

# TCLI Quality Assurance & Performance Improvement Monitoring Process for Individuals in TCLI Housing

## **PURPOSE**

The Quality Assurance (QA) & Performance Improvement (PI) Monitoring Process is intended for the systematic identification and evaluation of events that result in unintended outcomes for individual consumers. The QA & PI process is best used to develop actions to address factors for the purposes of improving the quality and effectiveness of individuals' services and supports. It is recommended that the QA & PI monitoring process be conducted for events that cannot be resolved through completion of an internal clinical treatment review and integrated into the LME-MCOs existing Quality Improvement Process. For all IRIS-related events, such as deaths, LME-MCOs will continue to follow normal IRIS reporting rules defined in the DMH/DD/SAS-Community Policy Management – INCIDENT MANUAL (February 2011) (<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-incident-response-improvement-system>).

## **PERSONAL OUTCOME MEASURING EVENTS**

It is recommended that the LME-MCO conduct a review for the following categories of events:

1. Loss of housing that results in homelessness. This does not include evictions unless the eviction leads to the individual becoming homeless without any other temporary housing solutions.
2. Return to an Adult Care Home (ACH) or new admission into an ACH (regardless of the individual's choice to move) after transition to a housing slot.
3. Multiple (3+) psychiatric hospital admissions within a year.
4. Unaccounted-for absence of an individual from the housing unit for 72 hours or more that may or may not require police contact (e.g., Silver Alert).
  - There is no specified waiting period for reporting a missing person in N.C., although it is recommended that a missing person report be filed within the first 24 hours to increase the chances of locating an individual.
  - Waiting 72 hours would allow ample time to allow for a missing person report and if possible a Silver Alert to be filed OR for the individual to be located.
  - Ensure that the individual is truly unaccounted for and just not responding to the LME-MCO or providers.
  - Due diligence should be taken to contact family members, guardians, neighbors, etc. before indicating that the individual is in unaccounted status.
5. Legal incidents that involve a report to law enforcement for serious criminal activity (felony charges) or a potentially serious threat to the health or safety of self or others, such as suicide attempts, assault, rape, etc.

## **RESPONSIBILITIES AND TIMEFRAMES**

### **LME-MCO**

The LME-MCO will develop and utilize a monitoring and evaluation protocol and data collection regarding personal outcomes measures that will include:

1. The LME-MCO conducting a QA & PI review;

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2. The LME-MCO ensuring that the required reporting to the NC Incident Response Improvement System (IRIS), if applicable, is completed within the established timeframe per DHHS guidelines (see Incident Response and Reporting Manual, February 2011); and
3. The LME-MCO submitting monthly QA & PI data (# of reviews conducted and outcome measurements) to DMH/DD/SAS Quality Management section (no later than the 7th business day of each month).

### **DMH/DD/SAS**

DMH/DD/SAS will monitor LME-MCO data submissions and submit aggregated data in a monthly report to the DHHS Office of the Secretary.

### **ADDITIONAL RECOMMENDATIONS:**

#### **SUGGESTED REPORTING ELEMENTS:**

Reporting documents should be designed to address the following elements:

- Personal Outcome Measuring Event
- Contributing Factors Identified
- Systemic Resolutions/Action Plan(s).

#### **THE FOLLOWING LIST OF STAFF ROLES IS SUGGESTED FOR THE QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT MONITORING PROCESS:**

- Transition Coordinator
- Care Coordinator (if applicable)
- Community Provider(s)
- Tenancy Support Staff
- Quality Management staff
- Clinical/Medical Director