NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Transitions to Community Living

Quality Assurance and Performance Improvement Plan

FY2026 Update

September 30, 2026

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Change Log

Version Number	Version Date	Version Notes
1	9/30/24	Original published version, which incorporates feedback from TCL Quality Leads, Domain SMEs, TCL leadership and legal counsel, and the DOJ independent reviewer
2	6/30/25	First revision to reflect (1) updates to QAC operations during SFY25, (2) addition of QA/PI Consulting as a core process, (3) addition of the LME/MCO QA/PI Plan feedback process to the Contract Monitoring section
3	9/30/26	Second revision to reflect (1) updates to QAC operations during SFY26, (2) updates to emphasize Contract Monitoring's focus on performance, (3) updates to QA/PI action planning frameworks, and (4) the September 14, 2026, court order terminating the State's settlement agreement with U.S. DOJ.

A. Introduction

Quality assurance and performance improvement (QA/PI) is essential to the continued success and improvement of North Carolina's Transitions to Community Living (TCL). QA/PI is a set of principles that guide activities within all TCL pillars, including Community-Based Supportive Housing, Community-Based Mental Health Services, Supported Employment, Discharge and Transition, and Pre-Admission Screening and Diversion.

The TCL QA/PI system helps ensure that TCL community-based placement and services are developed and implemented in accordance with clinical coverage policies and guidance issued by the North Carolina Department of Health and Human Services (NCDHHS or Department). The QA/PI system also reinforces other practices that help TCL participants receive services and supports that are recovery-oriented and that safeguard their health, safety, and welfare.

To meet those objectives, the system encompasses six interlinked and complementary core processes that address the spectrum of quality issues: (1) the TCL Priority Measure Monitoring and QA/PI Cycle, (2) the Quality Assurance Committee, (3) the barriers identification and resolution process, (4) the Transition Oversight Committee for TCL, (5) LME/MCO contract monitoring, and (6) QA/PI Consulting. These core QA/PI system processes are embedded into each pillar's work yet distinct from ongoing problem solving, action planning, and operational improvements conducted across the North Carolina Department of Health and Human Services (NCDHHS or Department) divisions by Subject Matter Experts (SMEs) responsible for TCL operations. These SMEs have deep expertise and experience in fundamental program domains including in-reach, pre-screening and diversion, discharge and transition, mental health and employment services, and housing. Through these core processes, the QA/PI system identifies and responds nimbly to urgent quality issues and methodically addresses complex, systemic quality issues (Table A.1).

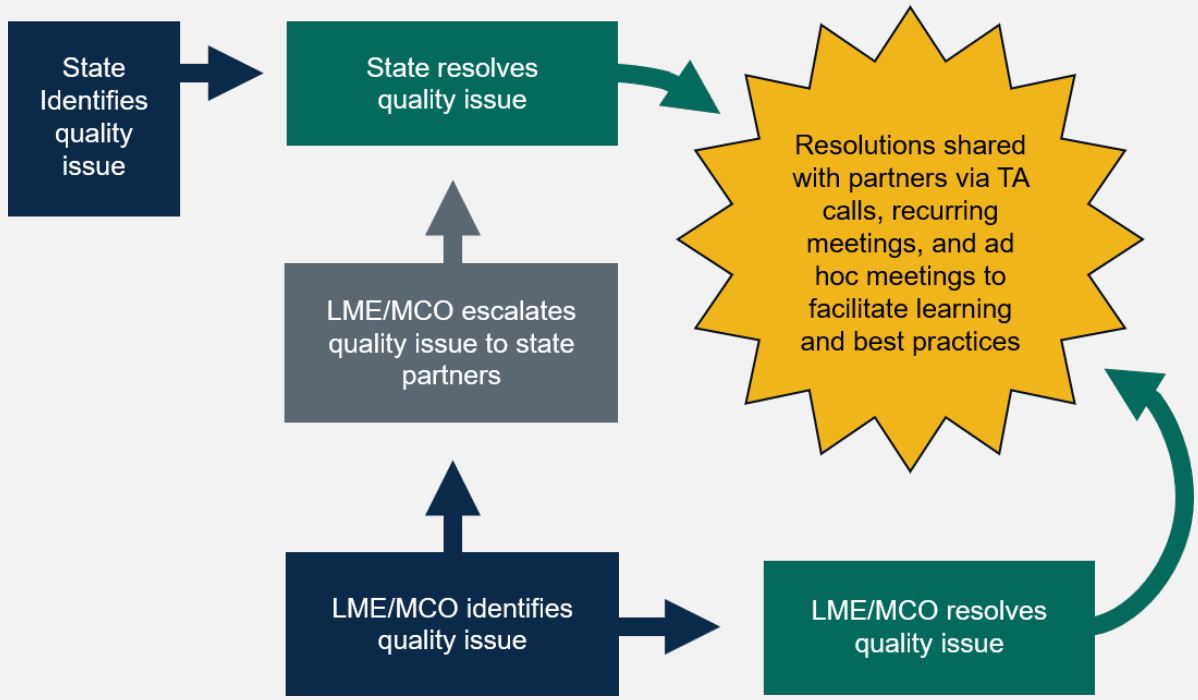
Table A.1. TCL Core QA/PI Processes and Priorities

Core QA/PI Process	Concerned primarily with …	
	Systemic or individual issues?	*Urgent/emergent or long-term issues?*
TCL Priority Measure Monitoring and QA/PI Cycle	Systemic	Long-term
Quality Assurance Committee	Both	Both
Barriers Identification and Resolution Process	Both	Urgent/emergent
Transition Oversight Committee for TCL	Systemic	Both
LME/MCO Contract Monitoring	Systemic	Both
QA/PI Consulting	Systemic	Long-term

Through these core processes, the Department has established norms, formal governance, repeatable processes, and science-backed tools that promote a culture of learning

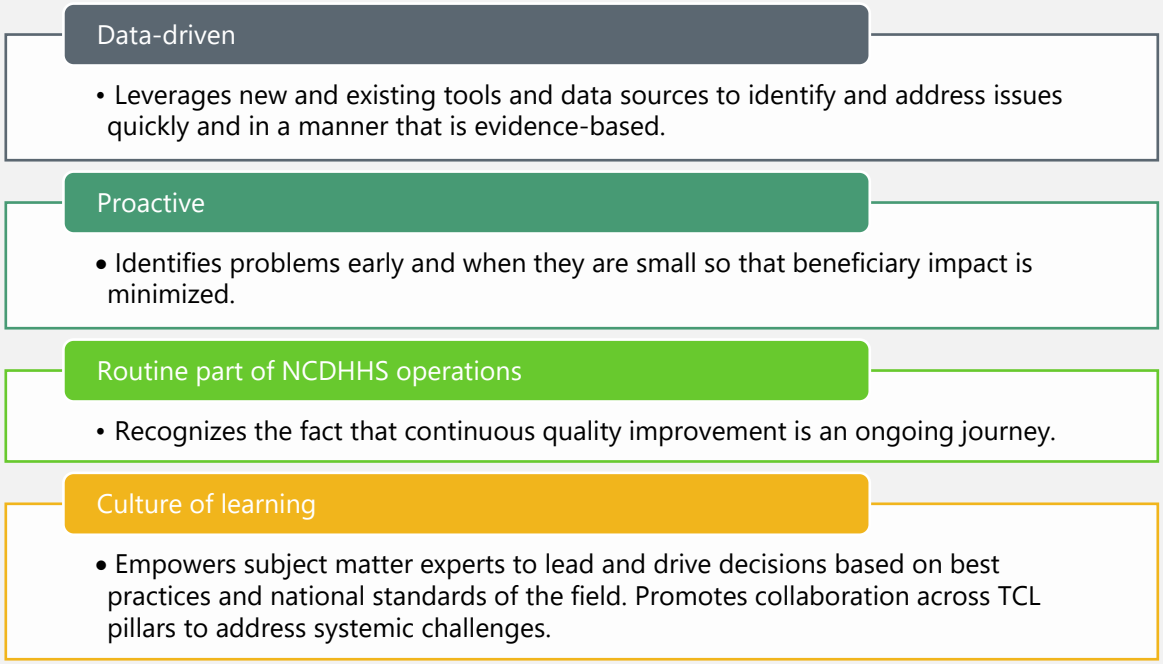
and continuous quality improvement (QI) in TCL. Essential feedback loops, represented in Figure A.1 below, further promote the regularity of QA/PI in daily TCL operations and clarify responsibilities of all parties, including TCL leadership.

