiality and adhere to PHI mandates • Must sign Confidentiality Agreement form prior to attending the specific MRC meeting • Serves as a participant only, no voting ability
<p>QI Consultation, Technical Assistance and Coaching Director, QI Analytics and Processes or designee (QI Implementation Manager)</p>	<ul style="list-style-type: none"> • Provider consultation and technical assistance for quality management and quality improvement practices • Provides consultation and technical assistance for quality improvement initiatives with a focus on details

	<p>and activities, including use of tools and other resources</p> <ul style="list-style-type: none"> • Provides consultation and technical assistance as needed relative to data analysis and data visualizations • Provides coaching and feedback related to MRC QII development, progression/tracking, QIC presentation, and status (including completion) • Serves as non-voting member
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MEMBERSHIP

Voting Members	<ul style="list-style-type: none"> • Deputy Commissioner for Clinical and Quality Management (<i>MD, and staff member with QI and programmatic/operational [P/O] expertise</i>) • Director of Office of Human Rights, or designee (<i>staff member with regulatory, QI and P/O expertise</i>) • Director of Office of Integrated Health, or designee (<i>staff member with QI and PO expertise</i>) • Medical Director of Developmental Services, or designee (<i>staff member with QI and P/O expertise</i>) • MRO Clinical Manager, MRC Co-Chair (<i>NP and staff member with QI and P/O expertise</i>) • Pharmacy Services Manager (<i>PharmD and staff member with regulatory, QI and P/O expertise</i>) • Assistant Commissioner of Quality Management and Strategic Outcomes, or designee (<i>staff member with QI and P/O expertise</i>) • SIU Manager, or designee (<i>staff member with regulatory and P/O expertise</i>) • A member with clinical experience to conduct mortality reviews who is otherwise independent of the State (<i>MD, NP, or PA who is an external member with P/O expertise</i>)
Advisory Members Nominated by the Commissioner or Chair of the MRC and may be a designee	<ul style="list-style-type: none"> • Community Services Board Representative • DBHDS Office of Licensing Investigative Management Unit (IMU) Representative • Department of Health Representative • Department of Medical Assistance Services Representative • Department of Social Services Representative • Deputy Commissioner of Policy & Public Affairs, or designee • Director of Office of Transition Network Supports, or designee • Office of Chief Medical Examiner Representative • Other Subject Matter Experts such as representatives from a DD Provider or Advocacy Organization
Support Staff	<ul style="list-style-type: none"> • MRO Lead Clinical Nurse Reviewer (NP and may serve as a designee for the Chair and clinical voting members) • MRO Clinical Nurse Reviewers (NP/RN) • MRO Program Coordinator

MEETINGS

Meeting Frequency	The MRC meets virtually at minimum on a monthly basis, or more frequently as necessary to complete mortality reviews within 90 days of death date. Frequency is dependent on the number of monthly deaths that occurred, and meetings may occur in the absence of a quorum; however, no deliberations can be taken during these meetings.
Quorum	<p>A quorum is 50% of voting membership plus one, with attendance of at least (one member may satisfy two roles):</p> <ul style="list-style-type: none"> • A medical clinician (<i>MD, NP, or PA</i>) • A member with clinical experience to conduct mortality reviews • A professional with quality improvement expertise • A professional with programmatic/operational expertise: <p>Quorum status is monitored throughout the meeting with verification of quorum status before voting on these deliberations:</p> <ul style="list-style-type: none"> • Approval of minutes, • MRC determinations (PP, UXP, CoD, Pend for additional information, and OL/OHR actions/recommendations), • ATL completion • Approval of proposed QILs to the QIC • PMI status (new, revisions, retire) • Annual charter review
Agenda and Minutes	The agenda shall be emailed prior to the meeting. Minutes and materials necessary for the meeting shall be posted in the restricted access MRC documents channel in Teams under the External MRC MS Team shortly before the meeting begins and removed immediately at the conclusion of the meeting. MRC materials are 'view only' status during that specific MRC meeting only for adherence to mandated state and federal regulations.

CONTACT

Division, Office, or Program	Role Title
Mortality Review Office	Mortality Review Office Clinical Manager
Mortality Review Office	Mortality Review Office Program Coordinator

Regional Quality Council Charter

Established: August 1, 2013

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

To review and evaluate state and available regional data related to performance measure indicators (PMIs) and monitoring efforts to identify trends; to recommend responsive actions in their respective regions to ensure continuous quality improvement.

