SFY2023 Provider Capacity and Competency Workgroup Charter QIC Approved 9.21.22

Committee /	Provider Capacity and Competency Key Performance Area (KPA) Workgroup
Workgroup Name	
Statement of Purpose	As a subcommittee of the Department of Behavioral Health and Developmental Services (DBHDS) Quality Improvement Committee (QIC), the Provider Capacity and Competency (PCC) KPA Workgroup is charged with responsibilities associated with collecting and analyzing reliable data related to the domains of access to services for people with developmental disabilities and provider capacity and competency. The KPA Workgroup also assesses 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. The KPA Workgroup establishes goals and monitors progress toward achievement through the creation of specific KPA performance measure indicators (PMIs).
	The PCC KPA Workgroup has established an outcome reflective of its purpose: <i>People with disabilities have access to an array of services that meet their needs and providers maintain a stable and competent workforce, are able to meet licensing regulations and maintain compliance.</i>
Authorization / Scope	This workgroup has been authorized by the DBHDS QIC. This workgroup's scope of authority includes identifying
of Authority	concerns/barriers in meeting the PMIs and implementing and/or recommending quality improvement initiatives. The subcommittee is to identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated setting and evaluate data to identify and respond to trends to ensure continuous quality improvement.
Charter Review	The KPA Workgroup charter will be reviewed and/or revised on an annual basis, or as needed, by the PCC KPA Workgroup and submitted to the QIC for approval.
DBHDS Quality	DBHDS is committed to a Culture of Quality that is characterized as:
Improvement	Supported by leadership
Standards	Person Centered
	 Led by staff who are continuously learning and empowered as change agents
	 Supported by an infrastructure that is sustainable and continuous
	Driven by data collection and analysis
	 Responsive to identified issues using corrective actions, remedies, and quality improvement projects as indicated
Model for Quality Improvement	On a quarterly basis, DBHDS staff assigned to implement quality improvement initiatives (QIIs) will report data related to the QIIs to the PCC KPA Workgroup to enable the committee to track implementation.
	Through data reviews, data collection, and analysis of data, including trends, patterns, and problems at individual service delivery and systemic levels, the PCC KPA Workgroup identifies areas for development of QIIs.

	To that end, the committee determines the:
	Aim: What are we trying to accomplish?
	Measure: How do we know that a change is an improvement?
	Change: What change can we make that will result in improvement?
	Change. What change can we make that will result in improvement?
	Implements the Plan/Do/Study/Act Cycle:
	 Plan: Defines the objective, questions and predictions. Plan data collection to answer questions.
	 Do: Carry out the plan. Collect data and begin analysis of the data.
	• Study: Complete the analysis of the data. Compare data to predictions.
	Act: Plan the next cycle. Decide whether the change can be implemented.
	Additionally, the PCC KPA Workgroup:
	 Establishes performance measure indicators (PMIs) that align with the eight domains when applicable Monitors progress towards achievement of identified PMIs and for those falling below target, determines actions that are designed to raise the performance
	Assesses PMIs overall annually and based upon analysis, PMIs may be added, revised or retired in keeping with continuous quality improvement practices.
	Utilizes approved system for tracking PMIs, and the efficacy of preventive, corrective and improvement measures
	Develops and implements preventive, corrective and improvement measures where PMIs indicate health and safety concerns
	Utilizes data analysis to identify areas for improvement and monitor trends; identifies priorities and recommends QIIs as needed
	Implements approved QIIs within 90 days of the date of approval
	 Monitors progress of approved QIIs assigned and addresses concerns/barriers as needed
	Evaluates the effectiveness of the approved QII for its intended purpose
	 Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training
	 Completes a committee performance evaluation annually that includes the accomplishments and barriers of the PCC KPA Workgroup
	Data raviages accounts a part of quality improvement activities and as such are not considered research
Structure of Committee	Data reviews occur as part of quality improvement activities and as such are not considered research.
Membership	The KPA Workgroup is an internal inter-disciplinary team comprised of the following DBHDS employees with
Weinsersinp	clinical training and experience in the areas of behavioral health, intellectual disabilities/developmental disabilities, leadership, quality improvement, behavioral analysis and data analytics.

