

NC TRANSITIONS TO  
COMMUNITY LIVING

# Local Barriers Committee Guidelines



NC DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

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# TABLE OF CONTENTS

- 1. Introduction.....3
- 2. Role of the LBC within the overall TCL Barriers Workflow .....4
- 3. LBC Training curriculum .....6
- 4. Barrier Definition .....7

# 1. INTRODUCTION

The North Carolina Department of Health and Human Services (NCDHHS) has developed guidelines aimed at organizing a Local Barriers Committee (LBC) to support the Transition to Community Living (TCL). The goal of the guidelines is to help stakeholders understand the role of Local Management Entities/Managed Care Organizations (LME/MCOs) in achieving TCL settlement agreement compliance, identify key training components to support an increase in barrier reporting, and refresh existing LME/MCO processes to support continuous quality improvement consistently across the State.

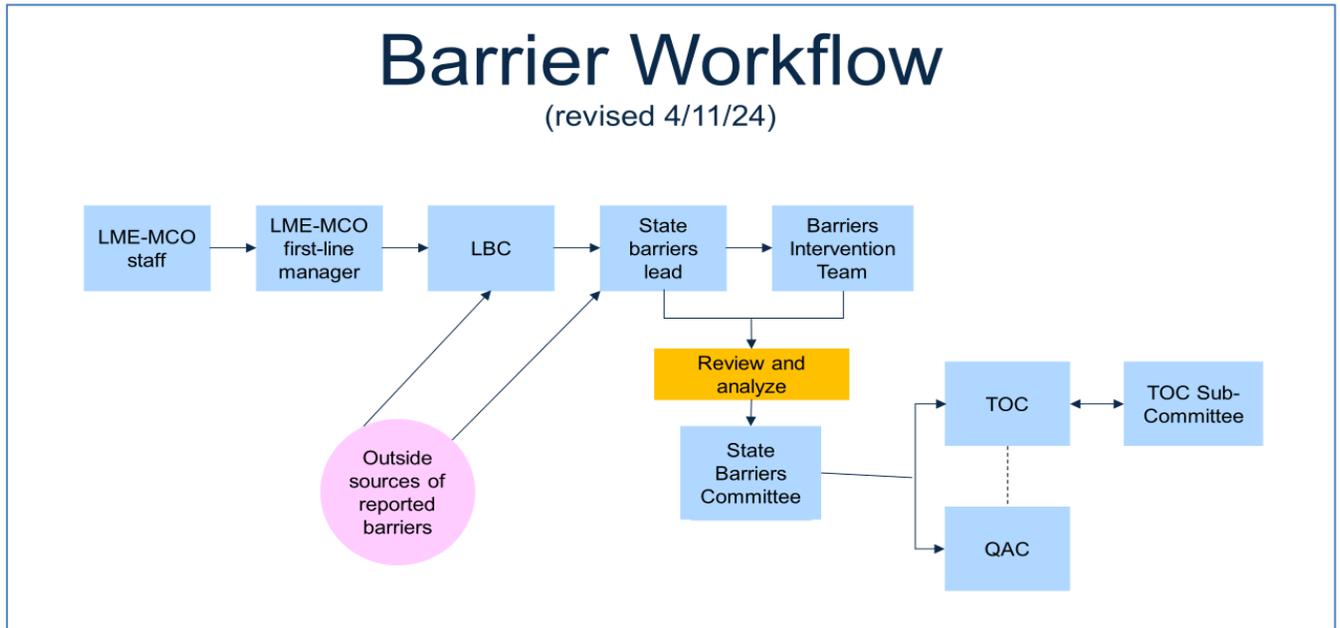
An effective barrier resolution process is crucial to achieving the community integration goals of TCL. Consistent tracking and reporting are necessary for continuous quality improvement across the TCL system. LME/MCOs and their Local Barriers Committees are critical partners in creating effective and sustainable processes. Improved identification, reporting, and resolution of barriers maintain transition opportunities and motivation.

To meet the Department of Justice's (USDOJ) expectations and demonstrate substantial compliance with the NCDHHS TCL Settlement Agreement, it is essential to resolve barriers quickly and identify their root causes. Additionally, all barriers must be reported consistently, and the formal identification, tracking, and reporting processes must be used. The USDOJ reviewers and NCDHHS staff have frequently discovered unreported transition barriers because TCL staff, providers, and stakeholders did not recognize the barriers, didn't know where to report them, or lived with them for so long that they seemed normal.

