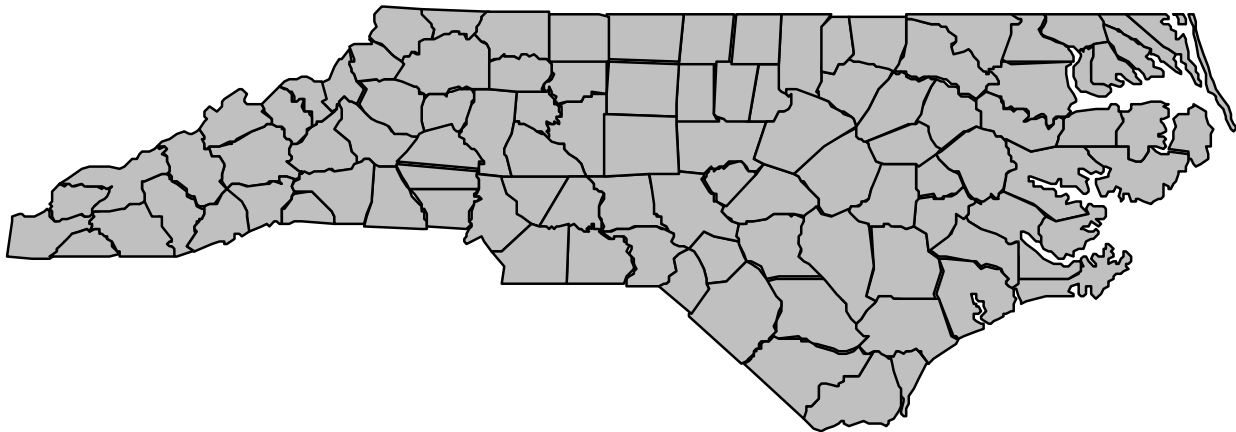


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**2005 - 2006 Performance Contract
With Local Management Entities**

**Third Quarter Report
January 1, 2006 - March 31, 2006**



Prepared by

Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

May 2006



2005 - 2006 Performance Contract
Third Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the SFY 1999-2000 Performance Agreement to replace the memorandum of understanding that historically was signed by each Area Authority or County Program and the Division. The creation of this agreement marked a significant change in the relationship between the Division and the Area Authority and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes. This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

A Performance Contract was developed for SFY 2004-2007 reflecting the new management functions of Area Authorities and County Programs as they transformed into Local Management Entities (LMEs). It was agreed that all LMEs would use the SFY 2003-2004 Performance Agreement for the first and second quarters of SFY 2004-2005. Those LMEs that signed the SFY 2004-2007 Performance Contract with the NC DHHS by January 2005 would follow the new Performance Contract requirements beginning in the third quarter of SFY 2004-2005. Those LMEs that were in an earlier stage of the mental health system reform process and have not signed the SFY 2004-2007 Performance Contract would continue operating under the requirements of the SFY 2003-2004 Performance Agreement. Correspondence to the Area Directors, dated October 26, 2004, provided details for this process. Twenty one of the 33 LMEs implemented the SFY 2004-2007 Performance Contract on January 2005.

State Fiscal Year 2005-2006

On July 1, 2005, 25 of the 30 LMEs implemented the SFY 2004-2007 Performance Contract. One LME implemented the Performance Contract beginning with the third quarter. One LME, Piedmont, is operating under a Medicaid Waiver and has a separate performance contract. Three LMEs are still operating under the SFY 2003-2004 Performance Agreement requirements. A table listing the LMEs under the Performance Contract vs. the Performance Agreement is provided in this report following the introduction.

As in prior agreements, the current agreements/contracts provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present LME-specific performance data, comparisons to statewide data, and cross-LME comparisons.

This is the **Third Quarter Report** for SFY 2005-2006 under the SFY 2004-2007 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the contract. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report. Due to challenges associated with system transformation and the rescheduling of the annual audit from Spring to Fall 2005, the reporting of the measures listed below for SFY05 were deferred until the third quarter SFY06: Choice of Providers, Discharge and After-care Planning, Compliance with Diversion Law, Provider Monitoring (Policies and Procedures), Notice of Appeal Rights, Incident Management, and Accounting and Claims Adjudication.

The tables on the following pages list the report schedule, the performance requirements and standards, and LME performance under the SFY 2004-2007 Performance Contract. Performance for LMEs operating under the SFY 2003-2004 Performance Agreement will be provided in a separate report.

Questions or Concerns

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison. The LME liaison will assist in getting answers to questions and/or having errors corrected.

LMEs Reporting Under The SFY 2004-2007 Performance Contract vs.
The SFY 2003-2004 Performance Agreement

The first column of this table lists the LMEs that have signed the SFY 2004-2005 Performance Contract as of July 1, 2005 and are accountable for meeting the Performance Contract requirements. The second column lists the LMEs that will continue to use the measures in the SFY 2003-2004 Performance Agreement until the Performance Contract is signed.

LME	SFY 2004-2007 Performance Contract	SFY 2003-2004 Performance Agreement
Alamance-Caswell-Rockingham	X	
Albermarle	X	
Catawba	X	
CenterPoint	X	
Crossroads	X	
Cumberland	X	
Durham	X	
Eastpointe	X	
Edgecombe-Nash		X
Five County	X	
Foothills	X	
Guilford	X	
Johnston	X	
Mecklenburg	X	
Neuse	X	
New River	X	
Onslow-Carteret	X	
Orange-Person-Chatham	X	
Pathways	X	
Pitt	X	
Roanoke-Chowan	X ¹	
Sandhills	X	
Smoky Mountain	X	
Southeastern Center	X	
Southeastern Regional	X	
Tideland		X
Wake	X	
Western Highlands Network	X	
Wilson-Greene		X
Total	26	3

2005 - 2006 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement	1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1.1. General Administration and Governance				
1.1.1. Local Business Plan Implementation	X	X	X	X
1.2. Access, Triage, and Referral				
1.2.1. Access to Emergent Care	X	X	X	X
1.2.2. Access to Urgent Care	X	X	X	X
1.2.3. Access to Routine Care	X	X	X	X
1.2.4. Access Line	X	X	X	X
1.3. Service Management				
1.3.1. Choice of Providers		X		
1.3.2. Discharge Planning With State Operated Services		X		
1.3.3. After-care Planning With State Operated Services		X		
1.3.4. Compliance With Diversion Law NCGS 122C-261(f)		X		
1.3.5. Transition To Community Services (Community Capacity Plan) - MH	X			
1.3.5. Transition To Community Services (Community Capacity Plan) - DD				X
1.3.5. Transition To Community Services (Bed Day Allocations)	X	X	X	X
1.4. Provider Relations and Support				
1.4.1. Proximity				X
1.4.2. SB 163 Provider Monitoring	X	X	X	X
1.5. Customer Services and Consumer Rights				
1.5.1. Consumer Rights: Proper Notice Of Appeal Rights		X		
1.6. Quality Management and Outcomes Evaluation				
1.6.1. Quality Improvement Process				X
1.6.2. Incident Management		X		
1.6.3. Incident Reporting	X	X	X	X
1.7. Business Management and Accounting				
1.7.1. Accounting and Claims Adjudication		X		
1.8. Information Management, Analysis, and Reporting				
1.8.1. <u>System Monitoring:</u>				
1.8.1.1. Quarterly Fiscal Monitoring Reports	X	X	X	X
1.8.1.2. Cost Finding Report		X		
1.8.1.3. Paybacks				X
1.8.1.4. SAPTBG Compliance Report		X		X
1.8.1.5. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
1.8.1.6. Work First Initiative Quarterly Reports	X	X	X	X
1.8.2. <u>Consumer Information:</u>				
1.8.2.1. Client Data Warehouse (CDW) - Admissions	X	X	X	X
1.8.2.2. Client Data Warehouse (CDW) - Missing Data	X	X	X	X
1.8.2.3. Client Data Warehouse (CDW) - Unknown Data	X	X	X	X
1.8.2.4. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
1.8.2.5. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
1.8.2.7. DD Client Outcome Inventory (DD COI)	X	X	X	X
1.8.2.9. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
1.8.2.10. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
1.8.2.11. National Core Indicators (NCI) Consents and Pre-Surveys			X	
1.8.2.13. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
1.8.2.14. Consumer Satisfaction Survey (CSS)			X	

*The dates listed for the quarterly reports are the target dates that the Division will publish the Performance Contract Report. For this to happen, individual requirement reports are due to the Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter.

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Third Quarter Report
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Summary of LME Clinical Performance

LME	Qtr	Percent Met (* or **)	1.2.1. Access to Emergent Care	1.2.2. Access to Urgent Care	1.2.3. Access to Routine Care	1.2.4. Access Line	1.3.2. Discharge Planning With State Operated Services (Hospitals)	1.3.3. After-Care Planning With State Operated Services (Hospitals)	1.3.2. Discharge Planning With State Operated Services (ADATCs)	1.3.3. After-Care Planning With State Operated Services (ADATCs)	1.3.4. Compliance With Diversion Law
Neuse	3	100.0%	**	*	**	**	**	**	**	**	**
Catawba	3	88.9%	**	**		**	**	**	**	**	**
Sandhills Center	3	88.9%	**	*		**	**	**	**	**	**
Southeastern Center	3	88.9%	**	*		**	**	**	**	**	**
Southeastern Regional	3	88.9%	**	*	*	*	**	**	**	**	
Alamance-Caswell-Rockingham	3	87.5%	**	**		*	**	**	**	**	
Albemarle	3	87.5%	*	*		**	**	**	**	**	
Mecklenburg	3	87.5%	**		*	**	**	**		*	**
Pathways	3	87.5%	**	*	*	*	**	*	**		
Five County	3	77.8%	**	*		**	**	**	**	**	
Onslow-Carteret	3	77.8%	**	*		**	**	**	*		**
Johnston	3	75.0%	**	**		**	**	**	**		
Crossroads	3	66.7%	**	*		*	**	**	**		
Guilford	3	66.7%	**	*		**	**	*		*	
New River	3	66.7%	**	*		*	*	**		*	
Pitt	3	66.7%	**			**	**	**		**	**
Orange-Person-Chatham	3	62.5%	**			**		**	**	*	
Western Highlands	3	62.5%	**	*		**	**	*			
Foothills	3	55.6%	**	*		**	**	**			
Wake	3	55.6%	**			**	**	**	**		
Durham	3	44.4%	**	*		**		**			
Eastpointe	3	44.4%	**			**	**	**			
Smoky Mountain	3	44.4%	**	*		**		*			
Roanoke-Chowan	3	33.3%	**								
CenterPoint	3	22.2%	**			**					
Cumberland	3	22.2%	**			**					
Met Best Practice Standard Q3: **	52.5%	25 96.2%	3 12.0%	1 3.8%	20 80.0%	19 76.0%	19 76.0%	13 52.0%	9 36.0%	7 36.8%	
Met the SFY Standard Q3: *	15.4%	1 3.8%	15 60.0%	3 11.5%	5 20.0%	1 4.0%	4 16.0%	1 4.0%	4 16.0%	0 0.0%	
Total	67.9%	26 100.0%	18 72.0%	4 15.4%	25 100.0%	20 80.0%	23 92.0%	14 56.0%	13 52.0%	7 36.8%	

Notes:

1. * = Met the Current State Fiscal Year Performance Contract Standard. ** = Met the Best Practice Standard.

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Summary of LME System Management Performance

LME	Qtr	System Management Percent Met (★ or ★★)	1.3.1. Choice of Providers	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions	1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term	1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent	1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric	1.3.5. Bed-Day Allocations - ADATC	1.4.2. SB 163 Provider Monitoring - Timely Resolution	1.4.2. SB 163 Provider Monitoring - Policy/Procedures	1.6.2. Incident Management	1.6.3. Incident Reporting
Alamance-Caswell-Rockingham	3	100.0%		<<	<<	<<	<<	<<	★★			★
Albemarle	3	100.0%		>	<<	>>	<<	>>>	★★			
Catawba	3	100.0%	★★	>>	>>	<<	<<	>	★★	★★	★★	
Cumberland	3	100.0%	★★	<	>>>	>>>	<	<<	★	★★	★★	☆☆
Five County	3	100.0%	★★	>	<<	<<	>>>	<	★	★★	★★	☆☆
Foothills	3	100.0%	★★	<<	<<	<<	>>>	>	★★	★★	★★	★
Guilford	3	100.0%	★★	<<	<<	<	<	<<	★★	★★	★★	★
Mecklenburg	3	100.0%	★★	>>	<<	>>>	>>	<<	★★	★★	★★	★
New River	3	100.0%	★★	<<	<	<<	>>	>>>	★★	★★	★★	★
Orange-Person-Chatham	3	100.0%		<<	<<	>>>	>>>	<<	★★			★
Pathways	3	100.0%		<<	>>	<<	>>	<<	★★			★
Pitt	3	100.0%	★★	<<	<<	>>>	<<	<	★★		★★	★
Roanoke-Chowan	3	100.0%		<<	<<	<<	<<	<<	★★			☆☆
Sandhills Center	3	100.0%	★★	<<	<<	>	<<	<<	★★	★★	★★	★
Southeastern Regional	3	100.0%	★★	<<	<<	>>	>	<<	★★	★★	★★	★
Western Highlands	3	100.0%		<	<	<<	>>	<<	★★			★
Eastpointe	3	75.0%	★	<<	<<	>>>	>>	<<	★		★★	★
Johnston	3	75.0%	★★	<<	>>>	>	<<	<<	★★		★	★
Neuse	3	75.0%	★★	<	<<	>	<<	<<	★		★★	★
Onslow-Carteret	3	75.0%	★★	<<	<<	>>>	>>>	<<		★★	★★	★
Southeastern Center	3	75.0%	★★	>	<<	>>	>>	<<	★★		★★	★
Wake	3	75.0%	★★	>	<	>	>>	<<	★		★	★
Crossroads	3	50.0%	★★	<<	<<	<<	>>>	<<	★★			★
Durham	3	50.0%	★★	<<	<<	<<	>>>	<<			★★	
Smoky Mountain	3	50.0%	★★	<<	<<	>>	>>>	>			★★	★
CenterPoint	3	25.0%		>	<<	>	>>>	<<	★			☆☆

Bed-Day Allocation Symbols
>>> YTD utilization has exceeded the annual allocation.
>> YTD utilization is more than 10% above the YTD prorated allocation.
> YTD utilization is less than 10% above the YTD prorated allocation.
= YTD utilization is equal to the YTD prorated allocation.
< YTD utilization is less than 10% below the YTD prorated allocation.
<< YTD utilization is more than 10% below the YTD prorated allocation.