AUTHORIZATION/SCOPE OF AUTHORITY

The Regional Quality Councils (RQCs) are part of the Department of Behavioral Health and Developmental Services (DBHDS) quality oversight structure and represent each of the five DBHDS regions in Virginia. The RQCs are a subcommittee of the DBHDS Developmental Disabilities (DD) Quality Improvement Committee (QIC). DBHDS provides the RQCs with relevant and reliable data including comparisons with other internal or external data, as appropriate, as well as multiple years of data (as it becomes available). RQCs may request data that may inform quality improvement initiatives (QIIs) and if requested data is unavailable, RQCs may make recommendations for data collection to the DD QIC. The RQCs provide recommendations to DBHDS when systemic issues are identified, in response to analysis of the relevant data provided to them and provide input to the provider reporting measures. Data reviews occur as part of quality improvement activities and as such are not considered research. Additional workgroups may be established as needed.

DEFINITIONS

Term	Definitions
Alternate	An alternate regularly attends the RQC meetings to be informed and serve as the back-up to the member of the same role for voting purposes, should the member not be in attendance for that meeting.
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.
Family Members	Family members who are actively engaged in the individual's life of one who currently receives or has previously received services or is on the waitlist including those who have passed away or lost services, for whatever reason, within the past 3 years.
Key Performance Areas (KPA)	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.
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

- Utilizes an interdisciplinary team approach
- Includes one person from each stakeholder group per region plus an additional support coordinator/case manager and family member per region:
 - Residential Services Providers
 - Employment Services Providers
 - Day Services Providers
 - Community Services Boards (CSBs) DD Directors
 - Support Coordinators/Case Managers
 - CSB Quality Assurance/Improvement Staff
 - Provider Quality Assurance/Improvement Staff
 - Crisis Services Providers
 - Individuals Receiving Services or the DD Waiver Waitlist (self-advocate)
 - Family Members of individual previously or currently receiving services or on the waitlist
 - Alternate for each membership role
- Includes standing members:
 - DBHDS Director Community Quality Management or designee
 - Regional Quality Improvement Specialist
 - Community Resources Consultant
- 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 RQCs
- Provides orientation and training to members to include:
 - DBHDS DD Quality Management System
 - RQC charter

- Member responsibilities
- Continuous quality improvement
- Reports to the DD QIC for oversight at least three times per year including analysis of PMIs, provider reporting measures inputs, outcomes and QIIs
- 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)
- Nominates members and alternates, excluding DBHDS standing employee members, for approval by the DD QIC chair/co-chair

Data Review and Analysis

- Monitors progress towards achievement of identified performance measure indicators (PMIs) reported by the DD QIC subcommittees
- Suggests actions, for PMIs below target, that are designed to raise the performance for the reporting subcommittee's consideration
- Recommends preventive, corrective and improvement measures where PMIs indicate health and safety concerns
- Receives relevant data (statewide aggregate, regional) from DBHDS including comparisons to other internal or external data with multiple years as available
- Analyzes, reviews, and evaluates data to identify trends, gaps, and other findings, at least quarterly
- Utilizes data analysis to identify areas for improvement and monitor trends; identifies priorities and recommends QIIs as needed
- Reviews the results of Quality Service Reviews (QSR) to identify system-level findings for proposing a QII
- Reviews the results of the National Core Indicators (NCI) In-Person Survey to identify areas for improvement

Quality Improvement Initiative(s)

- Identifies areas for development of quality improvement initiatives (QIIs) using:
 - presented data
 - 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 a 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 status
- Monitors progress of assigned, approved QII(s) and addresses concerns/barriers as needed, via updates to QII Toolkit(s)
- Proposes at least one measurable outcome for each QII recommended by the RQC
- Monitors the regional status of any statewide QII implemented as directed by the QIC

- Reports annually to the QIC on the results of the RQC implemented QIIs

Meetings

- Conducts regular meetings to ensure continuity of purpose
- Reviews and approves meeting minutes to ensure accurate reflection of discussion, evaluation of data, and recommendations of the RQC.
- 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 RQCs
- Discusses and responds to the DD QIC assignments or directives
- Reviews and assesses (i.e., critically consider) the data that is presented to identify:
 - a) possible trends
 - b) questions about the data
 - c) any areas in need of QIIs
 - d) identifies and records themes in meeting minutes
- Determines for each identified topic area if:
 - a) more information/data is needed for the topic area,
 - b) a QII should be prioritized for the region and/or recommend a QII to DBHDS, or,
 - c) no action is needed/will be taken in that area at this time
- Monitors and reviews provider reporting measures at least semi-annually and provides input to the DD QIC on these measures
- Updates members on status of assigned QII(s)
- Presents 100% of agreed upon recommendations to the QIC

