

SFY 2013 Performance Contract

Report/Data Submission Requirements

First Quarter Report

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Introduction

This is the **First 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 (\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 87 percent of the four report submission requirements and 80 percent of the nine data submission/report requirements measured this quarter. Four LMEs (Alliance Behavioral Healthcare, CoastalCare, Eastpointe, and Partners Behavioral Health Management) merged and experienced systems changes that affected their CDW reports during the measurement quarter (4th quarter SFY2012). 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	F	Report un	der revisi	on
2. Quarterly Fiscal Monitoring Reports	X	X	X	Х
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	Х	Х
4. Work First Initiative Quarterly Reports	X	X	Х	Х
5. System of Care Report		X		Х
6. Client Data Warehouse (CDW) - Screening Record	X	X	Х	Х
7. Client Data Warehouse (CDW) - Admissions	Х	X	Х	Х
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	Х	Х
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	X	X	Х	Х
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	Х	Х	Х	Х
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	Х	X	X	Х
12. Client Data Warehouse (CDW) - Drug of Choice	Х	X	Х	Х
13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	Х	Х	Х	Х
14. NC Treatment Outcomes and Program Performance System (Initial)	F	Report un	der revisi	on
15. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	Х
16. NC Support Needs Assessment Profile (NC-SNAP)	X	X	Х	Х
17. SAPTBG Compliance Report		X		Х
18. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				Х

*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 First Quarter Report July 1, 2012 - September 30, 2012

Report Submission Measures

Data Submission Measures

TME		Number of Report Submisei. Measured	Total Number of Estimation	Percent of Report S.J.	weasures Met	2. Que	Report (Prior Quero	2. Quarterly Fiscal Monitor: Report (C	3. SA/JJ Initiative Que	4. Work First Ison	uarterly Report	Number of Data S.i.	Percent of 9 Mc.	6. CDW - Screening C	8. CDW - ICD 9 DI	9. CDW- Unknown Dave	10. CDW - Unknown Dara (Discharrown Dara	11. CDW - Identityinn -	12. CDW - Drive	^{13.} CDW - Episode Completion P.C.	Clients) 14. NC TOPPS . Land	15. NC TOPPS	16. NC-SNAP
Alliance Behavioral Healthcare		4	4	100%		1	ł	*	*	*		0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Cardinal Innovations Healthcare Solutions		1	4	25%					*			7	88%	*	*	*	*	*	*	*			N/A
CenterPoint Human Services		4	4	100%		1	ł	*	*	*		8	89%	*	*	*	*	*	*		results	*	*
Coastal Care	ſ	4	4	100%	Je re	. 🖌	¥	*	*	*		2	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	he re er.	*	*
Cumberland	ſ	4	4	100%	and the		Ł	*	*	*		9	100%	*	*	*	*	*	*	*	and the l quarter.	*	*
East Carolina Behavioral Health		4	4	100%	uo.		ł	*	*	*		7	78%	*	*		*	*	*		sion a	*	*
Eastpointe		2	4	50%	revis				*	*		2	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	under revision a	*	*
Guilford Center		3	4	75%	under		ł	*	*			8	89%	*	*	*	*	*	*	*	under		*
Johnston		3	3	100%	<u>.</u>	2	ł	*	N/A	*		8	89%	*	*	*	*	*	*	*	is Iot		*
MeckLINK Behavioral Healthcare		3	3	100%	are l	D 4	ł	*	N/A	*		8	89%	*	*	*	*	*	*	*	sure		*
Partners Behavioral Health Management		4	4	100%	measu		ł	*	*	*		1	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	mea		*
Sandhills Center	Ī	4	4	100%			ł	*	*	*		9	100%	*	*	*	*	*	*	*	This	*	*
Smoky Mountain Center	Ī	3	4	75%		- 1	ł	*		*		2	22%	*			*						
Western Highlands Network	Ī	4	4	100%	\square	1	r	*	*	*		7	78%	*	*	*	*	*	*		\square		*
STATEWIDE - Number				87%	0	1	2	12	11	12			80%	10	9	8	10	9	9	6	0	6	11
STATEWIDE - Percent					0.0	% 85.	7% 8	5.7%	91.7%	85.79	6			100.0%	90.0%	80.0%	100.0%	90.0%	90.0%	60.0%	0.0%	42.9%	<mark>84.6%</mark>

* 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.

