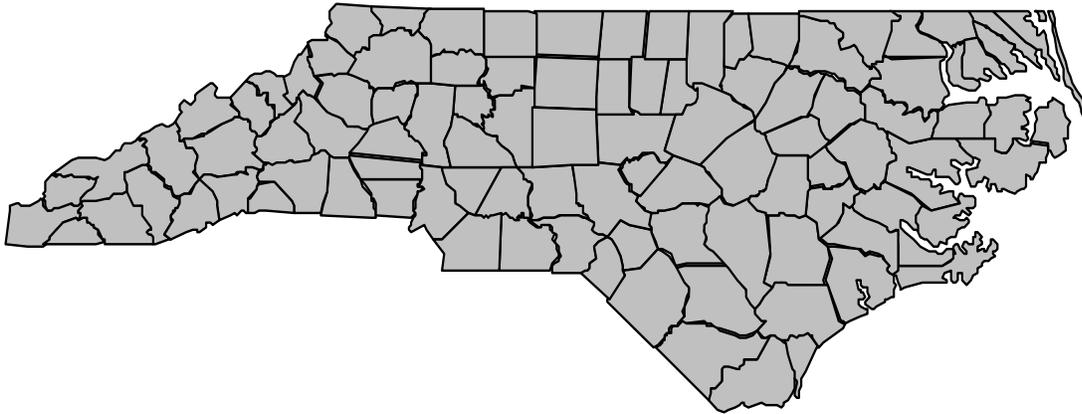


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

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

**Fourth Quarter Report
April 1, 2013 - June 30, 2013**



Prepared by

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



August 2013



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

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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 92 percent of the four report submission requirements and 73 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
Fourth Quarter Report
April 1, 2013 - June 30, 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 (Current Qtr)	3. SA/JJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	17. SAFTBG Compliance Semi-Annual Report	18. National Core Indicators Consents, Pre-Surveys, and Mail Surveys	Number of Data Submission Measures Met	Percent of 8 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-SMAP	
Alliance Behavioral Healthcare	5	5	100%	★	★	★	★	★	★	2	22%	★	★	★									
Cardinal Innovations Healthcare Solutions	5	5	100%	★	★	★	★	★	★	6	67%	★	★		★	★	★				★		
CenterPoint Human Services	5	5	100%	★	★	★	★	★	★	9	100%	★	★	★	★	★	★	★		★	★		
Coastal Care	5	5	100%	★	★	★	★	★	★	7	78%	★	★	★	★		★			★	★		
East Carolina Behavioral Health	5	5	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★			★	★		
Eastpointe	5	5	100%	★	★	★	★	★	★	8	89%	★		★	★	★	★	★		★	★		
MeckLINK Behavioral Healthcare	4	4	100%	N/A	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★	
Partners Behavioral Health Management	3	5	60%			★	★	★		6	67%	★		★	★		★	★				★	
Sandhills Center	5	5	100%	★	★	★	★	★	★	8	89%	★	★	★	★	★	★	★				★	
Smoky Mountain Center	4	4	100%	N/A	★	★	★	★	★	3	33%	★		★				★					
Western Highlands Network	4	5	80%	★				★	★	7	78%	★	★	★	★	★	★					★	
STATEWIDE - Number			94%	0	0	8	10	11	11	10	73%	11	7	10	9	7	8	7	0	5	8		
STATEWIDE - Percent				0.0%	0.0%	88.9%	90.9%	100.0%	100.0%	90.9%		100.0%	63.6%	90.9%	81.8%	63.6%	72.7%	63.6%	0.0%	45.5%	72.7%		

* 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
 Fourth Quarter Report
 April 1, 2013 - June 30, 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	4th Qtr Report Due 8/31/13		
	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 **Fourth** Quarter's results will be provided in the **First** 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.