MEMBER ROLES AND RESPONSIBILITIES

Role and Title	Responsibility
<p>Chair Regional Quality Improvement Specialist</p>	<ul style="list-style-type: none"> • Ensures subcommittee executes responsibilities • Ensures subcommittee performs its function • Facilitates meetings • Creates agenda • Schedules meetings • Monitors quorum; alerts chair/co-chair of quorum status • Takes minutes and develop reports • Submits requests, questions, and suggestions to the DD QIC subcommittees via RQC Liaison Process • Provides update to DD QIC as scheduled
<p>Voting Members</p>	<ul style="list-style-type: none"> • Maintains decision-making capability and voting status • Reviews meeting materials in preparation for meeting participation. • Attends and participates in meetings • Brings perspective of stakeholder group to discussions • Contributes to review and analysis of presented data • Nominates members and alternates for approval

	<ul style="list-style-type: none"> • Appoints a member to serve as liaison to the DD QIC, one per RQC • Informs chair if unable to attend
<p>Alternates See roles listed above in General section</p>	<ul style="list-style-type: none"> • Attends and participates in meetings • Brings perspective of stakeholder group to discussions • Nominates members and alternates for approval • Performs in an advisory capacity by identifying issues and concerns • Serves as a voting member when comparable voting member role is unable to attend • Contributes to discussions and assigned work • Supports the subcommittee in performing its functions • Informs chair if unable to attend
<p>QI Consultation, Technical Assistance and Coaching Director, Community Quality Management or designee, Regional Quality Improvement Specialist</p>	<ul style="list-style-type: none"> • 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

<p>Voting Members Membership includes one person from each of these stakeholder groups with an additional Support Coordinator/Case Manager and Family Member for each region.</p>	<ul style="list-style-type: none"> • Residential Services Providers • Employment Services Providers • Day Services Providers • Community Services Board (CSB) Developmental Services Directors • Support Coordinators/Case Managers • CSB Quality Assurance/Improvement staff • Provider Quality Assurance/Improvement staff • Crisis Services Providers • Individuals receiving services or on the Developmental Disability Waiver waitlist (self-advocate) • Family members of an individual previously or currently receiving services or on the waitlist (<i>Defined as within the past 3 years, either the individual having passed or lost services for whatever reason.</i>) <p>Plus. the following DBHDS employees:</p> <ul style="list-style-type: none"> • Director, Community Quality Management, or designee • Associate Director for Office of Community Quality Improvement • Regional Quality Improvement Specialist • Community Resources Consultant
<p>Alternates</p>	<ul style="list-style-type: none"> • Residential Services Providers

	<ul style="list-style-type: none"> • Employment Services Providers • Day Services Providers • Community Services Board (CSB) Developmental Services Directors • Support Coordinators/Case Managers • CSB Quality Assurance/Improvement staff • Provider Quality Assurance/Improvement staff • Crisis Services Providers • Individuals receiving services or on the Developmental Disability Waiver waitlist (self-advocate) • Family members of an individual previously or currently receiving services or on the waitlist • Regional Quality Improvement Specialist
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MEETINGS

Meeting Frequency	The RQCs will meet on a quarterly basis, at minimum. Each RQC shall meet with a quorum at least three (3) of the four (4) quarterly meetings in a state fiscal year.
Quorum	<p>A quorum is defined as at least 60% of members or their alternates, including representation from the following groups (one member may satisfy two roles):</p> <ul style="list-style-type: none"> • a representative from the DBHDS DD QIC • an individual experienced in data analysis • a DD service provider • an individual receiving services or on the DD Waiver waitlist or a family member of an individual receiving services or on the DD waiver waitlist <p>Meetings can occur in the absence of quorum; however, no actions can be taken during the meeting. These actions require quorum: approval of minutes, RQC recommendations to the DD QIC, approval/denial of proposed QIIs, and proposed charter revisions.</p>
Agenda and Minutes	<p>The agenda, meeting materials and draft minutes will be distributed prior to each meeting via email.</p> <p>The DBHDS Office of Community Quality Improvement maintains approved meeting minutes and meeting materials for each meeting.</p>

