Committee / Workgroup Name	Quality Review Team
Statement of Purpose	The Quality Review Team (QRT), a joint Department of Behavioral Health and Developmental Services (DBHDS) and Department of Medical Assistance Services (DMAS) committee, is responsible for oversight and improvement of the quality of services delivered under the Commonwealth's Developmental Disabilities (DD) waivers as described in the approved waivers' performance measures.
Authorization / Scope of Authority	The QRT is responsible for reviewing performance data collected regarding the Centers for Medicare and Medicaid Services' (CMS) Home and Community-Based Services (HCBS) waiver assurances: • Waiver Administration and Operation: Administrative Authority of the Single State Medicaid Agency • Evaluation/Reevaluation of Level of Care • Participant Services - Qualified Providers • Participant-Centered Planning and Service Delivery: Service Plan • Participant Safeguards: Health and Welfare • Financial Accountability The work of the QRT is accomplished by accessing data across a broad range of monitoring activities, including those performed via DBHDS licensing and human rights investigations and inspections; DMAS quality management reviews (QMR) and contractor evaluations; serious incident reporting; mortality reviews; and level of care evaluations. Each DD waiver performance measure is examined against the CMS standard of 86% or above compliance. Those measures that fall below this standard are discussed to identify the need for provider specific as well as systemic remediation. The committee may make recommendations for remediation such as: • Retraining of providers • Targeted TA • Targeted provider communications • Targeted QMR • Information Technology system enhancements for the collection of data • Change in licensing status • Referral to the Provider Remediation Committee for mandatory provider remediation • Payment retraction or ceasing referrals to providers • Review of regulations to identify needed changes • Review of policy manuals for changes

	The team identifies barriers to attainment and the steps needed to address them. The QRT re-examines data in the following quarter to determine if remediation was successful or if additional action is required. If remediation and/or improvement is not recommended for a performance measure that falls below 86%, the justification for that decision will be documented in the meeting minutes.
Charter Review	The QRT was established in August 2007 in response to CMS's expectations that states implement a Quality Improvement Strategy for HCBS waivers. This charter shall be reviewed by DBHDS and DMAS on an annual basis or as needed and submitted to the Quality Improvement Committee for review.
Model for Quality Improvement	The activities of the QRT are a means for DMAS and DBHDS to implement CMS's expected continuous quality improvement cycle, which includes: • Design • Discovery • Remediation • Improvement
Structure of Workgroup / Committee:	
Membership	**DBHDS:** Director of Waiver Operations or designee DD Policy and Compliance Manager or designee Director of Provider Development and/or designee Director of Office of Licensing and/or designee Director of Office of Human Rights and/or designee Director of Office of Community Quality Management and/or designee Director, Mortality Review Committee and/or designee Settlement Agreement Advisor **DMAS:** Director of DMAS Division of High Needs Supports and/or designee Developmental Disabilities Program Manager and/or designee QMR Program Administration Supervisor Sr. Policy Analyst, Division of High Needs Supports Office of Community Living Quality Analyst or designee

Quorum	A quorum shall be defined as 50% plus one of voting membership.
Meeting Frequency	The committee will, at a minimum, meet four times a year. The QRT review cycle is scheduled with two quarters' lag time to accommodate the 90-day regulatory requirement to successfully investigate and close cases reportable under the Appendix G Health and Welfare measures.
Leadership and Responsibilities	The DMAS Office of Community Living Quality Analyst shall serve as chair and will be responsible for ensuring the committee performs its functions including development of meeting agendas and convening regular meetings. The standard operating procedures include: - Development and annual review and update of the committee charter - Regular meetings to ensure continuity of purpose - Maintenance and distribution of quarterly updates and/or meeting summary as necessary and pertinent to the committee's function - Maintenance of QRT data provenance - CMS Evidentiary and state stakeholder reporting - Reporting and recommendation of quality improvement initiatives consistent with CMS's Design, Discover, Remediate, Improve model. Documentation of PM performance during the quarter, a meeting agenda, and summary of the previous meeting is prepared and distributed to committee members prior to the meeting and shall reflect the committee's review and analysis of data and any follow up activity. The QRT shall produce an End of Year (EOY) Report for public review at the end of the previous state fiscal year within no more than 6 months of end of fiscal year. The QRT EOY report will include an analysis of findings; including quality improvements, trend longevity; and recommendations based on review of the information regarding each performance measure. Each Community Service Board will be solicited annually for feedback on the QRT EOY Report. The report shall be presented to the DBHDS Quality Improvement Committee on the findings from the data review with recommendations for system improvement.