SFY 2013 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2013 - June 30, 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	4th Qtr Report Due 7/20/13						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	7/10/13	Yes	7/10/13	Yes			★
Cardinal Innovations Healthcare Solutions			7/15/13	Yes			★
CenterPoint Human Services	7/10/13	Yes	7/10/13	Yes			★
CoastalCare	7/3/13	Yes	<i>7/24/13</i>	Yes			★
East Carolina Behavioral Health	7/2/13	Yes	7/17/13	Yes	7/2/13	Yes	★
Eastpointe			7/9/13	Yes	7/9/13	Yes	★
MeckLINK Behavioral Healthcare							N/A
Partners Behavioral Health Management	Not Received	No	7/15/13	Yes			
Sandhills Center	<i>7/24/13</i>	Yes	<i>7/24/13</i>	Yes	7/3/13	Yes	★
Smoky Mountain Center							N/A
Western Highlands Network	7/10/13	Yes	7/10/13	Yes			★

Number of Percent of LMEs that Met the SFY2013 Standard:

□

8 (88.9%)

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
 Fourth Quarter Report
 April 1, 2013 - June 30, 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	4th Qtr Report Due 7/20/13		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alliance Behavioral Healthcare	7/20/2013	Yes	★
Cardinal Innovations Healthcare Solutions	7/19/2013	Yes	★
CenterPoint Human Services	7/9/2013	Yes	★
CoastalCare	7/16/2013	Yes	★
East Carolina Behavioral Health	7/20/2013	Yes	★
Eastpointe	7/16/2013	Yes	★
MeckLINK Behavioral Healthcare	7/11/2013	Yes	★
Partners Behavioral Health Management	7/19/2013	Yes	★
Sandhills Center	7/15/2013	Yes	★
Smoky Mountain Center	7/12/2013	Yes	★
Western Highlands	7/19/2013	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
 Fourth Quarter Report
 April 1, 2013 - June 30, 2013

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	4th Qtr Report Due 7/15/13		Standard Met ²
	Date Received ¹	Complete	
Alliance Behavioral Healthcare	7/9/13	Yes	★
Cardinal Innovations Healthcare Solutions	7/11/13	Yes	★
CenterPoint Human Services	7/12/13	Yes	★
CoastalCare	7/1/13	Yes	★
Cumberland	7/15/13	Yes	★
East Carolina Behavioral Health	7/9/13	Yes	★
Eastpointe	7/9/13	Yes	★
Guilford Center	7/12/13	Yes	★
Johnston	7/15/13	Yes	★
MeckLINK Behavioral Healthcare	7/15/13	Yes	★
Partners Behavioral Health Management	7/15/13	Yes	★
Sandhills Center	7/14/13	Yes	★
Smoky Mountain Center	7/15/13	Yes	★
Western Highlands Network	7/12/13	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.

SFY 2013 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
 April 1, 2013 - June 30, 2013

**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 (January 1, 2013 - March 31, 2013) 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	417	16	401	96%	★
Cardinal Innovations Healthcare Solutions	2,264	52	2,212	98%	★
CenterPoint Human Services	1,037	2	1,035	100%	★
CoastalCare	966	6	960	99%	★
East Carolina Behavioral Health	1,325	13	1,312	99%	★
Eastpointe	6,587	283	6,304	96%	★
MeckLINK Behavioral Healthcare	122	0	122	100%	★
Partners Behavioral Health Management	19	0	19	100%	★
Sandhills Center	1,254	5	1,249	100%	★
Smoky Mountain Center	486	49	437	90%	★
Western Highlands Network	2,587	2	2,585	100%	★
TOTAL	17,064	428	16,636	97%	★

Number and Percent of LMEs that met the SFY 2013 Performance 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
 Fourth Quarter Report
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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 July 31, 2013.

