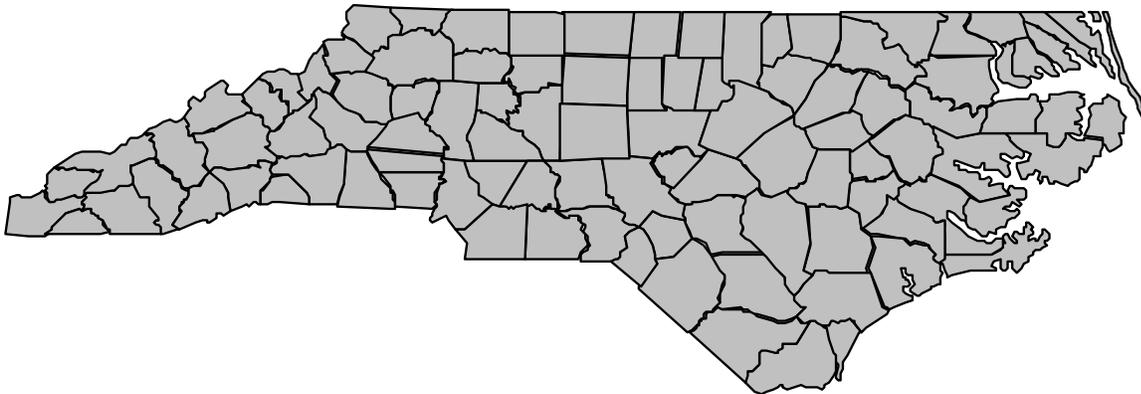


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2013 Performance Contract
With Local Management Entities
Report/Data Submission Requirements**

**Second Quarter Report
October 1, 2012 - December 31, 2012**



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North Carolina Department of Health and Human Services

February 2013



SFY 2013 Performance Contract
 Report/Data Submission Requirements
 Second Quarter Report

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Introduction

This is the **Second Quarter Report** for SFY 2012-2013 under the Performance Contract between the LMEs and NC DHHS.

This report tracks LME performance (timeliness, completeness, accuracy) in submitting required data/reports to the Division of MH/DD/SAS. Some requirements are quarterly while others are semi-annual or annual requirements. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, provide the performance requirements, and show LME performance for the current quarter. Data submission/report requirements that have been met are depicted with a star (★) in the standard met column for each report. If the requirement was not met, this column will be blank, and the element that caused the standard not to be met will be shaded red.

Overall, the LMEs met 96 percent of the four report submission requirements and 69 percent of the nine data submission/report requirements measured this quarter. Five LMEs (Alliance Behavioral Healthcare, Cumberland, Johnston, Guilford and Sandhills Center) merged and experienced systems changes that affected their CDW reports during the measurement quarter (1st quarter SFY2013). These LMEs were excused from the CDW report measures during this period. Cardinal Innovations Healthcare Solutions reports data for consumers with I/DD through a special waiver and not through NC-SNAP. These items were marked "N/A" on the Summary of LME Performance.

Questions or Concerns

If staff of an LME have questions about any of the individual requirements or believe that information contained in this report is in error, they should contact their LME liaison within 30 days

SFY 2013 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. Incident Reporting	Report under revision			
2. Quarterly Fiscal Monitoring Reports	X	X	X	X
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
4. Work First Initiative Quarterly Reports	X	X	X	X
5. System of Care Report		X		X
6. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
7. Client Data Warehouse (CDW) - Admissions	X	X	X	X
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	X	X	X	X
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	X	X	X	X
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
12. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	X	X	X	X
14. NC Treatment Outcomes and Program Performance System (Initial)	Report under revision			
15. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
16. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
17. SAPTBG Compliance Report		X		X
18. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				X

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, unless otherwise specified, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

