



Developmental Disabilities Quality
Management Plan
State Fiscal year 2025
Part 1 Program Description
Part 2 Quality Committees
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A Life of Possibilities for All Virginians

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Developmental Disabilities Quality Management Plan

"The best solutions are those that integrate a wide range of perspectives and emphasize partnership and collaboration."

*Nelson Smith, Commissioner
Virginia Department of Behavioral Health and Developmental Services*

Introduction

This document describes the Virginia Department of Behavioral Health and Developmental Services (DBHDS) Developmental Disabilities (DD) Quality Management Plan (QMP) for State Fiscal Year (SFY) 2025. The DBHDS is committed to continuous quality improvement (CQI), which is an ongoing process of data collection and analysis for the purposes of improving programs, services, and processes. The DBHDS DD QMP is detailed in a three-parts. Parts 1 and 2 are published during the first quarter of the fiscal year and reflect planning for the current fiscal year. Part 3 is published during the third quarter of the fiscal year and reflects the most recently completed fiscal year. The DBHDS DD QMP is reviewed and updated annually.

- ❖ Part 1: The Quality Management System Description
 - ❖ Describes the current structure and framework for discovery and remediation activities and provides a path forward for improvement activities.
- ❖ Part 2: The Quality Improvement Committees
 - ❖ Describes the organization of the DD quality improvement committees, which includes the quality improvement committee (QIC) and the DD QIC subcommittees (inclusive of subcommittees/councils/workgroups, collectively referred to as DD QIC subcommittees), comprised within the quality management system, the accountability structure, charter requirements, and the work plan used by each of the DD QIC subcommittees to track the progress of performance measure indicators (PMI) and quality improvement initiatives (QII).
- ❖ Part 3: The Quality Management Annual Report and Program Evaluation
 - ❖ This is a summary of the key accomplishments of the quality management system (QMS), data reports, program evaluation, data source system assessment, and the challenges to meeting stated goals, and plans to address them.

Part 1- Quality Management System Description

Standards for Quality

The DBHDS' DD QMS fully integrates a culture of quality in every aspect of DD operations and programs. DBHDS' organizational structure allows for improved efficiency and accountability. The DD QMS captures the high-quality work completed throughout DBHDS and identifies opportunities for ongoing improvement. The DD QMS has grown in its focus as it strives to describe its achievement towards established performance goals and outcomes.

The DBHDS draws on multiple quality frameworks to include the Institute of Medicine's six dimensions¹ of quality, the Substance Abuse and Mental Health Services Administration (SAMHSA) quality framework², and the Centers for Medicare & Medicaid Services (CMS) Home and Community Based Services (HCBS) Waivers Quality Framework³ in the implementation of the DBHDS DD QMS.

The DBHDS QMS incorporates the nationally recognized quality principles and programs. The system's infrastructure is:

- Supported through the organization's leadership who is:
 - Committed to the success of the QMS
 - Supportive of the organizational culture of quality improvement (QI)
 - Prepared to designate resources for critical support mechanisms
 - Willing to give authority to staff to make changes
- Person and family-centered
- Characterized by employees and providers who are continuously learning and empowered as innovative change agents
- Effective in utilizing data for ongoing quality improvement
- Sustainable and continuous

The goal is a system of quality services that allows individuals to direct their own lives to access and fully participate in their community and balances risk, health, safety, and well-being. An effective quality/risk management (RM) structure includes quality assurance (QA), RM, and QI processes.

¹ Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.

² SAMHSA. National Framework for Quality Improvement in Behavioral Health Care, June 2011.

³ Centers for Medicare and Medicaid Services HCBS Quality Framework, 2016.

https://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx

Foundational to DBHDS' QMS framework is compliance with federal and state laws and regulations that focus on individual protections, rights, and liberties and standards, to ensure safe consistent quality of care. These include, but are not limited to:

- Americans with Disabilities Act (ADA) and the *Olmstead* decision
- Civil Rights of Institutionalized Persons Act (CRIPA)
- Home and Community Based Services (HCBS) Settings Rule
- The Joint Commission (hospital accreditation)
- Occupational Safety and Health Administration (OSHA)
- Health Insurance Portability and Accountability Act (HIPAA)
- State Board of Behavioral Health and Developmental Services Regulations
- CMS (Department of Medical Assistance Services (DMAS) – Waiver Assurances
- Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services (Human Rights Regulations)
- Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services

Structure and Processes

QA, RM and QI are foundational, integrated processes included in the DD QMS. QA focuses on discovery activities to evaluate compliance with standards, regulations, policies, guidance, contracts, procedures and protocols, and the remediation of individual findings of non-compliance. Regulatory compliance establishes the extent to which basic performance standards are met, which include DBHDS Licensing and Human Rights Regulations, DMAS Developmental Disabilities (DD) HCBS Waiver Regulations, and the assurances built on the statutory requirements of the CMS 1915c Waiver program. Additional performance standards are set forth by the DMAS and DBHDS in support of various program goals.

RM assesses and identifies the probability and potential consequences of adverse events and develops strategies to prevent and substantially mitigate these events or minimize the effects. This is achieved for individuals receiving services using risk awareness/screening assessments and responsive care plans. At the systems level, DBHDS monitors critical risk triggers through reported data sources and initiates interventions as appropriate. At the provider level, DBHDS requires service providers to develop RM plans, including the identification and monitoring of risk triggers and response strategies to mitigate the potential for harm. Comprehensive RM also includes requirements for the reporting, investigating and remediation of critical incidents as indicated using corrective action plans (CAPs). DBHDS also employs a robust complaint system for allegations of abuse, neglect, and exploitation.

QI is the systematic approach aimed toward achieving higher levels of performance and outcomes through establishing benchmarks of high quality, utilizing data to monitor trends and outcomes, and resolving identified problems and barriers to goal attainment, which occurs in a continuous feedback loop to inform the system of care. At the provider level, DBHDS requires service providers to develop QI plans that utilize SMART goals and performance data to drive provider improvement efforts.

The DBHDS DD QMS includes:

- Division of Provider Management
- Division of Developmental Services
- Division of Facilities Services
- Division of Crisis Services
- Division of Behavioral Health Services
- Division of Clinical and Quality Management

DBHDS Division of Provider Management

The DBHDS Division of Provider Management provides a quality assurance function for the agency, establishing basic requirements for provider organizations through regulation, determining the extent to which these standards/regulations are met, and taking progressive action to remedy specific problems or concerns that arise. The DBHDS Division of Provider Management includes the Offices of Licensing, Human Rights, and Regulatory Affairs. These offices provide oversight and monitoring of providers to assure individuals' rights, and that providers and services meet established standards and requirements.

Office of Human Rights

The mission of the Office of Human Rights (OHR) is to promote basic precepts of human dignity by monitoring provider compliance with the Human Rights Regulations, managing the DBHDS' complaint resolution program and advocating for the rights of individuals with disabilities in the DBHDS service delivery system. OHR regulations outline the DBHDS' responsibility for assuring the protection of the rights of individuals receiving services in state operated facilities and community programs licensed and funded by DBHDS. OHR is divided into two specialized teams and utilizes data driven decisions to deploy advocates to state operated facilities and community programs where individuals are alleged or determined to be at imminent risk of harm. The Facility Operations team champions state operated facility compliance. The Community Operations team champions licensed and funded service providers' compliance. Facility-based Advocates are assigned to each of the twelve state operated facilities (to include Southeast Virginia Training Center) and Community-based Advocates are mobilized to public

and private community programs where high-profile incidents occurred or other trends impacting rights protections are identified.