Local Management Entity	Facility Code	APR	MAY	JUN	Fourth Quarter Adm SFY2013	Fourth Quarter Adm SFY2012	Monthly Average SFY2013	Monthly Average SFY2012
Alliance Behavioral Healthcare	23141	331	297	231	859	2,720	286	907
CenterPoint Human Services	23021	390	317	280	987	1,528	329	509
CoastalCare	43141	253	188	154	595	969	198	323
East Carolina Behavioral Health	43071	1,334	1,142	686	3,162	4,281	1,054	1,427
Eastpointe	43081	1,138	1,040	820	2,998	1,969	999	656
MeckLINK Behavioral Healthcare	13102	115	44	5	164	867	55	289
Partners Behavioral Health Management	13114	62	0	32	94	1,879	31	626
Cardinal Innovations Healthcare Solutions	13121	2,176	1,481	804	4,461	5,879	1,487	1,960
Sandhills Center	33031	1,595	444	1,005	3,044	2,475	1,015	825
Smoky Mountain Center	13010	303	216	175	694	157	231	52
Western Highlands Network	13131	684	671	553	1,908	2,336	636	779
TOTAL ADMISSIONS		8,381	5,840	4,745	18,966	25,060	6,322	8,353

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
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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 (January 1, 2013 - March 31, 2013) 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	1,544	254	1,290	84%	
Cardinal Innovations Healthcare Solutions	7,429	13	7,416	100%	★
CenterPoint Human Services	1,229	7	1,222	99%	★
CoastalCare	1,312	47	1,265	96%	★
East Carolina Behavioral Health	3,770	8	3,762	100%	★
Eastpointe	17,427	6,056	11,371	65%	
MeckLINK Behavioral Healthcare	365	24	341	93%	★
Partners Behavioral Health Management	942	110	832	88%	
Sandhills Center	2,783	71	2,712	97%	★
Smoky Mountain Center	1,209	200	1,009	83%	
Western Highlands Network	1,893	9	1,884	100%	★
TOTAL	39,903	6,799	33,104	83%	

Number and Percent of LMEs that met the SFY 2013 Standard: 7 (63.6%)

Notes:

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

SFY 2013 Performance Contract Data/Report Submission Requirements
 Fourth Quarter Report
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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 (January 1, 2013 - March 31, 2013) 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	1,544	97%	94%	99%	100%	96%	100%	98%	93%	100%	100%	100%	100%	★
Cardinal Innovations Healthcare Solutions	7,429	100%	100%	100%	100%	84%	100%	84%	100%	100%	100%	100%	100%	
CenterPoint Human Services	1,229	99%	97%	100%	100%	99%	100%	96%	98%	100%	100%	100%	100%	★
CoastalCare	1,312	93%	99%	98%	100%	98%	100%	96%	96%	100%	100%	100%	100%	★
East Carolina Behavioral Health	3,770	99%	99%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	★
Eastpointe	17,427	93%	100%	100%	99%	100%	100%	94%	100%	100%	100%	100%	100%	★
MeckLINK Behavioral Healthcare	365	96%	98%	98%	100%	98%	100%	98%	99%	100%	100%	100%	100%	★
Partners Behavioral Health Management	942	96%	100%	99%	100%	99%	100%	94%	99%	100%	100%	100%	100%	★
Sandhills Center	2,783	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain Center	1,209	95%	99%	96%	100%	97%	100%	90%	97%	100%	100%	100%	100%	★
Western Highlands Network	1,893	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	39,903	96%	99%	100%	100%	97%	100%	94%	99%	100%	100%	100%	100%	★

Number and Percent of LMEs that met the SFY 2013 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
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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 (January 1, 2013 - March 31, 2013) 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	209	61%	61%	61%	61%	61%	61%	
Cardinal Innovations Healthcare Solutions	1,710	100%	100%	100%	100%	100%	100%	★
CenterPoint Human Services	125	99%	99%	99%	99%	99%	99%	★
CoastalCare	196	100%	100%	100%	99%	100%	100%	★
East Carolina Behavioral Health	493	100%	100%	100%	100%	100%	100%	★
Eastpointe	15	100%	100%	100%	100%	100%	100%	★
MeckLINK Behavioral Healthcare	364	100%	100%	100%	100%	100%	100%	★
Partners Behavioral Health Management	198	100%	100%	100%	94%	100%	100%	★
Sandhills Center	532	100%	100%	100%	100%	100%	100%	★
Smoky Mountain Center	157	100%	100%	100%	89%	100%	100%	
Western Highlands Network	1,447	100%	100%	100%	100%	100%	100%	★
TOTAL	5,446	98%	98%	98%	98%	98%	98%	★

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.