Met Best Practice Standard Q3: ★★	71.8%	18 90.0%						17 65.4%	10 52.6%	16 80.0%	4 15.4%
Met the SFY Standard Q3: ★	10.6%	1 5.0%						6 23.1%	0 0.0%	2 10.0%	19 73.1%
Total	82.4%	19 95.0%						23 88.5%	10 52.6%	18 90.0%	23 88.5%

Notes:
 1. ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard. ★ = On track for meeting the annual Current State Fiscal Year Standard. ☆ = On track for meeting the annual Best Practice Standard.
 2. Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter or annual measures (e.g. bed-day allocations & incident reporting) for which final results will not be available until year-end.

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Summary of LME Administrative Performance

LME	Qtr	Administration Percent Met (★ or ★★)	1.1.1. Local Business Plan	1.5.1. Notice of Appeal Rights	1.7.1. Accounting and Claims Adjudication	1.8.1. Quarterly Fiscal Monitoring Reports	1.8.1.5. SAJJ Initiative Quarterly Reports	1.8.1.6. Work First Initiative Quarterly Reports	1.8.2.2. CDW - Completeness	1.8.2.3. CDW - Unknown Data	1.8.2.4. CDW - Identifying and Demographic Records	1.8.2.5. CDW - Drug of Choice	1.8.2.7. DD COI	1.8.2.9. NC TOPFS (Initial)	1.8.2.11. National Core Indicators Consents and Pre-Surveys	1.8.2.13. NC-SMAP	1.8.2.14. Consumer Satisfaction Survey
Neuse	3	100.0%	★★	★	★★	★★	★★	☆☆	★★	★★	★★	★★		★	★★	★	★★
Albemarle	3	92.3%	★★		★★		★★	☆☆	★★	★★	★★	★★	★★	★★	★★	★★	★
Catawba	3	92.3%	★★	★★	★★				★★	★★	★★	★★	★★	★	★★	★	★★
Johnston	3	90.9%	★★		★★			★	★★	★★	★★	★★		★	★★	★	★★
CenterPoint	3	85.7%	★★	★★	★★		★★	☆☆	★★	★★	★★	★★	★★		★★	★	★★
Orange-Person-Chatham	3	84.6%	★★		★★		★★	☆☆	★★	★★	★★	★★	★★		★★	★	★
Southeastern Center	3	84.6%	★★		★★		★★	★★	★★	★★	★★	★		★	★★	★	★★
Alamance-Caswell-Rockingham	3	83.3%	★★		★★		★★	☆☆	★★	★★	★★	★★			★★	★	★★
Five County	3	83.3%	★★		★★		★★	★	★★	★★	★★			★	★★	★★	★★
Cumberland	3	78.6%	★★		★★	★★	★★	☆☆	★★	★★	★★	★★	★★		★★		★
Wake	3	78.6%	★★	★★	★★		★★	★	★★	★★	★★	★★	★★		★★		★
Pitt	3	76.9%	★★	★★	★★		★★	☆☆	★★	★★	★★				★★	★	★★
Southeastern Regional	3	76.9%	★★		★★		★★	☆☆	★★	★★	★★	★★			★★	★	★★
New River	3	75.0%	★★	★★	★★					★★	★★	★			★★	★	★★
Onslow-Carteret	3	75.0%	★★	★★	★★			☆☆	★★	★★	★	★★			★★		★★
Pathways	3	75.0%	★★		★★			☆☆	★★	★★	★★	★★			★★	★	★
Durham	3	71.4%	★★		★★	★★		☆☆	★★	★★	★★	★★	★★		★★		★★
Guilford	3	71.4%	★★	★★	★★		★★	☆☆	★★	★★	★★	★★	★★				★★
Sandhills Center	3	71.4%	★★	★★	★★		★★	☆☆	★★	★★	★★	★★	★★				★★
Mecklenburg	3	69.2%	★★	★★	★★		★★	★	★★	★★	★★				★★		★★
Foothills	3	69.2%	★★		★★		★★	☆☆	★★	★★	★★	★★			★★		★★
Crossroads	3	66.7%	★★	★★	★★			☆☆	★★	★★	★★				★★		★★
Roanoke-Chowan	3	66.7%	★★				★★	☆☆	★★	★★	★★	★★	★★				★★
Eastpointe	3	61.5%	★★	★	★★			☆☆	★★	★★	★				★★		★★
Smoky Mountain	3	61.5%	★★	★★	★★			★	★★	★★					★★	★	★★
Western Highlands	3	53.8%			★★		★★			★★	★★	★★	★★				★

Met Best Practice Standard Q3: ★★	68.1%	25	11	25	3	17	17	24	26	23	18	11	1	22	2	20
Met the SFY Standard Q3: ★	8.7%	0	2	0	0	0	5	0	0	2	2	0	5	0	12	6
Total	76.7%	25	13	25	3	17	22	24	26	25	20	11	6	22	14	26
		96.2%	72.2%	100.0%	11.5%	85.0%	84.6%	92.3%	100.0%	96.2%	76.9%	91.7%	23.1%	84.6%	53.8%	100.0%

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
 ☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆ = On track for meeting the annual Best Practice Standard.
- Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter or annual measures (e.g. Work First) for which final results will not be available until year-end.

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General Administration and Governance.
1.1.1. Local Business Plan Implementation

Performance Requirement: LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

Best Practice Standard: 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.

SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/30/05)				2nd Qtr Report (Due 1/30/06)				3rd Qtr Report (Due 4/30/06)				4th Qtr Report (Due 7/30/06)			
	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²	Date Received ¹	Evidence Implementation	CFAC Statement	Standard Met ²
Alamance-Caswell-Rockingham	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Albemarle	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Catawba	10/17/05	Yes	Yes	★★	1/17/06	Yes	Yes	★★	4/13/06	Yes	Yes	★★				
CenterPoint	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Crossroads	10/28/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★	4/25/06	Yes	Yes	★★				
Cumberland	10/24/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★	4/14/06	Yes	Yes	★★				
Durham	10/14/05	Yes	Yes	★★	1/17/06	Yes	Yes	★★	4/13/06	Yes	Yes	★★				
Eastpointe	10/28/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★	4/17/06	Yes	Yes	★★				
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement							
Five County	10/28/05	Yes	Yes	★★	1/27/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Foothills	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Guilford	10/17/05	Yes	Yes	★★	1/13/06	Yes	Yes	★★	4/17/06	Yes	Yes	★★				
Johnston	10/24/05	Yes	Yes	★★	1/26/06	Yes	Yes	★★	4/24/06	Yes	Yes	★★				
Mecklenburg	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Neuse	10/4/05	Yes	Yes	★★	1/10/06	Yes	Yes	★★	4/6/06	Yes	Yes	★★				
New River	10/30/05	Yes	Yes	★★	1/27/06	Yes	Yes	★★	4/24/06	Yes	Yes	★★				
Onslow-Carteret	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/27/06	Yes	Yes	★★				
Orange-Person-Chatham	10/18/05	Yes	Yes	★★	1/24/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Pathways	10/27/05	Yes	Yes	★★	1/20/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Pitt	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/30/06	Yes	Yes	★★				
Roanoke-Chowan	Subject to Performance Agreement				Subject to Performance Agreement				4/26/06	Yes	Yes	★★				
Sandhills Center	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Smoky Mountain	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Southeastern Center	10/25/05	Yes	Yes	★★	1/20/06	Yes	Yes	★★	4/25/06	Yes	Yes	★★				
Southeastern Regional	10/27/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/28/06	Yes	Yes	★★				
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement							
Wake	10/28/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	4/30/06	Yes	Yes	★★				
Western Highlands	10/30/05	Yes	Yes	★★	1/30/06	Yes	Yes	★★	5/2/06	Yes	Yes					
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement							

Number and Percent of LMEs that met the Best Practice Standard: 25 (96.2%) 25 (96.2%) 25 (96.2%) 0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
 Third Quarter Report
 January 1, 2006 - March 31, 2006

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2006 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Emergent Care								
			Determined To Need		Provided Within 2 Hours		Access Available But Not Seen ² in 2 Hours		Total Provided Access Within 2 Hours ³		
			# Persons	% Persons Requesting Services	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	# Persons	% Persons ⁴ Determined To Need	Met Std ⁵
Alamance-Caswell-Rockingham	4/20/06	2,429	388	16.0%	388	100.0%	0	0.0%	388	100.0%	★★
Albemarle	4/17/06	1,312	165	12.6%	163	98.8%	1	0.6%	164	99.4%	★
Catawba	4/19/06	1,891	10	0.5%	10	100.0%	0	0.0%	10	100.0%	★★
CenterPoint	4/18/06	3,565	830	23.3%	827	99.6%	3	0.4%	830	100.0%	★★
Crossroads	4/10/06	2,351	47	2.0%	45	95.7%	2	4.3%	47	100.0%	★★
Cumberland	4/20/06	1,386	99	7.1%	99	100.0%	0	0.0%	99	100.0%	★★
Durham	4/20/06	1,663	202	12.1%	202	100.0%	0	0.0%	202	100.0%	★★
Eastpointe	4/19/06	1,181	62	5.2%	62	100.0%	0	0.0%	62	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement										
Five County	4/20/06	1,893	593	31.3%	593	100.0%	0	0.0%	593	100.0%	★★
Foothills	4/13/06	2,547	354	13.9%	351	99.2%	3	0.8%	354	100.0%	★★
Guilford	4/10/06	2,799	1,365	48.8%	1,365	100.0%	0	0.0%	1,365	100.0%	★★
Johnston	4/19/06	561	7	1.2%	7	100.0%	0	0.0%	7	100.0%	★★
Mecklenburg	4/12/06	1,189	31	2.6%	11	35.5%	20	64.5%	31	100.0%	★★
Neuse	4/6/06	838	275	32.8%	275	100.0%	0	0.0%	275	100.0%	★★
New River	4/19/06	3,367	64	1.9%	63	98.4%	1	1.6%	64	100.0%	★★
Onslow-Carteret	4/20/06	1,363	376	27.6%	375	99.7%	1	0.3%	376	100.0%	★★
Orange-Person-Chatham	4/19/06	877	199	22.7%	199	100.0%	0	0.0%	199	100.0%	★★
Pathways	4/19/06	2,346	761	32.4%	739	97.1%	22	2.9%	761	100.0%	★★
Pitt	4/19/06	765	84	11.0%	84	100.0%	0	0.0%	84	100.0%	★★
Roanoke-Chowan	4/13/06	1,238	79	6.4%	76	96.2%	3	3.8%	79	100.0%	★★
Sandhills Center	4/19/06	1,969	263	13.4%	258	98.1%	5	1.9%	263	100.0%	★★
Smoky Mountain	4/19/06	1,763	240	13.6%	229	95.4%	11	4.6%	240	100.0%	★★
Southeastern Center	4/13/06	2,397	367	15.3%	363	98.9%	4	1.1%	367	100.0%	★★
Southeastern Regional	4/18/06	1,686	43	2.6%	41	95.3%	2	4.7%	43	100.0%	★★
Tideland	Subject to Performance Agreement										
Wake	4/20/06	2,421	387	16.0%	356	92.0%	31	8.0%	387	100.0%	★★
Western Highlands	4/19/06	3,291	414	12.6%	414	100.0%	0	0.0%	414	100.0%	★★
Wilson-Greene	Subject to Performance Agreement										
Total		49,088	7,705	15.7%	7,595	98.6%	109	1.4%	7,704	100.0%	★★

Number and Pct of LMEs that met the Best Practice Standard:

25 (96.2%)

Number and Pct of LMEs that met the SFY 2006 Standard:

1 (3.8%)

Total

26 (100%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen** is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours** includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
 Third Quarter Report
 January 1, 2006 - March 31, 2006

