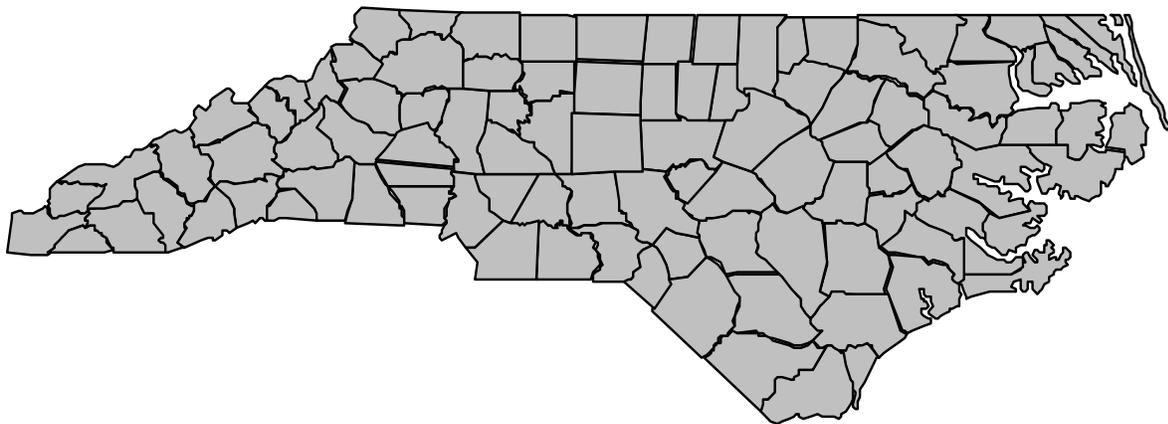


North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services

**SFY 2017 Performance Contract  
With Local Management Entities - Managed Care Organizations  
Report/Data Submission Requirements**

**First Quarter Report  
July 1, 2016 - September 30, 2016**



Prepared by

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Revised December 2016





SFY 2017 Performance Contract  
 Report/Data Submission Requirements  
 First Quarter Report  
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## SFY 2017 Performance Contract Report Schedule

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

Requirement	1st Qtr Nov 30	2nd Qtr Feb 28	3rd Qtr May 30	4th Qtr Aug 30
1. Monthly Financial Reports	X	X	X	X
2. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
3. Work First Initiative Quarterly Reports	X	X	X	X
4. Traumatic Brain Injury (TBI) Services Quarterly Report	X	X	X	X
5. Quarterly Complaints Report	X	X	X	X
6. Client Data Warehouse (CDW) - Admissions	X	X	X	X
7. Client Data Warehouse (CDW) - Diagnosis Record	X	X	X	X
8. Client Data Warehouse (CDW) - Unknown Data (Admissions)	X	X	X	X
9. Client Data Warehouse (CDW) - Unknown Data (Discharges)	X	X	X	X
10. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
11. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
12. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	X	X	X	X
13. NC Treatment Outcomes and Program Performance System (Initial)	<b>Report under revision</b>			
14. NC Treatment Outcomes and Program Performance System (3-Month Update)	X	X	X	X
15. NC Treatment Outcomes and Program Performance System (6-Month Update)	X	X	X	X
16. NC Treatment Outcomes and Program Performance System (12-Month Update)	X	X	X	X
17. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
18. System of Care Report		X		X
19. SAPTBG Compliance Report		X		X
20. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				X
21. Traumatic Brain Injury (TBI) Services Annual Report				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, LME-MCO required reports are due to the Division's Report Contact/Requirement Sponsor by the due date indicated on the report (typically the end of the month prior to publishing), and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Section by the 15th of the month indicated above.