OHR has a total of twenty-five field advocates who assist individuals and authorized representatives with complaint resolution by facilitating due process; monitoring provider reporting; and reviewing provider investigations and corrective actions. Advocates also respond to reports and complaints of abuse, neglect, and exploitation by conducting independent or joint investigations with DBHDS partners and/or external agencies such as state operated Facility Investigators and the Virginia Department of Social Services (VDSS). In cases where there are violations of the Human Rights Regulations, Advocates partner with the Office of Licensing (OL) to issue licensing reports requiring corrective action plans (CAPs) or issue a Notice of Violation Letter (to state operated facilities only). As a proactive protection of rights, advocates also visit newly licensed providers within 30 days of service initiation to ensure the basic knowledge of the human rights system, including review of the provider's human rights policies and training on the requirements and process for utilizing the department's web-based reporting application (CHRIS). OHR conducts onsite reviews of newly licensed waiver providers to assess compliance with the HCBS Settings Rule.

OHR also has a code-mandate to provide system-wide training and technical assistance to promote literacy regarding individuals' assured rights and corresponding state operated facility and provider duties. In this regard, OHR facilitates a series of virtual training opportunities with companion resource materials available on the OHR webpage such as training slide decks, audio/video recordings, and FAQs.

Providers are required to report human rights complaints, allegations of abuse, neglect and exploitation, and serious incidents as defined in licensing and Human Rights regulations into CHRIS. OHR monitors these reports, which may result in onsite visits by OHR and/or investigation by OL.

To assure a safe environment for all individuals receiving services and to ensure follow-up on all substantiated abuse allegations, "high priority" cases, defined as any allegation of sexual assault, restraint with serious injurie(s), and physical abuse with serious injurie(s) receive an immediate advocate response to include a site visit within 24 hours of notification. In these instances, advocates assess and assure safety for the identified individual, as well as other individuals receiving services; the advocate ensures a provider investigation along with the DBHDS complaint resolution process has begun, and the advocate continues to monitor provider follow up through verification that the provider/state operated facility has completed a thorough investigation, provided the individual an accepted resolution and implemented appropriate corrective action(s).

A shared protocol also exists between DBHDS, VDSS, and the Department of Aging and Rehabilitation Services (DARS) to ensure all allegations of abuse, neglect and exploitation involving a state operated facility or licensed provider are appropriately reported to OHR. The protocol establishes a process for VDSS and DARS localities to send reports of abuse via secure email, fax, or US Postal Service that are tracked, triaged, and trended by OHR staff. DBHDS providers and state operated facilities are contacted regarding their failure to report abuse and advised about initiating the complaint resolution process. Citations and violation letters are also issued when any violation is identified.

OHR has monitoring systems in place to ensure the health and welfare of the individuals served by DBHDS. These systems include:

- Comprehensive Human Rights Information System (CHRIS)
- Local Human Rights Committees (LHRC)
- State Human Rights Committee (SHRC)
- Pre and post move monitoring of individuals discharged from training centers
- Community and Facility provider look behind process
- New provider compliance verification process, to include onsite Human Rights and HCBS compliance visits to new DD waiver service locations
- OHR Protocol No. 309: A.I.M. (Assess Safety; Initiate Process; Monitor Compliance)
- Shared protocol with VDSS/DARS for Abuse/Neglect reporting
- Central Office Abuse/Neglect Advisory Panel
- Central State Hospital and VCBR Appeals Committees

Office of Licensing

The Office of Licensing (OL) acts as the regulatory authority for the DBHDS' licensed service delivery system. Through QA processes including but not limited to initial application reviews, initial site visits, unannounced inspections, review and investigation of serious incidents and complaints, and issuance of licensing reports requiring CAPs, the OL ensures the mechanisms for the provision of quality services are monitored, enforced, and reported to DBHDS leadership. The OL is responsible for monitoring providers' compliance with regulatory standards including their responsibility for developing and implementing: 1) a quality improvement program that utilizes standard quality improvement tools, including root cause analysis, 2) a quality improvement plan, and 3) a written plan to identify, monitor, reduce, and minimize harms and risk of harm, as well as conducting an annual systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services.

OL plays an integral, vital role in assessing service providers applying to become licensed to provide DD services in Virginia and their potential to meet the needs of individuals in safe, secure, and less restricted environments. OL ensures the mechanisms for quality service provision are enforced, monitored, and reported back to DBHDS leadership via data presentations and other activities.

OL coordinates response to complaints, participation in joint investigations, and ensures consistent implementation of agency regulations with such as DMAS, Managed Care Organizations (MCOs), Department of Social Services (DSS), state and local law enforcement, Office of the Attorney General (OAG), and Department of Health Professions (DHP).

OL coordinates with other offices within DBHDS to provide oversight, support, and technical assistance to providers. These other offices include OHR, Division of Developmental Services, Division of Crisis Services, Office of Integrated Health Network Supports (OIHNS), and Office of Community Quality Improvement.

The OL information system (CONNECT) is the primary mechanism of communication with providers and is the official system used to process and document providers' license status, document inspections and investigations, including the issuance of CAPs.

OL includes an incident management unit (IMU) and a special investigations unit (SIU). IMU is responsible for the daily review, triage, and follow-up on all reported serious incidents to identify and, where possible, prevent future risks of harm. Follow-up on incidents may include phone contact with the provider and/or individual (to ensure immediate protections and health and safety follow-up has occurred) and desk review of records relevant to the incident and reports. IMU works closely with SIU, licensing specialists, OIHNS, and human rights advocates to assure adequate follow-up.

Serious incidents include any event or circumstance (including injuries or deaths) that causes, or could cause harm to the health, safety, or well-being of an individual. Providers are required to report serious incidents to DBHDS through CHRIS within 24 hours of their identifying or being notified of the incident. IMU cites any provider who does not have a valid reason for not entering a report into CHRIS within the required time frame. Upon review of a serious incident, IMU decides whether further follow-up is needed. Any incidents, that give rise to concerns that the individual or others are at imminent risk, are referred for immediate investigation, and all deaths of individuals with DD are referred to the SIU. Other concerns are forwarded to the provider's licensing specialist for follow-up.

IMU reviews data to identify trends, including providers that have a high volume of incidents or several incidents of the same type (e.g., falls or medication errors), and identifies patterns of

incidents with the same individual that may indicate the need for a change in services or the need for additional resources. Through this review, IMU identifies areas, based on serious incidents, where there is potential risk for future, more serious outcomes. An IMU review of a serious incident may raise concern about a provider's ability to ensure the adequacy of supports to one or more individuals receiving their licensed service. IMU has identified these situations as Care Concerns. Incidents of individuals or providers who meet Care Concern criteria will trigger follow-up by IMU or other offices, as directed by IMU. OIHNS and OHR then follow-up and provide technical assistance to/for providers with IMU identified Care Concerns.