Figure A.1. TCL QA/PI Process Feedback Loops



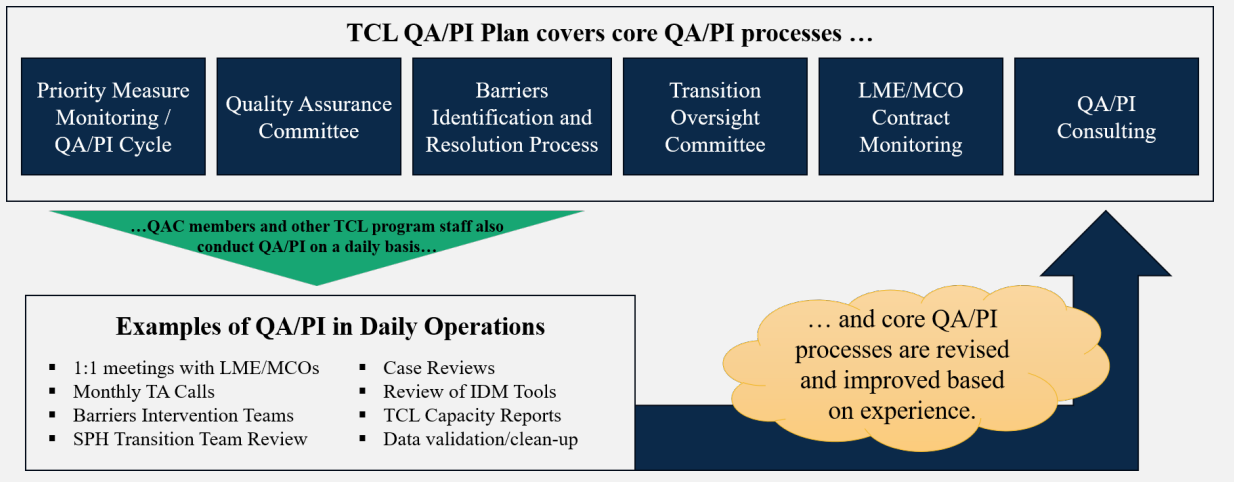
Ultimately, NCDHHS is committed to a TCL QA/PI system that is data-driven, proactive, and integrated as a fundamental part of TCL operations. A system in which QA/PI processes are embedded in routine operations empowers subject matter experts to lead and drive QA/PI decision-making (Figure A.2). Following established QA/PI processes, program staff can leverage tools and data sources to identify problems early, when they are smaller, and to develop data-informed improvement plans. While a well-functioning QA/PI system does not eliminate the possibility of problems arising in TCL operations, it supports early detection of potential problems, guides the steps to resolve them in a manner that reduces their impact, and prevents similar problems from occurring in the future.

Figure A.2. Cornerstones of the TCL QA/PI System



This QA/PI Plan describes how NCDHHS designed the six core processes (Table A.1) to promote efficiency and effectiveness of the TCL QA/PI System. As illustrated in Figure A.3 below, these core processes support a virtuous cycle of continuous improvement. DHHS SMEs and other TCL staff interface with the six core processes, using methods and tools provided by the QA/PI pillar to support discrete quality assurance, monitoring, and performance improvement activities as part of daily operations, and frequently in response to specific identified issues or circumstances. Activities such as these are modified depending on their efficacy and may change frequently and thus are not captured in this plan.

Figure A.3. The QA/PI Plan in Context



The QA/PI Plan serves as an internal document that describes generalizable frameworks, repeatable processes, and data sources that NCDHHS staff collectively may apply to any TCL component or requirement. In so doing, the plan aligns with the principles outlined in national QA/PI guidelines by The Centers for Medicare and Medicaid Services[1] in which QA/PI is understood as a system and a process. The result is a broadly applicable and flexible document that can be adapted to emerging TCL needs.

Reflecting the dynamism of the QA/PI system, the TCL QA/PI Plan serves as a blueprint and living document that the State can update as the TCL QA/PI System evolves to meet emerging needs or respond to changes in State infrastructure. Each year, TCL Quality Leads will organize an annual review of the QA/PI Plan with TCL subject matter experts and leadership. This review will assess the extent to which the existing plan captured QA/PI system activities, artifacts, and outcomes in the previous year and whether updates are needed to reflect any QA/PI system structural changes or process modifications. The review will also encompass an evaluation of how well existing QA/PI system processes functioned to detect, address, and resolve identified issues, and what, if any, process updates are needed.

In subsequent sections, the TCL QA/PI Plan describes the following components of each core QA/PI System process:

1. **Background and Purpose** – the reason the process or entity exists and the goals it aims to accomplish.
2. **Participants and Roles** – who is involved and what each party is responsible for.
3. **Core Activities** – the specific things that are done within or under the umbrella of the process or entity, including explanations of key artifacts and the timing of activities.
4. **Information Flow within the QA/PI System** – how the entity or process engages with other parts of the QA/PI system and Local Management Entity/Managed Care Organization (LME/MCOs).[2] Discussions of information flow illustrate how lessons from quality improvement activities are disseminated throughout the TCL through planning meetings, direct technical assistance and generalized guidance.

[1] See, for example: Guide for Developing a QA/PI Plan. Centers for Medicare and Medicaid Services. Available at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIPlan.pdf. Accessed June 2024.

[2] On July 1, 2024, all Local Management Entities/Managed Care Organizations (LME/MCOs) transitioned to Tailored Plans, although they remain LME/MCOs for the population excluded from Managed Care. The QA/PI Plan consistently describes these organizations as LME/MCOs to acknowledge the foundations that were established before the transition.

B. Priority Measure Monitoring and QA/PI Cycle

Background and Purpose

The QA/PI Cycle is a quarterly review of TCL quality, performance, and outcome measures to inform ongoing quality improvement planning and implementation. The QA/PI Cycle is one of many processes that enables TCL quality improvement to be data-driven and proactive. These activities are essential to ensure effective continuous improvement across TCL domains.

The QA/PI cycle analyzes measure data across quarters from the TCL QA/PI Dashboard, which visualizes over 100 TCL measures statewide and by TCL Status or LME/MCO or a combination of both. Users can further stratify by additional sociodemographic or administrative characteristics, such as age group, race/ethnicity, geography, primary TCL service[3], and population category.[4] The TCL QA/PI Dashboard integrates measure data from a variety of sources, including administrative datasets (Transitions to Community Living Database, TCLD; Healthcare Enterprise Accounts Receivable Tracking System, HEARTS; Community Living Integration & Verification, CLIVe), claims data (NC Tracks and Encounter Processing System, EPS), assessment data (North Carolina Treatment Outcomes and Program Performance System, NC-TOPPS), and adverse incident reports (Incident Response Improvement System, IRIS). At minimum, the QA/PI Dashboard refreshes measure data quarterly.

Through periodic analysis of selected measures across TCL domains, the QA/PI Cycle provides systematic, regular, and consistent insight into essential TCL processes and outcomes so that TCL staff can adjust, plan, and implement focused quality improvement activities into their ongoing quality improvement work. The TCL Quality Measure Report (QMR) documents this analysis and the subsequent quality improvement actions taken to address any identified issues. As the primary output of the QA/PI Cycle, the QMR provides transparency and accountability through dissemination to NCDHHS leadership and TCL subject matter experts.

Participants and Roles

The QA/PI Cycle involves TCL Quality Leads and TCL Domain subject matter experts (Domain SMEs), with support from other NCDHHS staff. Domain SMEs are staff across NCDHHS who lead TCL operations and quality improvement efforts in the various domains of TCL service delivery, including in-reach, pre-screening and diversion, discharge and transition, community mental health and employment services, and housing. TCL Quality Leads provide support and oversight to Domain SMEs, who lead the analysis, interpretation, and design of quality

[3] Primary TCL services are community-based services provided to individuals in TCL housing and that include a tenancy supports component. The four primary TCL services are Assertive Community Treatment Team (ACT), Community Support Team (CST), Tenancy Management Supports (TMS), and Peer Support Services (PSS).

[4] TCL priority populations include individuals with SMI and SPMI who reside in adult care homes, who are or will be discharged from a State psychiatric hospital and who are homeless or have unstable housing, and who are diverted from entry into adult care homes.

improvement actions. TCL leadership reviews QA/PI findings and proposed quality improvement activities as part of ongoing oversight. Table B.1 lists current TCL Quality Leads and Domain SMEs. Other NCDHHS staff support issue analyses and quality improvement activities on an as-needed basis.

Table B.1. Current TCL Domain SMEs

Domain	Domain SME
TCL Quality Leads	Clinical Project Manager, TCL, Office of the Secretary Olmstead/TCL Quality and Data Lead, DMH/DD/SUS
Community-based services	DMH/DD/SUS IDD/TBI & Olmstead Section and TCL Team
Housing	Olmstead Housing Director, Office of the Secretary
In-reach	Community Transitions & Integration Team Lead, DMH/DD/SUS
Pre-screening and Diversion	Community Transitions & Integration Team Lead, DMH/DD/SUS
Discharge and Transition	Olmstead Discharge and Transition Manager, TCL, Office of the Secretary
Member outcomes[5]	Olmstead/TCL Quality and Data Lead, DMH/DD/SUS

Core Activities

The QA/PI Cycle involves four key steps that lead to the development and dissemination of the QMR (Figure B.1).

Figure B.1. QA/PI Cycle Process and Output



Step 1: Selecting priority measures

At the beginning of each state fiscal year, Domain SMEs select priority measures from the TCL QA/PI Dashboard for QA/PI Cycle analysis that are most important for success in LME/MCO delivery of high-quality services for individuals with serious and persistent mental illness (SPMI). Each Domain SME selects the most important process measures ("what must occur for success") and/or outcome measures ("how success is defined"), if available, as priority

[5] Member outcomes encompass personal outcome measures, including, for example, incidents of harm, hospital admissions, and emergency room visits. Additional member outcomes specific to other core program domains also are monitored by the respective Domain SMEs.

measures.[6] Domain SMEs use a multi-faceted framework to identify whether a domain measure is a priority measure (Table B.2). Domain SMEs can adjust the list of priority measures during each quarterly QA/PI Cycle, as needed.