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2006 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Urgent Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 48 Hours			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	4/20/06	2,429	53	2.2%	53	100.0%	★★	0	0.0%	0	0.0%	100.0%
Albemarle	4/17/06	1,312	216	16.5%	197	91.2%	★	4	1.9%	10	4.6%	97.7%
Catawba	4/19/06	1,891	13	0.7%	13	100.0%	★★	0	0.0%	0	0.0%	100.0%
CenterPoint	4/18/06	3,565	611	17.1%	505	82.7%		101	16.5%	5	0.8%	100.0%
Crossroads	4/10/06	2,351	486	20.7%	457	94.0%	★	12	2.5%	17	3.5%	100.0%
Cumberland	4/20/06	1,386	134	9.7%	112	83.6%		6	4.5%	16	11.9%	100.0%
Durham	4/20/06	1,663	701	42.2%	697	99.4%	★	0	0.0%	103	14.7%	114.1%
Eastpointe	4/19/06	1,181	37	3.1%	28	75.7%		4	10.8%	5	13.5%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	4/20/06	1,893	53	2.8%	51	96.2%	★	0	0.0%	2	3.8%	100.0%
Foothills	4/13/06	2,547	169	6.6%	164	97.0%	★	5	3.0%	0	0.0%	100.0%
Guilford	4/10/06	2,799	53	1.9%	49	92.5%	★	1	1.9%	3	5.7%	100.0%
Johnston	4/19/06	561	21	3.7%	21	100.0%	★★	0	0.0%	0	0.0%	100.0%
Mecklenburg	4/12/06	1,189	0	0.0%								
Neuse	4/6/06	838	93	11.1%	92	98.9%	★	0	0.0%	1	1.1%	100.0%
New River	4/19/06	3,367	530	15.7%	518	97.7%	★	1	0.2%	9	1.7%	99.6%
Onslow-Carteret	4/20/06	1,363	598	43.9%	591	98.8%	★	0	0.0%	7	1.2%	100.0%
Orange-Person-Chatham	4/19/06	877	189	21.6%	157	83.1%		4	2.1%	23	12.2%	97.4%
Pathways	4/19/06	2,346	554	23.6%	517	93.3%	★	12	2.2%	15	2.7%	98.2%
Pitt	4/19/06	765	50	6.5%	32	64.0%		10	20.0%	8	16.0%	100.0%
Roanoke-Chowan	4/13/06	1,238	60	4.8%	41	68.3%		12	20.0%	7	11.7%	100.0%
Sandhills Center	4/19/06	1,969	173	8.8%	150	86.7%	★	9	5.2%	14	8.1%	100.0%
Smoky Mountain	4/19/06	1,763	210	11.9%	185	88.1%	★	4	1.9%	21	10.0%	100.0%
Southeastern Center	4/13/06	2,397	704	29.4%	653	92.8%	★	30	4.3%	21	3.0%	100.0%
Southeastern Regional	4/18/06	1,686	90	5.3%	84	93.3%	★	3	3.3%	1	1.1%	97.8%
Tideland	Subject to Performance Agreement											
Wake	4/20/06	2,421	784	32.4%	597	76.1%		81	10.3%	82	10.5%	96.9%
Western Highlands	4/19/06	3,291	249	7.6%	220	88.4%	★	3	1.2%	26	10.4%	100.0%
Wilson-Greene	Subject to Performance Agreement											
Total		49,088	6,831	13.9%	6,184	90.5%	★	302	4.4%	396	5.8%	100.7%

Number and Pct of LMEs that met the Best Practice Standard: 3 (12%)
 Number and Pct of LMEs that met the SFY 2006 Standard: 15 (60%)
 Total: 18 (72%)

- Notes:**
- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
 - Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
 - Percents that are less than 85% are shaded and in bold font.
 - ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
 - If the number of persons determined to need this level of care equals "0", the performance standard will not apply and the "Met Std" will be grayed out.

Access, Triage and Referral.
1.2.3. Access to Routine Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2006 Standard: 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

Local Management Entity	Date Report Received ¹	# Persons Requesting Services	Routine Care									% Provided Access Including Declined + No Show
			Determined To Need		Provided Within 7 Days			Offered But Declined ²		Scheduled - No Show		
			# Persons	% Persons Requesting Services	# Persons	% Persons ³ Determined To Need	Met Std ⁴	# Persons	% Persons Determined To Need	# Persons	% Persons Determined To Need	
Alamance-Caswell-Rockingham	4/20/06	2,429	1,988	81.8%	1,352	68.0%		40	2.0%	596	30.0%	100.0%
Albemarle	4/17/06	1,312	931	71.0%	486	52.2%		109	11.7%	150	16.1%	80.0%
Catawba	4/19/06	1,891	1,071	56.6%	575	53.7%		128	12.0%	253	23.6%	89.3%
CenterPoint	4/18/06	3,565	2,095	58.8%	1,076	51.4%		292	13.9%	727	34.7%	100.0%
Crossroads	4/10/06	2,351	1,524	64.8%	1,101	72.2%		140	9.2%	272	17.8%	99.3%
Cumberland	4/20/06	1,386	1,027	74.1%	582	56.7%		138	13.4%	286	27.8%	98.0%
Durham	4/20/06	1,663	760	45.7%	321	42.2%		88	11.6%	83	10.9%	64.7%
Eastpointe	4/19/06	1,181	1,000	84.7%	635	63.5%		315	31.5%	50	5.0%	100.0%
Edgecombe-Nash	Subject to Performance Agreement											
Five County	4/20/06	1,893	1,247	65.9%	741	59.4%		107	8.6%	214	17.2%	85.2%
Foothills	4/13/06	2,547	2,024	79.5%	1,587	78.4%		150	7.4%	287	14.2%	100.0%
Guilford	4/10/06	2,799	1,230	43.9%	1,002	81.5%		92	7.5%	136	11.1%	100.0%
Johnston	4/19/06	561	450	80.2%	272	60.4%		33	7.3%	142	31.6%	99.3%
Mecklenburg	4/12/06	1,189	1,154	97.1%	1,036	89.8%	★	12	1.0%	12	1.0%	91.9%
Neuse	4/6/06	838	470	56.1%	470	100.0%	★★	0	0.0%	0	0.0%	100.0%
New River	4/19/06	3,367	1,713	50.9%	1,255	73.3%		132	7.7%	196	11.4%	92.4%
Onslow-Carteret	4/20/06	1,363	380	27.9%	322	84.7%		25	6.6%	33	8.7%	100.0%
Orange-Person-Chatham	4/19/06	877	362	41.3%	280	77.3%		14	3.9%	66	18.2%	99.4%
Pathways	4/19/06	2,346	848	36.1%	762	89.9%	★	20	2.4%	37	4.4%	96.6%
Pitt	4/19/06	765	585	76.5%	381	65.1%		32	5.5%	172	29.4%	100.0%
Roanoke-Chowan	4/13/06	1,238	689	55.7%	282	40.9%		318	46.2%	89	12.9%	100.0%
Sandhills Center	4/19/06	1,969	1,499	76.1%	998	66.6%		144	9.6%	357	23.8%	100.0%
Smoky Mountain	4/19/06	1,763	1,313	74.5%	787	59.9%		117	8.9%	128	9.7%	78.6%
Southeastern Center	4/13/06	2,397	1,164	48.6%	828	71.1%		174	14.9%	162	13.9%	100.0%
Southeastern Regional	4/18/06	1,686	1,503	89.1%	1,322	88.0%	★	11	0.7%	85	5.7%	94.3%
Tideland	Subject to Performance Agreement											
Wake	4/20/06	2,421	1,099	45.4%	799	72.7%		40	3.6%	61	5.6%	81.9%
Western Highlands	4/19/06	3,291	2,607	79.2%	1,847	70.8%		79	3.0%	681	26.1%	100.0%
Wilson-Greene	Subject to Performance Agreement											
Total		49,088	30,733	62.6%	21,099	68.7%		2,750	8.9%	5,275	17.2%	94.8%

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2006 Standard:

Total

1 (3.8%)

3 (11.5%)

4 (15.4%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. **Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Access, Triage and Referral.
1.2.4. Access Line

Performance Requirement: LME maintains a toll-free Access Line that is staffed 24 hours per day every day with trained personnel. Calls are answered within 6 rings. DHHS will monitor the number of rings it takes to answer the Access Line through a mystery shopper program. A minimum of 10 calls per quarter will be sampled.

Best Practice Standard: 100% of calls are answered within 6 rings.

SFY 2006 Standard: 85% of calls are answered within 6 rings.

Local Management Entity	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹	# Calls Made	Answered Within 6 Rings		Standard Met ¹
		#	% ²			#	% ²			#	% ²			#	% ²	
Alamance-Caswell-Rockingham	10	10	100.0%	★★	10	8	80.0%		10	9	90.0%	★				
Albemarle	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
Catawba	10	8	80.0%		10	8	80.0%		10	10	100.0%	★★				
CenterPoint	10	9	90.0%	★	10	10	100.0%	★★	10	10	100.0%	★★				
Crossroads	10	9	90.0%	★	10	10	100.0%	★★	10	9	90.0%	★				
Cumberland	10	7	70.0%		10	10	100.0%	★★	10	10	100.0%	★★				
Durham	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
Eastpointe	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement							
Five County	10	8	80.0%		10	9	90.0%	★	10	10	100.0%	★★				
Foothills	10	10	100.0%	★★	Not monitored this quarter				10	10	100.0%	★★				
Guilford	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
Johnston	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
Mecklenburg	10	9	90.0%	★	10	10	100.0%	★★	10	10	100.0%	★★				
Neuse	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
New River	10	10	100.0%	★★	Not monitored this quarter				10	9	90.0%	★				
Onslow-Carteret	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
Orange-Person-Chatham	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
Pathways	10	9	90.0%	★	10	10	100.0%	★★	10	9	90.0%	★				
Pitt	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
Roanoke-Chowan	Subject to Performance Agreement				Subject to Performance Agreement				Not monitored this quarter							
Sandhills Center	10	10	100.0%	★★	10	9	90.0%	★	10	10	100.0%	★★				
Smoky Mountain	10	10	100.0%	★★	Not monitored this quarter				10	10	100.0%	★★				
Southeastern Center	10	7	70.0%		10	10	100.0%	★★	10	10	100.0%	★★				
Southeastern Regional	10	7	70.0%		10	9	90.0%	★	10	9	90.0%	★				
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement							
Wake	10	10	100.0%	★★	10	10	100.0%	★★	10	10	100.0%	★★				
Western Highlands	10	10	100.0%	★★	Not monitored this quarter				10	10	100.0%	★★				
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				Subject to Performance Agreement							
Totals	270	253	93.7%	★	210	203	96.7%	★	250	245	98.0%	★				

Number and Pct of LMEs that met the Best Practice Standard:	18 (72%)	16 (76.2%)	20 (80%)	0 (0%)
Number and Pct of LMEs that met the SFY 2006 Standard:	4 (16%)	3 (14.3%)	5 (20%)	0 (0%)
Total	22 (88%)	19 (90.5%)	25 (100%)	0 (0%)

- Notes:**
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
 - Percents less than 85% are shaded.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Service Management.
1.3.1. Choice of Providers

Performance Requirement: The LME shall develop a system by December 31, 2004 to ensure and to allow DHHS to verify that all eligible persons that request service receive the information necessary to make an informed selection of service providers. Only LMEs subject to the Performance Contract in SFY05 were audited for this measure.

Best Practice Standard: The system is developed and in place, allows verification of choice, and is operational by December 31, 2004.

SFY 2006 Standard: The system is developed and in place and allows verification of choice by December 31, 2004.

Local Management Entity	System is developed and in place by 12/31/04	System allows verification of choice	System is operational by 12/31/04	Standard Met ¹
Alamance-Caswell-Rockingham	Subject to Performance Agreement			
Albemarle	Subject to Performance Agreement			
Catawba	Yes	Yes	Yes	★★
CenterPoint	No	No	No	
Crossroads	Yes	Yes	Yes	★★
Cumberland	Yes	Yes	Yes	★★
Durham	Yes	Yes	Yes	★★
Eastpointe	Yes	Yes	No	★
Edgecombe-Nash	Subject to Performance Agreement			
Five County	Yes	Yes	Yes	★★
Foothills	Yes	Yes	Yes	★★
Guilford	Yes	Yes	Yes	★★
Johnston	Yes	Yes	Yes	★★
Mecklenburg	Yes	Yes	Yes	★★
Neuse	Yes	Yes	Yes	★★
New River	Yes	Yes	Yes	★★
Onslow-Carteret	Yes	Yes	Yes	★★
Orange-Person-Chatham	Subject to Performance Agreement			
Pathways	Subject to Performance Agreement			
Pitt	Yes	Yes	Yes	★★
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center	Yes	Yes	Yes	★★
Smoky Mountain	Yes	Yes	Yes	★★
Southeastern Center	Yes	Yes	Yes	★★
Southeastern Regional	Yes	Yes	Yes	★★
Tideland	Subject to Performance Agreement			
Wake	Yes	Yes	Yes	★★
Western Highlands	Subject to Performance Agreement			
Wilson-Greene	Subject to Performance Agreement			

Number and Pct of LMEs that met the Best Practice Standard:	18 (90%)
Number and Pct of LMEs that met the SFY 2006 Standard:	1 (5%)
Total	19 (95%)

Notes:

1. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Service Management.
1.3.2. Discharge Planning and 1.3.3. Follow-Up For Persons In State Operated Services (Hospitals)

Performance Requirement: The LME or its agent collaborates with State-Operated Facilities in the development of discharge plans where the LME authorized the inpatient services and the State-Operated Facility notified the LME of its intention to discharge. The LME works with consumers to determine the consumer's appropriate choice of provider and makes an appointment for follow-up care with the chosen provider, after notification by the State-Operated Facility that the consumer will be discharged, to allow the consumer to be seen within 5 workdays following discharge. If the consumer does not attend the appointment, the LME documents and makes reasonable professional efforts to contact the consumer and reschedule care. DHHS will review a random sample of records for up to 20 individuals that were discharged from State-Operated Facilities where the LME authorized the inpatient services and the State-Operated Facility notified the LME of the discharge in time to participate in discharge planning or to make the follow-up appointment.