CONTACT

Division, Office, or Program	Role Title
Office of Community Quality Management	Director
Office of Community Quality Improvement	Quality Improvement Specialist, Region 1
Office of Community Quality Improvement	Quality Improvement Specialist, Region 2
Office of Community Quality Improvement	Quality Improvement Specialist, Region 3
Office of Community Quality Improvement	Quality Improvement Specialist, Region 4
Office of Community Quality Improvement	Quality Improvement Specialist, Region 5

Risk Management Review Committee Charter

Established: December 1, 2014

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

The purpose of the Department of Behavioral Health and Developmental Services (DBHDS) Risk Management Review Committee (RMRC) is to provide ongoing monitoring of serious incidents and allegations of abuse and neglect; to analyze individual, provider, and system level data to identify trends and patterns and make recommendations to promote health, safety, and well-being of individuals. As a subcommittee to the DBHDS Developmental Disabilities (DD) Quality Improvement Committee (QIC), the RMRC identifies and addresses 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. The RMRC has been established to improve quality of services and the safety of individuals with DD.

AUTHORIZATION/SCOPE OF AUTHORITY

This committee is authorized by the DBHDS DD QIC and is coordinated by the Division of Provider Management and the Office of Clinical Quality Management (OCQM). The committee is specifically charged with addressing the key performance areas of health, safety, and well-being and provider capacity and competency, but may address community inclusion and integration when relevant to risk issues. The DD Risk Management Review Committee (RMRC)'s overall risk management process enables DBHDS to identify and prevent or substantially mitigate risks of harm. The DD RMRC reviews and analyzes related data collected from facilities and community service providers, including reports of serious incidents and allegations of abuse and neglect. The DD RMRC also reviews data and information related to DBHDS program activities, including licensing reviews, triage and review of serious incidents, and oversight of abuse/neglect allegations. Data reviews occur as part of quality improvement activities and as such are not considered research. Additional workgroups may be established as needed.

DEFINITIONS

Term	Definitions
Abuse	Any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by DBHDS that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse (see 12VAC35-115-30).

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.
Exploitation	The misuse or misappropriation of the individual's assets, goods, or property. Exploitation is a type of abuse and includes the use of a position of authority to extract personal gain from an individual. It does not include the billing of an individual's third party payer for services. It does not include the use or appropriation of an individual's assets, goods, or property when the individual or authorized representative provides permission (see 12VAC35-115-30).
Key Performance Areas (KPA)	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.
Mitigate	A solution designed to lessen the risk and improve the outcome.
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.
Neglect	The failure by a person, program, or facility operated, licensed, or funded by DBHDS responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse (see 12VAC35-115-30).
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.
Serious Incident	Any event or circumstance that causes or could cause harm to the health, safety, or wellbeing of an individual, including death and serious injury (see 12VAC35-105-20).
Serious Injury	Any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, Doctor of Osteopathic Medicine, physician assistant, or nurse practitioner (see 12VAC35-105-20).
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; adds advisory consultants as needed or required
- Commits to a culture of quality characterized by:
 - Supported by leadership
 - Person Centered
 - Led by staff who continuously learn and are 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
- Submits revised charter for QIC approval 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
 - RMRC 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)

Key Activities

- Oversees an incident management process responsible for review and follow-up of all reported serious incidents including protocols that:
 - Identify a triage process,
 - Identify a follow-up,
 - Identify a coordination process with licensing specialists, human rights advocates,

- Refer to other DBHDS offices as appropriate,
- Document trends, patterns, and follow-ups in individual incidents.
- Monitors implementation of existing incident management process; recommends revisions when applicable.
- Provides oversight of a look behind review of a statistically valid, random sample of DBHDS serious incident reviews and follow-up process.
- Evaluates serious incident look-behind reviews to determine whether:
 - The incident was triaged by Office of Licensing Incident Management team appropriately, according to developed protocols,
 - The provider's documented response ensured recipient's safety and well-being,
 - Appropriate follow-up from the Office of Licensing Incident Management team occurred, when necessary,
 - Timely, appropriate, corrective action plans are implemented by the provider when indicated.
- Provide oversight of a look-behind review of a statistically valid, random sample of reported allegations of abuse, neglect, and exploitation (ANE).
- Evaluates alleged ANE look-behind reviews to determine whether:
 - Comprehensive and non-partial investigations of individual incidents occur within state prescribed timelines,
 - The person conducting the investigation has been trained to conduct investigations,
 - Timely, appropriate, corrective action plans are implemented by the provider when indicated.
- Ensures the annual review of RM guidance, training, or educational resources; and updates as necessary to ensure current guidance is reflected.
- Uses data and information from risk management activities to identify topics for future content as well as determine when existing content needs revision.
- Produces an annual report (based upon state fiscal year) for inclusion in the annual DD Quality Management Plan Report.