**SFY 2017 Performance Contract Report/Data Submission Requirements Summary Of Performance**  
**First Quarter Report**  
**July 1, 2016 - September 30, 2016**

LME-MCO	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. Monthly Financial Report	2. SAJJ Initiative Quarterly Report	3. Work First Initiative Quarterly Report	4. TBI Services Quarterly Report	5. Quarterly Complaints Report	Number of Data Submission Measures Met	Total Number of Data Submission Measures	Percent of Data Submission Measures Met	7. CDW - Diagnosis Record	8. CDW - Unknown Data (Admissions)	9. CDW - Unknown Data (Discharges)	10. CDW - Identifying and Demographic Records	11. CDW - Drug of Choice	12. CDW - Episode Completion Records (SA Clients)	14. NC TOPPS - 3 Month Update	15. NC TOPPS - 6 Month Update	16. NC TOPPS - 12 Month Update	17. NC-SMAP		
Alliance Behavioral Healthcare	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★	★	★
Cardinal Innovations Healthcare Solutions	4	5	80%	★		★	★	★	8	10	80%	★	★	★	★	★			★	★			
Eastpointe	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★	★	★
Partners Behavioral Health Management	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★	★	★
Sandhills Center	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★	★	★
Trillium Health Resources	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★	★	★
Vaya Health	5	5	100%	★	★	★	★	★	9	10	90%	★	★	★	★	★		★	★	★	★	★	★
<b>STATEWIDE - Number</b>			<b>97%</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>7</b>			<b>96%</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>6</b>
<b>STATEWIDE - Percent</b>				<b>100.0%</b>	<b>85.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>				<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>85.7%</b>	<b>85.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>85.7%</b>	<b>85.7%</b>

\* This column shows the total number of **report submission** measures that apply this quarter. Some requirements are quarterly while others are semi-annual or annual requirements.

★ Indicates the LME-MCO met the performance standard for the measure.

% Percents that are highlighted green indicate the LME-MCO 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-MCO monitoring decisions.

N/A Indicates measures that were not applicable this quarter.

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

## 1. Monthly Financial Reports

**Performance Requirement:** LME-MCO submits all required monthly financial reports in acceptable format, completeness, and accuracy by the 20th of the month (or next business day if the due date is a weekend or holiday) following the month covered by the report. For example, the financial report covering the month of Jan is due by Feb 20.

**SFY 2017 Standard:** Reports are accurate, complete, and received by the due date.

LME-MCO	JUN Report Due 7/20/16		JUL Report Due 8/31/16		AUG Report Due 9/20/16		Standard Met <sup>1</sup>
	Date Received <sup>2</sup>	Accurate, Complete	Date Received <sup>2</sup>	Accurate, Complete	Date Received <sup>2</sup>	Accurate, Complete	
Alliance Behavioral Healthcare	7/20/16	Yes	8/30/16	Yes	9/20/16	Yes	★
Cardinal Innovations Healthcare Solutions	7/20/16	Yes	8/31/16	Yes	9/20/16	Yes	★
Eastpointe	7/19/16	Yes	8/30/16	Yes	9/20/16	Yes	★
Partners Behavioral Health Management	7/20/16	Yes	8/30/16	Yes	9/15/16	Yes	★
Sandhills Center	7/19/16	Yes	8/31/16	Yes	9/19/16	Yes	★
Trillium Health Resources	7/20/16	Yes	8/30/16	Yes	9/19/16	Yes	★
Vaya Health	7/20/16	Yes	8/31/16	Yes	9/20/16	Yes	★

Number and Percent of LME-MCOs that met the Performance Standard:

7 (100%)

**Notes:**

1. ★ = Met the Performance Contract Standard.
2. Red shading indicates reports that are not received by the due date or are not accurate and complete.
3. Cardinal Innovations June Report includes CenterPoint's June Report.

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

## 2. Substance Abuse/Juvenile Justice Initiative Quarterly Reports

Performance Requirement: LME-MCO submits a quarterly SA/Juvenile Justice Initiative Report by the 20th of the month following the end of the quarter (or next business day if the due date is a weekend or holiday).

SFY 2017 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

LME-MCO	1st Qtr Report Due 10/20/16				Standard Met <sup>1</sup>
	Juvenile Detention		JJSAMH Partnership		
	Date Received <sup>2</sup>	Accurate And Complete	Date Received <sup>2</sup>	Accurate And Complete	
Alliance Behavioral Healthcare	10/10/16	Yes	10/10/16	Yes	★
Cardinal Innovations Healthcare Solutions			Not Received	No	
Eastpointe			10/6/16	Yes	★
Partners Behavioral Health Management			10/7/16	Yes	★
Sandhills Center	10/10/16	Yes	10/10/16	Yes	★
Trillium Health Resources	10/7/16	Yes	10/11/16	Yes	★
Vaya Health	10/6/16	Yes	10/6/16	Yes	★

Number of Percent of LME-MCOs that Met the SFY2017 Standard:

6 (85.7%)

Notes:

1. ★ = Met the Performance Contract Standard.      **N/A** = Not Applicable this quarter.
2. Reports that are not complete or that were received >10 days after the due date are shaded red.
3. Reports with ***Italicized*** dates and yellow shading were received within 10 days after the due date.
4. Reports that are shaded gray do not have a program and do not have a reporting requirement.