	Voting Members:
	Director, Provider Development or designee
	Director, Office of Licensing or designee
	 Assistant Commissioner for Developmental Disability Services or designee
	Senior Director, Clinical Quality Management or designee
	Director, Community Quality Management or designee
	Director, Office of Human Rights or designee
	 Representative, Office of Waiver Operations or designee
	 Representative, Office of Epidemiology and Health Analytics or designee
	Settlement Agreement Advisor or designee
	Director, Office of Integrated Health or designee
	Mortality Review Office Clinical Manager or designee
	 Director, Office of Individual and Family Support or designee
	Director, Office of Housing or designee
	Quality Management Contracts Manager or designee
	Representative, Crisis Services or designee
	Advisory Members (non-voting):
	QI/QM Coordinator
	• Quality Improvement Specialists (2)
	Others as determined by the PCC KPA Workgroup
Meeting Frequency	Meetings shall be held monthly, at least 10 times per 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
0	meeting. Additional workgroups may be established as needed.
Quorum	A quorum is 50% plus one of voting membership. These actions require quorum: approval of minutes, subcommittee recommendations to the QIC, approval/denial of QIIs, PMIs (new, revisions, ending), and charters.
Leadership and	The Assistant Commissioner for Developmental Disability Services chairs the PCC KPA Workgroup. The chair will
Responsibilities	be responsible for ensuring the workgroup performs its functions. The chair may designate a co-chair as needed to
Responsibilities	assist.
	The standard operating procedures include:
	Development and annual review and update of the committee charter
	Regular meetings to ensure continuity of purpose
	Maintenance of reports and/or meeting minutes as necessary and pertinent to the workgroup's function
	Analysis of PMIs to measure performance across the KPA
	1

- Recommend QIIs (at least one per fiscal year, based on data analysis), which are consistent with Plan, Do, Study, Act model and implement QIIs as directed by the QIC
- Monitoring of surveillance data on a regular schedule

The KPA Workgroup will:

- Adhere to agency policy and procedure related to HIPAA compliance and protecting confidentiality (DI 1001 Privacy Policies and Procedures for the Use and Disclosure of PHI)
- Establish at least one PMI for each domain identified as either an outcome or output measure
- Determine priorities when establishing PMIs
- Consider a variety of data sources for collecting data and identify the data sources to be used
- Determine and finalize surveillance data from a variety of sources. This data may be used for ongoing, systemic collection, analysis, interpretation, dissemination, and also serves as a source for establishing PMIs and/or QIIs.
- Monitor performance across each domain and for PMIs falling below target, determine actions that are designed to raise the performance; analyze data and monitor for trends quarterly
- Monitor surveillance data in each of the domains associated with the KPA Workgroup and respond to identified trends of concerns
- Review the results of Quality Service Reviews (QSR) as it relates to the key performance areas and use findings to inform providers of recommendations as well as use systemic level findings to update guidance that is then disseminated
- Review the results of the annual National Core Indictors (NCI) In-Person Survey and use findings to implement quality improvement strategies or make recommendations for QIIs. Additional family and guardian surveys may be included as part of surveillance data review
- Share data with quality subcommittees when significant patterns or trends are identified and as appropriate to the work of the subcommittee
- Provide relevant data (statewide aggregate, regional) to the RQCs which includes comparisons to other internal or external data as appropriate and include multiple years as available
- Report to the QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs

Each PMI will contain the following:

- Baseline or benchmark data as available
- The target where results should fall above or below
- The date by which the target will be met
- Definition of terms included in the PMI and a description of the population
- Data sources (origins for both numerator and denominator)
- Calculation (clear formula for calculating the PMI utilizing the numerator and denominator)