2. Quarterly Fiscal Monitoring Report

<u>Performance Requirement</u>: 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.

Date Received ¹			1st Qtr Report Due 10/20/12						
	Accurate, Complete	Standard Met ²	Date Received ¹	Accurate, Complete	Standard Met ²				
8/30/12	Yes	*	10/20/12	yes	*				
not rec'd			not rec'd						
8/22/12	Yes	*	10/19/12	yes	*				
8/31/12	Yes	*	10/20/12	yes	*				
8/20/12	Yes	*	10/20/12	yes	*				
8/31/12	Yes	*	10/19/12	yes	*				
not rec'd			not rec'd						
8/24/12	Yes	*	10/19/12	yes	*				
8/31/12	Yes	*	10/20/12	yes	*				
8/30/12	Yes	*	10/20/12	yes	*				
8/29/12	Yes	*	10/20/12	yes	*				
8/15/12	Yes	*	10/16/12	yes	*				
8/31/12	Yes	*	10/19/12	yes	*				
8/31/12	Yes	*	10/20/12	yes	*				
	not rec'd 8/22/12 8/31/12 8/20/12 8/31/12 not rec'd 8/24/12 8/31/12 8/30/12 8/30/12 8/31/12 8/31/12	not rec'd 8/22/12 Yes 8/31/12 Yes 8/20/12 Yes 8/20/12 Yes 8/31/12 Yes 8/31/12 Yes 8/31/12 Yes 8/24/12 Yes 8/31/12 Yes 8/30/12 Yes 8/30/12 Yes 8/29/12 Yes 8/15/12 Yes 8/31/12 Yes 8/31/12 Yes 8/31/12 Yes 8/31/12 Yes 8/31/12 Yes	not rec'd × 8/22/12 Yes ★ 8/31/12 Yes ★ 8/20/12 Yes ★ 8/20/12 Yes ★ 8/31/12 Yes ★ 8/31/12 Yes ★ 8/31/12 Yes ★ 8/24/12 Yes ★ 8/31/12 Yes ★ 8/30/12 Yes ★ 8/30/12 Yes ★ 8/30/12 Yes ★ 8/31/12 Yes ★	not rec'dnot rec'd $8/22/12$ Yes \star $8/22/12$ Yes \star $8/31/12$ Yes \star $8/20/12$ Yes \star $8/31/12$ Yes \star $8/31/12$ Yes \star $8/30/12$ Yes \star $8/29/12$ Yes \star $8/15/12$ Yes \star $8/31/12$ Yes \star $10/20/12$ \star $8/31/12$ Yes $8/31/12$ Yes \star $10/20/12$	not rec'dnot rec'd $8/22/12$ Yes \star $10/19/12$ yes $8/31/12$ Yes \star $10/20/12$ yes $8/31/12$ Yes \star $10/20/12$ yes $8/20/12$ Yes \star $10/20/12$ yes $8/21/12$ Yes \star $10/19/12$ yes $8/31/12$ Yes \star $10/19/12$ yes $8/24/12$ Yes \star $10/19/12$ yes $8/31/12$ Yes \star $10/20/12$ yes $8/30/12$ Yes \star $10/20/12$ yes $8/29/12$ Yes \star $10/20/12$ yes $8/31/12$ Yes \star $10/16/12$ yes $8/31/12$ Yes \star $10/19/12$ yes $8/31/12$ Yes \star $10/19/12$ yes $8/31/12$ Yes \star $10/20/12$ yes				

Number and Percent of LMEs that met the Performance Standard:

12 (85.7%)

12 (85.7%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.

