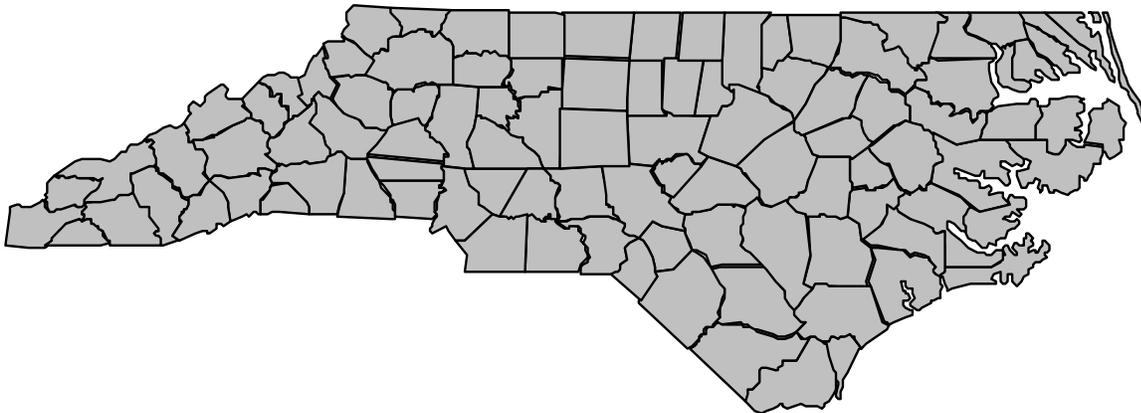


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

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

**Third Quarter Report
January 1, 2013 - March 31, 2013**



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 2013



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

Table of Contents

Page

Introduction	1
Report Schedule	2
Summary of LME Performance	3

Report/Data Submission Requirements

Quarterly Reports

2. Quarterly Fiscal Monitoring Reports	4
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	5
4. Work First Initiative Quarterly Reports	6
6. Client Data Warehouse (CDW) - Screening Records	7
7. Client Data Warehouse (CDW) - Admissions	8
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	9
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	10
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	11
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	12
12. Client Data Warehouse (CDW) - Drug of Choice	13
13. Client Data Warehouse (CDW) - Episode Completion Records (SA Clients)	14
15. NC Treatment Outcomes and Program Performance System (Update).....	15
16. NC Support Needs Assessment Profile (NC-SNAP)	16

Introduction

This is the **Third 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 98 percent of the four report submission requirements and 81 percent of the nine data submission/report requirements measured this quarter. Items are marked "N/A" on the Summary of LME Performance to indicate reports or data that do not apply to a specific LME.

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 of the report date. The LME liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

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, required 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
Third Quarter Report
January 1, 2013 - March 31, 2013

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 (Prior Quarter)	2. Quarterly Fiscal Monitoring Report (Current Qtr)	3. SAJJ Initiative Quarterly Report	4. Work First Initiative Quarterly 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 in Records (SA Clients)	14. NC TOPPS - Initial	15. NC TOPPS - Update	16. NC-SNAP	
Alliance Behavioral Healthcare	4	4	100%	★	★	★	★	7	78%	★	★	★	★	★	★	★	★				
Cardinal Innovations Healthcare Solutions	4	4	100%	★	★	★	★	7	88%	★	★	★	★	★	★	★	★				N/A
CenterPoint Human Services	4	4	100%	★	★	★	★	9	100%	★	★	★	★	★	★	★	★	★	★	★	★
Coastal Care	4	4	100%	★	★	★	★	9	100%	★	★	★	★	★	★	★	★	★	★	★	★
East Carolina Behavioral Health	4	4	100%	★	★	★	★	9	100%	★	★	★	★	★	★	★	★	★	★	★	★
Eastpointe	4	4	100%	★	★	★	★	8	89%	★	★	★	★		★	★		★	★		★
MeckLINK Behavioral Healthcare	2	3	67%	★		N/A	★	8	89%	★	★	★	★	★	★	★					★
Partners Behavioral Health Management	4	4	100%	★	★	★	★	3	33%			★	★								★
Sandhills Center	4	4	100%	★	★	★	★	8	89%	★	★	★	★	★	★	★					★
Smoky Mountain Center	3	3	100%	★	★	N/A	★	4	44%	★		★	★			★					
Western Highlands Network	4	4	100%	★	★	★	★	7	78%	★	★	★	★	★	★						★
STATEWIDE - Number			98%	0	11	10	9	11	81%	10	9	11	11	8	9	9	0	4	8		
STATEWIDE - Percent				0.0%	100.0%	90.9%	100.0%	100.0%		90.9%	81.8%	100.0%	100.0%	72.7%	81.8%	81.8%	0.0%	36.4%	80.0%		

* 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.