Therefore, the NCDHHS TCL team is offering to improve the Local Barriers Committee to increase and improve transition barrier identification and reporting by TCL staff and external agencies. Standardizing barriers reporting and tracking will help solve the barriers statewide, increase State Barriers Committee elevations and solutions, and strengthen quality improvement by applying systemic barrier solutions statewide.

## 2. ROLE OF THE LBC WITHIN THE OVERALL TCL BARRIERS WORKFLOW

Barriers are reported and processed following the steps described in Figure 1.



**FIGURE 1. TCL BARRIER WORKFLOW**

The NCDHHS TCL barriers workflow is a process for resolving barriers that may arise in the provision of outreach, in-reach, diversion, and pre and post-transition services to TCL individuals. The process involves six main steps:

- 1) The first step involves the LME-MCO, provider, and stakeholder staff identifying the barrier,
  - 2) The second step involves the LME-MCO first-line manager or other TCL team staff attempt to resolve the barrier,
  - 3) If the barrier is not resolved, it is escalated to the Local Barriers Committee for barrier-solving,
  - 4) If the Local Barriers Committee cannot remove the barrier, the would elevate the barrier to the State Barriers Lead, track it in their system, and the State Barriers Lead would either convene a Barriers Intervention Team, and/or roster this barrier for State Barriers Committee review with the referrer often presenting the barrier in the state committee. The State Barriers Committee receives the barrier and attempts to resolve it.
  - 5) If the barrier is resolved, , the resolution information would be presented back to the Local Barriers Committee who referred to the state,
  - 6) If the barrier resolution improves the TCL delivery system, the State Barriers Lead would pass those solutions to all other LME-MCOs; and
- Or
- 7) If necessary, the barrier can be escalated further to the state’s Transition Oversight Committee or in rare cases to the Quality Assurance Committee where solutions or long-term remedies would be passed down to the referring LME-MCOs.

Table 1 provides an overview of the primary duties and responsibilities of the various stakeholders involved in the barriers workflow.

Roles	Responsibilities
<b>Frontline Staff</b>	<ul style="list-style-type: none"> <li>• Use best practice standards to engage beneficiaries and other partners to support community integration</li> <li>• Maintain awareness of pre- and post-transition barriers to an individual’s chosen housing, work/education, or community activity, and report even suspicions to direct manager</li> </ul>
<b>First-line Managers</b>	<ul style="list-style-type: none"> <li>• Develop solutions with frontline staff to identify and resolve problems</li> <li>• Report barriers to LBC</li> <li>• Internally report provider performance problems and barriers</li> </ul>
<b>Local Barriers Committees</b>	<ul style="list-style-type: none"> <li>• Address barriers identified by frontline staff and first-line managers</li> <li>• Record, track, problem-solve, and take action</li> <li>• Elevate unsolved barriers to State Barriers Committee</li> <li>• Send LBC minutes and Monthly Tracker to State Barriers Lead</li> </ul>
<b>State Barriers Lead</b>	<ul style="list-style-type: none"> <li>• Attends LBC meetings to update progress on elevated barriers</li> <li>• Maintains and reports out on State Barriers Log patterns and solutions</li> <li>• Convenes state-level intervention team for urgent barriers</li> <li>• Elevates systemic barriers to Transition Oversight Committee (TOC)</li> </ul>

**TABLE 1. BARRIERS WORKFLOW ROLES AND RESPONSIBILITIES**

The **Local Barriers Committee (LBC)** is a structure that involves cross-functional LME-MCO involvement in the resolution of barriers that may arise in the provision of services to individuals and families. The LBC has a standing membership of TCL leadership and regional ombudsmen. Frequent ad hoc LBC membership includes an LME-MCO’s provider network, quality assurance, program integrity, Medical or RN and OT Evaluator Team, and can externally include providers and community stakeholders. The LBC is required to submit monthly minutes and a monthly tracking log to the state. The LBC's standing agenda items include the ACH Bill of Rights, investigations filed, RCAs, and SBC Elevation updates. The involvement of regional ombudsmen in the LBC provides a mechanism for ensuring that the voices of individuals and families are heard in the resolution of barriers as well as provide technical knowledge of how to approach Adult Care Home issues or consider the best venues to report rights violations. The LBC's regular reporting to the state ensures that the state is aware of the barriers that are being resolved at the local level and encourage regular elevations of unsolvable barriers to the NCDHHS.