SFY 2013 Performance Contract Report/Data Submission Requirements
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LME	Report Submission Measures									Data Submission Measures														
	Number of Report Submission Measures Met	Total Number of Report Submission Measures *	Percent of Report Submission Measures Met	1. Quarterly Incident Report	2. Quarterly Fiscal Monitoring Report (Current Ctr)	3. SA/JJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	17. SAPTBG Compliance Semi-Annual Report	Number of Data Submission Measures Met	Percent of 9 Measures Met	6. CDW - Screening Record	8. CDW - ICD-9 Diagnosis	9. CDW - Unknown Data (Admissions)	10. CDW - Unknown Data (Discharges)	11. CDW - Identifying and Demographic Records	12. CDW - Drug of Choice	13. CDW - Episode Completion Records (SA Clients)	14. NC TOPPS - Initial	15. NC TOPPS - Update	16. NC-SNAP			
Alliance Behavioral Healthcare	4	4	100%	This measure is under revision and the results were not reported this quarter.	The due date for the report is after the quarter. Results will be reported next quarter.	★	★	★	★	0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	This measure is under revision and the results were not reported this quarter.					
Cardinal Innovations Healthcare Solutions	4	4	100%			★	★	★	★	★	6	75%	★	★		★	★	★		★			N/A	
CenterPoint Human Services	4	4	100%			★	★	★	★	★	7	78%	★		★	★	★	★				★	★	
Coastal Care	4	4	100%			★	★	★	★	★	6	67%	★		★		★	★				★	★	
Cumberland	4	4	100%			★	★	★	★	★	2	100%	CDW Merged with Alliance Behavioral Healthcare								★	★		
East Carolina Behavioral Health	4	4	100%			★	★	★	★	★	9	100%	★	★	★	★	★	★		★			★	★
Eastpointe	4	4	100%			★	★	★	★	★	8	89%	★		★	★	★	★		★			★	★
Guilford Center	4	4	100%			★	★	★	★	★	1	50%	CDW Merged with Sandhills Center									★		
Johnston	3	3	100%					N/A	★	★	1	50%	CDW Merged with Alliance Behavioral Healthcare									★		
MeckLINK Behavioral Healthcare	3	3	100%					N/A	★	★	8	89%	★	★	★	★	★	★		★				★
Partners Behavioral Health Management	4	4	100%					★	★	★	4	44%			★	★		★						★
Sandhills Center	4	4	100%					★	★	★	1	50%	N/A	N/A	N/A	N/A	N/A	N/A		N/A				★
Smoky Mountain Center	3	4	75%					★	★	★	2	22%	★				★							
Western Highlands Network	3	4	75%						★	★	7	78%	★	★	★	★	★	★						★
STATEWIDE - Number			96%	0	0	11	14	14	13		69%	8	4	7	7	8	8	4	0	5	11			
STATEWIDE - Percent			0.0%	0.0%	91.7%	100.0%	100.0%	92.9%			88.9%	44.4%	77.8%	77.8%	88.9%	88.9%	44.4%	0.0%	35.7%	84.6%				

* This column shows the total number of **report submission** measures that apply this quarter. Some reports are due quarterly, one is due semi-annually, and several are due annually.
★ Indicates the LME met the performance standard for the measure.
% Percents that are highlighted green indicate the LME met the performance standards for at least 65% of the measures in the respective category (e.g. report submission and/or data submission). Meeting the performance standards for at least 65% of the measures is one of the factors considered in LME monitoring decisions.
N/A Indicates measures that were not applicable this quarter.

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2. Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required fiscal monitoring reports in acceptable format by the following due dates:

- First quarter report = Oct 20.
- Second quarter report = Feb 20.
- Third quarter report = Apr 20.
- Fourth quarter report = Aug 31.

SFY 2013 Standard: Reports are accurate, complete, and received by the due date.

Local Management Entity	2nd Qtr Report Due 2/20/13		
	Date Received ¹	Accurate, Complete	Standard Met ²
Alliance Behavioral Healthcare			
Cardinal Innovations Healthcare Solutions			
CenterPoint Human Services			
CoastalCare			
Cumberland			
East Carolina Behavioral Health			
Eastpointe			
Guilford Center			
Johnston			
MeckLINK Behavioral Healthcare			
Partners Behavioral Health Management			
Sandhills Center			
Smoky Mountain Center			
Western Highlands Network			

Because the due date for this report is after the end of the quarter, the **Second** Quarter's results will be provided in the **Third** Quarter report.