Best Practice Standard: 100% of cases reviewed show documentation of LME involvement in discharge planning and are seen by a provider of the consumer's choice within 5 workdays following discharge or meet exception criteria demonstrating that reasonable professional effort was made to see or reschedule the consumer if the consumer did not show up for the appointment.

SFY 2006 Standard: 85% of cases reviewed show documentation of LME involvement in discharge planning and are seen by a provider of the consumer's choice within 5 workdays following discharge or meet exception criteria demonstrating that reasonable professional effort was made to see or reschedule the consumer if the consumer did not show up for the appointment.

Local Management Entity	Involvement In Discharge Planning				Follow-Up Appointment Made				
	# Cases Reviewed	Demonstrated Involvement		Standard Met ²	# Cases Reviewed	# Seen Within 5 Days	# Met Exception Criteria	% Compliance ¹	Standard Met ²
		#	% ¹						
Alamance-Caswell-Rockingham	20	20	100.0%	★★	20	20		100.0%	★★
Albemarle	20	20	100.0%	★★	20	19	1	100.0%	★★
Catawba	18	18	100.0%	★★	18	16	2	100.0%	★★
CenterPoint	9	5	55.6%		9	4	3	77.8%	
Crossroads	20	20	100.0%	★★	20	18	2	100.0%	★★
Cumberland	20	10	50.0%		20	15	0	75.0%	
Durham	20	15	75.0%		20	19	1	100.0%	★★
Eastpointe	20	20	100.0%	★★	20	17	3	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				
Five County	20	20	100.0%	★★	20	16	4	100.0%	★★
Foothills	20	20	100.0%	★★	20	20		100.0%	★★
Guilford	20	20	100.0%	★★	20	18	1	95.0%	★
Johnston	14	14	100.0%	★★	14	14		100.0%	★★
Mecklenburg	20	20	100.0%	★★	20	18	2	100.0%	★★
Neuse	20	20	100.0%	★★	20	18	2	100.0%	★★
New River	20	18	90.0%	★	20	19	1	100.0%	★★
Onslow-Carteret	20	20	100.0%	★★	20	18	2	100.0%	★★
Orange-Person-Chatham	20	5	25.0%		20	19	1	100.0%	★★
Pathways	20	20	100.0%	★★	20	18	0	90.0%	★
Pitt	20	20	100.0%	★★	20	20		100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement				Subject to Performance Agreement				
Sandhills Center	20	20	100.0%	★★	20	20		100.0%	★★
Smoky Mountain	20	13	65.0%		20	14	5	95.0%	★
Southeastern Center	20	20	100.0%	★★	20	18	2	100.0%	★★
Southeastern Regional	20	20	100.0%	★★	20	19	1	100.0%	★★
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				
Wake	20	20	100.0%	★★	20	20		100.0%	★★
Western Highlands	20	20	100.0%	★★	20	15	3	90.0%	★
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				
Totals	481	438	91.1%	★	481	432	36	97.3%	★

Number and Pct of LMEs that met the Best Practice Standard:	19 (76%)	19 (76%)
Number and Pct of LMEs that met the SFY 2006 Standard:	1 (4%)	4 (16%)
Total	20 (80%)	23 (92%)

Notes:
 1. Percentages below 85% are shaded and in bold font.
 2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Service Management.
1.3.2. Discharge Planning and 1.3.3. Follow-Up For Persons In State Operated Services (ADATCs)

Performance Requirement: The LME or its agent collaborates with State-Operated Facilities in the development of discharge plans where the LME authorized the inpatient services and the State-Operated Facility notified the LME of its intention to discharge. The LME works with consumers to determine the consumer's appropriate choice of provider and makes an appointment for follow-up care with the chosen provider, after notification by the State-Operated Facility that the consumer will be discharged, to allow the consumer to be seen within 5 workdays following discharge. If the consumer does not attend the appointment, the LME documents and makes reasonable professional efforts to contact the consumer and reschedule care. DHHS will review a random sample of records for up to 20 individuals that were discharged from State-Operated Facilities where the LME authorized the inpatient services and the State-Operated Facility notified the LME of the discharge in time to participate in discharge planning or to make the follow-up appointment.

Best Practice Standard: 100% of cases reviewed show documentation of LME involvement in discharge planning and are seen by a provider of the consumer's choice within 5 workdays following discharge or meet exception criteria demonstrating that reasonable professional effort was made to see or reschedule the consumer if the consumer did not show up for the appointment.

SFY 2006 Standard: 85% of cases reviewed show documentation of LME involvement in discharge planning and are seen by a provider of the consumer's choice within 5 workdays following discharge or meet exception criteria demonstrating that reasonable professional effort was made to see or reschedule the consumer if the consumer did not show up for the appointment.

Local Management Entity	Involvement In Discharge Planning				Follow-Up Appointment Made				
	# Cases Reviewed	Demonstrated Involvement		Standard Met ²	# Cases Reviewed	# Seen Within 5 Days	# Met Exception Criteria	% Compliance ¹	Standard Met ²
		#	% ¹						
Alamance-Caswell-Rockingham	20	20	100.0%	★★	20	18	2	100.0%	★★
Albemarle	20	20	100.0%	★★	20	20		100.0%	★★
Catawba	20	20	100.0%	★★	20	19	1	100.0%	★★
CenterPoint	6	1	16.7%		6	3	0	50.0%	
Crossroads	20	20	100.0%	★★	20	14	1	75.0%	
Cumberland	11	3	27.3%		11	6	1	63.6%	
Durham	20	9	45.0%		20	14	2	80.0%	
Eastpointe	20	4	20.0%		20	11	2	65.0%	
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				
Five County	20	20	100.0%	★★	20	18	2	100.0%	★★
Foothills									
Guilford	20	16	80.0%		19	14	3	89.5%	★
Johnston	7	7	100.0%	★★	7	5	0	71.4%	
Mecklenburg	20	3	15.0%		20	19	0	95.0%	★
Neuse	20	20	100.0%	★★	20	15	5	100.0%	★★
New River	16	4	25.0%		14	11	2	92.9%	★
Onslow-Carteret	20	19	95.0%	★	20	11	0	55.0%	
Orange-Person-Chatham	20	20	100.0%	★★	20	19	0	95.0%	★
Pathways	20	20	100.0%	★★	20	16	0	80.0%	
Pitt	20	6	30.0%		20	16	4	100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement				Subject to Performance Agreement				
Sandhills Center	20	20	100.0%	★★	20	18	2	100.0%	★★
Smoky Mountain	20	11	55.0%		20	11	2	65.0%	
Southeastern Center	20	20	100.0%	★★	20	17	3	100.0%	★★
Southeastern Regional	20	20	100.0%	★★	20	15	5	100.0%	★★
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				
Wake	5	5	100.0%	★★	5	3	1	80.0%	
Western Highlands	20	14	70.0%		20	13	2	75.0%	
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				
Totals	425	322	75.8%		422	326	40	86.7%	★

Number and Pct of LMEs that met the Best Practice Standard:	13 (52%)	9 (36%)
Number and Pct of LMEs that met the SFY 2006 Standard:	1 (4%)	4 (16%)
Total	14 (56%)	13 (52%)

Notes:

- Percentages below 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Service Management.
1.3.4. Compliance With Diversion Law NCGS 122C-261(f)

Performance Requirement: The LME grants an exception to the Diversion Law for admission to a State-operated psychiatric hospital for consumers with mental retardation only when the consumer meets exception criteria and efforts have been made to secure admission at three appropriate non-State facilities. DHHS will annually review a random sample of up to 20 cases of persons with MR admitted to State-operated psychiatric hospitals to verify that the consumer met exception criteria and the LME contacted at least three appropriate facilities in an attempt to secure admission. Only LMEs subject to the Performance Contract in SFY05 were audited for this measure.

Best Practice Standard: 100% of cases reviewed met the exception criteria and 3 facilities were contacted.
SFY 2006 Standard: 85% of cases reviewed met the exception criteria and 3 facilities were contacted.

Local Management Entity	# Cases Reviewed	# That Met Exception Criteria	# With 3 Facilities Contacted	# That Met Both Requirements	% That Met Both Requirements ¹	Standard Met ²
Alamance-Caswell-Rockingham	Subject to Performance					
Albemarle	Subject to Performance					
Catawba	2	2	2	2	100.0%	★★
CenterPoint	4	3	4	3	75.0%	
Crossroads	9	3	9	3	33.3%	
Cumberland	5	1	4	1	20.0%	
Durham	6	2	5	2	33.3%	
Eastpointe	17	4	17	4	23.5%	
Edgecombe-Nash	Subject to Performance					
Five County	9	6	6	6	66.7%	
Foothills	6	6	5	5	83.3%	
Guilford	7	3	7	3	42.9%	
Johnston	0	No Exceptions Reported				
Mecklenburg	1	1	1	1	100.0%	★★
Neuse	1	1	1	1	100.0%	★★
New River	6	4	6	4	66.7%	
Onslow-Carteret	2	2	2	2	100.0%	★★
Orange-Person-Chatham	Subject to Performance					
Pathways	Subject to Performance					
Pitt	4	4	4	4	100.0%	★★
Roanoke-Chowan	Subject to Performance					
Sandhills Center	5	5	5	5	100.0%	★★
Smoky Mountain	5	3	5	3	60.0%	
Southeastern Center	6	6	6	6	100.0%	★★
Southeastern Regional	6	2	3	2	33.3%	
Tideland	Subject to Performance					
Wake	16	9	10	9	56.3%	
Western Highlands	Subject to Performance					
Wilson-Greene	Subject to Performance					
Totals	117	67	102	66	56.4%	

Number and Pct of LMEs that met the Best Practice Standard:

7 (36.8%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

7 (36.8%)

Notes:

1. Percentages below 85% are shaded and in bold font.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Service Management.
1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.
SFY 2006 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Psychiatric Hospital - Adult Admissions				Psychiatric Hospital - Adult Long-Term				Psychiatric Hospital - Child/Adolescent				Psychiatric Hospital - Geriatric			
	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²	Annual Allocation	YTD # Used	YTD % Used ¹	Standard Met ²
YTD Straight-line Percentage:	75%				75%				75%				75%			
Alamance-Caswell-Rockingham	6,352	3,240	51.0%		5,605	518	9.2%		2,021	1,173	58.0%		2,024	821	40.6%	
Albemarle	1,749	1,376	78.7%		3,202	1,059	33.1%		338	292	86.4%		373	203	54.4%	
Catawba	1,160	1,128	97.2%		1,159	1,102	95.1%		472	81	17.2%		267	154	57.7%	
CenterPoint	7,251	5,999	82.7%		7,717	3,346	43.4%		1,448	1,225	84.6%		1,052	1,134	107.8%	
Crossroads	4,180	2,534	60.6%		2,441	1,134	46.5%		1,041	622	59.8%		350	778	222.3%	
Cumberland	3,506	2,562	73.1%		2,090	3,068	146.8%		591	652	110.3%		681	468	68.7%	
Durham	7,611	3,583	47.1%		7,682	2,566	33.4%		3,142	1,427	45.4%		1,259	1,387	110.2%	
Eastpointe	7,044	4,570	64.9%		11,500	5,111	44.4%		833	1,064	127.7%		2,156	1,049	48.7%	
Edgecombe-Nash	Subject to Performance Agreement															
Five County	3,735	2,946	78.9%		3,107	1,730	55.7%		1,472	795	54.0%		907	1,059	116.8%	
Foothills	5,871	3,206	54.6%		3,631	1,426	39.3%		2,405	837	34.8%		1,442	1,600	111.0%	
Guilford	10,043	4,440	44.2%		7,749	3,169	40.9%		2,184	1,492	68.3%		1,266	947	74.8%	
Johnston	1,251	570	45.6%		389	1,386	356.3%		1,436	1,086	75.6%		443	30	6.8%	
Mecklenburg	5,065	4,491	88.7%		6,881	4,035	58.6%		567	1,057	186.4%		1,070	1,015	94.9%	
Neuse	2,146	1,517	70.7%		5,230	1,854	35.4%		515	423	82.1%		485	268	55.3%	
New River	3,351	2,084	62.2%		2,347	1,570	66.9%		855	183	21.4%		617	555	90.0%	
Onslow-Carteret	3,378	1,194	35.3%		5,205	2,896	55.6%		712	779	109.4%		420	508	121.0%	
Orange-Person-Chatham	4,090	2,273	55.6%		3,545	1,371	38.7%		1,413	1,786	126.4%		792	1,330	167.9%	
Pathways	6,918	3,567	51.6%		3,318	2,971	89.5%		929	491	52.9%		937	851	90.8%	
Pitt	2,917	1,396	47.9%		4,910	2,362	48.1%		409	558	136.4%		412	82	19.9%	
Roanoke-Chowan	1,155	646	55.9%		3,122	1,203	38.5%		371	97	26.1%		280	130	46.4%	
Sandhills Center	6,920	3,792	54.8%		3,806	1,596	41.9%		3,289	2,544	77.3%		1,599	721	45.1%	
Smoky Mountain	3,794	1,825	48.1%		2,288	768	33.6%		927	805	86.8%		507	858	169.2%	
Southeastern Center	4,291	3,553	82.8%		8,977	3,655	40.7%		858	819	95.5%		530	512	96.6%	
Southeastern Regional	2,713	1,543	56.9%		1,490	949	63.7%		1,002	927	92.5%		733	586	79.9%	
Tideland	Subject to Performance Agreement															
Wake	12,542	9,460	75.4%		7,794	5,736	73.6%		5,449	4,088	75.0%		3,618	3,520	97.3%	
Western Highlands	12,107	7,924	65.4%		7,436	5,462	73.5%		2,480	1,609	64.9%		1,324	1,200	90.6%	
Wilson-Greene	Subject to Performance Agreement															
Totals	131,140	81,419	62.1%		122,621	62,043	50.6%		37,159	26,912	72.4%		25,544	21,766	85.2%	