3. Substance Abuse/Juvenile Justice Initiative Reports

SFY 2013 Standard:	Reports are accura	te, complete, and ar	e received no later t	han 10 calendar da	ys after the due date	9.	
			1st	Qtr Report Due 10/2	20/12		
Local Management Entity	Juvenile	Detention	JJSAMH P	artnership	Multi-purpose	e Group Home	
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Standard Met ²
Alliance Behavioral Healthcare	10/10/12	Yes	10/10/12	Yes			*
Cardinal Innovations Healthcare Solutions			10/17/12	Yes			*
CenterPoint Human Services	10/8/12	Yes	10/10/12	Yes			*
CoastalCare	10/2/12	Yes	10/17/12	Yes			*
Cumberland	10/5/12	Yes	10/5/12	Yes			*
East Carolina Behavioral Health	10/10/12	Yes	10/10/12	Yes	10/10/12	Yes	*
Eastpointe			10/9/12	Yes	10/9/12	Yes	*
Guilford Center	10/9/12	Yes	10/9/12	Yes			*
Partners Behavioral Health Management	10/4/12	Yes	10/12/12	Yes			*
Sandhills Center	10/3/12	Yes	10/3/12	Yes			*
Smoky Mountain Center	10/10/12	Yes				No	
Western Highlands Network	10/15/12	Yes	10/4/12	Yes			*
MeckLINK Behavioral Healthcare							
Johnston							

Number of Percent of LMEs that Met the SFY2013 Standard:

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. \bigstar = Met the Performance Contract Standard.

3. Mecklenburg using funds for Drug Court.

11 (91.7%)

4. Work First Initiative Quarterly Reports

<u>Performance Requirement</u>: 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.

	1st Qtr Repo	rt Due 10/20/12	_
Local Management Entity	Date Received ¹	Accurate And Complete	Standard Met ²
Alliance Behavioral Healthcare	10/19/2012	Yes	*
Cardinal Innovations Healthcare Solutions	11/1/2012	Yes	
CenterPoint Human Services	10/11/2012	Yes	*
CoastalCare	10/19/2012	Yes	*
Cumberland	10/19/2012	Yes	*
East Carolina Behavioral Health	10/19/2012	Yes	*
Eastpointe	10/19/2012	Yes	*
Guilford Center	10/31/2012	Yes	
Johnston	10/25/2012	Yes	*
MeckLINK Behavioral Healthcare	10/19/2012	Yes	*
Partners Behavioral Health Management	10/18/2012	Yes	*
Sandhills Center	10/18/2012	Yes	*
Smoky Mountain Center	10/18/2012	Yes	*
Western Highlands	10/18/2012	Yes	*

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

12 (85.7%)

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.

6. Client Data Warehouse (CDW) Screening Records

<u>Performance Requirement</u>: 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 (April 1, 2012 - June 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		Exclude	d this quarter due	to mergers and system chang	es.
Cardinal Innovations Healthcare Solutions	2,172	153	2,019	93%	*
CenterPoint Human Services	2,705	2	2,703	100%	*
CoastalCare		Exclude	d this quarter due	to mergers and system chang	es.
Cumberland	1,376	0	1,376	100%	*
East Carolina Behavioral Health	912	19	893	98%	*
Eastpointe		Exclude	d this quarter due	to mergers and system chang	es.
Guilford Center	2,000	1	1,999	100%	*
Johnston	207	0	207	100%	*
MeckLINK Behavioral Healthcare	1,030	2	1,028	100%	*
Partners Behavioral Health Management		Exclude	d this quarter due	to mergers and system chang	es.
Sandhills Center	418	0	418	100%	*
Smoky Mountain Center	1,554	149	1,405	90%	*
Western Highlands Network	3,060	1	3,059	100%	*
TOTAL	15,434	327	15,107	98%	*

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

10 (100%)

Notes:

1. Percentages less than 90% are shaded red.

7. Client Data Warehouse (CDW) Admissions

<u>Performance Requirement</u>: 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 October 31, 2012.