IMU also reports on trends across the system, such as total incidents and frequency of different types of incidents by provider, service, and for individuals. Trend reports are reviewed with the Risk Management Review Committee (RMRC) to determine when the development and implementation of system level QII or other QI activities may be necessary.

SIU is responsible for the investigation of deaths of individuals with DD and for complaints of providers licensed to provide services to individuals with DD in accordance with office protocols and review criteria and in conjunction with the Mortality Review Office.

SIU investigators are responsible for requesting and reviewing records, conducting on-site inspections, interviewing provider staff and individuals, coordinating with other agencies and law enforcement, identifying any regulatory violations, writing investigation reports, and following up with providers to ensure implementation of their CAPs.

DBHDS Division of Developmental Services

The Division of Development Services (DDS) ensures planned, individualized, and person-centered services and supports are available to individuals with developmental disabilities. This is for the purpose of enabling these individuals to increase their self-determination and independence, obtain employment, participate fully in all aspects of community life, advocate for themselves, and achieve their fullest potential to the greatest extent possible. Developmental Services is the operating entity for the Commonwealth's three Home and Community-Based Services (HCBS) waiver programs for children and adults with developmental disabilities. Additional primary roles include developing a robust provider network of community integrated services and supports, providing subject matter best practice leadership and technical assistance in developmental services, managing the HCBS waiver operations, ensuring access to dental and adaptive equipment services, managing the discharge planning for persons leaving Training Centers, and implementing of the Preadmission Screening and Resident Review (PASRR) and Omnibus Budget Reconciliation Act (OBRA) programs for children and adults with developmental disabilities.

Office of Waiver Network Supports

The Office of Waiver Network Supports (OWNS) focuses on the successful operation of administering the Virginia Developmental Disabilities Home and Community Based Waivers (DD Waivers) to help eligible people with a developmental disability to receive services and supports in the community. As the administrative entity for the Commonwealth's DD Waivers, the DDS has delegated authority over the quality of services delivered under the waivers. DMAS, as the state Medicaid agency, retains overall state level authority over the DD HCBS Waivers' Quality Improvement Strategy outlined in the waiver applications. DMAS and the OWNS collaboratively oversee implementation of these plans using data derived from both DMAS and DBHDS designated offices with data, administrative, and technical support from both agencies.

All HCBS waiver programs must operate in accordance with the CMS required waiver assurances. States develop CMS DD performance measures (PMs) under each assurance, which serve as the indicators of performance. Specific details regarding the frequency of review, sample size, methods of discovery and remediation, and responsible parties are detailed in the state's HCBS 1915c Waivers Applications. Ongoing compliance with the assurances is necessary to maintain Virginia's DD Waivers program. The assurances include the following:

1. Administrative Authority - The State Medicaid agency is responsible for the oversight of the waiver and is responsible for all facets of the program.
2. Evaluation/Reevaluation of Level of Care - Individuals enrolled in the waiver have needs consistent with an institutional level of care.
3. Person-Centered Service Planning and Service Delivery - Participants have a service plan that is appropriate to their needs, and services/supports specified in the plan are received.
4. Qualified Providers - Waiver providers are qualified to deliver services/supports.
5. Health and Welfare - Participants' health and welfare are safeguarded and monitored.
6. Financial Accountability - Claims for waiver services are paid according to state payment methodologies.

DMAS and DBHDS have primary responsibility for monitoring performance under the waiver assurances through the DD Waiver Quality Review Team (QRT). QRT meets on a quarterly basis to report on and review the results of the discovery and remediation activities for each performance measure and establish systemic remediation strategies for those measures that fall below the CMS-established 86% standard in the state fiscal year. The work of the QRT is accomplished by accessing data across a broad range of monitoring activities, including DBHDS licensing and human rights investigations and inspections; DMAS QM reviews (QMR); serious incident reporting; case management (CM) data reporting; quality service reviews (QSRs); mortality reviews; and DBHDS level of care evaluations performed by Community Service Boards/Behavioral Health Authorities, known as CSBs.

QRT identifies barriers to performance and the remediation steps needed to address them. These remediation steps are in addition to state agency required provider or individual-level remediation. First level systemic remediation includes statewide or regional provider training and targeted technical assistance conducted by DDS Provider Network Supports and/or OIHNS. Remediation strategies may include, but are not limited to, targeted communication to the provider community, changes in protocols or processes designed to ensure the health and safety of individuals, IT system enhancements for collecting and reporting data, changes to state standards (regulations and policy manual), payment retractions, change in licensing status, targeted QMRs by DMAS, and ceasing referrals to providers.

A requirement for participation in the Medicaid HCBS Waiver program is multi-year evidence reporting to CMS during the third year of each waiver's five-year approval cycle. The purpose of the reporting is to ensure that the waivers are being implemented as intended through review of waiver program data and QI activities. States are required to report performance regarding the state's specific CMS DD PMs related to the six required CMS assurances. States must demonstrate a certain level of compliance (currently set by CMS at 86%) for each performance measure.

Office of Provider Network Supports

The Office of Provider Network Supports (OPNS) focuses on developing and sustaining a qualified community of providers in Virginia so that people who have DD and their families have choice and access to options that meet their needs. Work is organized across two capacity-building teams, at the provider and system levels, that is carried out through Community Resource Consultants (CRCs) who offer technical assistance to community stakeholders through a variety of methods such as regional meetings, virtual and on-site training, and ongoing communications. Additionally, three statewide CRC roles focus on supporting individuals and families, supporting the regional support team process, and supporting those with complex support situations.

OPNS uses a comprehensive approach to developing and sustaining a qualified community of providers. This approach includes Regional Support Teams (RST) that bolster informed choice in Virginia's system by ensuring the consideration of more integrated support options. Also included, a Provider Data Summary process that evaluates and shares gaps in integrated services with the provider community and maintains an online provider database that includes a Provider Designation process for the identification and promotion of provider expertise. The remaining approaches include access to Jump-Start funding to develop integrated service options where service options do not exist; and monitoring and improving the performance of support coordinators (SCs) through the provision of materials and technical assistance designed to support success with DBHDS expectations, including performance measure indicators and surveillance data. In addition, OPNS seeks to promote best practices through implementation of the HCBS

Settings Rule, a Direct Support Professional (DSP) and DSP Supervisor training and competencies process, the development and use of a Person-Centered Individual Support Plan (ISP), and access to a variety of person-centered practices training opportunities.

Case Management/Support Coordination

Case Management/Support Coordination (CM/SC) is the core service that Virginians with DD and behavioral health disorders use to help navigate and access needed and desired services, while building on the individuals' strengths and natural supports systems. This essential QA role includes coordinating the development of a person-centered plan, assessing, and monitoring to ensure the plan is implemented appropriately and updated when a change in status occurs, linking individuals with services, identifying and balancing health and safety needs with dignity of risk, while also strengthening and supporting each person's right to determine the life they want. Often referred to as the linchpin that holds the elements of a complicated structure together, the CM/SC is of critical importance in helping individuals achieve positive outcomes, avoid harm, maintain stable community living, and increase integration, independence, and self-determination in all life domains.