SFY 2013 Performance Contract Data/Report Submission Requirements
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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 (January 1, 2013 - March 31, 2013) 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	4,869	635	4,234	87%	
Cardinal Innovations Healthcare Solutions	3,529	142	3,387	96%	★
CenterPoint Human Services	2,793	188	2,605	93%	★
CoastalCare	3,162	370	2,792	88%	
East Carolina Behavioral Health	2,961	252	2,709	91%	★
Eastpointe	3,246	202	3,044	94%	★
MeckLINK Behavioral Healthcare	1,853	0	1,853	100%	★
Partners Behavioral Health Management	4,141	851	3,290	79%	
Sandhills Center	2,385	195	2,190	92%	★
Smoky Mountain Center	3,049	591	2,458	81%	
Western Highlands Network	2,032	8	2,024	100%	★
TOTAL	34,020	3,434	30,586	90%	★

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

7 (63.6%)

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
 Fourth Quarter Report
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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, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (January 1, 2013 - March 31, 2013) 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	1,161	146	1,015	87%	
Cardinal Innovations Healthcare Solutions	1,221	120	1,101	90%	★
CenterPoint Human Services	614	37	577	94%	★
CoastalCare	662	132	530	80%	
East Carolina Behavioral Health	1,238	25	1,213	98%	★
Eastpointe	657	5	652	99%	★
MeckLINK Behavioral Healthcare	306	14	292	95%	★
Partners Behavioral Health Management	19	0	19	100%	★
Sandhills Center	780	11	769	99%	★
Smoky Mountain Center	498	254	244	49%	
Western Highlands Network	492	8	484	98%	★
TOTAL	7,648	752	6,896	90%	★

Number and Pct 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.

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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 (January 1, 2013 - March 31, 2013) 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	433	230	203	47%	
Cardinal Innovations Healthcare Solution	646	168	478	74%	
CenterPoint Human Services	183	4	179	98%	★
CoastalCare	290	21	269	93%	★
East Carolina Behavioral Health	532	382	150	28%	
Eastpointe	647	26	621	96%	★
MeckLINK Behavioral Healthcare	81	1	80	99%	★
Partners Behavioral Health Management	271	4	267	99%	★
Sandhills Center	556	28	528	95%	★
Smoky Mountain Center	212	6	206	97%	★
Western Highlands Network	226	97	129	57%	
TOTAL	4,077	967	3,110	76%	

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

7 (63.6%)

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	1,662	1,505	90.6%	1,349	81.2%	
Cardinal Innovations Healthcare Solutions	1,156	1,123	97.1%	1,062	91.9%	★
CenterPoint Human Services	592	586	99.0%	572	96.6%	★
CoastalCare	705	705	100.0%	703	99.7%	★
East Carolina Behavioral Health	498	498	100.0%	485	97.4%	★
Eastpointe	1,507	1,505	99.9%	1,470	97.5%	★
MeckLINK Behavioral Healthcare	1,169	1,102	94.3%	877	75.0%	
Partners Behavioral Health Management	1,351	1,324	98.0%	1,110	82.2%	
Sandhills Center	1,604	1,441	89.8%	1,255	78.2%	
Smoky Mountain Center	616	540	87.7%	456	74.0%	
Western Highlands Network	713	625	87.7%	521	73.1%	
Totals	11,573	10,954	94.7%	9,860	85.2%	

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

5 (45.5%)

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	3,733	2,426	65.0%	
Cardinal Innovations Healthcare Solution	LME submits data through special waiver not the NC-SNAP			
CenterPoint Human Services	1,163	1,163	100.0%	★
CoastalCare	1,299	1,299	100.0%	★
East Carolina Behavioral Health	1,468	1,442	98.2%	★
Eastpointe	2,130	2,130	100.0%	★
MeckLINK Behavioral Healthcare	1,825	1,712	93.8%	★
Partners Behavioral Health Management	2,222	2,193	98.7%	★
Sandhills Center	1,718	1,709	99.5%	★
Smoky Mountain Center	1,206	995	82.5%	
Western Highlands Network	1,470	1,462	99.5%	★
Totals	18,234	16,531	90.7%	★

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.