Number and Pct of LMEs that met the Best Practice Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Number and Pct of LMEs that met the SFY 2006 Standard:	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Notes:

- Percentages that exceed the annual SFY 2006 Performance Contract Standard are shaded red and in bold print. YTD straight-line percentage for the current quarter is 75%. Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange. Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
- ★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

Service Management.
1.3.5. Transition To Community Services (ADATC Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.
SFY 2006 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

Local Management Entity	Alcohol and Drug Abuse Treatment Center (ADATC) - Substance Abuse			
	Annual Allocation	YTD # Used	YTD % Used ¹ [Straight-line = 75%]	Standard Met ²
Alamance-Caswell-Rockingham	2,971	1,325	44.6%	
Albemarle	1,493	1,909	127.9%	
Catawba	1,167	886	75.9%	
CenterPoint	1,629	913	56.0%	
Crossroads	1,306	648	49.6%	
Cumberland	1,276	284	22.3%	
Durham	2,231	381	17.1%	
Eastpointe	2,147	1,333	62.1%	
Edgecombe-Nash	Subject to Performance Agreement			
Five County	1,494	905	60.6%	
Foothills	2,179	2,066	94.8%	
Guilford	2,754	913	33.2%	
Johnston	725	169	23.3%	
Mecklenburg	6,016	2,953	49.1%	
Neuse	748	453	60.6%	
New River	1,253	1,491	119.0%	
Onslow-Carteret	2,144	1,232	57.5%	
Orange-Person-Chatham	2,335	945	40.5%	
Pathways	2,087	966	46.3%	
Pitt	1,635	1,142	69.8%	
Roanoke-Chowan	531	215	40.5%	
Sandhills Center	3,971	1,890	47.6%	
Smoky Mountain	1,723	1,375	79.8%	
Southeastern Center	4,073	2,159	53.0%	
Southeastern Regional	1,606	235	14.6%	
Tideland	Subject to Performance Agreement			
Wake	2,455	191	7.8%	
Western Highlands	5,213	3,351	64.3%	
Wilson-Greene	Subject to Performance Agreement			
Totals	57,162	30,330	53.1%	

Number and Pct of LMEs that met the Best Practice Standard: 0 (0%)
Number and Pct of LMEs that met the SFY 2006 Standard: 0 (0%)
 Total 0 (0%)

- Notes:
- Percentages that exceed the annual SFY 2006 Performance Contract Standard are shaded and in bold print. YTD straight-line percentage for the current quarter is 75%. Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange. Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.
 - ★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard. Standard Met is reported at the end of the year in the fourth quarter report.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Provider Relations And Support.
1.4.2. SB 163 Provider Monitoring

Performance Requirement: The LME develops Provider Monitoring policies and procedures and monitors providers in its catchment area in accordance with SL 2002-164, 10A NCAC 27G .0600, and its written policies and procedures. The LME shall submit monthly Provider Monitoring Reports to DHHS summarizing its monitoring activities. These reports shall be reviewed to ensure that identified issues are being followed-up and resolved or referred to DHHS in a timely manner. DHHS shall annually review the LME's written policies and procedures (P&Ps) to ensure that all required elements are addressed and shall review the LME's implementation of its P&Ps. Only LMEs that were subject to the Performance Contract in SFY05 were reviewed for Policies and Procedures.

Best Practice Standard: Policies and procedures are developed, contain all required elements, and are implemented. **100%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

SFY 2006 Standard: Policies and procedures are developed, contain all required elements, and are implemented. **85%** of providers monitored address and resolve issues in a timely manner or are referred to DHHS per NCAC 27G .0608(a)(2).

Local Management Entity	# of Providers Monitored	# of Providers With Issues	# With Issues Addressed ¹ Within Timelines	# With Issues Referred to DHHS	% Addressed or Referred ²	Standard Met ³	P&Ps Contain All Required Elements	P&Ps Satisfactorily Implemented	Standard Met ³
Alamance-Caswell-Rockingham	13	7	6	1	100.0%	★★	Subject to Performance Agreement		
Albemarle	21	0				★★	Subject to Performance Agreement		
Catawba	22	22	22		100.0%	★★	Yes	Yes	★★
CenterPoint	40	33	26	3	87.9%	★	No	No	
Crossroads	19	13	13		100.0%	★★	Yes	No	
Cumberland	64	57	50	5	96.5%	★	Yes	Yes	★★
Durham	22	6	4		66.7%		Yes	No	
Eastpointe	17	15	14		93.3%	★	No	No	
Edgecombe-Nash	Subject to Performance Agreement						Subject to Performance Agreement		
Five County	19	15	14		93.3%	★	Yes	Yes	★★
Foothills	5	0				★★	Yes	Yes	★★
Guilford	10	9	8	1	100.0%	★★	Yes	Yes	★★
Johnston	6	5	5		100.0%	★★	No	No	
Mecklenburg	51	42	41	1	100.0%	★★	Yes	Yes	★★
Neuse	26	22	16	4	90.9%	★	No	No	
New River	12	12	12		100.0%	★★	Yes	Yes	★★
Onslow-Carteret	23	4	3		75.0%		Yes	Yes	★★
Orange-Person-Chatham	6	6	6		100.0%	★★	Subject to Performance Agreement		
Pathways	43	40	40		100.0%	★★	Subject to Performance Agreement		
Pitt	18	7	7		100.0%	★★	Not Reviewed During the Audit		
Roanoke-Chowan	1	1	1		100.0%	★★	Subject to Performance Agreement		
Sandhills Center	41	40	36	4	100.0%	★★	Yes	Yes	★★
Smoky Mountain	6	6	4		66.7%		No	No	
Southeastern Center	17	17	17		100.0%	★★	No	No	
Southeastern Regional	26	20	18	2	100.0%	★★	Yes	Yes	★★
Tideland	Subject to Performance Agreement						Subject to Performance Agreement		
Wake	33	33	24	8	97.0%	★	No	Yes	
Western Highlands	12	12	11	1	100.0%	★★	Subject to Performance Agreement		
Wilson-Greene	Subject to Performance Agreement						Subject to Performance Agreement		
Totals	573	444	398	30	96.4%	★	12 Yes	11 Yes	

Number and Pct of LMEs that met the Best Practice Standard:	17 (65.4%)	10 (52.6%)
Number and Pct of LMEs that met the SFY 2006 Standard:	6 (23.1%)	0 (0%)
Total	23 (88.5%)	10 (52.6%)

Notes:

- "Addressed" means that as of the date of the monthly monitoring report (4 months following the monitoring visit), either the issues have been resolved, or improvement plans have been implemented and the LME is working with the provider to ensure that improvements are sustained.
- Percentages below 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Customer Services And Consumer Rights.
1.5.1. Proper Notice Of Appeal Rights

Performance Requirement: The LME provides Medicaid-eligible consumers proper notice of appeal rights in accordance with federal and NC DHHS requirements when services are denied, suspended, terminated, or reduced. DHHS will annually review a random sample of Medicaid-eligible consumers who had services denied, suspended, terminated, or reduced to determine if proper notice of appeal rights was provided. Only LMEs that were subject to the Performance Contract in SFY05 were audited for this measure.

Best Practice Standard: 100% of cases reviewed received proper notice of appeal rights.
SFY 2006 Standard: 95% of cases reviewed received proper notice of appeal rights.

Local Management Entity	# Cases Reviewed	# Received Proper Notice	% Received Proper Notice ¹	Standard Met ²
Alamance-Caswell-Rockingham	Subject to Performance Agreement			
Albemarle	Subject to Performance Agreement			
Catawba	20	20	100.0%	★★
CenterPoint	1	1	100.0%	★★
Crossroads	9	9	100.0%	★★
Cumberland	20	16	80.0%	
Durham	20	1	5.0%	
Eastpointe	20	19	95.0%	★
Edgecombe-Nash	Subject to Performance Agreement			
Five County	LME reported it had no terminations, denials, reductions.			
Foothills	20	13	65.0%	
Guilford	20	20	100.0%	★★
Johnston	LME reported it had no terminations, denials, reductions.			
Mecklenburg	12	12	100.0%	★★
Neuse	20	19	95.0%	★
New River	9	9	100.0%	★★
Onslow-Carteret	20	20	100.0%	★★
Orange-Person-Chatham	Subject to Performance Agreement			
Pathways	Subject to Performance Agreement			
Pitt	20	20	100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center	20	20	100.0%	★★
Smoky Mountain	1	1	100.0%	★★
Southeastern Center	20	14	70.0%	
Southeastern Regional	20	18	90.0%	
Tideland	Subject to Performance Agreement			
Wake	1	1	100.0%	★★
Western Highlands	Subject to Performance Agreement			
Wilson-Greene	Subject to Performance Agreement			
Totals	273	233	85.3%	

Number and Pct of LMEs that met the Best Practice Standard:

11 (61.1%)

Number and Pct of LMEs that met the SFY 2006 Standard:

2 (11.1%)

Total

13 (72.2%)

Notes:

1. Percentages less than 95% are shaded and in bold print.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Quality Management and Outcomes Evaluation.
1.6.2. Incident Management

Performance Requirement: The LME reviews all Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, and takes appropriate action, as needed, to prevent future incidents. DHHS will annually review a random sample of Level II and Level III incidents that were reported to determine if there was adequate response and follow-up. Only LMEs that were subject to the Performance Contract in SFY05 were audited for this measure.

Best Practice Standard: 100% of cases reviewed by DHHS indicate adequate response and follow-up.

SFY 2006 Standard: 85% of cases reviewed by DHHS indicate adequate response and follow-up.

Local Management Entity	# of Level II and III Incidents Reviewed By DHHS	# Reviewed That Show Adequate Response And Follow-Up	% Reviewed That Show Adequate Response And Follow-Up ¹	Standard Met ²
Alamance-Caswell-Rockingham	Subject to Performance Agreement			
Albemarle	Subject to Performance Agreement			
Catawba	20	20	100.0%	★★
CenterPoint	20	2	10.0%	
Crossroads	19	16	84.2%	
Cumberland	14	14	100.0%	★★
Durham	18	18	100.0%	★★
Eastpointe	20	20	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement			
Five County	5	5	100.0%	★★
Foothills	20	20	100.0%	★★
Guilford	20	20	100.0%	★★
Johnston	20	19	95.0%	★
Mecklenburg	20	20	100.0%	★★
Neuse	20	20	100.0%	★★
New River	2	2	100.0%	★★
Onslow-Carteret	20	20	100.0%	★★
Orange-Person-Chatham	Subject to Performance Agreement			
Pathways	Subject to Performance Agreement			
Pitt	20	20	100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement			
Sandhills Center	20	20	100.0%	★★
Smoky Mountain	20	20	100.0%	★★
Southeastern Center	2	2	100.0%	★★
Southeastern Regional	18	18	100.0%	★★
Tideland	Subject to Performance Agreement			
Wake	20	19	95.0%	★
Western Highlands	Subject to Performance Agreement			
Wilson-Greene	Subject to Performance Agreement			
Totals	338	315	93.2%	★

Number and Pct of LMEs that met the Best Practice Standard:

16 (80%)

Number and Pct of LMEs that met the SFY 2006 Standard:

2 (10%)

Total

18 (90%)

Notes:

1. Percentages below 85 are shaded and in bold print.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Quality Management and Outcomes Evaluation.
1.6.3. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) recommendations for next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports are submitted on time and show clear evidence of an effective process containing elements (1)-(5).
SFY 2006 Standard: 75% of reports identify trends, contain plans, actions and results [elements (1)-(4)] for how the LME is addressing those trends to make improvement in services.