CM/SCs facilitate the development of the ISP to assist and support individuals in determining what is important to and for them, including proactively identifying risks and developing mitigating strategies while recognizing and supporting the individual in making informed choices, and documenting plans to meet those needs and address risks. Assessments added to the ISP process assist the CM/SC in identifying risks. These assessments include a crisis risk assessment designed to identify potential risks for crisis and establish a proactive referral (to crisis support services) as well as a risk awareness assessment designed to identify risks commonly associated with individuals with DD. CM/SC monitor implementation of the ISP. This monitoring process now includes a standardized on-site visit assessment tool (OSVT) to assist in determining if the ISP is implemented appropriately and identifying if there has been a change in status, which will initiate an update to the ISP.

The OPNS works in cooperation with the Case Management Steering Committee (CMSC) and CSBs to develop and make available a variety of resources that support effective case management in line with state and federal requirements. Activities include developing and maintaining a DD Support Coordination Handbook, designing, and updating the Virginia Person-Centered Individual Support Plan, facilitating an electronic health record data exchange process with CSB vendors, holding focus groups and regional meetings with CSBs to gather input, providing technical assistance, and training, and assisting with the implementation of a Data Quality Support process designed to increase the reliability of data received from CSBs.

Office of Integrated Health Network Supports

The Office of Integrated Health Network Supports (OINS) works to ensure individuals with DD have access to quality supports and a pathway to community integrated health services. They serve as a resource for information related to healthcare, wellness, healthcare providers, and health related services within the Commonwealth. There are three areas of need that are a primary focus; 1) dental care; 2) durable medical (DME), physical therapy, and assistive technology (AT); 3) community nursing including education and technical assistance that promotes best practices and quality in direct care. In these three areas, the OINS provide progressive, evidenced-based programs and services to address the unique needs of the individual with DD, in the Commonwealth as a whole and regionally. To that end, program implementation has remained dynamic, responding to identified trends that reflect increases in areas of risk to the health and safety of Individuals with DD, and adjusting the program supports, education and technical assistance that is made available. The short-term goal is to identify gaps in services and supports, to immediately improve the quality of care and health. The long-term goal is to build an infrastructure of health professional knowledge through outreach and education.

The Dental Team serves individuals with DD who have been unable to access dental care in their community. The Dental Program provides opportunities for comprehensive dental care for people with DD. It focuses on person centered and trauma informed care, community integration; provider training, equal access to care, and best practices that include no use of restraints and no unnecessary sedation. The program contracts with community based dental practices to provide basic dental care and sedation dental care utilizing a moderate sedation model. In addition, the program has a Mobile Dental Program. The Mobile and Remote Dental Program provides screening, education, and, in some cases, clinical treatment. As part of the process, all individuals referred to the program are screened by the Mobile Dental Program prior to referral to one of the contracted community dental practices. If the individual cannot be treated by one of the contracted practices, the individual remains in the care of the Integrated Health Network Supports dental hygienist in the remote component of the Mobile Dental Program.

The Mobile Rehab Engineering (MRE) Team includes a Rehab Engineer, Rehab Technicians and a Physical Therapist that provides a resource for which there are few community resources. They provide safety assessments, repairs, sanitation activities, custom modifications, justifications for Durable Medical Equipment and pressure mapping aimed at reducing the risk of pressure injuries. Additionally, there is no mechanism for evaluating the physical changes of individuals that might necessitate additional equipment or assistive technology, wheelchair modifications, custom equipment or seating assessment that target the reduction of pressure injuries. The MRE

team and Physical Therapist are uniquely positioned to meet this need and / or collaborate with community DME and healthcare providers.

The Community Nursing Team educates community providers about the importance and utility of nurses as an adjunct to care within the person-centered support plan. The team works to 1) develop a community nursing infrastructure, 2) provide educational and training opportunities, 3) provide technical assistance, and 4) work on policy development. The team hosts monthly regional Community Nursing Meetings, posts Health and Safety Alerts on topics of concern to individuals and the people supporting them, produces the monthly "Health Trends Newsletter," establishes a quarterly training calendar, and maintains educational resources on the DBHDS website and the Commonwealth of Virginia Learning Center (COVLC). They created and implemented the Intense Management Needs Review (INMR) tool that is designed to determine if the complex needs of individuals with DD are being met. They created, implement and complete on – going evaluations of the Risk Awareness Tool (RAT) which led to recommendations that the tool be built into the Individual Support Plan (ISP) with the Waiver Management System (WaMS) which was completed in collaboration with Provider Network Supports this past year. In addition, they monitor the utilization of Developmental Disability (DD) Waiver and Early Periodic Screening and Diagnostic Placement Treatment (EPSDT) nursing services with a focus on increasing access and meeting the complex needs of individuals with DD.

Office of Transition Network Supports

The Office of Transition Network Supports (OTNS) ensures DBHDS meets the federal requirements for PASRR (pre-admission screening of individuals with DD referred for nursing home level of care). In addition to ensuring individuals with DD meet the required level of care for admission, the OTNS ensures that any specialized needs are addressed and a connection between the CSB and nursing facilities is made, to aid in discharge facilitation. When nursing home placement is determined to be appropriate, the PASRR team follows the individual through the admission process and throughout their care, to ensure they are receiving the supports and specialized services needed as identified by their person-centered plan. This includes the use of OBRA funding to support the services needed that are outside the usual scope of the nursing homes. Through the resident review process, the PASRR team continues to evaluate whether nursing home placement remains appropriate; these reviews occur at least every 180 days.

The OTNS developed a Transitions team directed at helping to move children currently living in nursing facilities to the community. DBHDS Community Transitions Nurses, in conjunction with the interdisciplinary teams at each of the two largest nursing facilities that serve children in the

Commonwealth, identifies barriers and possibilities for community placement. The OTNS staff, in conjunction with OIHNS, also participate in investigations as requested, develop training and educational materials in support of QI recommendations, and provide on-going training and technical assistance to community providers.

The Family Resource Consultant (FRC) team implements a single point of entry (SPE) process, in collaboration with DMAS, to ensure that individuals seeking placement into Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF_IDDs) are screened utilizing the Virginia Individual Developmental Disabilities Eligibility Survey (VIDES). The FRC team closely collaborates with Virginia's children's facilities to ensure that families are properly educated regarding more integrated service options available in the community. The Family Resource Consultants maintain ongoing contact with families, CSBs, and facility staff to offer support and guidance regarding discharge planning and navigating community options.

Office of Community Network Supports

The Office of Community Network Supports (OCNS) oversees programming to assist individuals and families across the disability spectrum; serving as a community partner to bridge gaps, address needs, and improve access to and utilization of services and supports to prepare individuals for their good life in the community. To achieve this aim, OCNS actively collaborates with community stakeholders, state agency partners, and DDS offices to develop programs, activities, initiatives, and information resources to address the needs of individuals with DD awaiting services. OCNS also works with agency and community partners to identify and resolve barriers to utilization of formal services and supports to help prepare people for their good life in the community.