Table B.2. Important Factors to Consider during Priority Measure Selection

Factor	Key questions
Importance to the lives of TCL participants	Is the concept being measured an outcome that is specifically aligned with TCL goals? If not, is the underlying measure concept causally connected to the achievement of TCL goals for person-centered planning and recovery?
Feasibility of improving	Is improvement of measure results within the sphere of influence of the State or LME/MCOs? What is the likely level of effort and timeframe associated with improving measure results?
Analyzability and interpretability	Does the measure have clear directionality such that higher or lower is always better? Is the measure's meaning clear in isolation or is it necessary to bring in other measure results to interpret it?
Of long-term interest	Is the underlying measure concept always relevant to achieving TCL outcomes? If a measure result is related to a specific event and not of long-term interest, what other QA/PI process could meet near-term needs for discussion?

Domain SMEs may consider additional measures in subsequent steps of the QA/PI cycle as analysis of selected priority measure data may lead to additional questions about trends or interpretation of related domain measures. Because the nature of circumstances that affect TCL service delivery and participant outcomes evolve over time, Domain SMEs meet regularly with TCL Quality Leads to ensure that the TCL QA/PI Dashboard measures selected as priority measures are responsive to any changing circumstances. Along with annual measure selection, Domain SMEs may identify new priority measures at any time since circumstances in the State can change more rapidly.

Step 2: Setting prioritization thresholds

Once priority measures are selected, Domain SMEs set prioritization thresholds. Prioritization thresholds are the quantitative level above or below which Domain SMEs can conclude that the measure result alone does not indicate a quality issue for DHHS focus, at that point in time. Whether a higher or lower priority measure value indicates a quality issue depends on the nature of the priority measure.

In this way, prioritization thresholds provide TCL staff and the Department with a method for focusing their efforts on the most important quality issues. Unlike national benchmarks, prioritization thresholds do not indicate a performance goal but rather serve as a tool for NCDHHS to identify areas where the State could direct resources to support LME/MCOs whose progress is slower or stagnant compared to their peers. Prioritization thresholds are calibrated

[6] Not all domains have both process and outcome measures. For example, the services measures in the TCL QA/PI Dashboard consist entirely of measures of service receipt, which are process measures. Conversely, the member outcomes measures in the Dashboard are entirely outcome measures.

to the local context. They allow Domain SMEs to interpret LME/MCO performance on priority measures against North Carolina's own progress towards national benchmarks, where those exist. Domain SMEs also apply their judgment and experience to calibrate prioritization thresholds for a given priority measure (Table B.3). Like priority measures, these prioritization thresholds may change over time, from QA/PI cycle to QA/PI cycle.

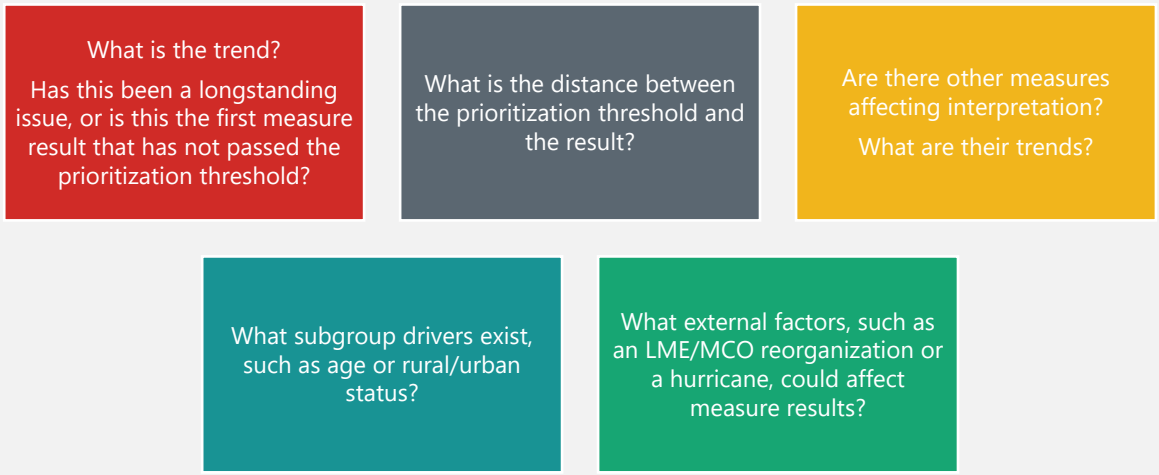
Table B.3. Important Factors to Consider when Setting Prioritization Thresholds

Factor	Factor Description
The logic of TCL	In some cases, the way that TCL is structured and operated heavily influences prioritization thresholds. For example, frequent, in-person in-reach is necessary within the logic of TCL for members to have full choice and autonomy, which mitigates in favor of a higher prioritization threshold for related In-reach measures.
Historical trends	Whether measure results are improving or declining over time may affect prioritization thresholds. For example, an improving historical trend suggests that a less restrictive prioritization threshold may be appropriate given that improvement is already occurring organically.
Natural breakpoints in the data	In some cases, LME/MCO measure results cluster in ways that create natural breakpoints in the data. For example, two LME/MCOs might have inpatient admission results below 2% while the others are above 7%. It may be desirable to locate prioritization thresholds between natural breakpoints to facilitate direction of quality improvement resources toward lower performance.
The statewide average	TCL Domain SMEs will consider the statewide average as a reference point.

Step 3: Conducting issue analysis

Using a multi-step process, Domain SMEs review measures that do not pass prioritization thresholds to understand the extent and nature of any flagged quality issues. The process includes analysis of associated measures, subgroup factors, and external factors (Figure B.2). Domain SMEs also apply their historical knowledge of the flagged issue and the State's existing efforts to address the issue. Based on this multistep analysis, Domain SMEs, with the guidance of TCL Quality Leads, determine whether a flagged quality issue requires quality improvement action or not. Failure to pass a prioritization threshold does not automatically lead to a recommendation for an improvement action. For example, if an LME/MCO does not pass a prioritization threshold for a priority measure, but the LME/MCO is aware of the issue and is taking demonstrated active steps to improve, a Domain SME may decide not to intervene further and to continue monitoring.

Figure B.2. Questions to Consider During Issue Analysis



Step 4: Conducting quality improvement

In response to observed quality issues determined to require action, Domain SMEs will investigate potential underlying causes and drivers of performance using quality improvement tools and methods. Based on this analysis, Domain SMEs will develop a specific action plan to improve performance on the associated priority measure and related process and outcomes measures (see Figure B.3 for an example). Between QA/PI cycles, Domain SMEs and other NCDHHS staff implement the specific quality improvement actions with the support from TCL Quality Leads and the QAC. In partnership with TCL Quality Leads, Domain SMEs will monitor the issue over time until the issue is resolved. Through future QA/PI cycles, Domain SMEs and TCL Quality Leads can assess the impact of actions implemented and areas where additional action is required.

Figure B.3. Hypothetical Quality Improvement Action for an Identified Quality Issue



Key Artifact

As part of the multi-step process for conducting issue analysis, raw data output files containing priority measure results are downloaded from the TCL QA/PI Dashboard with each quarterly cycle. These files are systematically saved and organized in designated folders by domain and by quarter. These data output files provide a historical record of QA/PI cycles and a source of truth for Domain SMEs and TCL Quality Leads to reference for long-term monitoring of identified quality issues.

Output: QMR

By the end of the QA/PI Cycle, the QMR summarizes identified quality issues, drivers of improvement, and quality improvement plans. The report is organized by domain, enabling Domain SMEs, TCL Quality Leads, NCDHHS leadership, and other NCDHHS staff to review information for priority measures related to each TCL pillar. These domain-specific pages provide insights into priority measure performance trends, planned or completed quality improvement actions, implementation milestones, and related status updates that can inform

future QA/PI planning. The report also documents Domain SMEs' assessment of the key drivers influencing measure performance and the rationale for selected interventions, promoting causal thinking, and supporting the identification of actions most likely to improve outcomes.

Additionally, an executive summary page offers a quick comparison across LME/MCOs and statewide averages for each priority measure. By providing a cross-domain view of performance, the executive summary promotes transparency and accountability, helping NCDHHS staff identify if certain LME/MCOs are underperforming across multiple domains and thus may require intensive NCDHHS support to address quality issues. The executive summary also includes a Leadership Takeaways section through which Domain SMEs may elevate emerging risks, barriers, resource needs, or questions requiring leadership awareness, guidance, or decision-making.

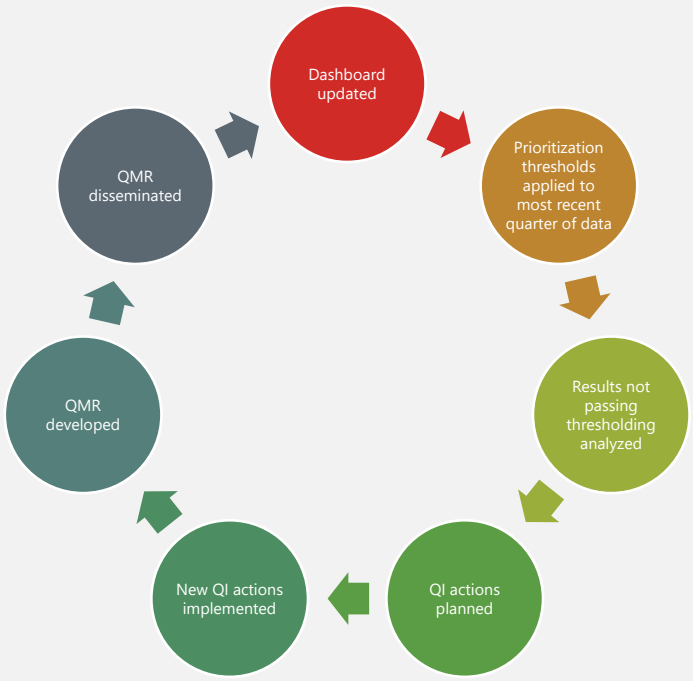
Key Artifact

Domain SMEs complete a standardized QMR template for each QA/PI cycle to ensure that the process of analyzing, interpreting, and developing quality action plans is informative and consistent across domains and QA/PI cycles.