Number and Percent of LMEs that met the Performance Standard: 0 (0%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.
2. ★ = Met the Performance Contract Standard.

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3. Substance Abuse/Juvenile Justice Initiative Reports

SFY 2013 Standard: Reports are accurate, complete, and are received no later than 10 calendar days after the due date.

Local Management Entity	2nd Qtr Report Due 1/20/13						Standard Met ²
	Juvenile Detention		JJSAMH Partnership		Multi-purpose Group Home		
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alliance Behavioral Healthcare	1/9/13	Yes	1/9/13	Yes			★
Cardinal Innovations Healthcare Solutions			1/11/13	Yes			★
CenterPoint Human Services	1/7/13	Yes	1/10/13	Yes			★
CoastalCare	1/10/13	Yes	1/11/13	Yes			★
Cumberland	1/3/13	Yes	1/3/13	Yes			★
East Carolina Behavioral Health	1/2/13	Yes	1/7/13	Yes	1/2/13	Yes	★
Eastpointe			1/10/13	Yes	1/10/13	Yes	★
Guilford Center	1/9/13	Yes	1/9/13	Yes			★
Partners Behavioral Health Management	1/3/13	Yes	1/11/13	Yes			★
Sandhills Center	1/10/13	Yes	1/10/13	Yes			★
Smoky Mountain Center	1/10/13	Yes			1/10/13	Yes	★
Western Highlands Network	12/20/12	No	1/4/13	Yes			
MeckLINK Behavioral Healthcare							
Johnston							

Number of Percent of LMEs that Met the SFY2013 Standard:

11 (91.7%)

Notes:

1. Reports that are not complete or that are received before the due date or >10 days after the due date are shaded red.

Italicized dates with yellow shading were received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

3. Mecklenburg using funds for Drug Court.

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4. 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.

SFY 2013 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

Local Management Entity	2nd Qtr Report Due 1/20/13		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alliance Behavioral Healthcare	1/17/2013	Yes	★
CenterPoint Human Services	1/15/2013	Yes	★
Cumberland	1/18/2013	Yes	★
East Carolina Behavioral Health	1/18/2013	Yes	★
Eastpointe	1/18/2013	Yes	★
Guilford Center	1/15/2013	Yes	★
Johnston	1/20/2013	Yes	★
MeckLINK Behavioral Healthcare	1/14/2013	Yes	★
Partners Behavioral Health Management	1/22/2013	Yes	★
Cardinal Innovations Healthcare Solutions	1/23/2013	Yes	★
Sandhills Center	1/15/2013	Yes	★
Smoky Mountain Center	1/18/2013	Yes	★
CoastalCare	1/22/2013	Yes	★
Western Highlands	1/16/2013	Yes	★

Number and Percent of LMEs that met the SFY 2013 Standard:

14 (100%)

Notes:

1. Dates that are shaded red indicate reports received >10 days after the due date.

Dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

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5. System of Care

Performance Requirement: LME submits a quarterly System of Care Report by the 15th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2013 Standard: All reports are accurate and complete and are received no later than 7 days after the due date.

Local Management Entity	2nd Qtr Report Due 1/15/13		Standard Met ²
	Date Received ¹	Complete	
Alliance Behavioral Healthcare	1/15/13	Yes	★
Cardinal Innovations Healthcare Solutions	1/15/13	Yes	★
CenterPoint Human Services	1/22/13	Yes	★
CoastalCare	1/10/13	Yes	★
Cumberland	1/14/13	Yes	★
East Carolina Behavioral Health	1/15/13	Yes	★
Eastpointe	1/15/13	Yes	★
Guilford Center	1/3/13	Yes	★
Johnston	1/4/13	Yes	★
MeckLINK Behavioral Healthcare	1/15/13	Yes	★
Partners Behavioral Health Management	1/15/13	Yes	★
Sandhills Center	1/3/13	Yes	★
Smoky Mountain Center	1/15/13	Yes	★
Western Highlands Network	1/14/13	Yes	★

Number and Percent of LMEs that met the SFY 2013 Standard:

14 (100%)

Notes:

1. Dates that are shaded red indicate reports received >7 days after the due date.
2. ★ = Met the Performance Contract Standard.
3. An extension was granted to CenterPoint LME.