Methodology for collecting reliable data (complete and thorough description of the specific steps used to supply the numerator and denominator for calculation) The subject matter expert (SME) assigned to report and enter data on each PMI A yes/no indicator to show whether the PMI can provide regional breakdowns Member Responsibilities: **Voting Members:** All members have decision-making capability and voting status Members shall be responsible for entering, reviewing, and analyzing data related to the PMI as assigned Members shall be responsible for reviewing surveillance data prior to the scheduled review date and highlight areas of concern A quorum of members shall approve all recommendations presented to the QIC Members may designate an individual (designee) to attend on their behalf when they are unable to attend. The designee shall have decision-making capability and voting status. The designee should come prepared for the meeting. **Advisory Members (non-voting):** • Perform in an advisory role for the KPA Workgroup whose various perspectives provide insight on KPA Workgroup performance goals, outcomes PMIs and recommended actions Inform the committee by identifying issues and concerns to assist the KPA Workgroup in developing and prioritizing meaningful QIIs Supports the KPA Workgroup in performing its functions All members receive orientation and training both as new to the committee and on an annual basis. Material shall include QM System, charter, committee responsibilities and continuous quality improvement. The following standard definitions as referenced in Part I of the Quality Management Plan (Program Description) **Definitions** are established for all quality committees: • Advising Members - Members of the quality committees without the authority to approve meeting minutes, charters, PMIs and other activities requiring approval. Corrective Actions - DBHDS OL imposed requirements to correct provider violations of Licensure regulations Data Quality Monitoring Plan - Ensures that DBHDS is assessing the validity and reliability of data, at least annually, that it is collecting and identifying ways to address data quality issues. Eight Domains - Outline the key focus areas of the DBHDS quality management system (QMS): (1) safety

and freedom from harm; (2) physical, mental and behavioral health and well-being; (3) avoiding crises; (4)

- stability; (5) choice and self-determination; (6) community inclusion; (7) access to services; and (8) provider capacity.
- Home and Community-Based Services (HCBS) Waivers provides Virginians enrolled in Medicaid long-term services and supports the option to receive community-based services as an alternative to an institutional setting. Virginia's CMS-approved HCBS waivers include the Community Living (CL) Waiver, the Family and Individual Supports (FIS) Waiver, and the Building Independence (BI) Waiver.
- Key Performance Area (KPA) DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities. These areas of focus include Health, Safety and Well-Being; Community Inclusion and Integration; and Provider Competency and Capacity.
- Key Performance Area Workgroups DBHDS workgroups that focus on ensuring quality service provision through the establishment of performance measure indicators, evaluation of data, and recommendation of quality improvement initiatives relative to the eight domains.
- N Sample size
- National Core Indicators Standard performance measures used in a collaborative effort across states to
 assess the outcomes of services provided to individuals and families and to establish national benchmarks.
 Core indicators address key areas of concern including employment, human rights, service planning,
 community inclusion, choice, health and safety.
- Performance Measure Indicators (PMIs) Include both outcome and output measures established by the DBHDS and reviewed by the DBHDS QIC. The PMIs allow for tracking the efficacy of preventative, corrective and improvement initiatives. DBHDS uses these PMIs to identify systemic weaknesses or deficiencies and recommends and prioritizes quality improvement initiatives to address identified issues for QIC review.
- Provider Reporting Measures Provider reporting measures are those measures that providers report progress on to DBHDS.
- Quality Committees The QIC and QIC Subcommittees collectively
- Quality Improvement Committee (QIC) Subcommittee/Quality Committee DBHDS quality committees, councils and workgroups existing as part of the QMS (Case Management Steering Committee, Key Performance Area Workgroups, Mortality Review Committee, Regional Quality Councils, and the Risk Management Review Committee).
- Quality Improvement Committee (QIC)-Oversees the work of the QIC subcommittees
- Quality Improvement Initiative (QII) Addresses systemic quality issues identified through the work of the QIC subcommittees.
- Developmental Disabilities Quality Management Plan Ongoing organizational strategic quality improvement plan that operationalizes the QMS.
- Quality Service Review Review conducted for evaluation of services at individual, provider, and systemwide levels to evaluate: whether individuals' needs are being identified and met through person-centered planning and thinking; whether services are being provided in the most integrated setting appropriate to the

individuals' needs and consistent with their informed choice; and whether individuals are having opportunities for integration in all aspects of their lives. QSRs also assess the quality and adequacy of providers' services, quality improvement and risk management strategies, and provide recommendations to providers for improvement.

- Quorum Number of voting members required for decision-making.
- Regional Quality Councils (RQC) DBHDS formulated councils, comprised of providers, CSBs, DBHDS
 quality improvement personnel, and individuals served and their family members that assess relevant data to
 identify trends and recommend responsive actions for their respective DBHDS designated regions.
- State Fiscal Year (SFY) July 1 to June 30
- Voting Members Members of the quality committees with the authority to approve meeting minutes, charters, PMIs and other activities requiring approval.
- Waiver Management System (WaMS) The Commonwealth's data management system for individuals on the HCBS DD waivers, waitlist, and service authorizations.