Timing of Activities

The TCL QA/PI Dashboard is updated on a quarterly basis. Once the dashboard data is refreshed, the QA/PI cycle begins, followed by dissemination of the QMR (Figure B.4). While priority measures and prioritization thresholds are formally assessed on an annual basis, Domain SMEs and TCL Quality Leads can update measures and thresholds at any time, during or between QA/PI cycles.

Figure B.4. QA/PI Cycle Workflow



Information Flow within the QA/PI System

Quarterly updates to the QA/PI dashboard reflect regular collaboration between Domain SMEs, other NCDHHS staff, and LME/MCOs to improve the quality of TCL. Consistent information sharing through the QA/PI cycle supports more accurate issue analysis and the development of more effective quality improvement actions. Domain SMEs share insights from their analyses with LME/MCOs by sharing data, providing technical assistance, or issuing sub-regulatory guidance. Insights germane to only a single LME/MCO might be offered through a 1:1 meeting. Oftentimes, analyses may generate insights that apply to all LME/MCOs. In such cases, Domain SMEs might share generalized lessons through monthly TA calls or Transition Oversight Committee (TOC) meetings.

Similarly, LME/MCOs also share information with NCDHHS that can inform advanced analysis of related priority measures or the addition of new priority measures during subsequent QA/PI Cycles. For example, if an LME/MCO identifies a quality improvement action it has already taken to address an emerging quality issue, a Domain SME can track in subsequent QA/PI Cycles whether that action might have contributed to improvement in associated priority measures. If so, that Domain SME can identify the action as a best practice to scale to other LME/MCOs.

Within NCDHHS, progress on quality issue analysis and quality improvement activities are disseminated to other parts of the QA/PI system via regular meetings and dedicated NCDHHS internal communications. During meetings and in communications with other TCL experts and personnel, Domain SMEs can solicit additional feedback on how to address

identified quality issues and any implementation challenges that may arise. Quality improvement actions may also involve deeper collaboration across NCDHHS divisions. For example, quality improvement actions may include activation of contract mechanisms, such as performance improvement plans and value-based contracting provisions, based on data and information generated through the QA/PI cycle.

C. Quality Assurance Committee (QAC)

Background and Purpose

The QAC is a forum that facilitates cross-division collaboration and continuous learning. Through both quarterly meetings and daily activities, the QAC helps TCL Domain SMEs monitor performance, identify and communicate quality issues, and plan quality improvement efforts. At its quarterly meetings, QAC members discuss ongoing efforts to improve progress toward TCL objectives. These meetings also serve as forums to refine QA/PI methods and share promising practices. The QAC's quarterly meetings reinforce the daily work of its members. By strengthening QAC members' QA/PI toolkit and promoting collaboration between domains, the QAC reinforces TCL's focus on helping individuals transition and integrate into community settings under the ethos of person-centeredness and recovery-orientation. Given its membership, structure, and broad mandate, the QAC may touch on any aspect of TCL, including the TCL elements listed in Figure C.1.

Figure C.1 Examples of TCL Elements Informed by QAC Feedback



Note: QAC feedback is not limited to the TCL elements listed. As the figure suggests, the QAC can provide feedback on quality improvement for the breadth of TCL elements.

Participants and Roles

The QAC is chaired by the TCL Quality Leads. Its members include representatives from the DHHS Office of the Secretary – Olmstead/TCL section; Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS); Division of Health

Benefits (DHB); Division of Employment and Independence for People with Disabilities (EIPD); and Division of State Operated Healthcare Facilities (DSOHF). QAC members from these divisions are engaged daily in improving TCL quality across domains through ongoing monitoring and strategic engagement with LME/MCOs, state hospitals, service providers, and consumer groups.

Core activities

While the QAC meets quarterly, members collaborate as part of their daily operations to identify and resolve quality issues. Whether through collaboration on action items identified through routine monitoring, as part of regular cross-domain planning meetings and leadership updates, or in relation to emergent/urgent issues that arise, QAC members communicate the nature of quality issues and the status of subsequent quality improvement planning and implementation on an ongoing basis.

QAC Meetings

QAC meetings provide time for structured data review, training on QA/PI methods and tools, and open discussion on applying QA/PI methods and tools to TCL operations. QAC meetings are meant to be a space for NCDHHS staff working across all TCL domains to regularly convene, analyze data, discuss improvement opportunities, and reflect on progress toward TCL objectives and share ideas for new collaboration across divisions to improve TCL participant outcomes. QAC meeting agendas are responsive to what committee members feel is most important to address each quarter. However, they typically include at least two of these elements: 1. an update on the status of QA/PI Cycle activities, 2. data-informed discussions on emerging quality issues to promote collaborative action planning, 3. training and peer exchange on QA/PI methods to reinforce QA/PI in daily operations, 4. an open forum for QAC members to ask questions or raise issues that may benefit from committee feedback, time-permitting.

Element 1: QA/PI Cycle Update

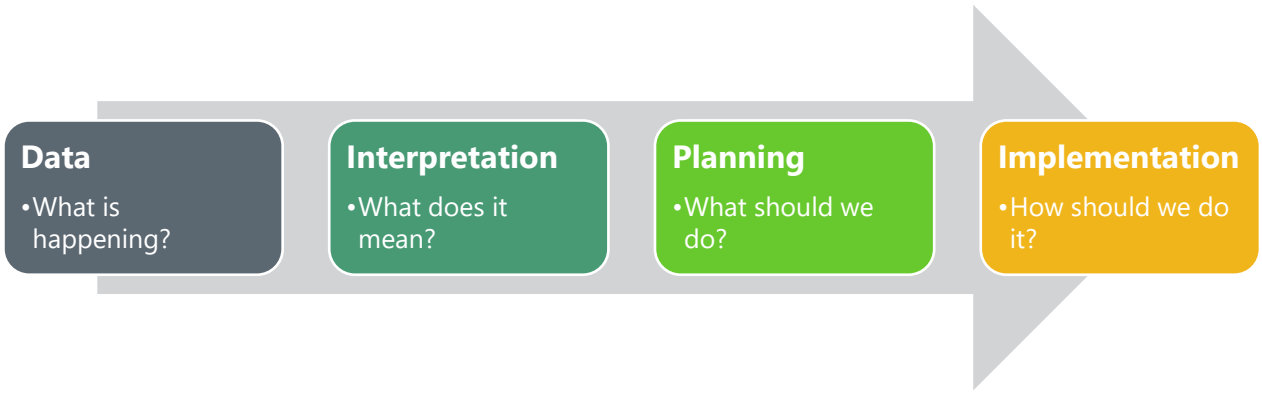
TCL Quality Leads provide an update on current QA/PI cycle progress and review the timeline until QMR dissemination.

Element 2: Interactive Data Discussions and Action Planning

In meetings with data discussions and action planning, Domain SMEs present their analysis of the most recently available data for TCL elements in their respective domains. Prior to each QAC meeting, TCL Quality Leads and Domain SMEs collaborate through an iterative process to develop their presentation topics, select pertinent data for discussion, and prepare discussion questions for the QAC. Typically, presentations include discussion of quality issues identified statewide and/or by LME/MCOs over time. The didactic portion of these discussions is meant to provide context to support productive feedback and planning of quality improvement interventions. Domain SMEs are encouraged to discuss the development of quality actions to address identified issues, quality improvement methods that supported their approach, and ask the QAC for input based on their expertise and experience.

Interactive data discussions aim to foster discussion and collaboration among NCDHHS staff across divisions. In their daily work, Domain SMEs utilize a four-part framework that supports data-driven analysis and quality improvement action planning to address identified quality issues (Figure C.3). To promote consistency in approach, structured reviews of data at QAC meetings also incorporate the framework as an organizing principle. Because Domain SMEs may only need QAC feedback on certain aspects of their work, data discussions may focus more on only one or two parts of the framework. To that end, facilitators allocate time for the QAC to ask questions and provide input on data interpretation and quality improvement action planning throughout.

Figure C.3. The Foundational Framework for Data Discussions



Element 3: Training and Peer Exchange on QA/PI Methods

In the spirit of continuous learning and improvement, a QAC meeting may primarily dedicate time to training its members on quality improvement science and formal quality improvement tools that are applicable to their work. Training sessions might include an overview of a formal quality improvement method, the underlying quality improvement science, and examples of how the method is used in practice (See Table C.2 for sample training topics). Presentations are typically paired with a working session to reinforce the method. When applicable, QAC members who have experience using a method are asked to share their work and useful lessons learned, to benefit other QAC members.

