SFY2024 Community Inclusion and Integration KPA Workgroup Charter
QIC Approved 6.26.23

Committee / Workgroup Name	Community Inclusion and Integration Key Performance Area (KPA) Workgroup
Statement of Purpose	As a subcommittee of the Department of Behavioral Health and Developmental Services (DBHDS) Quality Improvement Committee (QIC), the Community Inclusion and Integration (CII) KPA Workgroup is charged with responsibilities associated with collecting and analyzing reliable data related to promoting full inclusion in community life and improvement in integrated services for people with developmental disabilities. 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. This includes the domains of stability, choice and self-determination and community inclusion. The KPA Workgroup establishes goals and monitors progress toward achievement through the creation of specific KPA performance measure indicators (PMIs). The CII KPA Workgroup has established an outcome reflective of its purpose: *People with disabilities live in integrated settings, engage in all facets of community living and are employed in integrated employment.*
Authorization / Scope of Authority	This workgroup has been authorized by the DBHDS QIC. This workgroup's scope of authority includes identifying 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 Community Inclusion and Integration Workgroup and submitted to QIC for approval.
DBHDS Quality Improvement Standards	DBHDS is committed to a Culture of Quality that is characterized as: - Supported by leadership - Person Centered - Led by staff who are continuously learning and empowered as change agents - Supported by an infrastructure that is sustainable and continuous - Driven by data collection and analysis - Responsive to identified issues using corrective actions, remedies, and quality improvement initiatives (QIIs) as indicated
Model for Quality Improvement	On a quarterly basis, DBHDS staff assigned to implement QIIs will report data related to the QIIs to the CII 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 CII 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? 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 CII 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 CII KPA Workgroup Data reviews occur as part of quality improvement activities and as such are not considered research.
Structure of Committee / Workgroup:	
Membership	The KPA Workgroup is an internal inter-disciplinary team comprised of the following DBHDS employees with 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, Office of Provider Network Supports • Assistant Commissioner for Developmental Disability Services or designee • Senior Director, Clinical Quality Management or designee • Director, Community Quality Management or designee • Director, Office of Housing or designee • Manager, Office of Individual and Family Support or designee • Data Reporting Manager, Office of Clinical Quality Management • Mortality Review Office Clinical Manager or designee • Director, Office of Human Rights or designee • Director, Office of Integrated Health Network Supports or designee • Director, Office of Waiver Network Supports or designee • Director, Office of Licensing or designee • Director, Office of Community Network Supports or designee • Quality Management Contracts Manager or designee • Representative, Office of Crisis Services or designee **Advisory Members (non-voting):** • QI/QM Coordinator • Quality Improvement Specialist (1) • Director, Office of Transition Network Supports (formerly Settlement Agreement Advisor) • Others as determined by the CII 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 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 QII, PMIs (new, revisions, ending), and charters.
Leadership and Responsibilities	The Assistant Commissioner for Developmental Disability Services chairs the CII KPA Workgroup. The chair will be responsible for ensuring the workgroup performs its functions. The chair may designate a co-chair as needed to assist. The standard operating procedures include: • Development and annual review and update of the committee charter • 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
- 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.
Definitions	The following standard definitions as referenced in Part I of the Quality Management Plan (Program Description) are established for all quality committees: - Advising Members - Members of the quality committees without the authority to approve meeting minutes, charters, PMIs and other activities requiring approval. - Corrective Actions - DBHDS OL imposed requirements to correct provider violations of Licensure regulations - Data Quality Monitoring Plan - Ensures that DBHDS is assessing the validity and reliability of data, at least annually, that it is collecting and identifying ways to address data quality issues. - Eight Domains - Outline the key focus areas of the DBHDS quality management system (QMS): (1) safety and freedom from harm; (2) physical, mental and behavioral health and well-being; (3) avoiding crises; (4)

| | stability; (5) choice and self-determination; (6) community inclusion; (7) access to services; and (8) provider capacity. |
| | - Home and Community-Based Services (HCBS) Waivers - provides Virginians enrolled in Medicaid long-term services and supports the option to receive community-based services as an alternative to an institutional setting. Virginia's CMS-approved HCBS waivers include the Community Living (CL) Waiver, the Family and Individual Supports (FIS) Waiver, and the Building Independence (BI) Waiver.
- Key Performance Area (KPA) - DBHDS defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities. These areas of focus include Health, Safety and Well-Being; Community Inclusion and Integration; and Provider Competency and Capacity.
- Key Performance Area Workgroups - DBHDS workgroups that focus on ensuring quality service provision through the establishment of performance measure indicators, evaluation of data, and recommendation of quality improvement initiatives relative to the eight domains.
- N - Sample size
- National Core Indicators - Standard performance measures used in a collaborative effort across states to assess the outcomes of services provided to individuals and families and to establish national benchmarks. Core indicators address key areas of concern including employment, human rights, service planning, community inclusion, choice, health and safety
- Performance Measure Indicators (PMIs) - Include both outcome and output measures established by the DBHDS and reviewed by the DBHDS QIC. The PMIs allow for tracking the efficacy of preventative, corrective and improvement initiatives. DBHDS uses these PMIs to identify systemic weaknesses or deficiencies and recommends and prioritizes quality improvement initiatives to address identified issues for QIC review.
- 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 - 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 system-wide levels to evaluate: whether individuals' needs are being identified and met through person-centered planning and thinking; whether services are being provided in the most integrated setting appropriate to the |

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

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