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

### 3. Work First Initiative Quarterly Reports

Performance Requirement: LME-MCO submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter (or next business day if the due date is a weekend or holiday).

SFY 2017 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

LME-MCO	1st Qtr Report Due 10/20/16		Standard Met <sup>1</sup>
	Date Received <sup>2</sup>	Accurate And Complete	
Alliance Behavioral Healthcare	10/20/2016	Yes	★
Cardinal Innovations Healthcare Solutions	10/20/2016	Yes	★
Eastpointe	10/19/2016	Yes	★
Partners Behavioral Health Management	10/19/2016	Yes	★
Sandhills Center	10/17/2016	Yes	★
Trillium Health Resources	10/17/2016	Yes	★
Vaya Health	10/20/2016	Yes	★

Number and Percent of LME-MCOs that met the SFY 2017 Standard: 7 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.
2. 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.

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

### 4. Quarterly Traumatic Brain Injury (TBI) Services Report

**Performance Requirement:** LME-MCO submits all required Traumatic Brain Injury (TBI) Services reports in acceptable format by the following due dates (or next business day if the due date is a weekend or holiday):

- First quarter report = Dec 31.
- Second quarter report = Mar 31.
- Annual report = Jul 31.
- Third quarter report = Jun 30.
- Fourth quarter report = Aug 31.

**SFY 2017 Standard:**

Reports are accurate, complete, and received by the due date.

LME-MCO	4th Qtr Report Due 8/31/16		
	Date Received <sup>2</sup>	Accurate, Complete	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	8/31/16	Yes	★
Cardinal Innovations Healthcare Solutions	8/31/16	Yes	★
Eastpointe	8/24/16	Yes	★
Partners Behavioral Health Management	8/22/16	Yes	★
Sandhills Center	8/23/16	Yes	★
Trillium Health Resources	8/29/16	Yes	★
Vaya Health	8/24/16	Yes	★

Number and Percent of LME-MCOs that met the Performance Standard:

7 (100%)

**Notes:**

1. ★ = Met the Performance Contract Standard.

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

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

## 5. Quarterly Complaints Report

**Performance Requirement:** LME-MCO submits all required Complaints reports in acceptable format by the following due dates (or next business day if the due date is a weekend or holiday):

- First quarter report = Nov 15.
- Second quarter report = Feb 15.
- Third quarter report = May 15.
- Fourth quarter report = Aug 15.

**SFY 2017 Standard:** Reports are accurate, complete, and received by the due date.

LME-MCO	1st Qtr Report Due 11/15/16		
	Date Received <sup>2</sup>	Accurate, Complete	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	11/15/16	Yes	★
Cardinal Innovations Healthcare Solutions	11/14/16	Yes	★
Eastpointe	11/15/16	Yes	★
Partners Behavioral Health Management	11/15/16	Yes	★
Sandhills Center	11/8/16	Yes	★
Trillium Health Resources	11/15/16	Yes	★
Vaya Health	11/15/16	Yes	★

Number and Percent of LME-MCOs that met the Performance Standard: 7 (100%)

**Notes:**

1. ★ = Met the Performance Contract Standard.

2. Red shading indicates reports that are received before the quarter has ended, not received by the due date, or are not accurate and complete.

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

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

Performance Requirement: LME-MCO 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, 2016.