The OCNS oversees the following functional units:

- The Individual and Family Supports Program (IFSP)
- Supported Decision Making
- Employment Services
- Home and Community Based Settings (HCBS) Regulation Policy Compliance

Office of Behavior Network Supports

The Office of Behavior Network Supports (OBHNS) provides quality assurance oversight for behavioral programming created through the DD waivers. Additionally, the office works to ensure that people that need behavioral services, through the DD waivers (therapeutic behavioral consultation), receive them in a timely manner through collaboration with CSBs and

OPNS. Maintenance of a provider search engine specific to this service, collaboration with DMAS on provider enrollment, and the provision of training and assistance to prospective providers serve to continue to grow the base of behavioral clinicians within the DD waiver system.

The OBHNS team completes ongoing quality reviews of behavioral programs using the Behavior Support Plan Adherence Review Instrument (BSPARI), which was developed by DBHDS behavior analysts to determine adherence with the DBHDS/DMAS Behavior Support Plan Practice Guidelines. Ongoing feedback is provided to clinicians that deliver therapeutic behavioral consultation, to promote continuous quality improvement of behavioral services in the waiver and general alignment with best practice expectations. The team provides ongoing individualized technical assistance to clinicians, as well as larger scale continuing education training events on behavioral science topics, to enhance clinician professional development.

DBHDS Division of Facilities Services

The DBHDS Division of Facilities Services directs, monitors, and strengthens QI in the DBHDS state facilities. Each facility ensures the coordination and integration of QI activities aimed toward the delivery of safe, high-quality care in its facility. The goal is to maintain a systematic facility-wide approach to safety and performance improvement across three overlapping areas of focus: accreditation and regulatory compliance; incident management and risk reduction; and systematic and sustainable performance improvement.

The Facility Services Office of Quality Improvement (FSOQI) provides oversight and advances compliance and risk management initiatives with DBHDS facilities related to agency policy and procedure requirements, external regulatory requirements, and Joint Commission (JC) and CMS accreditation standards. The Compliance and Risk Management program is responsible for coordinating related efforts for oversight activities, policy management, and training curriculum initiatives with DBHDS facilities and related Central Office functions. This program also works with third party oversight and stakeholder groups, conducts related investigations, and completes other special projects on behalf of agency leadership.

DBHDS Division of Clinical and Quality Management

The Division of Clinical and Quality Management provides cross-disability quality management and technical expertise and support across all program areas of the agency to aid in leading system-wide transformation and enhance cross-disability collaboration. The aim of the Division is to support the agency in ensuring that all individuals receive high quality care and service providers integrate mortality review, infection control, pharmacology, quality assurance and

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improvement best practices, and use data to drive decision-making, developmental disabilities policy development and enhancement, and the identification of the need for improvement and the development of strategies to drive change. The Division is comprised of the following offices: Pharmacy Services, Mortality Review, Clinical Quality Management, Community Quality Improvement, Quality Assurance and Healthcare Compliance, and Infection Prevention.

Office of Clinical Quality Management

The Office of Clinical Quality Management (OCQM) supports the development and expansion of an agency-wide QM Plan by ensuring high quality service delivery. OCQM works with interdisciplinary teams to achieve DD system wide community inclusion and integration; health, safety, and wellbeing; and provider capacity and competency across all service setting areas, including community and training center programs. The office facilitates inter-departmental, inter-agency, and cross-sectoral alignment of QIIs for DBHDS, and works to ensure compliance with the QM requirements established by the agency.

The office staff supports the quality improvement committee structure, which provides accountability, coordination of activities, and use of resources. In addition, the office partners with and facilitates efforts within DBHDS divisions to ensure that QI activities are coordinated and integrated into the primary functions of the DD QMS. QI is a data driven process that involves analysis of data and performance trends and is used to determine QI priorities. OCQM provides oversight of QII efforts and responses to trends, by ensuring QIIs are developed, and corrective actions and regulatory reforms are implemented, if necessary, to address areas of needed improvement.

OCQM oversees and directs community-based quality review activities for DBHDS through contracted vendors. DBHDS utilizes a contracted vendor to conduct QSRs focused on obtaining data on the quality of services at the provider and individual level, and in aggregate across the system. DBHDS contracts with Virginia Commonwealth University, The Partnership for People with Disabilities, to conduct the surveys required for the National Core Indicators (NCI) Project. DBHDS uses the data from both the QSRs and NCI to identify opportunities for quality improvement.

QSRs are completed on a sample of individuals receiving services and include desk reviews, on-site visits, face-to-face interviews (with individuals receiving services, family members of individuals receiving services, and staff providing services), in-person service observations, and retrospective record reviews of individuals receiving services. QSRs provide information about the quality of services provided and individual, staff and family input on services provided. QSRs identify opportunities for improvements in the service experience and provide recommendations on how to improve the array of services provided. QSRs include two types of

reviews: provider quality reviews and person-centered reviews. QSRs provide an assessment of 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 given opportunities for community integration in all aspects of their lives. Additionally, QSRs assess the quality and adequacy of providers' services, of their QI and RM strategies, and provide recommendations to providers for improvement. Results of the QSRs are used to improve individual provider and system practice and service quality.

The NCI Project is a collaboration between the National Association of State Directors of Developmental Disabilities Services (NASDDDS), the Human Services Research Institute (HSRI), ADvancing States, and voluntary state participants. Virginia is one of 48 states, the District of Columbia and 22 sub-state entities that voluntarily participates in the NCI Project. The NCI evaluation of service quality occurs at the individual, service, and systemic levels using data collected from the quality review processes. NCI helps state agencies measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including person-centered planning, employment, rights, service planning, community inclusion, choice, health and safety, and satisfaction. NCI surveys include the In-Person Survey, three family surveys, and a workforce development survey. Virginia regularly participates in the In-Person Survey and the three family surveys. Individuals (and their families) who use services through the DD waivers are randomly selected to participate in the interview surveys. These surveys provide valuable insight concerning the outcomes of supports and services from the individual's and family's perspective and are used to identify areas needing improvement.

Office of Community Quality Improvement

Office of Community Quality Improvement (OCQI), under the oversight of the Director of the Office Community Quality Management, analyzes a variety of data for the identification of trends and patterns that inform data-driven decisions aimed at improving the quality of services at the provider and system levels. OCQI provides technical assistance and consultation, to internal and external state partners and community-based licensed providers, related to developing, implementing, and monitoring QI programs; develops and/or offers resources for evidence-based best practice guidance and training related to QI and RM for use by community-based providers. OCQI also conducts CM data reviews at least semi-annually. Quality Improvement Specialists (QIS) review CM data and provide technical assistance to the CSBs relative to CM data.