Local Management Entity	1st Qtr Report (Due 10/20/05)		2nd Qtr Report (Due 1/20/06)		3rd Qtr Report (Due 4/20/06)		4th Qtr Report (Due 7/20/06)		Standard Met ²
	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	Date Received ¹	Elements Included	
Alamance-Caswell-Rockingham	10/18/05	All 5	1/19/06	<4	4/10/06	First 4			☆
Albemarle	10/31/05	All 5	1/19/06	<4	4/20/06	<4			
Catawba	10/19/05	All 5	1/20/06	<4	4/19/06	<4			
CenterPoint	10/17/05	All 5	1/18/06	All 5	4/18/06	All 5			☆☆
Crossroads	10/20/05	All 5	1/19/06	First 4	4/20/06	All 5			☆
Cumberland	10/19/05	All 5	1/19/06	All 5	4/18/06	All 5			☆☆
Durham	10/19/05	All 5	1/19/06	<4	4/20/06	<4			
Eastpointe	10/20/05	All 5	1/20/06	<4	4/20/06	All 5			☆
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				
Five County	10/5/05	All 5	1/10/06	All 5	4/19/06	All 5			☆☆
Foothills	10/19/05	All 5	1/19/06	<4	4/13/06	All 5			☆
Guilford	10/12/05	All 5	1/11/06	<4	4/12/06	All 5			☆
Johnston	10/20/05	All 5	1/20/06	First 4	4/20/06	All 5			☆
Mecklenburg	10/19/05	All 5	1/19/06	First 4	4/19/06	All 5			☆
Neuse	10/17/05	All 5	1/17/06	<4	4/17/06	All 5			☆
New River	10/10/05	All 5	1/3/06	<4	4/18/06	All 5			☆
Onslow-Carteret	10/20/05	All 5	1/20/06	First 4	4/20/06	All 5			☆
Orange-Person-Chatham	10/13/05	All 5	1/19/06	First 4	4/20/06	<4			☆
Pathways	10/20/05	All 5	1/17/06	First 4	4/19/06	All 5			☆
Pitt	10/14/05	All 5	1/19/06	First 4	4/17/06	All 5			☆
Roanoke-Chowan	Subject to Performance Agreement				4/20/06	All 5			☆☆
Sandhills Center	10/20/05	All 5	1/20/06	<4	4/20/06	All 5			☆
Smoky Mountain	10/20/05	All 5	1/20/06	<4	4/20/06	All 5			☆
Southeastern Center	10/21/05	All 5	1/20/06	<4	4/20/06	All 5			☆
Southeastern Regional	10/20/05	All 5	1/16/06	<4	4/24/06	First 4			☆
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				
Wake	10/19/05	First 4	1/20/06	<4	4/18/06	All 5			☆
Western Highlands	10/24/05	All 5	1/20/06	<4	4/20/06	All 5			☆
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:	4 (15.4%)
Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2006 Standard:	19 (73.1%)
Total	23 (88.5%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.
2. The performance standard is an annual standard. Progress is reported quarterly. The Standard Met calculations give credit for meeting the first two quarters.
 - ☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.
 - ★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Business Management And Accounting.
1.7.1. Claims Adjudication

Performance Requirement: The LME approves or denies service claims/provider invoices that are submitted within 60 days of service within 18 calendar days of receipt. The LME pays all "clean" claims/provider invoices billed to the LME within 60 days of service within 30 calendar days after approval. DHHS annually reviews a random sample of claims submitted to the LME.

Best Practice Standard: 95% of "clean" claims are paid within 30 calendar days after approval.

SFY 2006 Standard: 75% of "clean" claims are paid within 30 calendar days after approval.

Local Management Entity	# Claims Reviewed In Sample	# Clean Claims In Sample	# Clean Claims Paid Within 30 Days After Approval	% Clean Claims Paid Within 30 Days After Approval ¹	Standard Met ²
Alamance-Caswell-Rockingham		15	15	100.0%	★★
Albemarle		15	15	100.0%	★★
Catawba		50	50	100.0%	★★
CenterPoint		50	50	100.0%	★★
Crossroads		50	50	100.0%	★★
Cumberland		50	50	100.0%	★★
Durham		50	50	100.0%	★★
Eastpointe		50	50	100.0%	★★
Edgecombe-Nash	Subject to Performance Agreement				
Five County		50	50	100.0%	★★
Foothills		50	50	100.0%	★★
Guilford		50	50	100.0%	★★
Johnston		50	50	100.0%	★★
Mecklenburg		50	50	100.0%	★★
Neuse		50	50	100.0%	★★
New River		50	50	100.0%	★★
Onslow-Carteret		50	50	100.0%	★★
Orange-Person-Chatham		15	15	100.0%	★★
Pathways		15	15	100.0%	★★
Pitt		50	50	100.0%	★★
Roanoke-Chowan	Subject to Performance Agreement				
Sandhills Center		50	50	100.0%	★★
Smoky Mountain		50	50	100.0%	★★
Southeastern Center		50	50	100.0%	★★
Southeastern Regional		50	50	100.0%	★★
Tideland	Subject to Performance Agreement				
Wake		50	50	100.0%	★★
Western Highlands		15	15	100.0%	★★
Wilson-Greene	Subject to Performance Agreement				
Totals		1,075	1,075	100.0%	★★

Number and Pct of LMEs that met the Best Practice Standard:

25 (100%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

25 (100%)

Notes:

1. Percentages below 75% are shaded and in bold print.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: Same as Best Practice Standard.

Local Management Entity	1st Qtr Report (Due 10/20/05)			2nd Qtr Report (Due 2/20/06)			3rd Qtr Report (Due 4/20/06)			4th Qtr Cash-Basis Report (Due 8/31/06)		4th Qtr Accrual- Basis Report (Due 8/31/06)		Standard Met ²
	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Standard Met ²	Date Received 1	Accurate, Complete	Date Received 1	Accurate, Complete	
Alamance-Caswell-Rockingham	10/20/05	Yes	★★	2/19/06	Yes	★★	Not Rec'd							
Albemarle	10/20/05	Yes	★★	2/28/06	Yes		4/24/06	Yes						
Catawba	10/20/05	Yes	★★	2/21/06	Yes		Not Rec'd							
CenterPoint	10/19/05	Yes	★★	2/23/06	Yes		5/1/06	No						
Crossroads	10/31/05	Yes		3/29/06	Yes		5/1/06	Yes						
Cumberland	10/13/05	Yes	★★	2/22/06	Yes		4/18/06	Yes	★★					
Durham	10/17/05	Yes	★★	2/27/06	Yes		4/11/06	Yes	★★					
Eastpointe	10/20/05	Yes	★★	Not Rec'd			Not Rec'd							
Edgecombe-Nash	Subject to Performance Agreement						Subject to Performance Agreement							
Five County	10/19/05	Yes	★★	2/23/06	Yes		5/5/06	Yes						
Foothills	10/20/05	Yes	★★	5/5/06	Yes		5/5/06	Yes						
Guilford	10/11/05	Yes	★★	2/20/06	Yes	★★	4/17/06	No						
Johnston	10/19/05	Yes	★★	3/15/06	Yes		5/1/06	Yes						
Mecklenburg	10/14/05	Yes	★★	1/23/06	Yes	★★	4/28/06	Yes						
Neuse	10/18/05	Yes	★★	4/10/06	Yes		4/20/06	Yes	★★					
New River	11/7/05	Yes		2/22/06	Yes		4/25/06	Yes						
Onslow-Carteret	Not Rec'd			Not Rec'd			Not Rec'd							
Orange-Person-Chatham	10/20/05	Yes	★★	3/26/06	Yes		Not Rec'd							
Pathways	10/19/05	Yes	★★	2/21/06	Yes		4/24/06	Yes						
Pitt	10/20/05	Yes	★★	Not Rec'd			Not Rec'd							
Roanoke-Chowan	Subject to Performance Agreement						5/3/06	Yes						
Sandhills Center	10/17/05	Yes	★★	2/20/06	Yes	★★	4/24/06	Yes						
Smoky Mountain	Not Rec'd			3/9/06	Yes		5/4/06	Yes						
Southeastern Center	10/17/05	Yes	★★	4/4/06	Yes		4/27/06	Yes						
Southeastern Regional	10/18/05	Yes	★★	4/11/06	Yes		5/4/06	No						
Tideland	Subject to Performance Agreement						Subject to Performance Agreement							
Wake	10/20/05	Yes	★★	3/9/06	Yes		5/4/06	Yes						
Western Highlands	10/20/05	Yes	★★	2/23/06	Yes		5/1/06	Yes						
Wilson-Greene	Subject to Performance Agreement						Subject to Performance Agreement							

and % of LMEs that met the Performance Standard: 21 (84%) 4 (16%) 3 (11.5%) 0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity [LMEs listed at the bottom shaded gray do not have a SAJJ Initiative report requirement]	1st Qtr Reports (Due 10/20/05)							2nd Qtr Reports (Due 1/20/06)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			10/10/05	Yes			★★			1/20/06	Yes			★★
Albemarle					10/20/05	Yes	★★					1/17/06	Yes	★★
CenterPoint	10/17/05	Yes	10/17/05	Yes			★★	1/17/06	Yes	1/17/06	Yes			★★
Cumberland	10/4/05	Yes	10/11/05	Yes			★★	No	No	1/20/06	Yes			
Durham	No	No	10/20/05	Yes				1/20/06	Yes	1/20/06	Yes			★★
Eastpointe			N/A 1st Quarter		10/5/05	Yes	★★			No	No	No	No	
Five County			N/A 1st Quarter							1/17/06	Yes			★★
Foothills	10/17/05	Yes					★★	1/20/06	Yes					★★
Guilford	10/3/05	Yes	10/20/05	Yes			★★	1/20/06	Yes	1/20/06	Yes			★★
Mecklenburg	10/13/05	Yes					★★	No	No					
Neuse			10/20/05	Yes	10/18/05	Yes	★★			1/19/06	Yes	1/19/06	Yes	★★
Orange-Person-Chatham														
Pathways	10/20/05	Yes					★★	1/20/06	Yes					★★
Pitt	10/13/05	Yes	10/13/05	Yes			★★	1/20/06	Yes	1/20/06	Yes			★★
Roanoke-Chowan							Subject to Performance Agreement							Subject to Performance Agreement
Sandhills Center	11/8/05	Yes	10/18/05	Yes				1/10/06	Yes	1/10/06	Yes			★★
Southeastern Center	10/20/05	Yes					★★	1/20/06	Yes					★★
Southeastern Regional					10/3/05	Yes	★★					No	No	
Tideland							Subject to Performance Agreement							Subject to Performance Agreement
Wake	10/20/05	Yes	10/20/05	Yes			★★	1/17/06	Yes	1/17/06	Yes			★★
Western Highlands	No	No	N/A 1st Quarter					1/20/06	Yes	1/20/06	Yes			★★
Catawba														
Crossroads														
Edgecombe-Nash							Subject to Performance Agreement							Subject to Performance Agreement
Johnston														
New River														
Onslow-Carteret														
Smoky Mountain														
Wilson-Greene							Subject to Performance Agreement							Subject to Performance Agreement

Met the Best Practice Standard:	14 (82.4%)	14 (77.8%)
Met the SFY2006 Standard:	0 (0%)	0 (0%)
Total	14 (82.4%)	14 (77.8%)

Notes:

- Dates that are shaded and in bold font indicate reports not received by the due date. *Italicized* dates with light/yellow shading meet the Current SFY Standard.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

Local Management Entity [LMEs listed at the bottom shaded gray do not have a SA/JJ Initiative report requirement]	3rd Qtr Reports (Due 4/20/06)							4th Qtr Reports (Due 7/20/06)						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete		Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham			4/17/06	Yes			★★							
Albemarle			4/20/06	Yes	4/20/06	Yes	★★							
CenterPoint	4/12/06	Yes	4/12/06	Yes			★★							
Cumberland	4/10/06	Yes	3/31/06	Yes			★★							
Durham	No	No	4/12/06	Yes										
Eastpointe			4/20/06	Yes	No	No								
Five County			4/19/06	Yes			★★							
Foothills	4/20/06	Yes					★★							
Guilford	4/6/06	Yes	4/6/06	Yes			★★							
Mecklenburg	4/13/06	Yes					★★							
Neuse			4/19/06	Yes	4/19/06	Yes	★★							
Orange-Person-Chatham			4/19/06	Yes			★★							
Pathways	No	No												
Pitt	4/12/06	Yes	4/12/06	Yes			★★							
Roanoke-Chowan					4/18/06	Yes	★★							
Sandhills Center	4/11/06	Yes	4/11/06	Yes			★★							
Southeastern Center	4/17/06	Yes	4/1/06	Yes			★★							
Southeastern Regional			4/7/06	Yes	4/7/06	Yes	★★							
Tideland					Subject to Performance Agreement							Subject to Performance Agreement		
Wake	4/17/06	Yes	4/17/06	Yes			★★							
Western Highlands	4/18/06	Yes	4/18/06	Yes			★★							
Catawba														
Crossroads														
Edgecombe-Nash					Subject to Performance Agreement							Subject to Performance Agreement		
Johnston														
New River														
Onslow-Carteret														
Smoky Mountain														
Wilson-Greene					Subject to Performance Agreement							Subject to Performance Agreement		