Local Management Entity	Facility Code	JUL	AUG	SEP	First Quarter Adm SFY2013	First Quarter Adm SFY2012	Monthly Average SFY2013	Monthly Average SFY2012
Alliance Behavioral Healthcare	23071	276	327	313	916	1,963	305	654
CenterPoint Human Services	23021	492	388	13	893	1,140	298	380
CoastalCare	43141	234	370	421	1,025	1,061	342	354
Cumberland	33051	293	295	207	795	810	265	270
East Carolina Behavioral Health	43071	1,366	1,038	671	3,075	1,216	1,025	405
Eastpointe	43081	265	9	36	310	2,206	103	735
Guilford Center	23041	316	368	283	967	1,074	322	358
Johnston	33071	105	107	63	275	507	92	169
MeckLINK Behavioral Healthcare	13102	336	345	185	866	933	289	311
Partners Behavioral Health Management	13114	664	611	705	1,980	2,681	660	894
Cardinal Innovations Healthcare Solutions	13121	2,309	2,057	1,096	5,462	5,633	1,821	1,878
Sandhills Center	33031	622	1,035	325	1,982	1,065	661	355
Smoky Mountain Center	13010	191	138	144	473	1,395	158	465
Western Highlands Network	13131	782	720	643	2,145	2,717	715	906
TOTAL ADMISSIONS		8,251	7,808	5,105	21,164	24,401	7,055	8,134

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

8. Client Data Warehouse (CDW) Diagnosis Records

<u>Performance Requirement</u>: 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 (April 1, 2012 - June 30, 2012) with a diagnosis completed within 30 days of beginning date of service.

<u>SFY 2013 Standard:</u> 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 th	is quarter due to	mergers and system change	es.			
Cardinal Innovations Healthcare Solution	s 10,019	5	10,014	100%	*			
CenterPoint Human Services	1,692	0	1,692	100%	*			
CoastalCare		Excluded th	is quarter due to	mergers and system change	es.			
Cumberland	1,009	1	1,008	100%	*			
East Carolina Behavioral Health	9,440	0	9,440	100%	*			
Eastpointe	Excluded this quarter due to mergers and system changes.							
Guilford Center	1,124	25	1,099	98%	*			
Johnston	393	0	393	100%	*			
MeckLINK Behavioral Healthcare	1,007	12	995	99%	*			
Partners Behavioral Health Management		Excluded th	is quarter due to	mergers and system change	es.			
Sandhills Center	1,683	2	1,681	100%	*			
Smoky Mountain Center	921	206	715	78%				
Western Highlands Network	2,359	0	2,359	100%	*			
TOTAL	29,647	251	29,396	99%	*			

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

9 (90%)

Notes:

1. Percentages less than 90% are shaded red.

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 (April 1, 2012 - June 30, 2012) where all mandatory data fields contain a value other than 'unknown'.

SFY 2013 Standard: Г

/ 2013 Standard:	90% of all m	nandatory da	ta fields for t	he prior qua	rter contain a	a value other	r than "unkno	wn".		
Local Management Entity	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Fa Inc

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					E	xcluded this	quarter due to	mergers and	system chang	ges.				
Cardinal Innovations Healthcare Solutions	10,019	100%	100%	100%	100%	98%	100%	98%	100%	100%	100%	100%	100%	*
CenterPoint Human Services	1,692	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
CoastalCare					E	xcluded this	quarter due to	mergers and	system chang	ges.				
Cumberland	1,009	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
East Carolina Behavioral Health	9,440	99%	99%	99%	100%	77%	100%	75%	100%	100%	100%	100%	100%	
Eastpointe					E	xcluded this	quarter due to	mergers and	system chang	ges.				
Guilford Center	1,124	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
Johnston	393	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
MeckLINK Behavioral Healthcare	1,007	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
Partners Behavioral Health Management					E	xcluded this	quarter due to	mergers and	system chang	ges.				
Sandhills Center	1,683	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
Smoky Mountain Center	921	100%	98%	89%	100%	96%	100%	99%	100%	100%	100%	100%	100%	
Western Highlands Network	2,359	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*
TOTAL	29,647	100%	100%	99%	100%	92%	100%	91%	100%	100%	100%	100%	100%	*