OCQI participates in the Support Coordination Quality Reviews (SCQRs), which include an assessment of core CM requirements. Each CSB conducts SCQRs as part of the comprehensive

QI program. DBHDS identifies a statistically significant stratified statewide sample of individuals receiving HCBS waiver services and provides each CSB with the names of individuals to be reviewed. CSB CM/SC supervisors and QI specialists complete these quality reviews. To ensure the integrity of the CSB quality reviews, OCQI staff complete a retrospective review of a sample of records reviewed by each of the CSBs at least once per year using the same review process to measure agreement quantitatively. Inter-rater reliability among OCQI staff is factored into the SCQR process, as well. Data from the reviews is used by the CSB and the DBHDS CMSC to analyze implementation of CM processes and to develop QIIs to strengthen areas of weakness. DBHDS provides technical assistance to SC supervisors and QI specialists to increase reliability of the results in future reviews and to identify any CSB specific improvements needed. CMSC analyzes data throughout the process to determine systemic areas in need of improvement, including, as needed, recommendations for enforcement actions pursuant to the CSB Performance Contract and licensing regulations. Finally, OCQI staff collect feedback on the SCQR process from CSBs as a means of improving the technical guidance document from one year to the next.

The newest offering from OCQI is the provision of expanded consultation and technical assistance (ECTA). OCQI offers ECTA to CSBs and private providers of DD services that have an Office of Licensing approved CAP, or a Health Services Advisory Group (HSAG) approved Quality Improvement Plan (QIP) on select licensing regulations and/or QSR data element(s). The ECTA model is truly a consultative one, in which QI Specialists provide individualized consultation and technical assistance, tailored to the provider. The focus of the ECTA team includes specific licensing regulations (i.e., 450 (training policy related to emergency preparedness, behavioral intervention, re-training, etc.), 520 (Risk Management), 620 (Quality Management)), and select data element(s) assessed during the QSRs. As part of this offering, QI Specialists introduce providers to QI/RM tools, concepts and practices that align with the focus regulations/data element(s).

Mortality Review Office

The Mortality Review Office (MRO) has a primary focus of composing mortality reviews of all individuals with an intellectual and/or developmental disability (IDD) diagnosis who received any DBHDS licensed service within 90 days of their date of death. These mortality cases are then presented to the DBHDS IDD Mortality Review Committee (MRC) for subject matter expert review and discussion. MRO also provides oversight for all deaths that occur in any state operated facility; these deaths are reviewed by the DBHDS Facility Mortality Review Committee.

As a commitment to the Commonwealth, the MRO contributes to the system of care improvements through integration of clinical evidence, data driven determinations, and evidenced based QI principles. Review, identification and analysis of trends, patterns, and issues

related to the deaths of these individuals, can indicate opportunities for system improvement to reduce risks to all individuals receiving developmental services. On an ongoing basis, DBHDS seeks to prevent instances of abuse, neglect, exploitation, and unexpected death by identifying and addressing relevant factors during mortality reviews. The MRC analyzes data presented in two formats – data from cases reviewed for a specific timeframe and cases that occurred during that timeframe.

The MRO provides support to the MRC through case compositions, facilitating the review of said cases during MRC meetings, providing quarterly analysis of trends and patterns of data collected, during its meetings. The MRC subsequently develops QIIs that address areas of concern, identified through data analysis, to help decrease the number of potentially preventable deaths, for the ID/DD population receiving DBHDS DD waiver services.

MRO is responsible for:

- Assuring receipt of documents from the OL (with respect to deaths of individuals receiving a DBHDS licensed service within 90 days of their date of death)
- Reviewing documentation from any provider or facility who performed care (or other service) for that IDD individual and assessing for risk mitigation, health, safety, and freedom from harm concerns noted therein
- Composing relevant information into a succinct clinical summary for the MRC to review, within ninety calendar days of the date of death
- Reviewing all state facility deaths via 45-day reports submitted within 60 days of date of death
- Assigning cases according to Tier category or reassigning state facility determinations (I/DD diagnosis, post discharge from facility, DNR/DDNR or other similar status, Tier 1 classification, expected death. If potentially preventable, maltreatment/abuse/neglect, facility quality improvement initiative), if circumstances warrant
- Interviewing any persons having information regarding the individual's care
- Collecting, tracking, analyzing, and reporting facility and MRO IDD mortality data to identify trends, patterns, and issues at the individual, service delivery and systemic levels
- Documenting MRC determinations, recommendations, and assigned actions.
- Developing reports (data and quality improvement) and presenting them quarterly to the MRC and DBHDS Commissioner (except for the MRC Annual Report)

The MRO analyzes MRC case specific information of data that is:

- ☒ Based on a retrospective review of documents.
- ☒ Used to identify and describe actions, interventions, or outcomes of interest, to alter exposure to them.

- ☑ Analyzed to determine recommendations and/or actions that may alter the individual's exposure to the action, intervention, or other variable, with the goal of changing or preventing the outcome for IDD individuals exposed to it in future.
- ☑ Focused on identification of the exposure and outcome variables to distinguish causation (*did exposure bring about the outcome & is it reproducible?*).

Office of Quality Assurance and Healthcare Compliance

The focus of the Office of Quality Assurance and Healthcare Compliance (QAHC) is to ensure that the agency adheres to laws, regulations, and policies. A centralized approach is leveraged when developing, implementing, and evaluating the program. The program is based on the seven elements outlined in the Federal Sentencing Guidelines as emphasized by the U.S. Department of Health and Human Services Office of Inspector General (OIG).

QAHC ensures continuous monitoring and evaluating by conducting routine system level compliance assessments of the Behavioral Health, Facilities, Substance Abuse, and Developmental Disabilities programs. This office also aims to prevent, detect, and correct fraud, waste, abuse, and conduct that is inconsistent with laws, regulations, and policies.

Goals

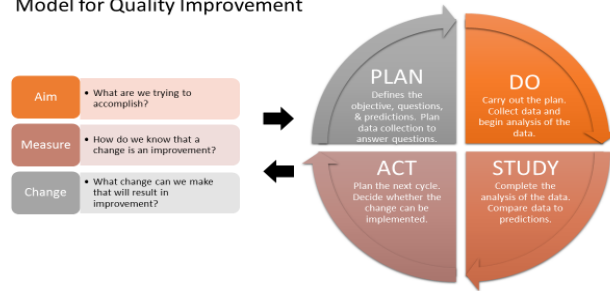
1. **Quality Assurance:** Conduct routine system level reviews of the quality of the Behavioral Health, Facility, Substance Abuse, and Developmental Disabilities programs in accordance with the laws, regulations, and policies.
2. **Compliance:** Monitor and report compliance with laws, regulations, agency policies, and procedures to leadership for the Behavioral Health, Facility, Substance Abuse, and Developmental Disabilities programs.

DBHDS Quality Improvement Process Description

Each office and division involved with the DD QMS engages in root cause analysis and the development of quality improvement initiatives (using the Plan-Do-Study-Act⁴ quality improvement model depicted below) as well as other quality improvement activities.

⁴ Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

Model for Quality Improvement



Quality improvement is a continuous process, rather than a one-time activity, and connects with the agency’s mission and vision. This process involves:

- Development of quality outputs and outcomes
- Data collection
- Data analysis
- Evaluating the effectiveness of the overall system
- Determining findings and conclusions
- Identifying trends that need to be addressed
- Identifying corrective actions, remedies, or quality improvement initiatives as needed
- Implementing quality improvement initiatives, corrective actions, or remedies; and
- Evaluating the effectiveness of implemented corrective actions, remedies, and or quality improvement initiatives.