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6. Client Data Warehouse (CDW) Screening Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LME's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of consumers screened by the LME's Access Unit during the prior quarter (July 1, 2012 - September 30, 2012) with a cross-reference to the CNDS completed within 30 days of initial contact.

SFY 2013 Standard: 90% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

Local Management Entity	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross-reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alliance Behavioral Healthcare	Excluded due to the merger process with Cumberland and Johnston				
Cardinal Innovations Healthcare Solutions	2,192	174	2,018	92%	★
CenterPoint Human Services	2,032	23	2,009	99%	★
CoastalCare	654	56	598	91%	★
East Carolina Behavioral Health	1,129	12	1,117	99%	★
Eastpointe	6,542	358	6,184	95%	★
MeckLINK Behavioral Healthcare	1,253	104	1,149	92%	★
Partners Behavioral Health Management	667	341	326	49%	
Sandhills Center	Excluded due to the merger process with Guilford				
Smoky Mountain Center	868	84	784	90%	★
Western Highlands Network	2,840	1	2,839	100%	★
TOTAL	18,177	1,153	17,024	94%	★

Number and Percent of LMEs that met the SFY 2013 Performance Standard:

8 (88.9%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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**7. Client Data Warehouse (CDW)
 Admissions**

Performance Requirement: LME submits required CDW record types by the 15th of each month. 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 January 31, 2013.

Local Management Entity	Facility Code	OCT	NOV	DEC	Second Quarter Adm SFY2013	Second Quarter Adm SFY2012	Monthly Average SFY2013	Monthly Average SFY2012
Excluded due to the merger process with Cumberland and Johnston								
Alliance Behavioral Healthcare								
CenterPoint Human Services	23021	376	173	101	650	1,492	217	497
CoastalCare	43141	321	118	154	593	941	198	314
East Carolina Behavioral Health	43071	1,365	998	900	3,263	802	1,088	267
Eastpointe	43081	826	691	1,045	2,562	2,225	854	742
MeckLINK Behavioral Healthcare	13102	363	415	210	988	961	329	320
Partners Behavioral Health Management	13114	480	136	184	800	2,087	267	696
Cardinal Innovations Healthcare Solutions	13121	1,626	1,406	1,043	4,075	6,193	1,358	2,064
Excluded due to the merger process with Guilford								
Sandhills Center								
Smoky Mountain Center	13010	615	375	246	1,236	923	412	308
Western Highlands Network	13131	868	709	595	2,172	2,522	724	841
TOTAL ADMISSIONS		6,840	5,021	4,478	16,339	18,146	5,446	6,049

Data that are shaded are incomplete or appear to be inaccurate (e.g. <100 or <40% of the prior year's quarter total).

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8. Client Data Warehouse (CDW) Diagnosis 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 diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2012 - September 30, 2012) with a diagnosis completed within 30 days of beginning date of service.

SFY 2013 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Admissions	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alliance Behavioral Healthcare	Excluded due to the merger process with Cumberland and Johnston				
Cardinal Innovations Healthcare Solutions	6,163	1	6,162	100%	★
CenterPoint Human Services	1,152	122	1,030	89%	
CoastalCare	1,098	236	862	79%	
East Carolina Behavioral Health	3,788	1	3,787	100%	★
Eastpointe	852	95	757	89%	
MeckLINK Behavioral Healthcare	1,114	3	1,111	100%	★
Partners Behavioral Health Management	1,982	1,336	646	33%	
Sandhills Center	Excluded due to the merger process with Guilford				
Smoky Mountain Center	1,093	634	459	42%	
Western Highlands Network	2,152	0	2,152	100%	★
TOTAL	19,394	2,428	16,966	87%	

Number and Percent of LMEs that met the SFY 2013 Standard: 4 (44.4%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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**9. Client Data Warehouse (CDW)
 "Unknown" Value In Mandatory Fields (Admissions)**

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 percentage of clients admitted during the prior quarter (July 1, 2012 - September 30, 2012) where all mandatory data fields contain a value other than 'unknown'.