LME-MCO	Facility Code	JUL	AUG	SEP	First Quarter Adm SFY2017	First Quarter Adm SFY2016	Monthly Average SFY2017	Monthly Average SFY2016
Alliance Behavioral Healthcare	23141	849	947	792	<b>2,588</b>	2,796	863	932
Cardinal Innovations Healthcare Solutions	13121	3,568	2,074	973	<b>6,615</b>	5,875	2,205	1,958
Eastpointe	43081	477	557	505	<b>1,539</b>	1,829	513	610
Partners Behavioral Health Management	13114	580	665	602	<b>1,847</b>	1,849	616	616
Sandhills Center	33031	1,010	1,204	1,110	<b>3,324</b>	3,785	1,108	1,262
Trillium Health Resources	43071	1,183	1,272	664	<b>3,119</b>	7,266	1,040	2,422
Vaya Health	13010	1,029	1,162	1,015	<b>3,206</b>	3,345	1,069	1,115
<b>TOTAL ADMISSIONS</b>		<b>8,696</b>	<b>7,881</b>	<b>5,661</b>	<b>22,238</b>	<b>26,745</b>	<b>7,413</b>	<b>8,915</b>

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

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

**7. Client Data Warehouse (CDW)  
 Diagnosis Records**

Performance Requirement: LME-MCO submits required CDW record types by the 15th of each month. Open clients who are enrolled in a benefit plan 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 (NCTRACKS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (April 1, 2016 - June 30, 2016) with a diagnosis completed within 30 days of beginning date of service.

SFY 2017 Standard: 90% of open clients who are enrolled in a benefit plan and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

LME-MCO	Number of Admissions	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days <sup>2</sup>	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	2,755	106	2,649	96%	★
Cardinal Innovations Healthcare Solutions	5,202	2	5,200	100%	★
Eastpointe	1,792	15	1,777	99%	★
Partners Behavioral Health Management	1,810	0	1,810	100%	★
Sandhills Center	3,758	2	3,756	100%	★
Trillium Health Resources	3,629	1	3,628	100%	★
Vaya Health	2,917	9	2,908	100%	★
<b>TOTAL</b>	<b>21,863</b>	<b>135</b>	<b>21,728</b>	<b>99%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2017 Standard: 7 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

**8. Client Data Warehouse (CDW)  
 'Unknown' Value In Mandatory Fields (Admissions)**

Performance Requirement: LME-MCO 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, 2016 - June 30, 2016) where all mandatory data fields contain a value other than 'unknown'.

SFY 2017 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown'.

LME-MCO	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Education	Employment	Veteran Status	Family Income	Family Size	Arrests 30 Days	Health Med Ins	Primary Language	Attention Self Help	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	2,755	100%	97%	97%	100%	98%	96%	100%	100%	100%	100%	100%	100%	97%	100%	★
Cardinal Innovations Healthcare Solutions	5,202	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	1,792	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Partners Behavioral Health Management	1,810	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	3,758	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Trillium Health Resources	3,629	100%	100%	99%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	★
Vaya Health	2,917	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>21,863</b>	<b>100%</b>	<b>100%</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2017 Standard:

7 (100%)

Notes:

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

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

**9. Client Data Warehouse (CDW)  
 'Unknown' Value In Mandatory Fields (Discharges)**

Performance Requirement: LME-MCO 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, 2016 - June 30, 2016) where all mandatory data fields contain a value other than 'unknown'.

SFY 2017 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown'.

LME-MCO	Discharge Records	Discharge Reason	Employment Status	Arrests Prior 30 Days	Referral To	Living Arrangement	Attention Self Help	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	219	100%	98%	100%	100%	100%	100%	★
Cardinal Innovations Healthcare Solutions	27,482	100%	100%	100%	100%	100%	100%	★
Eastpointe	1,117	100%	99%	100%	100%	100%	100%	★
Partners Behavioral Health Management	830	100%	100%	100%	100%	100%	100%	★
Sandhills Center	2,776	100%	100%	100%	100%	100%	100%	★
Trillium Health Resources	1,958	100%	100%	100%	100%	100%	100%	★
Vaya Health	883	100%	96%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>35,265</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>★</b>

Number and Pct of LME-MCOs that met the SFY 2017 Standard:

7 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

**10. Client Data Warehouse (CDW)  
 Identifying and Demographic Records**

Performance Requirement: LME-MCO submits required CDW record types by the 15th of each month. Open clients who are enrolled in a benefit plan 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, 2016 - June 30, 2016) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2017 Standard: 90% of open clients who are enrolled in a benefit plan and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