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

8 (80%)

Notes:

1. Percentages less than 90% are shaded red.

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 (April 1, 2012 - June 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 this quarter due to mergers and system changes.							
Cardinal Innovations Healthcare Solution	2,080	100%	100%	100%	100%	100%	100%	*
CenterPoint Human Services	743	100%	100%	100%	100%	100%	100%	*
CoastalCare			Excluded th	is quarter due to me	ergers and system	changes.		
Cumberland	850	100%	100%	100%	98%	100%	100%	*
East Carolina Behavioral Health	1,338	100%	100%	100%	100%	100%	100%	*
Eastpointe	Excluded this quarter due to mergers and system changes.							
Guilford Center	881	100%	100%	100%	100%	100%	100%	*
Johnston	523	100%	100%	100%	100%	100%	100%	*
MeckLINK Behavioral Healthcare	566	100%	100%	100%	100%	100%	100%	*
Partners Behavioral Health Management	Excluded this quarter due to mergers and system changes.							
Sandhills Center	593	100%	100%	100%	100%	100%	100%	*
Smoky Mountain Center	173	100%	100%	100%	99%	100%	100%	*
Western Highlands Network	2,646	100%	100%	100%	100%	100%	100%	*
TOTAL	10,393	100%	100%	100%	100%	100%	100%	*

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

10 (100%)

Notes:

1. Percentages less than 90% are shaded red.

11. Client Data Warehouse (CDW) Identifying and Demographic Records

<u>Performance Requirement</u>: 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 (April 1, 2012 - June 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 t	his quarter due to	mergers and system chang	es.
Cardinal Innovations Healthcare Solutions	3,756	34	3,722	99%	*
CenterPoint Human Services	3,577	42	3,535	99%	*
CoastalCare		Excluded t	his quarter due to	mergers and system chang	es.
Cumberland	1,388	2	1,386	100%	*
East Carolina Behavioral Health	3,330	14	3,316	100%	*
Eastpointe	Excluded this quarter due to mergers and system changes.			es.	
Guilford Center	2,670	19	2,651	99%	*
Johnston	1,011	2	1,009	100%	*
MeckLINK Behavioral Healthcare	2,151	131	2,020	94%	*
Partners Behavioral Health Management	Excluded this quarter due to mergers and system changes.				es.
Sandhills Center	3,989	3	3,986	100%	*
Smoky Mountain Center	2,625	374	2,251	86%	
Western Highlands Network	1,515	2	1,513	100%	*
TOTAL	26,012	623	25,389	98%	*

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

9 (90%)

Notes:

1. Percentages less than 90% are shaded red.

2. \bigstar = Met the Performance Contract Standard.

3. Only includes IPRS claims.

12. Client Data Warehouse (CDW) Drug Of Choice Data

<u>Performance Requirement</u>: 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, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (April 1, 2012 - June 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

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	this quarter due to	mergers and system chang	es.
Cardinal Innovations Healthcare Solution	s 1,349	126	1,223	91%	*
CenterPoint Human Services	760	6	754	99%	*
CoastalCare		Excluded	this quarter due to	mergers and system chang	es.
Cumberland	443	0	443	100%	*
East Carolina Behavioral Health	986	70	916	93%	*
Eastpointe	Excluded this quarter due to mergers and system changes.				es.
Guilford Center	725	4	721	99%	*
Johnston	154	4	150	97%	*
MeckLINK Behavioral Healthcare	465	16	449	97%	*
Partners Behavioral Health Management		Excluded this quarter due to mergers and system changes.			
Sandhills Center	972	0	972	100%	*
Smoky Mountain Center	236	75	161	68%	
Western Highlands Network	353	0	353	100%	*
TOTAL	6,443	301	6,142	95%	*

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

9 (90%)

Notes:

1. Percentages less than 90% are shaded red.

2. \bigstar = Met the Performance Contract Standard.