SFY 2013 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Family Income	Family Size	Arrests 30 Days	Attention Self Help	Standard Met ²
Alliance Behavioral Healthcare	Excluded due to the merger process with Cumberland and Johnston													
Cardinal Innovations Healthcare Solutions	6,163	100%	100%	100%	100%	87%	100%	77%	100%	100%	100%	100%	100%	
CenterPoint Human Services	1,152	99%	99%	99%	100%	99%	100%	95%	98%	100%	100%	100%	100%	★
CoastalCare	1,098	96%	98%	99%	100%	98%	100%	96%	97%	100%	100%	100%	100%	★
East Carolina Behavioral Health	3,831	100%	99%	99%	100%	96%	100%	96%	100%	100%	100%	100%	100%	★
Eastpointe	852	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
MeckLINK Behavioral Healthcare	1,114	99%	99%	99%	100%	99%	100%	99%	99%	100%	100%	100%	100%	★
Partners Behavioral Health Management	1,982	98%	100%	99%	100%	99%	100%	97%	98%	100%	100%	100%	100%	★
Sandhills Center	Excluded due to the merger process with Guilford													
Smoky Mountain Center	1,093	91%	97%	88%	100%	95%	100%	86%	89%	100%	100%	100%	100%	
Western Highlands Network	2,152	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	19,437	99%	99%	99%	100%	94%	100%	90%	99%	100%	100%	100%	100%	★

Number and Percent of LMEs that met the SFY 2013 Standard:

7 (77.8%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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**10. Client Data Warehouse (CDW)
 "Unknown" Value In Mandatory Fields (Discharges)**

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 percentage of clients discharged during the prior quarter (July 1, 2012 - September 30, 2012) where all mandatory data fields contain a value other than 'unknown'.

SFY 2013 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Discharge Records	Discharge Reason	Referral To	Living Arrangement	Employment Status	Arrests Prior 30 Days	Attention Self Help	Standard Met ²
Alliance Behavioral Healthcare	Excluded due to the merger process with Cumberland and Johnston							
Cardinal Innovations Healthcare Solutions	732	100%	100%	100%	100%	100%	100%	★
CenterPoint Human Services	252	92%	92%	92%	92%	92%	92%	★
CoastalCare	2	50%	50%	50%	50%	50%	50%	
East Carolina Behavioral Health	1,368	100%	100%	100%	100%	100%	100%	★
Eastpointe	12	100%	100%	100%	100%	100%	100%	★
MeckLINK Behavioral Healthcare	7	100%	100%	100%	100%	100%	100%	★
Partners Behavioral Health Management	3	100%	100%	100%	100%	100%	100%	★
Sandhills Center	Excluded due to the merger process with Guilford							
Smoky Mountain Center	596	98%	98%	98%	88%	98%	98%	
Western Highlands Network	1,670	99%	99%	99%	99%	99%	99%	★
TOTAL	4,642	99%	99%	99%	98%	99%	99%	★

Number and Pct of LMEs that met the SFY 2013 Standard:

7 (77.8%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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**11. 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 a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2012 - September 30, 2012) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2013 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.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alliance Behavioral Healthcare	Excluded due to the merger process with Cumberland and Johnston				
Cardinal Innovations Healthcare Solutions	2,644	0	2,644	100%	★
CenterPoint Human Services	2,437	0	2,437	100%	★
CoastalCare	1,053	0	1,053	100%	★
East Carolina Behavioral Health	3,121	0	3,121	100%	★
Eastpointe	3,256	0	3,256	100%	★
MeckLINK Behavioral Healthcare	1,572	0	1,572	100%	★
Partners Behavioral Health Management	340	66	274	81%	
Sandhills Center	Excluded due to the merger process with Guilford				
Smoky Mountain Center	1,059	0	1,059	100%	★
Western Highlands Network	95	0	95	100%	★
TOTAL	15,577	66	15,511	100%	★