As DBHDS uses these QA, RM and QI processes in its DD QMS operations and engages in CQI activities, key areas are targeted for improvement (known as Path Forward).

Data reliability and validity is a key component for the DD QMS and the development of quality improvement initiatives. Processes to evaluate and improve upon data quality are integrated throughout the DD QMS, which include use of i.e., accepted benchmarks, inter-rater reliability tools, use of standardized tools and measures, internal validation processes, and updating and enhancing existing sources of data.

Path Forward

Using its QM Program Evaluation, completed annually by the DD quality committees, DBDHS determines the path forward, for targeted improvement for the coming year. DBHDS may include other Path Forward items based on strategic planning and associated priorities, external audit findings, or emerging needs. An assessment of these items will be included in Part 3: Annual Report and Evaluation. Detailed below, please find OCQM and the DD quality committees expressed opportunities and recommendations for enhancement.

- DBHDS will continue to enhance its ability to utilize data in driving decision-making, in identifying service gaps, and in identifying QI efforts, including statewide initiatives.

- In SFY25, OCQM will begin looking at how it can support DD QIC subcommittees in determining who DBHDS serves well and who it doesn't serve well; newly focusing on how to better serve these populations.
- In SFY25, OCQM will begin looking at how it can provide support to DD QIC subcommittees, in examining data dictionaries for all DD QMS data sources and data source systems to gain a better understanding of variables that could be included in bivariate and multivariate/correlation analysis.
- OCQM will make recommendations as to additional areas on which offices affiliated with DD QMS could focus development of additional quality improvement strategies, to drive service system improvement.
- DBHDS will continue to expand its usage of dashboards for monitoring and reporting of data.
- DBHDS will explore how to increase the voice of internal DD quality committee members and data analysts as well as that of external stakeholders
- DBHDS will expand its efforts to collaborate with providers on evaluating their own programs and services, utilizing QA and RM data to inform their QI efforts.
- DBHDS will explore how to improve the sustainability of the QII process.
- DBHDS will improve upon the meeting formats (structure and content) for the Quality Improvement Committee and the Regional Quality Councils.
- DBHDS will look for opportunities to better promote the impacts of QIIs on its internet and intranet websites.
- Identify opportunities to obtain feedback on the functionality and sustainability of the DD QMS from all committee members, in addition to quality committee chairs and co-chairs. OCQM will develop brief assessments that can be completed by all DD quality committee voting and non-voting members that do not serve as committee co-chairs. OCQM plans to implement a survey process in SFY25.
- Increase communication about the DD QMP, to bolster interest in how DBHDS measures quality
- In SFY25, OCQM will continue to work toward establishing and implementing processes to ensure the impact of the DD QMS is communicated, at a DBHDS department-wide level, and detail how its work impacts the success of individuals served. This will help department personnel understand why their work matters and how it fits into DD QMS.
- Address data source system validity and reliability concerns.
 - In SFY24 DBHDS established a Data Governance Program to provide oversight, ensure stakeholder collaboration, and facilitate decisions for critical data subject areas. Data governance management addresses three basic data governance functions supporting the organization's data assets: building, sustaining, and compliance. Building is the creation of new capabilities through new or enhanced governance structures; sustaining consists of the processes for collaboration,

evaluation, and decision making; and compliance is instituted and managed to control data assets.

- Beginning in SFY25, as part of the Data Governance Program, the Data Governance Team will work with the Division of Developmental Services and the OCQM to implement processes to assess data sources and data source systems, in line with the Seven Dimensions of Data Quality (depicted in the figure below) and the Actionable Recommendations process (designed by the Division of Clinical and Quality Management) to assess data sources and data source systems, identify data quality concerns and develop recommendations and criteria needed to meet those recommendations.

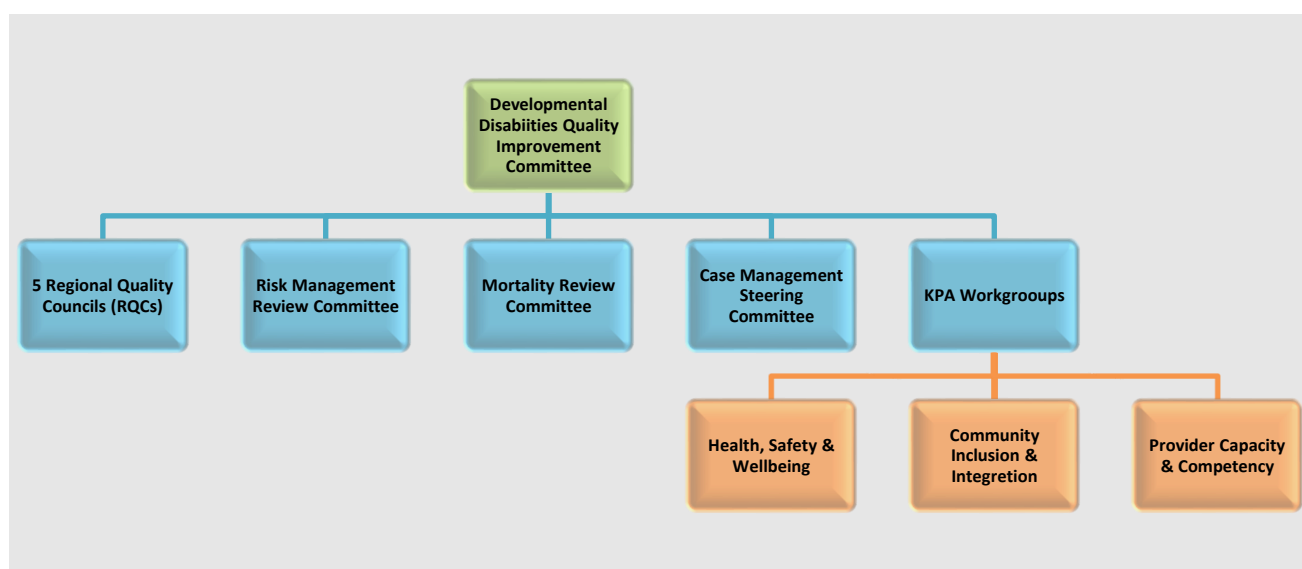


This framework and path forward set the stage for our quality committee framework (Part 2) which includes a description of the quality committee structure, general charter requirements and description of the work plan used by the DD QIC subcommittees.

Part 2 Quality Committees

Organizational Quality Improvement Committee Structure

DBHDS has established a quality committee framework as part of its DD QMS, as outlined below. The current structure of the DD QMS includes collection and analysis of data by various interdisciplinary DD Quality Committees (QIC, CMSC, KPA Workgroups, MRC, Regional Quality Councils and RMRC), according to three DBHDS established key performance areas (KPA). These KPAs focus on health, safety and wellbeing, community inclusion and integration, and provider capacity and competency. The chart below illustrates the DBHDS DD quality committee structure.