3. Only includes IPRS claims.

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

<u>Performance Requirement</u>: 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 (April 1, 2012 - June 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 this quarter due to mergers and system changes.						
Cardinal Innovations Healthcare Solution	789	37	752	95%	*			
CenterPoint Human Services	259	100	159	61%				
CoastalCare		Excluded this quarte	r due to mergers and syster	n changes.				
Cumberland	409	3	406	99%	*			
East Carolina Behavioral Health	627	108	519	83%				
Eastpointe	Excluded this quarter due to mergers and system changes.							
Guilford Center	279	6	273	98%	*			
Johnston	35	1	34	97%	*			
MeckLINK Behavioral Healthcare	71	2	69	97%	*			
Partners Behavioral Health Management		Excluded this quarter due to mergers and system changes.						
Sandhills Center	525	6	519	99%	*			
Smoky Mountain Center	43	9	34	79%				
Western Highlands Network	104	73	31	30%				
TOTAL	3,141	345	2,796	89%				

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

Notes:

1. Percentages less than 90% are shaded red.

2. \bigstar = 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.

6 (60%)

15. NC Treatment Outcomes and Program Performance System (NC-TOPPS) Update Assessments

<u>Performance Requirement</u>: 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).

Local Management Entity	Free stad # of	Rec	eipt	Timeliness		
	Expected # of Update Instruments	# of Update Assessments Received	% of Expected Assessments Received ¹	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	Standard Met ²
Alliance Behavioral Healthcare	1,437	1,400	97.4%	1,183	82.3%	
Cardinal Innovations Healthcare Solution	1,152	1,133	98.4%	995	86.4%	
CenterPoint Human Services	938	920	98.1%	851	90.7%	*
CoastalCare	786	786	100.0%	757	96.3%	*
Cumberland	519	515	99.2%	486	93.6%	*
East Carolina Behavioral Health	951	949	99.8%	933	98.1%	*
Eastpointe	1,773	1,759	99.2%	1,603	90.4%	*
Guilford Center	888	649	73.1%	447	50.3%	
Johnston	207	206	99.5%	176	85.0%	
MeckLINK Behavioral Healthcare	1,407	1,212	86.1%	997	70.9%	
Partners Behavioral Health Management	1,538	1,488	96.7%	1,204	78.3%	
Sandhills Center	1,032	1,026	99.4%	947	91.8%	*
Smoky Mountain Center	797	567	71.1%	378	47.4%	
Western Highlands Network	813	693	85.2%	529	65.1%	
Totals	14,238	13,303	93.4%	11,486	80.7%	

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

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

6 (42.9%)

Notes:

1. Percentages less than 90% are shaded red.

16. NC Support Needs Assessment Profile (NC-SNAP)

<u>Performance Requirement</u>: 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.

Local Management Entity	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	Standard Met ²	
Alliance Behavioral Healthcare	2761	2436	88.2%		
Cardinal Innovations Healthcare Solutions		LME submits data through sp	pecial waiver not the NC-SNAP		
CenterPoint Human Services	1421	1421	100.0%	*	
CoastalCare	1586	1554	98.0%	*	
Cumberland	688	688	100.0%	*	
East Carolina Behavioral Health	1532	1524	99.5%	*	
Eastpointe	2611	2602	99.7%	*	
Guilford Center	1077	1077	100.0%	*	
Johnston	361	357	98.9%	*	
MeckLINK Behavioral Healthcare	2024	2011	99.4%	*	
Partners Behavioral Health Management	2793	2779	99.5%	*	
Sandhills Center	1028	1028	100.0%	*	
Smoky Mountain Center	1052	933	88.7%		
Western Highlands Network	1606	1559	97.1%	*	
Totals	20,540	19,969	97.2%	*	

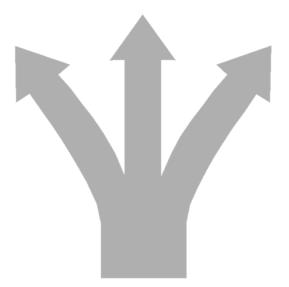
SFY 2013 Standard: 90% of current assessments are no more than 15 months old.

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

11 (84.6%)

Notes:

1. Percentages less than 90% are shaded red.



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

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