SFY 2013 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2013 - March 31, 2013

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			3rd Qtr Report Due 4/20/13		
	Date Received ¹	Accurate, Complete	Standard Met ²	Date Received ¹	Accurate, Complete	Standard Met ²
Alliance Behavioral Healthcare	2/18/13	YES	★	4/20/13	YES	★
Cardinal Innovations Healthcare Solutions	2/20/13	YES	★	4/19/13	YES	★
CenterPoint Human Services	2/14/13	YES	★	4/17/13	YES	★
CoastalCare	2/20/13	YES	★	4/19/13	YES	★
East Carolina Behavioral Health	2/19/13	YES	★	4/20/13	YES	★
Eastpointe	1/22/13	YES	★	4/20/13	YES	★
MeckLINK Behavioral Healthcare	1/30/13	YES	★		NO	
Partners Behavioral Health Management	2/6/13	YES	★	4/15/13	YES	★
Sandhills Center	2/13/13	YES	★	4/11/13	YES	★
Smoky Mountain Center	2/20/13	YES	★	4/20/13	YES	★
Western Highlands Network	2/11/13	YES	★	4/17/13	YES	★

Number and Percent of LMEs that met the Performance Standard:

11 (100%)

10 (90.9%)

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.

SFY 2013 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2013 - March 31, 2013

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	3rd Qtr Report Due 4/20/13						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	4/10/13	Yes	4/10/13	Yes			★
Cardinal Innovations Healthcare Solutions			4/19/13	Yes			★
CenterPoint Human Services	4/10/13	Yes	4/10/13	Yes			★
CoastalCare	4/4/13	Yes	4/16/13	Yes			★
East Carolina Behavioral Health	4/10/13	Yes	4/10/13	Yes	4/10/13	Yes	★
Eastpointe			4/19/13	Yes	4/19/13	Yes	★
MeckLINK Behavioral Healthcare							N/A
Partners Behavioral Health Management	4/3/13	Yes	4/16/13	Yes			★
Sandhills Center	4/5/13	Yes	4/5/13	Yes			★
Smoky Mountain Center							N/A
Western Highlands Network	4/4/13	Yes	4/4/13	Yes			★

Number of Percent of LMEs that Met the SFY2013 Standard:

□

9 (81.8%)

Notes:

1. Reports that are not complete or that are received >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. N/A indicates the measure does not apply to a specific LME this quarter.

SFY 2013 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2013 - March 31, 2013

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	3rd Qtr Report Due 4/20/13		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alliance Behavioral Healthcare	4/20/2013	Yes	★
Cardinal Innovations Healthcare Solutions	4/19/2013	Yes	★
CenterPoint Human Services	4/14/2013	Yes	★
CoastalCare	4/20/2013	Yes	★
East Carolina Behavioral Health	4/20/2013	Yes	★
Eastpointe	4/19/2013	Yes	★
MeckLINK Behavioral Healthcare	4/20/2013	Yes	★
Partners Behavioral Health Management	4/19/2013	Yes	★
Sandhills Center	4/19/2013	Yes	★
Smoky Mountain Center	4/16/2013	Yes	★
Western Highlands	4/19/2013	Yes	★

Number and Percent of LMEs that met the SFY 2013 Standard: 11 (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.

SFY 2013 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2013 - March 31, 2013

*** . 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 (October 1, 2012 - December 31, 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	770	8	762	99%	★
Cardinal Innovations Healthcare Solutions	2,261	140	2,121	94%	★
CenterPoint Human Services	465	8	457	98%	★
CoastalCare	272	7	265	97%	★
East Carolina Behavioral Health	1,145	2	1,143	100%	★
Eastpointe	6,095	53	6,042	99%	★
MeckLINK Behavioral Healthcare	506	50	456	90%	★
Partners Behavioral Health Management	95	53	42	44%	
Sandhills Center	1,062	5	1,057	100%	★
Smoky Mountain Center	293	25	268	91%	★
Western Highlands Network	2,961	2	2,959	100%	★
TOTAL	15,925	353	15,572	98%	★

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

10 (90.9%)

Notes:

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

SFY 2013 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2013 - March 31, 2013

**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 April 30, 2013.

Local Management Entity	Facility Code	JAN	FEB	MAR	Third Quarter Adm SFY2013	Third Quarter Adm SFY2012	Monthly Average SFY2013	Monthly Average SFY2012
Alliance Behavioral Healthcare	23141	182	238	201	621	3,494	207	1,165
CenterPoint Human Services	23021	180	234	264	678	1,751	226	584
CoastalCare	43141	234	194	97	525	1,107	175	369
East Carolina Behavioral Health	43071	1,305	1,080	836	3,221	2,090	1,074	697
Eastpointe	43081	12,676	1,066	1,060	14,802	2,420	4,934	807
MeckLINK Behavioral Healthcare	13102	157	67	18	242	966	81	322
Partners Behavioral Health Management	13114	148	11	0	159	2,316	53	772
Cardinal Innovations Healthcare Solutions	13121	2,143	1,653	374	4,170	11,486	1,390	3,829
Sandhills Center	33031	764	311	138	1,213	2,421	404	807
Smoky Mountain Center	13010	210	160	260	630	579	210	193
Western Highlands Network	13131	640	670	572	1,882	2,995	627	998
TOTAL ADMISSIONS		18,639	5,684	3,820	28,143	31,625	9,381	10,542