## 3. LBC TRAINING CURRICULUM

The Local Barriers Committee (LBC) training involves the participation of various stakeholders, including but not limited to the following:

- All TCL (Transition to Community Living) Staff
- LME/MCO (Local Management Entity/Managed Care Organization) Staff connected to TCL, such as those in Care Coordination/Management, Provider Network, QA, etc.
- Behavioral Health Providers serving TCL individuals, including ACT (Assertive Community Treatment), CST (Community Support Team), TMS (Targeted Case Management), IPS (Individual Placement and Support), PSS (Peer Support Specialists), In-reach Extenders, and Community Inclusion teams.
- TCL-Involved External Stakeholders like Ombudsmen, DSS (Department of Social Services) APS/Adult Care Home Specialists, Guardians, and NAMI (National Alliance on Mental Illness).

The LBC training encompasses the following key elements:

- Definition and identification of problems vs. barriers vs. performance issues.
- TCL staff's barrier reporting process with supervisors, and the supervisor's LBC reporting process.
- Provider and Stakeholder barrier reporting process to the LME/MCO's TCL Barriers Point-of-Contact.
- Establishment of Standing and Ad Hoc LBC Membership.
- Barriers presentation, discussion, actions, updates, and State Barriers Committee (SBC) elevation processes.
- Barriers tracking and solution updates during every LBC meeting.

Further components of the LBC training include:

- State Barriers Committee (SBC) Elevation Process.
- SBC Lead Convenes Intervention Team of NCDHHS
- Division Managers, LME/MCO TCL Leadership to Address Urgent Barriers.
- Non-Urgent Barriers Presented in Monthly SBC meetings.
- Major Systemic Barriers Could Result in Elevation to Monthly Transition Oversight Committee (TOC) comprising NCDHHS Division Directors and Chiefs.
- NCDHHS Staff Attending Next LBC Provide SBC Elevation Progress Update.

This comprehensive LBC training curriculum aims to equip participants with the knowledge and processes necessary to identify, report, and address barriers to community living effectively. After the first complete set of internal and external trainings, NCDHHS expects subsequent trainings to occur annually and as part of the LME-MCO onboarding process. Training revision guidance will be given by NCDHHS as necessary.

## 4. BARRIER DEFINITION

A barrier, as defined in the TCL Settlement Agreement, is something that **"...prevents individuals from transitioning to an integrated setting,"** importantly, this definition excludes the individual's disability or the severity of the disability.

NCDHHS further interprets a barrier as not only any obstacle hindering the transition into housing, but also barriers to maintaining housing, obtaining or maintaining chosen occupation or education, or chosen community activity and integration.

It's important to differentiate a barrier from a "problem." Problems are typically addressed and resolved within existing TCL/LME-MCO policies and procedures or through the problem-solving abilities of frontline staff and first-line managers. In contrast, barriers necessitate the involvement of LME-MCO staff above first-line managers or may require state-level input for resolution.

When distinguishing between problems, barriers, and performance issues:

- **Problems:** These can typically be addressed and resolved using existing practices and resources, ensuring that the transition process continues smoothly.
- **Barriers:** Unlike problems, barriers present impediments to transition that cannot be overcome with existing practices or resources. However, can also be repetitive problems that cannot be solved with existing policies and procedures.
- **Performance Issues:** When providers, LME-MCO, and/or stakeholder staff fail to utilize or misapply their roles and responsibilities, it constitutes a performance issue. Such issues warrant internal program integrity reporting to resolve and ensure proper functioning.

Regardless of whether they are problems, barriers, or performance issues, all concerns must be promptly reported to TCL Management for appropriate handling and resolution. This reporting ensures transparency and accountability within the transition process to community living.

Note that a **complex clinical case** review is distinct from a barrier review. The TCL Settlement Agreement language is explicating it under section III.8.d.i:

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*d. documents any barriers preventing the individual from transitioning to a more integrated setting and sets forth a plan for addressing those barriers;*

*i. Such barriers shall not include the individual's disability or the severity of the disability."*

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Complex case reviews are highly beneficial, and in some instances, a complex case review may necessitate a temporary slowdown in the TCL transition process to facilitate the implementation of comprehensive wraparound care tailored to address complex treatment needs. However, if wraparound treatment needs or support gaps prove insurmountable, this should prompt a referral to the Local Barriers Committee (LBC) for further assessment and action.

It is important to note that **while the severity of an individual's disability should not impede their transition, it is acceptable to temporarily slow down the transition process to ensure adequate treatment and support systems are in place.**