Met the Best Practice Standard:	17 (85%)	0 (0%)
Met the SFY2006 Standard:	0 (0%)	0 (0%)
Total	17 (85%)	0 (0%)

Notes:

- Dates that are shaded and in **bold** font indicate reports not received by the due date. *Italicized* dates with light/yellow shading meet the Current SFY Standard.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Information Management, Analysis, and Reporting.
1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2006 Standard: 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

Local Management Entity	1st Qtr Report (Due 10/20/05)		2nd Qtr Report (Due 1/20/06)		3rd Qtr Report (Due 4/20/06)		4th Qtr Report (Due 7/20/06)		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell-Rockingham	10/14/05	Yes	1/18/06	Yes	4/4/06	Yes			☆☆
Albemarle	10/20/05	Yes	1/20/06	Yes	4/20/06	Yes			☆☆
Catawba	10/26/05	Yes	2/15/06	Yes	4/20/06	Yes			
CenterPoint	10/13/05	Yes	1/11/06	Yes	4/17/06	Yes			☆☆
Crossroads	10/20/05	Yes	1/12/06	Yes	4/20/06	Yes			☆☆
Cumberland	10/20/05	Yes	1/9/06	Yes	4/20/06	Yes			☆☆
Durham	10/20/05	Yes	1/20/06	Yes	4/15/06	Yes			☆☆
Eastpointe	10/12/05	Yes	1/9/06	Yes	4/19/06	Yes			☆☆
Edgecombe-Nash	Subject to Performance Agreement				Subject to Performance Agreement				
Five County	10/27/05	Yes	1/20/06	Yes	4/19/06	Yes			☆
Foothills	10/20/05	Yes	1/10/06	Yes	4/20/06	Yes			☆☆
Guilford	10/12/05	Yes	1/13/06	Yes	4/12/06	Yes			☆☆
Johnston	10/24/05	Yes	1/10/06	Yes	4/20/06	Yes			☆
Mecklenburg	10/20/05	Yes	1/25/06	Yes	4/20/06	Yes			☆
Neuse	10/19/05	Yes	1/19/06	Yes	4/20/06	Yes			☆☆
New River	10/20/05	Yes	Not Rec'd	No	4/20/06	Yes			
Onslow-Carteret	10/20/05	Yes	1/19/06	Yes	4/20/06	Yes			☆☆
Orange-Person-Chatham	10/20/05	Yes	1/20/06	Yes	4/20/06	Yes			☆☆
Pathways	10/13/05	Yes	1/13/06	Yes	4/17/06	Yes			☆☆
Pitt	10/14/05	Yes	1/11/06	Yes	4/11/06	Yes			☆☆
Roanoke-Chowan	Subject to Performance Agreement				4/20/06	Yes			☆☆
Sandhills Center	10/19/05	Yes	1/19/06	Yes	4/13/06	Yes			☆☆
Smoky Mountain	10/19/05	Yes	1/23/06	Yes	4/20/06	Yes			☆
Southeastern Center	10/21/05	Yes	1/25/06	Yes	4/10/06	Yes			
Southeastern Regional	10/18/05	Yes	1/20/06	Yes	4/18/06	Yes			☆☆
Tideland	Subject to Performance Agreement				Subject to Performance Agreement				
Wake	10/27/05	Yes	1/20/06	Yes	4/20/06	Yes			☆
Western Highlands	10/10/05	Yes	1/27/06	Yes	Not Rec'd	No			
Wilson-Greene	Subject to Performance Agreement				Subject to Performance Agreement				

Number and Pct of LMEs that met the Best Practice Standard:

17 (65.4%)

Number and Pct of LMEs that met the SFY 2006 Standard:

5 (19.2%)

Total

22 (84.6%)

Notes:

- Dates that are shaded and in **bold** font indicate reports not received by the due date. **Italicized** dates with light/yellow shading meet the SFY2005 Standard.
- The performance standard is an annual standard. Progress is reported quarterly.

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Information Management, Analysis, and Reporting.
1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of April 30, 2006.

Local Management Entity	Facility Code	JAN	FEB	MAR	Third Quarter Adm SFY2006	Third Quarter Adm SFY2005	Monthly Average SFY2006	Monthly Average SFY2005
Alamance-Caswell-Rockingham	23051	222	185	165	572	637	191	212
Albemarle	43121	93	126	140	359	424	120	141
Catawba	13091	133	93	107	333	312	111	104
CenterPoint	23021	275	233	144	652	1,120	217	373
CrossRoads	23011	227	222	471	920	772	307	257
Cumberland	33051	335	344	389	1,068	888	356	296
Durham	23071	288	221	187	696	526	232	175
Eastpointe	43081	34	99	95	228	742	76	247
Edgecombe-Nash	43051	Subject to Performance Agreement						
Five County	23081	0	0	0	0	411	0	137
Foothills	13051	102	126	129	357	383	119	128
Guilford	23041	296	260	210	766	811	255	270
Johnston	33071	145	150	130	425	492	142	164
Mecklenburg	13102	150	178	138	466	706	155	235
Neuse	43071	60	74	47	181	290	60	97
New River	13030	145	41	97	283	499	94	166
Onslow-Carteret	43021	142	87	71	300	335	100	112
Orange-Person-Chatham	23061	156	148	137	441	494	147	165
Pathways	13081	236	169	205	610	1,075	203	358
Pitt	43091	143	87	103	333	127	111	42
Roanoke-Chowan	43101	57	97	55	209	240	70	80
Sandhills	33031	418	392	314	1,124	938	375	313
Smoky Mountain	13010	0	0	0	0	1,073	0	358
Southeastern Center	43011	218	208	198	624	640	208	213
Southeastern Regional	33041	192	220	246	658	376	219	125
Tideland	43111	Subject to Performance Agreement						
Wake	33081	342	295	245	882	514	294	171
Western Highlands	13131	462	369	423	1,254	1,327	418	442
Wilson-Greene	43041	Subject to Performance Agreement						
TOTAL ADMISSIONS		4,871	4,424	4,446	13,741	16,152	4,580	5,384

Data that are shaded are incomplete or appear to be inaccurate.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Information Management, Analysis, and Reporting.
1.8.2.2. Consumer Information - Client Data Warehouse (CDW)
Completeness of Required Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month (1 quarter lag time). Data has been entered in all required fields.

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) where all required data fields are complete.

Best Practice Standard: 90% of all required data fields are complete for the prior quarter.

SFY 2006 Standard: 80% of all required data fields are complete for the prior quarter.

Local Management Entity	Area Code	State Of Residence	Ability To Pay	Competency Status	EAP Code	Education Level	Employment Status	Veteran Status	Standard Met ²
Alamance-Caswell-Rockingham	205	100%	90%	100%	99%	100%	100%	100%	★★
Albemarle	412	100%	99%	100%	100%	100%	100%	100%	★★
Catawba	109	100%	100%	100%	100%	100%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	99%	100%	100%	100%	100%	100%	★★
Cumberland	305	100%	100%	100%	100%	100%	100%	100%	★★
Durham	207	100%	99%	100%	100%	100%	100%	100%	★★
Eastpointe	408	100%	99%	100%	100%	100%	100%	100%	★★
Edgecombe-Nash	405	Subject to Performance Agreement							
Five County	208	100%	100%	100%	100%	100%	100%	100%	★★
Foothills	105	100%	100%	100%	100%	100%	100%	100%	★★
Guilford	204	100%	100%	100%	100%	100%	100%	100%	★★
Johnston	307	100%	100%	100%	100%	100%	100%	100%	★★
Mecklenburg	110	100%	100%	100%	100%	97%	100%	100%	★★
Neuse	407	100%	100%	100%	100%	100%	100%	100%	★★
New River	103	58%	98%	100%	100%	100%	100%	100%	
Onslow-Carteret	402	100%	100%	100%	100%	100%	100%	100%	★★
Orange-Person-Chatham	206	100%	100%	100%	100%	100%	100%	100%	★★
Pathways	108	100%	100%	100%	100%	100%	100%	100%	★★
Pitt	409	100%	100%	100%	100%	100%	100%	100%	★★
Roanoke-Chowan	410	100%	100%	100%	100%	100%	100%	100%	★★
Sandhills Center	303	100%	100%	100%	100%	100%	100%	100%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	100%	100%	100%	100%	100%	100%	★★
Southeastern Regional	304	100%	99%	100%	100%	100%	100%	100%	★★
Tideland	411	Subject to Performance Agreement							
Wake	308	100%	100%	96%	100%	100%	100%	100%	★★
Western Highlands	113	78%	77%	78%	78%	100%	100%	100%	
Wilson-Greene	404	Subject to Performance Agreement							

Number and Pct of LMEs that met the Best Practice Standard:

24 (92.3%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

24 (92.3%)

Notes:

1. Percentages less than 80% appear shaded and in bold font.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2005 - 2006 Performance Contract
Third Quarter Report
January 1, 2006 - March 31, 2006

Information Management, Analysis, and Reporting.
1.8.2.3. Consumer Information - Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) where all mandatory data fields contain a value other than "unknown".

Best Practice Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

SFY 2006 Standard: 85% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Area Code	County	Race	Ethnicity	Gender	Marital Status	Standard Met ²
Alamance-Caswell-Rockingham	205	100%	100%	100%	100%	100%	★★
Albemarle	412	100%	100%	100%	100%	100%	★★
Catawba	109	100%	100%	100%	100%	100%	★★
CenterPoint	202	100%	100%	100%	100%	100%	★★
Crossroads	201	100%	98%	96%	100%	96%	★★
Cumberland	305	100%	99%	100%	100%	100%	★★
Durham	207	100%	100%	100%	100%	100%	★★
Eastpointe	408	100%	100%	97%	100%	98%	★★
Edgecombe-Nash	405	Subject to Performance Agreement					
Five County	208	100%	100%	100%	100%	100%	★★
Foothills	105	100%	100%	100%	100%	100%	★★
Guilford	204	100%	100%	100%	100%	100%	★★
Johnston	307	100%	100%	100%	100%	100%	★★
Mecklenburg	110	100%	99%	99%	100%	99%	★★
Neuse	407	100%	100%	100%	100%	100%	★★
New River	103	100%	100%	100%	100%	100%	★★
Onslow-Carteret	402	100%	100%	98%	100%	100%	★★
Orange-Person-Chatham	206	100%	100%	93%	100%	100%	★★
Pathways	108	100%	100%	100%	100%	100%	★★
Pitt	409	98%	97%	93%	98%	94%	★★
Roanoke-Chowan	410	100%	100%	100%	100%	99%	★★
Sandhills Center	303	100%	100%	100%	100%	100%	★★
Smoky Mountain	101	100%	100%	100%	100%	100%	★★
Southeastern Center	401	100%	98%	93%	100%	99%	★★
Southeastern Regional	304	100%	100%	100%	100%	100%	★★
Tideland	411	Subject to Performance Agreement					
Wake	308	100%	100%	100%	100%	100%	★★
Western Highlands	113	100%	100%	100%	100%	100%	★★
Wilson-Greene	404	Subject to Performance Agreement					

Number and Pct of LMEs that met the Best Practice Standard:

26 (100%)

Number and Pct of LMEs that met the SFY 2006 Standard:

0 (0%)

Total

26 (100%)

Notes:

1. Percentages less than 85% appear shaded and in bold font.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.4. Consumer Information - Client Data Warehouse (CDW)
Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claim record.

The table below shows the percentage¹ of clients admitted during the prior quarter (1 quarter lag) with an identifying record and demographic record completed within 30 days of the beginning date of service.

Best Practice Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

SFY 2006 Standard: 80% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Area Code	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	94%	★★
Albemarle	412	99%	★★
Catawba	109	99%	★★
CenterPoint	202	100%	★★
Crossroads	201	90%	★★
Cumberland	305	100%	★★
Durham	207	99%	★★
Eastpointe	408	89%	★
Edgecombe-Nash	405	Subject to Performance Agreement	
Five County	208	96%	★★
Foothills	105	98%	★★
Guilford	204	100%	★★
Johnston	307	100%	★★
Mecklenburg	110	100%	★★
Neuse	407	100%	★★
New River	103	93%	★★
Onslow-Carteret	402	86%	★
Orange-Person-Chatham	206	94%	★★
Pathways	108	91%	★★
Pitt	409	96%	★★
Roanoke-Chowan	410	93%	★★
Sandhills Center	303	97%	★★
Smoky Mountain	101	No IPRS claims received cannot calculate statistic	
Southeastern Center	401	94%	★★
Southeastern Regional	304	94%	★★
Tideland	411	Subject to Performance Agreement	
Wake	308	91%	★★
Western Highlands	113	100%	★★
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:	23 (88.5%)
Number and Pct of LMEs that met the SFY 2006 Standard:	2 (7.7%)
Total	25 (96.2%)

Notes:

- Percentages less than 80% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.5. Consumer Information - Client Data Warehouse (CDW)
Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, CSMAJ.