Number and Percent of LMEs that met the SFY 2013 Standard:

8 (88.9%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

3. Only includes IPRS claims.

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**12. 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: ASCDR, ASCJO, ASCS, ASDSS, ASTNC, CSTNC, ASTER, ASWOM, CSCS, CSM AJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (July 1, 2012 - September 30, 2012) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2013 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met ²
Alliance Behavioral Healthcare	Excluded due to the merger process with Cumberland and Johnston				
Cardinal Innovations Healthcare Solutions	799	39	760	95%	★
CenterPoint Human Services	474	11	463	98%	★
CoastalCare	220	13	207	94%	★
East Carolina Behavioral Health	1,010	29	981	97%	★
Eastpointe	490	0	490	100%	★
MeckLINK Behavioral Healthcare	110	3	107	97%	★
Partners Behavioral Health Management	34	1	33	97%	★
Sandhills Center	Excluded due to the merger process with Guilford				
Smoky Mountain Center	147	42	105	71%	
Western Highlands Network	3	0	3	100%	★
TOTAL	3,287	138	3,149	96%	★

Number and Pct of LMEs that met the SFY 2013 Standard:

8 (88.9%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

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**13. Client Data Warehouse (CDW)
 Episode Completion (Discharge) Record - Substance Abuse Clients**

Performance Requirement: LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service for at least 60 days. This report separately focuses on **SA clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of SA clients admitted since October 1, 2006, when this measure began, who during the prior quarter (July 1, 2012 - September 30, 2012) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2013 Standard: 90% of SA clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Local Management Entity	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> Appropriate Activity or an Episode Completion Record ³	Number <u>with</u> Appropriate Activity or an Episode Completion Record ⁴	Percent <u>with</u> Appropriate Activity or an Episode Completion Record	Standard Met ²
Alliance Behavioral Healthcare	Excluded due to the merger process with Cumberland and Johnston				
Cardinal Innovations Healthcare Solution	470	46	424	90%	★
CenterPoint Human Services	104	90	14	13%	
CoastalCare	64	37	27	42%	
East Carolina Behavioral Health	584	60	524	90%	★
Eastpointe	113	4	109	96%	★
MeckLINK Behavioral Healthcare	15	1	14	93%	★
Partners Behavioral Health Management	14	7	7	50%	
Sandhills Center	Excluded due to the merger process with Guilford				
Smoky Mountain Center	44	10	34	77%	
Western Highlands Network	4	4	0	0%	
TOTAL	1,412	259	1,153	82%	

Number and Pct of LMEs that met the SFY 2013 Standard:

4 (44.4%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
4. Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

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**15. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
 Update 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. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2013 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ²
		# of Update Assessments Received	% of Expected Assessments Received ¹	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alliance Behavioral Healthcare	1,357	1,310	96.5%	1,123	82.8%	
Cardinal Innovations Healthcare Solutions	1,063	1,023	96.2%	890	83.7%	
CenterPoint Human Services	756	748	98.9%	713	94.3%	★
CoastalCare	798	790	99.0%	783	98.1%	★
Cumberland	585	582	99.5%	566	96.8%	★
East Carolina Behavioral Health	815	796	97.7%	767	94.1%	★
Eastpointe	1,668	1,660	99.5%	1,578	94.6%	★
Guilford Center	952	690	72.5%	558	58.6%	
Johnston	170	169	99.4%	146	85.9%	
MeckLINK Behavioral Healthcare	1,501	1,317	87.7%	1,006	67.0%	
Partners Behavioral Health Management	1,523	1,478	97.0%	1,202	78.9%	
Sandhills Center	964	920	95.4%	855	88.7%	
Smoky Mountain Center	555	464	83.6%	281	50.6%	
Western Highlands Network	883	771	87.3%	556	63.0%	
Totals	13,590	12,718	93.6%	11,024	81.1%	