LME-MCO	Number of Claims <sup>3</sup>	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days <sup>2</sup>	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	8,873	31	8,842	100%	★
Cardinal Innovations Healthcare Solutions	13,002	324	12,678	98%	★
Eastpointe	6,752	13	6,739	100%	★
Partners Behavioral Health Management	8,012	3	8,009	100%	★
Sandhills Center	7,535	0	7,535	100%	★
Trillium Health Resources	5,977	70	5,907	99%	★
Vaya Health	8,973	3	8,970	100%	★
<b>TOTAL</b>	<b>59,124</b>	<b>444</b>	<b>58,680</b>	<b>99%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2017 Standard: 7 (100%)

Notes:

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

SFY 2017 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2016 - September 30, 2016

**11. Client Data Warehouse (CDW)  
 Drug Of Choice Data**

**Performance Requirement:** LME-MCO 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 benefit plans: ASCDR, ASTER, ASWOM, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (April 1, 2016 - June 30, 2016) with a drug of choice record completed within 60 days of the beginning date of service.

**SFY 2017 Standard:** 90% of open clients in the designated target populations have a drug of choice record completed within 60

LME-MCO	Number of Claims <sup>3</sup>	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days <sup>2</sup>	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	1,575	33	1,542	98%	★
Cardinal Innovations Healthcare Solutions	1,739	61	1,678	96%	★
Eastpointe	911	6	905	99%	★
Partners Behavioral Health Management	1,479	1	1,478	100%	★
Sandhills Center	1,200	2	1,198	100%	★
Trillium Health Resources	1,035	48	987	95%	★
Vaya Health	1,448	3	1,445	100%	★
<b>TOTAL</b>	<b>9,387</b>	<b>154</b>	<b>9,233</b>	<b>98%</b>	<b>★</b>

Number and Pct of LME-MCOs that met the SFY 2017 Standard:

7 (100%)

**Notes:**

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

**Key To Benefit Plan Abbreviations**

- ASCDR** – Adult Substance Abuse IV Drug Communicable Disease Risk  
**ASTER** – Adult Substance Abuse Treatment Engagement and Recovery  
**ASWOM** – Adult Substance Abuse Women  
**CSSAD** – Child with SA Disorder

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

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

The table below shows the percentage of Substance Abuse clients admitted since October 1, 2006, when this measure began, who during the prior quarter (April 1, 2016 - June 30, 2016) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

**SFY 2017 Standard:** 90% of Substance Abuse clients admitted since October 1, 2006, who have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

LME-MCO	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 <sup>3</sup>	Number <u>with</u> Appropriate Activity or an Episode Completion Record <sup>4</sup>	Percent <u>with</u> Appropriate Activity or an Episode Completion Record <sup>2</sup>	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	356	16	340	96%	★
Cardinal Innovations Healthcare Solutions	1,385	17	1,368	99%	★
Eastpointe	348	26	322	93%	★
Partners Behavioral Health Management	527	16	511	97%	★
Sandhills Center	485	13	472	97%	★
Trillium Health Resources	1,078	25	1,053	98%	★
Vaya Health	558	125	433	78%	
<b>TOTAL</b>	<b>4,737</b>	<b>238</b>	<b>4,499</b>	<b>95%</b>	<b>★</b>

Number and Pct of LME-MCOs that met the SFY 2017 Standard:

6 (85.7%)

**Notes:**

- ★ = Met the Performance Contract Standard.
- Percentages less than 90% are shaded red.
- Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
- 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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**14. NC Treatment Outcomes and Program Performance System (NC-TOPPS)  
 3 Month Update Assessments**

Performance Requirement: The LME-MCO, 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, the updates reported below were for initial assessments that occurred 6 months ago<sup>1</sup>.

SFY 2017 Standard: 90% of the expected update forms are received and are timely.

LME-MCO	Expected # of Update Instruments	Receipt		Timeliness		Standard Met <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>3</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>3</sup>	
Alliance Behavioral Healthcare	1,854	1,840	99.2%	1,769	95.4%	★
Cardinal Innovations Healthcare Solutions	2,234	2,083	93.2%	1,909	85.5%	
Eastpointe	978	978	100.0%	965	98.7%	★
Partners Behavioral Health Management	1,053	1,041	98.9%	986	93.6%	★
Sandhills Center	1,172	1,167	99.6%	1,122	95.7%	★
Trillium Health Resources	1,829	1,826	99.8%	1,809	98.9%	★
Vaya Health	1,423	1,405	98.7%	1,299	91.3%	★
Totals	10,543	10,340	98.1%	9,859	93.5%	★

Number and Percent of LME-MCOs that met the SFY 2017 Standard:

6 (85.7%)

Notes:

1. Based on initial assessments that occurred Jan - Mar 2016.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

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

**Performance Requirement:** The LME-MCO, 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 6-month update assessments. The 6-month update assessments shall be administered between 166 and 194 days after the initial assessment. To ensure accuracy and completeness, the updates reported below are for initial assessments that occurred 9 months ago<sup>1</sup>.