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

SFY 2013 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2013 - March 31, 2013

**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 (October 1, 2012 - December 31, 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	1,033	51	982	95%	★
Cardinal Innovations Healthcare Solutions	6,628	12	6,616	100%	★
CenterPoint Human Services	851	59	792	93%	★
CoastalCare	1,096	53	1,043	95%	★
East Carolina Behavioral Health	2,616	72	2,544	97%	★
Eastpointe	2,618	242	2,376	91%	★
MeckLINK Behavioral Healthcare	993	2	991	100%	★
Partners Behavioral Health Management	1,509	927	582	39%	
Sandhills Center	2,616	72	2,544	97%	★
Smoky Mountain Center	2,159	1,345	814	38%	
Western Highlands Network	6,628	12	6,616	100%	★
TOTAL	28,747	2,847	25,900	90%	★

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

9 (81.8%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2013 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2013 - March 31, 2013

**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 (October 1, 2012 - December 31, 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	1,033	99%	94%	98%	100%	97%	100%	98%	93%	100%	100%	100%	100%	★
Cardinal Innovations Healthcare Solutions	6,628	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint Human Services	798	98%	99%	98%	100%	99%	100%	97%	98%	100%	100%	100%	100%	★
CoastalCare	1,096	95%	99%	93%	100%	99%	100%	92%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	3,540	99%	99%	100%	100%	98%	98%	98%	100%	100%	100%	100%	100%	★
Eastpointe	2,618	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
MeckLINK Behavioral Healthcare	993	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Partners Behavioral Health Management	1,509	96%	99%	95%	100%	99%	100%	92%	94%	100%	100%	100%	100%	★
Sandhills Center	2,616	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	★
Smoky Mountain Center	2,159	96%	98%	92%	100%	97%	100%	90%	90%	100%	100%	100%	100%	★
Western Highlands Network	2,175	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	25,165	99%	99%	99%	100%	99%	100%	98%	98%	100%	100%	100%	100%	★

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

11 (100%)

Notes:

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

SFY 2013 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2013 - March 31, 2013

**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 (October 1, 2012 - December 31, 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	1,007	99%	99%	99%	99%	99%	99%	★
Cardinal Innovations Healthcare Solutions	1,830	100%	100%	100%	100%	100%	100%	★
CenterPoint Human Services	71	100%	100%	100%	96%	100%	100%	★
CoastalCare	6	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,520	100%	100%	100%	100%	100%	100%	★
Eastpointe	7	100%	100%	100%	100%	100%	100%	★
MeckLINK Behavioral Healthcare	1,333	100%	100%	100%	100%	100%	100%	★
Partners Behavioral Health Management	42	100%	100%	100%	98%	100%	100%	★
Sandhills Center	263	100%	100%	100%	100%	100%	100%	★
Smoky Mountain Center	199	100%	100%	100%	90%	100%	100%	★
Western Highlands Network	1,136	100%	100%	100%	100%	100%	100%	★
TOTAL	7,414	100%	100%	100%	100%	100%	100%	★

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

11 (100%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2013 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2013 - March 31, 2013

**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 (October 1, 2012 - December 31, 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	1,849	63	1,786	97%	★
Cardinal Innovations Healthcare Solutions	1,589	64	1,525	96%	★
CenterPoint Human Services	2,332	131	2,201	94%	★
CoastalCare	2,250	108	2,142	95%	★
East Carolina Behavioral Health	2,193	229	1,964	90%	★
Eastpointe	2,272	278	1,994	88%	
MeckLINK Behavioral Healthcare	1,493	42	1,451	97%	★
Partners Behavioral Health Management	3,255	343	2,912	89%	
Sandhills Center	1,488	30	1,458	98%	★
Smoky Mountain Center	2,235	288	1,947	87%	
Western Highlands Network	1,756	8	1,748	100%	★
TOTAL	22,712	1,584	21,128	93%	★

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

8 (72.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

3. Only includes IPRS claims.

SFY 2013 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2013 - March 31, 2013