Number and Percent of LMEs that met the SFY 2013 Standard:

5 (35.7%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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16. 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, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

SFY 2013 Standard: 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alliance Behavioral Healthcare	2682	2019	75.3%	
Cardinal Innovations Healthcare Solutions	LME submits data through special waiver not the NC-SNAP			
CenterPoint Human Services	1326	1326	100.0%	★
CoastalCare	1541	1514	98.2%	★
Cumberland	665	665	100.0%	★
East Carolina Behavioral Health	1495	1481	99.1%	★
Eastpointe	2563	2503	97.7%	★
Guilford Center	1026	1016	99.0%	★
Johnston	350	335	95.7%	★
MeckLINK Behavioral Healthcare	2007	1975	98.4%	★
Partners Behavioral Health Management	2714	2640	97.3%	★
Sandhills Center	1038	1038	100.0%	★
Smoky Mountain Center	1116	900	80.6%	
Western Highlands Network	1582	1530	96.7%	★
Totals	20,105	18,942	94.2%	★

Number and Percent of LMEs that met the SFY 2013 Standard:

11 (84.6%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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17. SAPTBG Compliance Report

Performance Requirement: The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month (or next business day if on a holiday or weekend) following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

SFY 2013 Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

Local Management Entity	Mid-Year Report (Due 1/22/13)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alliance Behavioral Healthcare	1/22/13	Yes	Yes	★
Cardinal Innovations Healthcare Solutions	1/22/13	Yes	Yes	★
CenterPoint Human Services	1/18/13	Yes	Yes	★
CoastalCare	1/22/13	Yes	Yes	★
Cumberland	1/18/13	Yes	Yes	★
East Carolina Behavioral Health	1/22/13	Yes	Yes	★
Eastpointe	1/22/13	Yes	Yes	★
Guilford Center	1/28/13	Yes	Yes	★
Johnston	1/17/13	Yes	Yes	★
MeckLINK Behavioral Healthcare	1/18/13	Yes	Yes	★
Partners Behavioral Health Management	1/22/13	Yes	Yes	★
Sandhills Center	1/18/13	Yes	Yes	★
Smoky Mountain Center	1/24/13	Yes	No	
Western Highlands Network	1/18/13	Yes	Yes	★

Number and Percent of LMEs that met the SFY 2013 Standard:

13 (92.9%)

Notes:

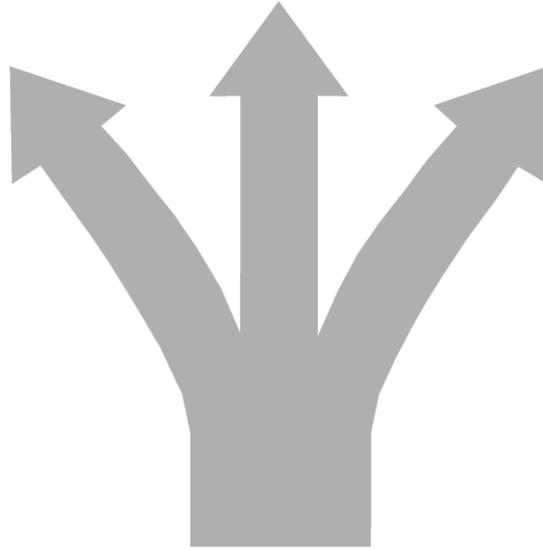
1. Dates that are highlighted red indicate reports received more than 10 days after the due date.

Dates that are highlighted yellow indicate reports received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

Appendix: Summary of Revisions Made to the Second Quarter SFY2013 Report

- In the System of Care Report, the submission date for CenterPoint was revised to reflect an extension they were granted.
- In the Work First Report, there was an error corrected between the dates submitted and the sort order in which LME/MCOs were listed. The change in dates did not impact the standard met.



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

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