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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	End Of Year Report (Due 7/22/13)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alliance Behavioral Healthcare	7/22/13	Yes	Yes	★
Cardinal Innovations Healthcare Solutions	7/19/13	Yes	Yes	★
CenterPoint Human Services	7/18/13	Yes	Yes	★
CoastalCare	7/22/13	Yes	Yes	★
Cumberland	7/22/13	Yes	Yes	★
East Carolina Behavioral Health	7/22/13	Yes	Yes	★
Eastpointe	7/18/13	Yes	Yes	★
Guilford Center	7/16/13	Yes	Yes	★
Johnston	7/22/13	Yes	Yes	★
MeckLINK Behavioral Healthcare	7/19/13	Yes	Yes	★
Partners Behavioral Health Management	7/22/13	Yes	Yes	★
Sandhills Center	7/16/13	Yes	Yes	★
Smoky Mountain Center	7/22/13	Yes	Yes	★
Western Highlands Network	7/19/13	Yes	Yes	★

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

14 (100%)

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.

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18. National Core Indicators (NCI) Consents And Pre-Surveys

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

SFY 2013 Standard: 75% of the pre-surveys, consents, and mail survey information are received by the due date and complete.

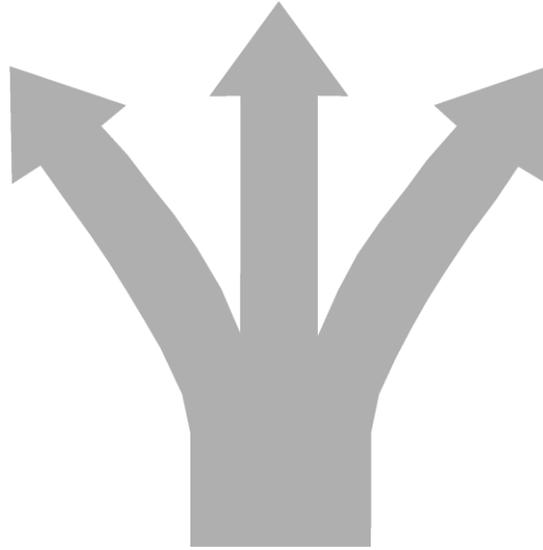
Local Management Entity	Timeliness of Submission		Completeness (# Forms Received / # Expected)			Standard Met ²
	Pre-Surveys & Consents	Mailed Surveys	# Received	# Expected	% Complete ¹	
Alliance Behavioral Healthcare	Received On-Time	Received On-Time	120	120	100.0%	★
Cardinal Innovations Healthcare Solution	Received On-Time	Received On-Time	165	160	103.1%	★
CenterPoint Human Services	Received On-Time	Received On-Time	49	40	122.5%	★
CoastalCare	Received On-Time	Received On-Time	84	80	105.0%	★
Cumberland	Received On-Time	Received On-Time	32	40	80.0%	★
East Carolina Behavioral Health	Received On-Time	Received On-Time	40	40	100.0%	★
Eastpointe	Received On-Time	Received On-Time	147	120	122.5%	★
Guilford Center	Received On-Time	Received On-Time	40	40	100.0%	★
Johnston	Received On-Time	Received On-Time	28	35	80.0%	★
MeckLINK Behavioral Healthcare	Received On-Time	Received On-Time	42	40	105.0%	★
Partners Behavioral Health Management	Received On-Time	Received On-Time	32	120	26.7%	
Sandhills Center	Received On-Time	Received On-Time	33	40	82.5%	★
Smoky Mountain Center	Received On-Time	Received On-Time	45	40	112.5%	★
Western Highlands Network	Received On-Time	Received On-Time	32	40	80.0%	★
Totals			889	955	93.1%	

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

13 (92.9%)

Notes:

1. Percentages less than 75% are shaded red.
2. ★ = Met the Performance Contract Standard.



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