The table below shows the percentage¹ of open clients in the designated target populations (1 quarter lag) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

SFY 2006 Standard: 80% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Area Code	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell-Rockingham	205	95%	★★
Albemarle	412	94%	★★
Catawba	109	99%	★★
CenterPoint	202	100%	★★
Crossroads	201	52%	
Cumberland	305	99%	★★
Durham	207	99%	★★
Eastpointe	408	71%	
Edgecombe-Nash	405	Subject to Performance Agreement	
Five County	208	29%	
Foothills	105	100%	★★
Guilford	204	95%	★★
Johnston	307	93%	★★
Mecklenburg	110	No IPRS claims w/ SA pop group-can't calculate statistic	
Neuse	407	100%	★★
New River	103	81%	★
Onslow-Carteret	402	94%	★★
Orange-Person-Chatham	206	93%	★★
Pathways	108	92%	★★
Pitt	409	75%	
Roanoke-Chowan	410	100%	★★
Sandhills Center	303	99%	★★
Smoky Mountain	101	No IPRS claims w/ SA pop group-can't calculate statistic	
Southeastern Center	401	86%	★
Southeastern Regional	304	95%	★★
Tideland	411	Subject to Performance Agreement	
Wake	308	98%	★★
Western Highlands	113	98%	★★
Wilson-Greene	404	Subject to Performance Agreement	

Number and Pct of LMEs that met the Best Practice Standard:	18 (69.2%)
Number and Pct of LMEs that met the SFY 2006 Standard:	2 (7.7%)
Total	20 (76.9%)

Notes:

1. Percentages less than 80% appear shaded and in bold font.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.7. Consumer Information - DD Client Outcomes Inventory (DD-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The DD COI is required for consumers ages 6 and over with a primary disability of DD whose case number ends in 3 or 6 (20% sample). The expected number of initial forms is the number of active consumers in the CDW in this age and disability group with case numbers ending in 3 or 6.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2006 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

Local Management Entity	Expected # of Initial COI Assessments	Actual # of Initial COI Assessments Submitted	% of Expected COIs Submitted ¹	Standard Met ²
Alamance-Caswell-Rockingham	0			
Albemarle	1	1	100.0%	★★
Catawba	1	1	100.0%	★★
CenterPoint	1	1	100.0%	★★
Crossroads	0			
Cumberland	1	1	100.0%	★★
Durham	2	2	100.0%	★★
Eastpointe	0			
Edgecombe-Nash	Subject to Performance Agreement			
Five County	0			
Foothills	0			
Guilford	2	2	100.0%	★★
Johnston	0			
Mecklenburg	0			
Neuse	0			
New River	0			
Onslow-Carteret	0			
Orange-Person-Chatham	1	1	100.0%	★★
Pathways	0			
Pitt	0			
Roanoke-Chowan	1	1	100.0%	★★
Sandhills Center	1	1	100.0%	★★
Smoky Mountain	1	0	0.0%	
Southeastern Center	0			
Southeastern Regional	0			
Tideland	Subject to Performance Agreement			
Wake	5	5	100.0%	★★
Western Highlands	7	7	100.0%	★★
Wilson-Greene	Subject to Performance Agreement			
Totals	24	23	95.8%	★

Number and Pct of LMEs that met the Best Practice Standard:	11 (91.7%)
Number and Pct of LMEs that met the SFY 2006 Standard:	0 (0%)
Total	11 (91.7%)

Notes:

- Percentages less than 90% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected initial forms are received on time.
SFY 2006 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell-Rockingham	131	72	55.0%			
Albemarle	97	97	100.0%			★★
Catawba	171	157	91.8%			★
CenterPoint	87	29	33.3%			
Crossroads	101	45	44.6%			
Cumberland	240	182	75.8%			
Durham	49	42	85.7%			
Eastpointe	84	51	60.7%			
Edgecombe-Nash		Subject to Performance Agreement				
Five County	101	95	94.1%			★
Foothills	63	46	73.0%			
Guilford	410	319	77.8%			
Johnston	192	180	93.8%			★
Mecklenburg	LME did not submit IPRS claims - unable to calculate a percentage					
Neuse	72	69	95.8%			★
New River	216	126	58.3%			
Onslow-Carteret	112	27	24.1%			
Orange-Person-Chatham	155	47	30.3%			
Pathways	343	195	56.9%			
Pitt	93	23	24.7%			
Roanoke-Chowan	50	30	60.0%			
Sandhills Center	402	337	83.8%			
Smoky Mountain	11	3	27.3%			
Southeastern Center	124	113	91.1%			★
Southeastern Regional	105	91	86.7%			
Tideland		Subject to Performance Agreement				
Wake	314	100	31.8%			
Western Highlands	442	153	34.6%			
Wilson-Greene		Subject to Performance Agreement				
Totals	4,165	2,629	63.1%			

The timeliness criteria was not considered this quarter in determining whether the standard was met.

Number and Pct of LMEs that met the Best Practice Standard: 1 (3.8%)
 Number and Pct of LMEs that met the SFY 2006 Standard: 5 (19.2%)
 Total 6 (23.1%)

Notes:

- Percentages less than 90% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- The expected number of initial assessments is based on the number of consumers receiving services in SFY 2005 as members of defined target populations, reduced by the number of exempt consumers reported by the LME or an estimate of the number of consumers to be exempted, whichever was greater.

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Information Management, Analysis, and Reporting.
1.8.2.11. Consumer Information - National Core Indicators (NCI) Consents And Pre-Surveys

Performance Requirement: The LME, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. All submissions are accurate and complete.

Best Practice Standard: 100% of the pre-surveys and consents are complete and are received by the due date.
SFY 2006 Standard: 100% of the pre-surveys and consents are complete and are received within 10 days after the due date.

Local Management Entity	Timeliness of Submission	Completeness (# Received/# Expected)			Standard Met ²
		# Received	# Expected	% Complete ¹	
Alamance-Caswell-Rockingham	On-Time	14	14	100.0%	★★
Albemarle	On-Time	11	11	100.0%	★★
Catawba	On-Time	12	11	109.1%	★★
CenterPoint	On-Time	26	26	100.0%	★★
Crossroads	On-Time	8	8	100.0%	★★
Cumberland	On-Time	7	6	116.7%	★★
Durham	On-Time	12	11	109.1%	★★
Eastpointe	On-Time	12	12	100.0%	★★
Edgecombe-Nash		Subject to Performance Agreement			
Five County	On-Time	20	20	100.0%	★★
Foothills	On-Time	16	16	100.0%	★★
Guilford	> 10 Days Late	33	36	91.7%	
Johnston	On-Time	6	6	100.0%	★★
Mecklenburg	On-Time	34	34	100.0%	★★
Neuse	On-Time	16	16	100.0%	★★
New River	On-Time	12	12	100.0%	★★
Onslow-Carteret	On-Time	11	11	100.0%	★★
Orange-Person-Chatham	On-Time	29	28	103.6%	★★
Pathways	On-Time	31	31	100.0%	★★
Pitt	On-Time	5	5	100.0%	★★
Roanoke-Chowan	On-Time	5	8	62.5%	
Sandhills Center	On-Time	20	22	90.9%	
Smoky Mountain	On-Time	7	7	100.0%	★★
Southeastern Center	On-Time	20	19	105.3%	★★
Southeastern Regional	On-Time	19	19	100.0%	★★
Tideland		Subject to Performance Agreement			
Wake	On-Time	25	25	100.0%	★★
Western Highlands	On-Time	14	38	36.8%	
Wilson-Greene		Subject to Performance Agreement			
Totals		425	452	94.0%	

Number and Pct of LMEs that met the Best Practice Standard:	22 (84.6%)
Number and Pct of LMEs that met the SFY 2006 Standard:	0 (0%)
Total	22 (84.6%)

- Notes:**
- Percentages less than 100% appear shaded and in bold font
 - ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, a file containing current assessment forms for all consumers receiving DD services.

Best Practice Standard: 100% of current assessments are no more than 15 months old.

SFY 2006 Standard: 95% of current assessments are no more than 15 months old.

Local Management Entity	Assessments Submitted			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell-Rockingham	646	645	99.8%	★
Albemarle	342	342	100.0%	★★
Catawba	365	364	99.7%	★
CenterPoint	1,150	1,146	99.7%	★
Crossroads	751	557	74.2%	
Cumberland	942	423	44.9%	
Durham	981	550	56.1%	
Eastpointe	930	697	74.9%	
Edgecombe-Nash				Subject to Performance Agreement
Five County	658	658	100.0%	★★
Foothills	548	504	92.0%	
Guilford	1,694	1,208	71.3%	
Johnston	355	353	99.4%	★
Mecklenburg	1,822	1,557	85.5%	
Neuse	464	461	99.4%	★
New River	555	543	97.8%	★
Onslow-Carteret	668	478	71.6%	
Orange-Person-Chatham	877	874	99.7%	★
Pathways	1,527	1,491	97.6%	★
Pitt	499	490	98.2%	★
Roanoke-Chowan	302	259	85.8%	
Sandhills Center	1,182	1,073	90.8%	
Smoky Mountain	467	463	99.1%	★
Southeastern Center	851	831	97.6%	★
Southeastern Regional	996	968	97.2%	★
Tideland				Subject to Performance Agreement
Wake	2,205	1,669	75.7%	
Western Highlands	1,503	1,133	75.4%	
Wilson-Greene				Subject to Performance Agreement
Totals	23,280	19,737	84.8%	

Number and Pct of LMEs that met the Best Practice Standard:

2 (7.7%)

Number and Pct of LMEs that met the SFY 2006 Standard:

12 (46.2%)

Total

14 (53.8%)

Notes:

1. Percentages less than 95% appear shaded and in bold font.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

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Information Management, Analysis, and Reporting.
1.8.2.14. Consumer Information - Consumer Satisfaction Survey (CSS)

Performance Requirement: The LME, through providers, shall administer the DHHS Client Satisfaction Surveys, consistent with DHHS standards, to 5% of its active mental health and substance abuse caseload, and shall submit the data received according to DHHS requirements.

Best Practice Standard: 100% of expected surveys are completed as required and received by the due date.

SFY 2006 Standard: 85% of expected surveys are completed as required and received within 10 calendar days after the due date.

Local Management Entity	Timeliness of Submission	Completeness			Standard Met ²
		# Of Expected Surveys	# Completed As Required	% Completed As Required ¹	
Alamance-Caswell-Rockingham	On-Time	424	457	107.8%	★★
Albemarle	Within 10 Days After the Due Date	154	208	135.1%	★
Catawba	On-Time	147	194	132.0%	★★
CenterPoint	On-Time	500	507	101.4%	★★
Crossroads	On-Time	253	272	107.5%	★★
Cumberland	Within 10 Days After the Due Date	258	285	110.5%	★
Durham	On-Time	261	525	201.1%	★★
Eastpointe	On-Time	283	390	137.8%	★★
Edgecombe-Nash		Subject to Performance Agreement			
Five County	On-Time	356	389	109.3%	★★
Foothills	On-Time	292	298	102.1%	★★
Guilford	On-Time	493	736	149.3%	★★
Johnston	On-Time	176	181	102.8%	★★
Mecklenburg	On-Time	500	533	106.6%	★★
Neuse	On-Time	228	331	145.2%	★★
New River	On-Time	237	288	121.5%	★★
Onslow-Carteret	On-Time	283	283	100.0%	★★
Orange-Person-Chatham	On-Time	292	265	90.8%	★
Pathways	Within 10 Days After the Due Date	475	484	101.9%	★
Pitt	On-Time	214	402	187.9%	★★
Roanoke-Chowan	On-Time	177	186	105.1%	★★
Sandhills Center	On-Time	500	702	140.4%	★★
Smoky Mountain	On-Time	313	330	105.4%	★★
Southeastern Center	On-Time	295	316	107.1%	★★
Southeastern Regional	On-Time	481	562	116.8%	★★
Tideland		Subject to Performance Agreement			
Wake	On-Time	500	457	91.4%	★
Western Highlands	On-Time	500	441	88.2%	★
Wilson-Greene		Subject to Performance Agreement			
Totals		8,592	10,022	116.6%	

Number and Pct of LMEs that met the Best Practice Standard:

20 (76.9%)

Number and Pct of LMEs that met the SFY 2006 Standard:

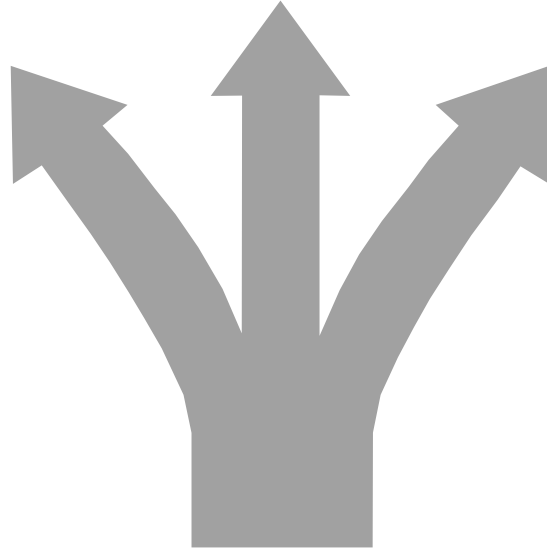
6 (23.1%)

Total

26 (100%)

Notes:

- Percentages less than 85% appear shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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