Table C.2. Examples of Potential QAC Training Topics

Topic
Structured data review processes
Driver diagrams
Causality in action planning
Identifying and applying best practices across LME/MCOs
Value stream mapping and lean/six sigma
Engaging partners to improve monitoring and reporting systems
Methods to motivate performance improvement
Using AI to support root cause analysis and development of action plans
Teaming methods that support collaboration

Element 4: Open Forum

Time permitting, QAC meetings conclude with time for any members to ask questions or raise issues that may benefit from committee feedback. This discussion may lead to post-meeting action items for additional analysis by Domain SMEs and TCL Quality Leads or follow-up meetings between a subset of the QAC for additional collaboration on cross-cutting TCL quality issues. During this time, Domain SMEs also have the opportunity to ask the larger QAC for any input on QA/PI cycle measure interpretation and/or quality improvement action planning, if needed. Lastly, the open forum can serve as an ad hoc space to discuss QA/PI actions addressing time-sensitive quality issues, implementation of proposed quality improvement actions, or other cross-division touchpoints that require prompt attention.

Key Artifacts

QAC meeting agendas

Agendas are created by the TCL Quality Leads. Through ongoing meetings and touchpoints with Domain SMEs and other QAC members, TCL Quality Leads contribute ad hoc items to the agenda, as needed.

Meeting materials

Facilitating Domain SMEs and the TCL Quality Leads collaborate to create slide decks with talking points. After each QAC meeting, slides are available in a secure SharePoint folder ("data repository") that all QAC members can access for reference and continued learning.

Meeting summaries

Formal meeting summaries are distributed to QAC members after each meeting. Summaries restate the agenda, meeting objectives, key highlights by agenda items, and any next steps for QAC members before the next quarterly meeting. Next steps may be logistical, such as sending the link to the data presentation repository. They may also be substantive, such

as completing a secondary analysis to support measure interpretation and/or quality improvement planning.

Timing of Activities

TCL QA/PI leads consider broader TCL context when identifying topics for each QAC meeting. This practice helps bring attention to topics that are especially relevant for Domain SMEs. The timing of each meeting may also shape discussion. For example, QA/PI leads may recommend focusing on strategic planning or tips for operating in a budget-restricted environment at the beginning of a new fiscal year.

In preparation for quarterly QAC meetings, QAC members are also asked to consider questions or concerns arising from daily quality improvement efforts that would benefit from the attention of a large, cross-division body. These may include larger programmatic or systemic concerns that may not be easily addressed through an individual division's regulatory guidance or technical assistance.

TCL Quality Leads typically meet with Domain SMEs at least eight weeks before QAC meetings to develop meeting content. They are also available to help plan quality improvement actions following QAC meetings.

Information Flow within the QA/PI system

The QAC receives information generated from day-to-day activities of its members through the QA/PI Cycle, QA/PI consulting, the ToC, and other regular meeting series. This information may cover any aspect of TCL operations and performance and may be specific to a single member, cover all TCL members, or anything in between. Individual QAC members and their teams route this information to other NCDHHS staff and LME/MCOs through established channels, including but not limited to monthly TA calls, regular and ad hoc one-on-one meetings with LME/MCOs, focused email communication, and DHHS staff meetings. The monthly LME/MCO TA calls play an especially important role as a primary mechanism for sharing lessons learned and best practices.

The QAC also produces information within and for the regular QAC meetings themselves. This information may be aggregated and systemic, such as structured data reviews, or granular and specific, such as an open discussion of specific challenges. QA/PI work may be assigned during QAC meetings and individual members complete those assignments with their teams between QAC meetings, routing information to LME/MCOs on an as-needed basis, following the mechanisms described above. In some cases, QAC meetings will generate findings that need to be communicated and addressed with LME/MCOs on a short-term basis; action items are documented in meeting notes to facilitate tracking and follow-up to ensure that the information loop is closed.

QAC meetings are also opportunities for core TCL NCDHHS staff to learn from each other about successful initiatives and means of addressing quality issues. As appropriate,

NCDHHS staff take these learnings back to their teams for application to day-to-day operations or route them to LME/MCOs.

Lastly, QAC meetings can lead to more targeted QA/PI team engagement with Domain SMEs for QI planning and implementation. QA/PI consulting engagements, in turn, can generate QAC meeting topics to promote peer learning and best practices for QA/PI.

D. Barriers Identification and Resolution Process

Background and Purpose

The barriers identification and resolution process provides a mechanism for all TCL partners and participants to improve TCL through broad-based, "no wrong door" reporting of obstacles to transitioning or maintaining community integration.

Barriers to TCL transition or community living, including housing and employment, can take many forms. Importantly, the DHHS definition of a barrier does not include the individual's disability or severity of the disability. Although not limited to the following list, barriers may arise from:

1) TCL procedures that may need updating.
2) Available funding and legislative dynamics.
3) LME/MCO staff, providers, hospitals, and others not following standard TCL practice.

Once barriers are identified, State Psychiatric Hospitals (SPHs), LME/MCOs, and the State apply structured tracking and resolution processes to remediate them and to increase the community integration of individuals participating in TCL.

Participants and Roles

Participants in the barriers identification and resolution process include all TCL partners, such as TCL participants, their guardians and families, advocates, service providers, LME/MCOs, and State staff. The entities in Table D.2 below are essential to developing and maintaining a transparent and accountable process.

Table D.2. Barriers Committee Participants and Roles

Participants	Roles
State Barriers Lead	A representative from the Olmstead/TCL office who oversees and coordinates the barriers identification and resolution process. The State Barriers Lead develops protocols and related training for barriers committee operations and ensures committee members receive necessary training. The Barriers Lead may also own the resolution of specific barriers.
Barriers Intervention Teams	Intervention teams are ad hoc groups of State staff and other partners created for the specific purpose of resolving a barrier. An individual on each intervention team will be designated as the owner of the assigned barrier. Intervention teams comprise whoever is necessary to resolve the barrier; team members are not limited to participants of existing barriers committees.
State Psychiatric Hospital (SPH) Barriers and Solutions Committees	These are SPH-specific teams whose membership include Social Work Directors, SPH Managers, and representatives from (1) the Division of State Operated Health Facilities (DSOHF), (2) LME/MCOs in each SPH's catchment area, and (3) the Olmstead/TCL Office. These committees address SPH-specific barriers and improve coordination between SPHs, LME/MCOs, and NCDHHS on transition and discharge workflows.
State Barriers Committee (SBC)	The State Barriers Committee is led by the State Barriers Lead. The TCL Director maintains oversight of SBC activities. Its membership is formalized, with divisional representation and regular participation. Membership entities include NCDHHS division leadership, the State Longterm Care Ombudsman, National Alliance for Mental Illness (NAMI), and outside agency

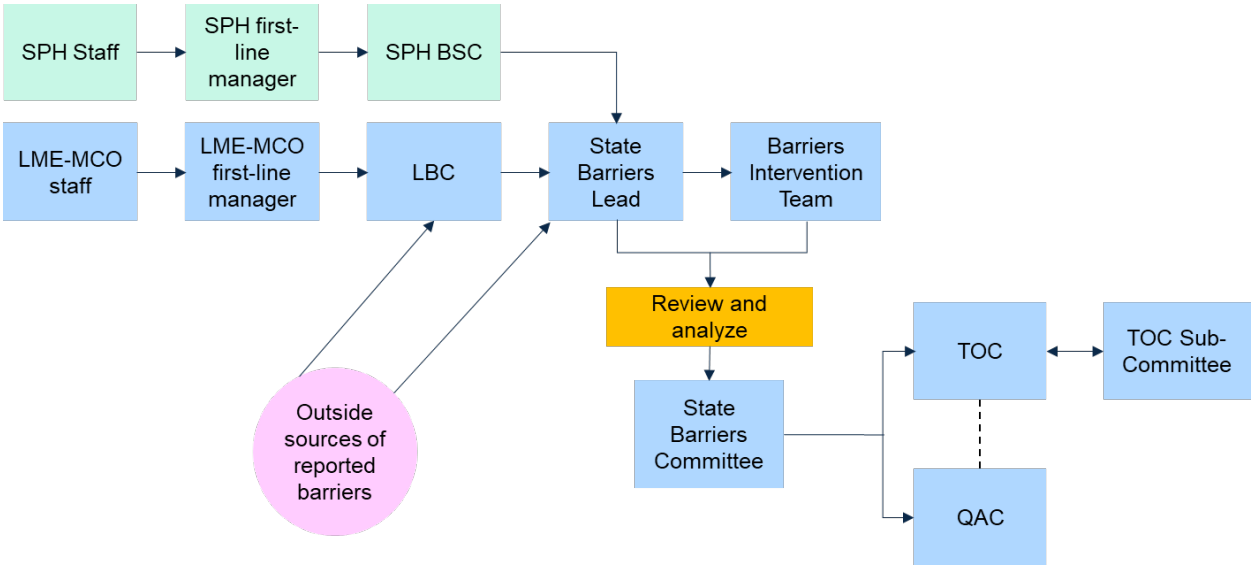
	peer support specialist(s). State Barriers Lead my ask LME/MCOs to present local barriers committee elevations. The SBC provides guidance to the individual or team assigned to address a barrier and assesses whether it needs to be further escalated to the Transition Oversight Committee or Quality Assurance Committee. In consultation with State Barriers Lead, the SBC establishes the guidelines for barriers resolution workflows. Lastly, SBC guidance that applies to all LME/MCOs is disseminated through monthly TA or other virtual LME/MCO meetings.
Local Barriers Committees (LBCs)	Local Barriers Committees (LBCs) are administered by the LME/MCOs and may have a variable makeup of staff. LBCs conform to requirements disseminated by the SBC to track, review, and resolve any barriers experienced by TCL members. They identify the entities and strategies to address barriers. They report barriers, by status, to the SBC, and identify training needs consistent with state-issued protocols and the LME/MCO's specific challenges. LBCs escalate barriers that they cannot resolve on their own to the SBC.
Transition Oversight Committee (TOC)	The TOC addresses systemic barriers. The TOC can call for the creation of a subcommittee to address a specific issue and is updated on progress by the State Barriers Lead or designee. Resolutions are disseminated in LME/MCO or other virtual meetings as well as in writing.
Quality Assurance Committee	Receives periodic updates on barriers via data presentations. Can serve as an ad hoc forum for discussing quality improvement activities meant to address barriers.