Description of Quality Committee Structure

The DD Quality Committees are established to create an organizational structure for accountability, standardized execution of the work conducted by the committees, and coordination of activities and use of resources. The DD QIC is the highest-level DD quality committee with the DD QIC subcommittees reporting to it (as named in the above image). They are responsible for prioritization of needs and work areas and for resource allocation, to achieve intended outcomes for the agency, and the Commonwealth. All DBHDS' DD Quality Committees focus on these key performance areas (KPAs): Health, Safety and Wellbeing, Community Inclusion and Integration, Provider Capacity and Competency as the umbrella under which the agency assesses performance against established statewide goals and progress towards each KPA outcome. Within these KPAs is the designation of domains which further describe the focus

of each KPA. Refer to the Approved Charters Addenda for information specific to each DD quality committee.

The DD QIC and each DD QIC subcommittee include voting and advisory members. Members may include external representation either as a voting or advisory member. The DD QIC and each DD QIC subcommittee utilize a standard charter template with applicable standard operating procedures. Each DD QIC subcommittee develops QIIs, based on needs identified through data analysis, upon demonstration of need from data reviews and identified root causes, using the Plan-Do-Study-Act model. In accordance with this structure, the DD QIC approves the creation and/or discontinuation of a DBHDS DD QIC subcommittee.

DD Quality Committee Charters

The DD QIC and each DD QIC subcommittee operate under the parameters outlined in its charter. Each charter is tailored to the unique purpose of the DD QIC and that of each DD QIC subcommittee and includes expectations established by the OCQM.

All charters contain the following elements: mission, purpose, scope of authority, definitions, responsibilities/duties/activities, member roles and responsibilities, membership, meeting information, and general contact. Approved charters can be found in the Appendices.

DD QIC Subcommittee Work Plan

Each DD QIC subcommittee completes a work plan, per state fiscal year, which reflects the work done within the parameters outlined in its charter. The approved DD QIC Subcommittee Work Plan template can be found in the Appendices.

The DD QIC Subcommittee Work Plan provides a means for all DD QIC subcommittee, to document areas of focus, including quality improvement efforts, and ensures consistent reporting to the DD QIC. Each DD QIC subcommittee uses the work plan to identify patterns and trends, monitor progress of the assigned PMIs, and track the subsequent development and implementation of QIIs related to their regular review of data within their focus areas. Each work plan is individualized to the DD QIC subcommittee, which promotes tailored areas of focus as determined by the DD QIC subcommittee. Work plans are completed according to the state fiscal year and each DD QIC subcommittee maintains their own work plan.

Definitions

- Advising Members - Members of the DD 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.
- Advocates – A designated role that helps people understand their rights and options and making informed decisions as well as assuring that their voice is heard.
- Corrective Actions - DBHDS OHR or OL imposed requirements to correct provider violations of Human Rights or Licensure regulations.
- OBRA funding – Omnibus Budget Reconciliation Act funding provided to meet specialized service needs for eligible persons admitted to nursing homes.
- Data Source System – A system that stores and manages data of interest.
- Domain – Designated sphere of knowledge, influence or activity within the structure of the DD QMS.
- 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.
- HCBS Settings Rule – A federal regulation requiring HCBS programs to ensure people receiving services have full access to community living.
- Jump-Start – A one-time funding used to develop infrastructure and capacity in community-based service organizations to support specific individuals while preparing to meet future community needs especially in geographically underserved areas.
- Key Performance Area (KPA) – A broad category of focus used to drive positive results and monitor performance. DBHDS has 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 Wellbeing; Community Inclusion and Integration; and Provider Capacity and Competency.
- National Core Indicators Project - A national project using standard performance measures 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.
- Notice of Violation Letter - OHR letter sent to state operated facilities regarding instances of violations of the Human Rights Regulations.
- Performance Measure Indicators (PMIs) – Outcome and output measures used to report the progress towards specific targets established by the DBHDS DD QMS, designed to address areas of importance, or need for DBHDS.
- DD Quality Committees – A collective term used when describing the DD QIC and DD QIC subcommittees as a group.

- DD QIC Subcommittees – A collective term used to describe the groups of people within the DD QMS who consider, investigate, act, and report on quality assurance, risk management, and quality improvement and report to the DD QIC. Groups include subcommittees, workgroups, and councils.
- Quality Improvement Initiative (QII) – A formal plan, based on data analysis, that addresses identified areas for systemic improvement using the PDSA Cycle.
- Quality Service Review (QSRs) - Review conducted for evaluation of services at individual, provider, and system-wide levels to determine 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 have opportunities for integration in all aspects of their lives. QSRs also assess the quality and adequacy of providers’ services, QI, and RM strategies, and provide recommendations to providers for improvement.
- State Fiscal Year (SFY) - July 1 to June 30
- Surveillance Data – data that is collected from a variety of data sources and that may be used for ongoing, systemic collection, analysis, interpretation, and dissemination and serves as a source for establishing PMIs and/or QIIs.
- Voting Members - Members of the DD quality committees with the authority to approve meeting minutes, charters, PMIs, and other activities requiring approval.

Glossary of Acronyms

Acronym	Full Form
CHRIS	Comprehensive Human Rights Information System
CM	Case Manager
CMS	Centers for Medicare and Medicaid Services
CM/SC	Case Manager/Support Coordinator
CMSC	Case Management Steering Committee
CNS	Office of Community
CQI	Continuous Quality Improvement
CSBs	Community Services Boards
DARS	Department of Aging and Rehabilitative Services
DBHDS	Department of Behavioral Health and Developmental Services
DD	Developmental Disability (inclusive of individuals with an intellectual disability)
DMAS	Department of Medical Assistance Services
DSP	Direct Support Professional
ECTA	Expanded Consultation and Technical Assistance
HCBS	Home and Community Based Services
IMU	Incident Management Unit
ISP	Individual Support Plan
KPA	Key Performance Area

Acronym	Full Form
MRC	Mortality Review Committee
MRO	Mortality Review Office
NCI	National Core Indicators
OBHNS	Office of Behavioral Health Network Supports
OBRA	Omnibus Budget Reconciliation Act
OCNS	Office of Community Network Supports
OCQI	Office of Community Quality Improvement
OCQM	Office of Clinical Quality Management
OHR	Office of Human Rights
OIHNS	Office of Integrated Health Network Supports
OL	Office of Licensing
OPNS	Office of Provider Network Supports
OTNS	Office of Transition Network Supports
OWNS	Office of Waiver Network Supports
PASRR	Pre-Admission Screening and Resident Review
PMs	Performance Measure (CMS DD performance measure)
PMI	Performance Measure Indicator
QA	Quality Assurance
QI	Quality Improvement
QIC	Quality Improvement Committee
QII	Quality Improvement Initiative
QMP	Quality Management Plan
QMR	Quality Management Review
QMS	Quality Management System
QRT	Quality Review Team
QSR	Quality Service Review
RM	Risk Management
SC	Support Coordinator
SFY	State Fiscal Year
SIU	Specialized Investigations Unit
VDSS	Virginia Department of Social Services

Appendix

- Approved Charters
- SFY25 Subcommittee Work Plan Template