Data Review and Analysis

- Analyzes, reviews, and evaluates data to identify trends, gaps, and other findings, at least quarterly.
- Utilizes data analysis to identify areas for improvement and monitor trends; identifies priorities and recommends QIIs as needed.
- Establishes performance measure indicators (PMIs) that align with the eight domains when applicable.
- Establishes targets for PMIs; responds when targets are not met and monitors effectiveness of response.
- Establish at least one PMI for each assigned KPA, identified as either an outcome or output measure.
- 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
- Documents measurement of the PMI using the identified dataset process document template
- Determines priorities when establishing PMIs
- Considers a variety of data sources for collecting data and identify the data sources to be used.
- Reviews and identifies trends from aggregated incident and abuse/neglect data, at least four times per year:
 - by various levels such as by region, by Community Services Board (CSB), by provider locations, by individual, or by levels and types of incidents
 - timeliness of reporting
- Recommends changes to processes, protocols, or quality improvement initiatives when necessary.
- Reviews the results of Quality Service Reviews (QSR) as related to identified risks of harm, risk triggers and thresholds and provider response to risks
- Uses QSR findings to inform providers of recommendations and use systemic level findings to update guidance that is then disseminated
- Reviews the results of the National Core Indicators (NCI) In-Person Survey data related to risk, risk triggers, and health to identify areas for improvement
- Reviews and analyzes data systematically related to findings from licensing inspections and investigations, and other related data
- Reviews facility data and trends, including risk triggers and thresholds to address risks of harm
- Reviews, analyzes, and identifies trends related to DBHDS facility risk management programs to reduce or eliminate risks of harm
- Utilizes findings to recommend or develop guidance, training, or educational resources that address areas of risk prevalent within the DBHDS DD population.
- Monitors the effective implementation of DI 401 (Risk and Liability Management)

Quality Improvement initiative(s)

- Identifies areas for development of quality improvement initiatives (QIIs) using:
 - look-behind reviews
 - QSR results related to identified risks of harm, risk triggers and thresholds and provider response to risks
 - NCI In-Person Survey results related to risk, risk triggers, and health
 - 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
- Designs proposed QIIs to mitigate risks and foster a culture of safety in service delivery
- 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
- Discusses, at a deeper level, PMIs, and associated surveillance data at scheduled intervals
- 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

MEMBER ROLES AND RESPONSIBILITIES

Role and Title	Responsibility
Chair Assistant Commissioner of Provider Management or designee	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • Distributes, via Teams, when voting members need to act • Provides orientation to all members
Voting Members	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Performs in an advisory capacity by identifying issues and concerns • Contributes to discussions and assigned work • Supports the RMRC 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, BH QM Data Analyst	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Assistant Commissioner of Provider Management, or designee • Director, Community Quality Management, or designee • Director, Provider Network Supports, or designee • Director, Office of Human Rights, or designee • Director, Office of Integrated Health Network Supports, or designee • Incident Manager, Office of Licensing, or designee • Representative, Office of Clinical Quality Management • Director, Office of Transition Network Supports, or designee • Risk Manager, Training Center, or designee • Associate Director of Quality & Compliance, Office of Licensing, or designee
Advisory Members	<ul style="list-style-type: none"> • QI Implementation Manager / Director, QI Analytics and Processes • Quality Improvement Specialists • BH QM Data Analyst, Office of Clinical Quality Management • Investigations Manager, Office of Licensing, or designee • Representative, Mortality Review Committee • DD Medical Director

	<ul style="list-style-type: none"> • Advisory consultants as needed/required
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MEETINGS

Meeting Frequency	The RMRC meets at least ten times a year with a quorum present; 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, and approval/denial of proposed QIIs, proposed PMIs (new, revised, or ending) and charter revisions.
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
Division of Provider Management	Assistant Commissioner
Office of Clinical Quality Management	Quality Improvement Implementation Manager