**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 (October 1, 2012 - December 31, 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	647	63	584	90%	★
Cardinal Innovations Healthcare Solutions	454	27	427	94%	★
CenterPoint Human Services	337	16	321	95%	★
CoastalCare	464	46	418	90%	★
East Carolina Behavioral Health	1,200	19	1,181	98%	★
Eastpointe	327	3	324	99%	★
MeckLINK Behavioral Healthcare	131	3	128	98%	★
Partners Behavioral Health Management	595	249	346	58%	
Sandhills Center	298	6	292	98%	★
Smoky Mountain Center	471	270	201	43%	
Western Highlands Network	341	2	339	99%	★
TOTAL	5,265	704	4,561	87%	

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

9 (81.8%)

Notes:

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

SFY 2013 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2013 - March 31, 2013

**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 (October 1, 2012 - December 31, 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	357	34	323	90%	★
Cardinal Innovations Healthcare Solution	292	18	274	94%	★
CenterPoint Human Services	88	5	83	94%	★
CoastalCare	233	0	233	100%	★
East Carolina Behavioral Health	618	40	578	94%	★
Eastpointe	214	12	202	94%	★
MeckLINK Behavioral Healthcare	14	0	14	100%	★
Partners Behavioral Health Management	134	60	74	55%	
Sandhills Center	465	18	447	96%	★
Smoky Mountain Center	283	1	282	100%	★
Western Highlands Network	144	43	101	70%	
TOTAL	2,842	231	2,611	92%	★

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

9 (81.8%)

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.

SFY 2013 Performance Contract Data/Report Submission Requirements
Third Quarter Report
January 1, 2013 - March 31, 2013

**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	1,777	1,743	98.1%	1,535	86.4%	
Cardinal Innovations Healthcare Solutions	1,128	1,096	97.2%	978	86.7%	
CenterPoint Human Services	658	656	99.7%	628	95.4%	★
CoastalCare	695	695	100.0%	684	98.4%	★
East Carolina Behavioral Health	805	803	99.8%	776	96.4%	★
Eastpointe	1,703	1,697	99.6%	1,614	94.8%	★
MeckLINK Behavioral Healthcare	1,297	1,189	91.7%	889	68.5%	
Partners Behavioral Health Management	1,369	1,354	98.9%	1,193	87.1%	
Sandhills Center	1,813	1,632	90.0%	1,361	75.1%	
Smoky Mountain Center	557	536	96.2%	424	76.1%	
Western Highlands Network	796	723	90.8%	586	73.6%	
Totals	12,598	12,124	96.2%	10,668	84.7%	

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

4 (36.4%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2013 Performance Contract Data/Report Submission Requirements
 Third Quarter Report
 January 1, 2013 - March 31, 2013

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.

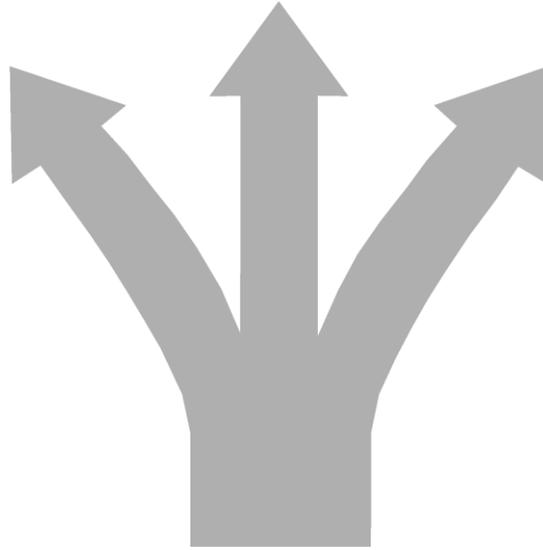
Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alliance Behavioral Healthcare	3,638	2,484	68.3%	
Cardinal Innovations Healthcare Solutions				N/A
CenterPoint Human Services	1,242	1,242	100.0%	★
CoastalCare	1,370	1,368	99.9%	★
East Carolina Behavioral Health	1,450	1,448	99.9%	★
Eastpointe	2,476	2,341	94.5%	★
MeckLINK Behavioral Healthcare	1,805	1,773	98.2%	★
Partners Behavioral Health Management	2,258	2,228	98.7%	★
Sandhills Center	1,773	1,773	100.0%	★
Smoky Mountain Center	1,144	738	64.5%	
Western Highlands Network	1,507	1,495	99.2%	★
Totals	18,663	16,890	90.5%	★

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

8 (80%)

Notes:

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



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

Community Policy Management Section
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
3004 Mail Service Center
Raleigh, North Carolina 27699-3004

(919) 733-0696
Email: ContactDMHQuality@dhhs.nc.gov

Division's Web Page ---
<http://www.ncdhhs.gov/mhddsas/statpublications/Reports/DivisionInitiativeReports/pc-reports/index.html>

No copies of this document were printed. This report was distributed electronically by email and through the Division's web page.