Core Activities

Barriers Reporting

The barriers reporting process is intended to be accessible to all TCL participants and partners. Barriers may be reported by any person with an interest in TCL via email, to the TCL Inboxes (Olmstead.Barriers@ncdhhs.nc.gov or community@ncdhhs.nc.gov), or by personal report to NCDHHS staff. Individual members and their family members or guardians can also report barriers by contacting the Customer Service and Community Rights Team of the Department of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS); the NCDHHS Office of the Secretary; or their state representative. These channels all route reported barriers to the NCDHHS State Barriers Lead. Separately, LME/MCOs and State Psychiatric Hospitals have their own defined processes for escalating barriers to local committees charged with addressing local barriers and further escalating them as needed. State-level barriers are recorded and sent to LME/MCOs for resolution through the Medicaid Help Center (MHC), which utilizes the ServiceNow platform. This not only streamlines communication, documentation, and resolution speed, it also provides periodic barriers analysis and barriers trends reporting. Figure D.1 outlines the potential pathways for escalating barriers. At each stage of the process, if the relevant committee or team cannot resolve the barrier, it is escalated to the next stage in the escalation path.

Figure D.1. Barriers Reporting Escalation Path



At each stage in the process, when deciding whether to escalate a barrier, individuals consider what options are available to them based on their role. If a frontline staff member and their first-line manager have exhausted their resources and options to address an individual barrier or something related to their organization, they escalate to their LBC or SPH BSC. If the LBC or SPH BSC has similarly exhausted their resources to address the barrier, they escalate the issue to the State Barriers Lead. Regardless of classification, if something presents an immediate risk to a person's ability to live in or transition to the community, that issue is escalated to the State Barriers Lead.

Barriers Tracking

The State Barriers Lead receives barriers reports and logs. For each barrier reported, the State Barriers Lead determines whether the escalation meets the definition of a barrier. If there is an existing process to address the issue, it is not a barrier, and the Lead will refer the issue to the correct point of contact for resolution. Similarly, if the issue is based on an individual's diagnosis or symptoms, it does not constitute a barrier.

If the reported issue falls under the jurisdiction of an SPH or LBC, the State Barriers Lead will route the issue to the point of contact for the appropriate body (LBC for LME/MCOs, and SPH BSC for SPHs) for tracking and resolution. If the resolution requires action by a NCDHHS division, the Barriers Lead will assign it to a NCDHHS subject matter expert to resolve.

All reports and reporters are responded to, even if the report is determined not to be a barrier. All barriers are assigned a "follow-up by" date by which the Barriers Lead expects to receive an update from the assigned owner. The Barriers Lead follows up with the assigned owner on the follow-up by date if they have not received an update.

Barriers are closed for tracking purposes only when one of the following occurs:

1. The barrier no longer exists. Note, this is not a sufficient condition for resolution when the barrier is systemic and further action, such as a policy change, might resolve the systemic barrier.
2. A process has been revised, or a new process has been created that addresses the barrier and similar situations that may arise in the future.
3. The barrier has been handed off to another entity with its own tracking and resolution processes, such as the Transition Oversight Committee.

LBCs follow the norms and processes established by the SBC for tracking barriers. Following these norms, LBCs track barriers under their jurisdiction and report to the State on pending and resolved barriers monthly. They also share minutes from LBC meetings.

Barriers Resolution

Barriers escalated to the State level are resolved via the following pathways:

1. The State Barriers Lead assigns the barrier to a subject matter expert (SME, not necessarily a Domain SME). The SME takes ownership of the barrier and pursues final resolution, consulting with any State staff or external partners, as necessary.
2. An intervention team is created, and the assigned owner of the intervention team pursues final resolution, consulting with any State staff or external partners, as necessary.
3. The barrier is put forth to the SBC for consideration, brainstorming, and planning, after which it is assigned to a subject matter expert to implement the plan.
4. The SPH Barriers and Solution Committees resolve SPH-specific barriers in regular and ad hoc meetings.
5. LBCs resolve barriers according to their own internal processes. LBCs have flexibility in their resolution process so long as they conform to State requirements.

For barriers addressed at the State level, the State Barriers Lead will provide a verbal or written (email) communication to the barrier reporter, which can include TCL participants, their families, and caregivers, on how NCDHHS has resolved the barrier. This communication will occur within 14 business days of the barrier resolution date. The State Barriers Lead will also disseminate barrier resolutions to all LBCs so that they can implement effective strategies to address similar barriers that occur via the monthly TA call or written communication such as email, updated policies and procedures or other method, as appropriate.

Key Artifacts

State TCL Barriers Log

NCDHHS created a "TCL Barriers" module within their existing Medicaid Help Center (MHC) utilizing the ServiceNow platform as a barriers tracking and resolution tool shared

internally and between NCDHHS and respective LME/MCO TCL teams. This platform serves as the primary repository of all barriers and the resolutions thereof that require the participation of state-level staff.

Standardized Meeting Materials and Minutes

All committees follow standing agendas. The State Barriers Lead or a designee takes minutes using a standard template and documents actions needed to advance solutions to reported barriers or improve processes. Actions coming out of each meeting are brought back to subsequent meetings to maintain momentum on resolving institutional and systemic barriers.

Training Materials

The State Barriers Lead has developed and maintains barriers training materials. The training covers definitions and standard processes. Barriers trainings are a contract requirement for LME/MCOs. Points of contact at each LME/MCO have received supplemental training on how to use ServiceNow to report and track barriers through resolution.

Timing of Activities

Barriers are logged within one day of receipt. When assigned, each barrier is assigned a priority level based on the scale and severity of the potential impact it may have on TCL participant lives and community integration opportunities. Each of these dimensions follows the definitions established by NCDHHS' Medicaid Help Desk. The priority level informs how quickly the assignee must provide the State Barriers Lead an update on progress. Table D.3 summarizes the timing for updates and schedule for automatic reminders from Service Now.

Table D.3. Response Time by Assigned Priority Level

Priority	Response Time	Reminder Schedule
Low	7 workdays	• Immediately upon assignment • 24 hours before deadline for update • Subsequent indications of urgency for reminders sent through messages • Assignees receive a notification every 24 hours if there is no update to the case prior to the indicated response time
Med	5 workdays	• Same as above
High	3 workdays	• Same as above
Urgent	1 workday	• Immediately upon assignment. Wording will indicate assignee has 1 workday to provide update. • Assignees receive a notification every 24 hours if there is no update to the case prior to the indicated response time

Each Barriers Committee meets on a regular cadence to analyze barriers data, discuss barriers, and brainstorm resolutions (See Table D.4 below). Intervention teams that are formed to resolve a barrier meet more frequently, as needed, to advance solutions.

Table D.4. Barriers Committee Meeting Cadence

Committee	Meeting Frequency
State Barriers Committee	Monthly
State Psychiatric Hospital Barriers and Solution Committees	Every other month
Local Barriers Committees	At least monthly

Information Flow within the QA/PI System

As noted above in Figure D.1, barriers can be reported into the barriers tracking and resolution process from any source. Once in the process, all barriers are logged into ServiceNow, which serves as the primary platform for communication and coordination across key participants of the reporting and resolution process.

External information flow is central to the barrier resolution process, so that lessons and improvement are disseminated throughout TCL. Decisions and guidance from committee meetings are reported back to requestors through the State Barriers Lead. In addition, and especially when resolutions can benefit multiple entities, the State Barriers Lead and relevant Domain SMEs can present them at monthly TA calls with LME/MCOs, or through Cabinet Calls with LME/MCO leadership. Finally, information regarding resolutions is communicated out to TCL participants and partners through methods including sub-regulatory guidance, contract modifications, and direct technical assistance. Timing of these communications is commensurate with urgency of resolution.

E. Transition Oversight Committee for TCL

Background and Purpose

The Transition Oversight Committee (TOC) monitors TCL program operations and performance. Examples of TOC monitoring areas may include housing measures, discharge-related measures such as housing vacancies, discharge planning and transition processes, referral processes and subsequent admissions, and transition times to community-based settings.

Participants and Roles

The TOC is chaired by the Deputy Secretary of the Health Equity Portfolio and comprised of staff from multiple divisions across the Department who engage in the work of TCL. Participants include representatives from Division of Health Benefits (NC Medicaid); Division of Mental Health, Developmental Disabilities, and Substance Use Services; Division of Social Services; Division of State Operated Healthcare Facilities, including the State Hospital Team Lead and State Hospital Chief Executive Officers; Money Follows the Person Program; Office of the General Counsel; NCDHHS TCL Domain SMEs; and LME/MCOs.

