

Draft SFY2026 Quality Review Team Charter

| Committee / Workgroup Name | Quality Review Team |
|---|--|
| Statement of Purpose | <p>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.</p> <p>The QRT's activities are integral to the broader DBHDS DD Quality Management System (QMS); it collaborates with the Developmental Disabilities Quality Improvement Committee (QIC), which provides overall oversight of the quality management program. The QIC maintains responsibility for prioritization of needs, work areas, and resource allocation for all the DD QIC subcommittees, ensuring continuous quality improvement for the agency and the Commonwealth.</p> <p>The waivers' performance measures are benchmarks established by Commonwealth and approved by the Centers for Medicare and Medicaid Services (CMS). Any modification to the performance measures requires approval by CMS as part of a waiver application submission.</p> |
| Authorization / Scope of Authority | <p>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:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <p>Each DD waiver performance measure is examined against the CMS standard of 86% or above compliance on an ongoing basis. Those measures that fall below this standard for a given reporting period (e.g. quarterly or annually) are discussed to identify the need for provider specific as well as systemic remediation. The committee may make recommendations for initial provider-specific remediations such as:</p> |

Draft SFY2026 Quality Review Team Charter

| | |
|--|--|
| | <ul style="list-style-type: none"> • Retraining of providers • Targeted TA • Targeted provider communications • Targeted provider review by relevant agency • Information Technology system enhancements for the collection of data • Change in licensing status • Referral to the Provider Remediation Committee for mandatory provider remediation • Review of regulations to identify needed changes • Review of policy manuals for changes <p>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.</p> |
| Comprehensive Remediation and Quality Improvement Initiative (QII) Strategy | <p>A. Identification and Initial Review Procedures</p> <p>Measures performing below the 86% compliance threshold for an entire fiscal year will be discussed and put to a quorum vote by QRT members to determine if a new or updated remediation strategy is necessary. This vote will explicitly determine if a recommendation for a Quality Improvement Initiative (QII) is warranted.</p> <p>If systemic remediation is determined by the QRT to be unwarranted for any measure, the QRT will explicitly document the discussion, including all determinants of this decision, within the QRT Meeting Minutes in addition to the FYXX EOY QRT Underperforming Measures Tracker.</p> <p>If systemic remediation is determined by the QRT to be warranted for any measure, the QRT will continue on to the steps described in <i>Section B. Root Cause Analyses and QII Development</i> (below).</p> <p>B. Root Cause Analyses and QII Development</p> <p>Initial Root Cause Analysis: When initiating systemic remediation or QIIs, the QRT will mandate the implementation of Root Cause Analyses (RCAs) to validate decisions regarding underperformance and identify underlying systemic issues.</p> <p>DBHDS Referrals: Following the completion of an RCA, the QRT may refer systemic remediation or QIIs to the DBHDS Quality Improvement Committee (QIC) for approval and assignment to relevant QIC subcommittees (e.g., Risk Management Review Committee (RMRC), Case Management Steering Committee (CMSC), or Key</p> |

Draft SFY2026 Quality Review Team Charter

| | |
|--|---|
| | <p>Performance Area (KPA) Workgroups) for development and implementation or directly implement QIIs within the QRT's scope.</p> <p>Semi-Annual QII Review: The QRT will receive semi-annual progress updates from the respective QII Owners (or designees) to monitor the progress of the initiative and review any available data through the termination or closure of the QII. During these semi-annual reviews, QRT members may provide suggestions and/or feedback to the QII Owner (or designee) to revise the QII. The semi-annual updates and any resulting discussion will be captured in QRT Meeting Minutes and documented within the <u><i>FYXX EOY QRT Underperforming Measures Tracker</i></u>.</p> <p>Termination of QIIs: QIIs are resolved when it is determined by the QII Owner to have been concluded, meaning that the QII has made its intended impact. In cases where a QII has resolved and the targeted measure continues to underperform, this measure shall be subject again to the same identification and initial review procedures outlined in the beginning of this section.</p> |
| Charter Review | <p>The QRT was established in August 2007 in response to CMS's expectations that states implement a Quality Improvement Strategy for HCBS waivers.</p> <p>This charter shall be reviewed by DBHDS and DMAS on an as-needed basis.</p> |
| Model for Quality Improvement | <p>The activities of the QRT are a means for DMAS and DBHDS to implement CMS's expected continuous quality improvement cycle, which includes:</p> <ul style="list-style-type: none"> • Design • Discovery • Remediation • Improvement |
| Structure of Workgroup / Committee: | |
| Membership | <p>DBHDS:</p> <p>Director of Waiver Network Supports and/or designee**</p> <p>DD Policy and Compliance Manager and/or designee**</p> <p>Director of Provider Network Supports and/or designee**</p> <p>Director of Office of Licensing and/or designee**</p> <p>Director of Office of Human Rights and/or designee**</p> <p>Director of Office of Community Quality Management and/or designee**</p> <p>Director, Mortality Review Committee and/or designee**</p> |

Draft SFY2026 Quality Review Team Charter

| | |
|--|---|
| | <p>DMAS: Director of DMAS Division of High Needs Supports and/or designee** Developmental Disabilities Program Manager and/or designee** QMR Program Administration Manager and/or designee** Policy Analyst, Division of High Needs Supports and/or Office of Community Living** Office of Community Living Quality Analyst or designee**</p> <p>**Designates ‘voting member’ for purposes of quorum.</p> <p>If both voting member and designee are present, only one vote may be cast per unit represented.</p> |
| Quorum | <p>A quorum shall be defined as 50% plus one of voting membership.</p> <p>Actions requiring quorum include approving minutes, subcommittee recommendations to the DD QIC, and approval/denial of proposed Quality Improvement Initiatives (QIIs), proposed Performance Measure Indicators (PMIs) (new, revised, or ending), and charter revisions.</p> |
| Meeting Frequency | <p>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.</p> |
| Leadership and Responsibilities | <p>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:</p> <ul style="list-style-type: none"> - 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. - Consistent documentation of QRT meeting minutes, including detailed discussions on quality improvement initiatives and proposed actions for underperforming measures. This includes ensuring that the justification |

Draft SFY2026 Quality Review Team Charter

| | |
|--|---|
| | <p>for not recommending remediation or improvement for a performance measure below 86% is explicitly documented in the minutes.</p> <p>Semi-annually updating the <i>FYXX EOY QRT Underperforming Measures Tracker</i> to document remediation discussions and progress updates relating to annually underperforming measures.</p> <p>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.</p> <p>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.</p> |
|--|---|