Core Activities

The TOC meets monthly or as needed and follows a standing agenda that includes key TCL status updates, transition barriers and progress, LME/MCO data and progress updates, and transition related risks. The ongoing work of the TOC is focused on the identification of action items and mitigation of issues, including resolution of systemic transition barriers which are unable to be resolved through the State Barriers Committee. These issues may require changes in policies and practices throughout the State, such as developing and improving housing opportunities, increasing staffing levels and workforce expansion, and providing support for informed decision-making.

TOC performance monitoring employs a combination of State and LME/MCO data and reporting. NCDHHS representatives review transition-related risks and ongoing activities undertaken to address them. They also present data stratified by LME/MCO related to crucial TCL areas, such as housing separations and transition barriers, and solicit LME/MCO interpretations of the data, recommendations for response, and updates on strategies for addressing identified issues.

The TOC also addresses the impact of state budget on the work and implementation of TCL and collaborates with NCDHHS budget officials to address challenges or needs for re-alignment of allocations to accomplish program goals and objectives.

Information flow within the QA/PI System

To facilitate LME/MCO performance reporting, NCDHHS Domain SMEs summarize TCL performance and progress with standardized measures calculated from a combination of State

and LME/MCO self-reported data and ask LME/MCO representatives to give more detailed qualitative updates on TCL activities driving changes in measures.

Risks to TCL performance and member outcomes are reported to the TOC via TCL leadership and staff, as well as NCDHHS General Counsel. Barriers not addressable by any other committee are also escalated to the TOC.

Following deliberation at the TOC, any risks requiring further action are reviewed and addressed by the Deputy Secretary. High risks are further escalated to the Secretary and the Secretary's team. To address barriers, the TOC can form ad hoc, cross-division intervention teams. These teams work through necessary changes to policies or business practices and disseminate guidance via the State Barriers Lead back to LME/MCOs, providers, and other TCL participants.

F. LME/MCO Contract Monitoring

Background and Purpose

Intradepartmental, cross-divisional monitoring is conducted to evaluate LME/MCO compliance with obligations related to the accessibility, adequacy, and quality of services and supports and other contracted TCL functions and enable the Department and LME/MCOs to address any identified performance issues and non-compliance. Specific activities and outcomes monitored relate to Medicaid LME/MCO contract requirements related to TCL services and supports, operations, quality assurance and performance improvement, and data and reporting, including those related to the contract monitoring areas shown in Table F.1. Monitoring areas are subject to change as LME/MCO contracts are renewed and amended.

Table F.1. LME/MCO Contract Monitoring Subject Areas

Contract Scope	Examples of Contract Monitoring Areas
Services and Supports	Network adequacy and service gaps Service access and quality Person-centered planning Crisis planning Provider training and capacity Member surveys and assessments
Operations	Supportive housing slot provision and requirements Development of housing opportunities In-reach, discharge, and transition planning Pre-admission screening and diversion Informed decision-making Physical health and functional assessments Tailored care management Barriers committee operations Staffing levels and training
Quality Assurance and Performance Improvement	QA/PI planning, activities, and reporting Member outcomes monitoring Adverse incident reporting
Data and Reporting	Community integration services and supports database entries Supportive housing rental subsidy and lease database entries TCL data integrity Timeliness and accuracy of required reporting

Contract monitoring for TCL is carried out through regular and systematic review and evaluation of LME/MCO and NCDHHS data, documents, and reports. Primary data sources include External Quality Review (EQR) reports, contract quality and performance measures, member services data, provider review reports, network access and adequacy data, annual

LME/MCO QA/PI plans and TCL QA/PI updates, database submissions, and other required reporting. Information from additional sources may be reviewed on an ad hoc basis.

Participants and Roles

NCDHHS participants in LME/MCO contract monitoring for TCL include representatives from the Office of the Secretary Olmstead/TCL Office; Division of Health Benefits (DHB); and Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS). The Department's contracted External Quality Review Organization (EQRO) and LME/MCOs also perform crucial contract monitoring functions. The Office of General Counsel also may be consulted regarding potential or identified performance and compliance issues. Table F.2 identifies participating individuals, teams, and business units and describes their roles.

Table F.2. LME/MCO Contract Monitoring Participants, Roles, and Primary Data Sources

Participants	Roles	Primary Data Sources
DHHS Office of the Secretary, Olmstead Director, and TCL QA/PI Team	Provide support for monitoring and evaluation of all major aspects of TCL contract compliance.	All primary NCDHHS data sources listed in this table
DHB Quality Management and Program Evaluation	Review and evaluate LME/MCO QA/PI plans, workplans, and reports; contract quality and performance measures; and EQR findings	LME/MCO QA/PI submissions and progress updates, contract performance measures, EQR reports
DMHDDSUS IDD, TBI & Olmstead Section and Adult Mental Health Team	Monitor and evaluate community mental health and employment service delivery and quality	Community mental health and employment services data, reports from reviews of service providers
DHB Behavioral Health	Monitor and evaluate community mental health and employment service delivery and quality	Community mental health and employment services data, reports from reviews of service providers
DHB Care Management	Monitor delivery and quality of care management services	LME/MCO care management policies and procedures, LME/MCO care manager training and technical assistance materials, EQR reports
DHB Network	Monitor access and adequacy of TCL services	Network adequacy reports, EQR reports
DHHS TCL Domain SMEs	Identify potential contract compliance issues through regular communications and monitoring of LME/MCO performance and member outcomes measures and data	TCL Database entries, TCL rental subsidy database entries, other required LME/MCO submissions and reports
EQRO	Conduct EQRs	LME/MCO TCL policies and procedures, communications, service utilization management data, performance measures, member charts, and documentation quality assurance activities, compliance monitoring of TCL Care Coordination and providers, staff qualifications

LME/MCO Representatives	Implement and report on QA/PI processes and activities to ensure compliance with Medicaid LME/MCO contract requirements related to core TCL components	LME/MCO TCL QA/PI system services, operations, and member outcomes data
DHHS General Counsel	Provide guidance regarding potential compliance issues and options to address identified issues	Varied sources depending on issues identified

Core Activities

TCL contract monitoring carried out by DHHS personnel chiefly involves review and evaluation of relevant data sources against contract requirements. Table F.2 identifies some of the primary data sources that participants review and evaluate in their roles.

Contingent on findings, an array of related actions that extend beyond review and evaluation activities may be taken by contract monitoring participants. Actions such as these may be carried out to support and ensure adherence to contract requirements and to address identified performance issues:

- Development and delivery of guidance and technical assistance on contractual requirements
- Identification of risks related to apparent performance deficits
- Presentation of data and performance monitoring findings to DHHS leadership, decision-makers, TCL subject matter experts and committees, and other internal and external stakeholders, as appropriate
- Development and communication of recommendations to address identified performance issues
- Engagement of appropriate stakeholders to implement strategies to remediate performance issues related to contractual requirements

Contract monitoring activities thereby contribute to the development, implementation, and ongoing evaluation of corrective actions and responses when performance deficits are identified.

EQR and QA/PI

While not strictly a TCL QA/PI process, EQR plays a substantial role in LME/MCO contract monitoring. The EQR process by its very nature encompasses extensive review of data and documentation to assess LME/MCO compliance with service delivery requirements mandated by their contracts with NC Medicaid as well as with state and federal regulations, and to verify the delivery and determine the quality of contracted health care services. The reviews incorporate a variety of methods including desk review of required documentation and communications,

onsite visits, compliance and program integrity reviews, and validation of PIPs, performance measures, and other data.

EQR also entails focused review of LME/MCO functions specific to TCL, and EQR reports are an inherently important resource for TCL contract monitoring. Examples of TCL aspects covered include and are not limited to TCL policies and procedures, quality assurance activities, service utilization management, LME/MCO compliance monitoring of TCL Care Coordination, member chart reviews, staff qualifications, and completion of required activities such as Quality of Life surveys.

Key Artifacts

Key artifacts of contract monitoring activities include written DHHS feedback provided in response to data reviews and LME/MCO submissions and reports; internal DHHS communications; meeting agendas, presentation materials, and notes; technical assistance materials and communications; and DHHS communications and regulatory guidance issued to LME/MCOs.

Timing of Activities

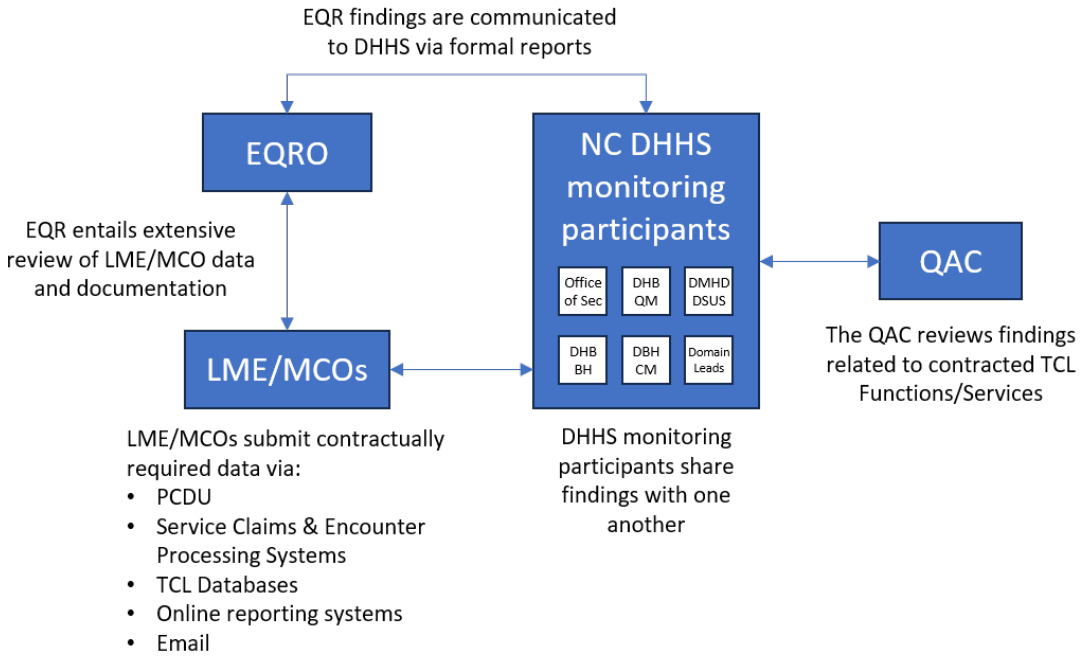
The timing of contract monitoring and data review activities largely reflects the cadence of contractually mandated data submission and reporting requirements. Data and reports that are typically submitted and reviewed on an annual basis include LME/MCO organizational QA/PI Plans and Workplans, Quality and Performance Measures, Network Adequacy reports, EQR reports, and policy and procedure documents. LME/MCO community-based mental health and employment services data summaries are produced for quarterly and annual reporting periods.

Other review activities are conducted on an ongoing basis or as data are available. Database entries and DHHS staff monitoring of data integrity are ongoing. Data and reports from activities such as provider reviews are evaluated as available. Data and information submitted outside the regular reporting cadence is reviewed on a timeframe appropriate to the urgency of associated compliance or performance issues or risks. The timing of activities responsive to contract monitoring review findings varies with the nature and seriousness of the issues identified.

Information Flow within the QA/PI System

The flow of contract monitoring information within the TCL QA/PI system includes bidirectional exchange of data and information between LME/MCOs and DHHS entities, as well as between and among entities within DHHS, including its contracted EQRO.

Figure F.1. LME/MCO Contract Monitoring Information Flow



As illustrated in figure F.1, LME/MCOs submit and transmit contractually required data and reports through various means, including via the NC Medicaid electronic Contract Data Utility (PCDU) system, service claims and encounter processing systems, dedicated TCL databases and online reporting systems, and electronic mail.

EQR findings from review of LME/MCO data and documentation such as that listed in Table F.2 are communicated to DHHS via formal reports that are reviewed by monitoring participants. LME/MCO submissions and departmental data are distributed to, or retrieved by, contract monitoring participants for review and evaluation. Monitoring participants communicate review findings within DHHS using methods that vary with the nature of the information.

As illustrated in Table C.1, data and review findings related to major contracted TCL functions and services, LME/MCO contract quality and performance measures, and EQR findings are shared with the NCDHHS TCL Quality Assurance Committee for collective analysis and evaluation.

When compliance issues and performance deficits are identified, information may be further communicated within DHHS by monitoring participants and QAC to the appropriate DHB or DMHDDSUS business unit or team, TCL Transition Oversight Committee, or the Office of the Secretary Olmstead Director and other DHHS leadership.

Communication back to the LME/MCO may include review findings as well as explicit steps or corrective actions that must be taken to remediate the identified issues

G. QA/PI Consulting

Background and Purpose

Domain SMEs sometimes encounter quality issues requiring targeted support to address. For example, issues that require additional and more complex follow-up actions may be identified through routine, periodic activities such as the Priority Measure Monitoring and QA/PI Cycle, regular data monitoring and 1:1 discussions with LME/MCOs, QAC data presentations, and review of LME/MCO QA/PI Plans and activities. While developing QA/PI interventions with DHHS teams and LME/MCOs, Domain SMEs may also need support completing more complex data analysis.

QA/PI Consulting offers a way for TCL Quality Leads to provide or arrange for this support, including through leveraging other DHHS Division quality assurance, performance evaluation, and data analytic staff and contractor resources. It builds upon informal, ad hoc activities that TCL Quality Leads already carry out to support Domain SMEs. By formally incorporating consulting activities into the QA/PI Plan in SFY 2026, NCDHHS recognizes this support as a regular and significant activity with guidelines for engagement and expectations for deliverables. In supporting follow-up and preparations for routine QA/PI activities, QA/PI Consulting strengthens connections between existing core QA/PI processes and daily TCL operations. It is also a key component contributing to the flexibility and comprehensiveness of the TCL QA/PI System overall, to the range of quality and performance issues that can be addressed, and to the diversity of resources and methods that can be applied.

Below are some examples illustrating how TCL Quality Leads can support Domain SMEs through QA/PI Consulting:

- **Issue analysis** – Investigate and facilitate discussions with DHHS teams and collaborators using quality improvement tools to identify potential root causes of quality and performance issues.
- **Data collection and retrieval** – Assist with development of DHHS data system requests and advise on collection methods and tools for both quantitative and qualitative data. Provide technical assistance in navigation and use of the TCL QA/PI Dashboard and other DHHS sources to obtain data relevant to a quality issue.
- **Data summary, analysis, and interpretation** – Provide instructional and instrumental support for data summary and statistical analysis. Offer guidance on interpretation of quantitative and qualitative data and recommend supplemental research to validate any patterns observed.
- **Presentation development** – Work with SMEs to outline a presentation and storyboard slide content. Advise on data selection and visualization to present the most compelling arguments based on the meeting objectives and perspectives of meeting participants.

- **1:1 LME/MCO meetings** – Support Domain SMEs in obtaining data for each LME/MCO related to a quality issue. Work with Domain SMEs to articulate specific requests or recommendations to make to LME/MCO counterparts.
- **QA/PI intervention development and assessment** – Support SMEs in planning and evaluating small tests of change to achieve desired improvements in processes and outcomes.

Participants and Roles

Domain SMEs are the primary consultees in this QA/PI process, which is arranged and overseen by the TCL Quality Leads. Other NCDHHS staff, collaborators, and contractors may also participate and contribute to planned activities.

Table G.1. QA/PI Consulting Participants and Roles

Participants	Roles
TCL Quality Leads	Oversee QA/PI Consulting. Serve as primary supports to field requests from Domain SMEs and determine in partnership with them the most efficient and appropriate response. Identify potential quality issues through routine QA/PI activities and opportunities to address them through collaboration.
Domains SMEs	Identify need and submit initial request to TCL Quality Leads. Responsible for carrying out agreed-upon activities as part of engagement. Provide supplemental data as needed and lead activities with DHHS and LME/MCO collaborators with guidance from TCL Quality Leads. Affirm suggestions for collaboration when Quality Leads identify an opportunity.
NCDHHS quality, data, and program evaluation staff and contractors	Provide ad hoc and expert subject matter consulting and support for quality assurance activity planning and implementation, measurement and evaluation, and data analytics

Core Activities

TCL QA/PI Leads and Domain SMEs can both initiate a QA/PI Consulting engagement. Table G.2. summarizes the processes that Domain SMEs and Leads would generally follow depending on who first identified the potential quality issue. Regardless of who initiates, engagements generally proceed according to four steps. Domain SMEs and Quality Leads first identify a quality issue and then design an appropriate response. Quality Leads provide support to Domain SMEs as they lead implementation of the response. Once the engagement has concluded, Quality Leads and Domain SMEs work together to identify generalizable methods to incorporate into the QA/PI system. This process is flexible rather than prescriptive.

Table G.2. QA/PI Consulting Engagement Process

	1. Identification	2. Design	3. Implementation	4. Integration
Responsive	Domain SME identifies a need and requests support from QA/PI Pillar Leads	QA/PI Lead validates the request and assesses whether need can be addressed through existing resources; if not, QA/PI Lead convenes a multidisciplinary team to co-create an ad hoc support plan	QA/PI Lead provides support directly or through ad hoc team, depending on scale and complexity of proposed solution.	Following completion of the project, generalizable methods may be incorporated into the QA/PI system
Directed	QA/PI Leads identify a quality issue through routine monitoring or based on questions raised during a regular meeting.	QA/PI Lead meets with Domain SMEs to validate quality issue and identify data that can address questions; Leads convene a team to conduct new analyses, if data do not exist	QA/PI Lead provides data to Domain SMEs encountering quality issues or oversees new analyses conducted by ad hoc team; all analyses co-created with Domain SMEs	New methods or analyses are integrated into existing tools, as applicable

Information Flow within the QA/PI System

As a routine part of the QA/PI Consulting process, the TCL Quality Leads help to identify, collect, summarize, interpret, and communicate information that is relevant to other parts of the TCL quality system. This may include quantitative and qualitative data, such as information regarding developments in the community or operations at a particular LME/MCO, that emerge during the QA/PI Consulting engagement. Relevant information also may include new methods or best practices, such as for partnering with LME/MCOs to communicate and solve problems that arise from the QA/PI process.