**SFY 2017 Standard:** 90% of the expected update forms are received and are timely.

LME-MCO	Expected # of Update Instruments	Receipt		Timeliness		Standard Met <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>3</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>3</sup>	
Alliance Behavioral Healthcare	1,433	1,426	99.5%	1,410	98.4%	★
Cardinal Innovations Healthcare Solutions	2,086	1,993	95.5%	1,890	90.6%	★
Eastpointe	987	986	99.9%	980	99.3%	★
Partners Behavioral Health Management	1,058	1,053	99.5%	1,035	97.8%	★
Sandhills Center	1,014	1,013	99.9%	998	98.4%	★
Trillium Health Resources	1,822	1,821	99.9%	1,815	99.6%	★
Vaya Health	1,362	1,345	98.8%	1,281	94.1%	★
<b>Totals</b>	<b>9,762</b>	<b>9,637</b>	<b>98.7%</b>	<b>9,409</b>	<b>96.4%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2017 Standard:

7 (100%)

**Notes:**

1. Based on initial assessments that occurred Oct - Dec 2015.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

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**16. NC Treatment Outcomes and Program Performance System (NC-TOPPS)  
 12 Month Update Assessments**

Performance Requirement: The LME-MCO, 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 12-month update assessments. The 12-month update assessments shall be administered between 351 and 379 days after the initial assessment. To ensure accuracy and completeness, the updates reported below were for initial assessments that occurred 15 months ago<sup>1</sup>.

SFY 2017 Standard: 90% of the expected update forms are received and are timely.

LME-MCO	Expected # of Update Instruments	Receipt		Timeliness		Standard Met <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>3</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>3</sup>	
Alliance Behavioral Healthcare	1,652	1,643	99.5%	1,622	98.2%	★
Cardinal Innovations Healthcare Solutions	2,566	2,485	96.8%	2,429	94.7%	★
Eastpointe	1,196	1,196	100.0%	1,196	100.0%	★
Partners Behavioral Health Management	1,225	1,174	95.8%	1,170	95.5%	★
Sandhills Center	1,240	1,231	99.3%	1,217	98.1%	★
Trillium Health Resources	1,454	1,446	99.4%	1,444	99.3%	★
Vaya Health	1,463	1,454	99.4%	1,423	97.3%	★
Totals	10,796	10,629	98.5%	10,501	97.3%	★

Number and Percent of LME-MCOs that met the SFY 2017 Standard:

7 (100%)

Notes:

1. Based on initial assessments that occurred Apr - Jun 2015.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

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## 17. NC Support Needs Assessment Profile (NC-SNAP)

**Performance Requirement:** The LME-MCO, through providers, will submit to DMH/DD/SAS, by the 15th of each month (or next business day if the due date is a weekend or holiday), an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting services for Intellectual/Developmental Disabilities.

**SFY 2017 Standard:** 90% of current assessments are no more than 15 months old.

LME-MCO	Currency Of Assessments			Standard Met <sup>1</sup>
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old <sup>2</sup>	
Alliance Behavioral Healthcare	2,149	2,141	99.6%	★
Cardinal Innovations Healthcare Solutions	4,542	1,109	24.4%	
Eastpointe	2,281	2,280	100.0%	★
Partners Behavioral Health Management	2,021	1,908	94.4%	★
Sandhills Center	2,057	2,030	98.7%	★
Trillium Health Resources	2,043	2,042	100.0%	★
Vaya Health	1,962	1,949	99.3%	★
<b>Totals</b>	<b>17,055</b>	<b>13,459</b>	<b>78.9%</b>	

Number and Percent of LME-MCOs that met the SFY 2017 Standard:

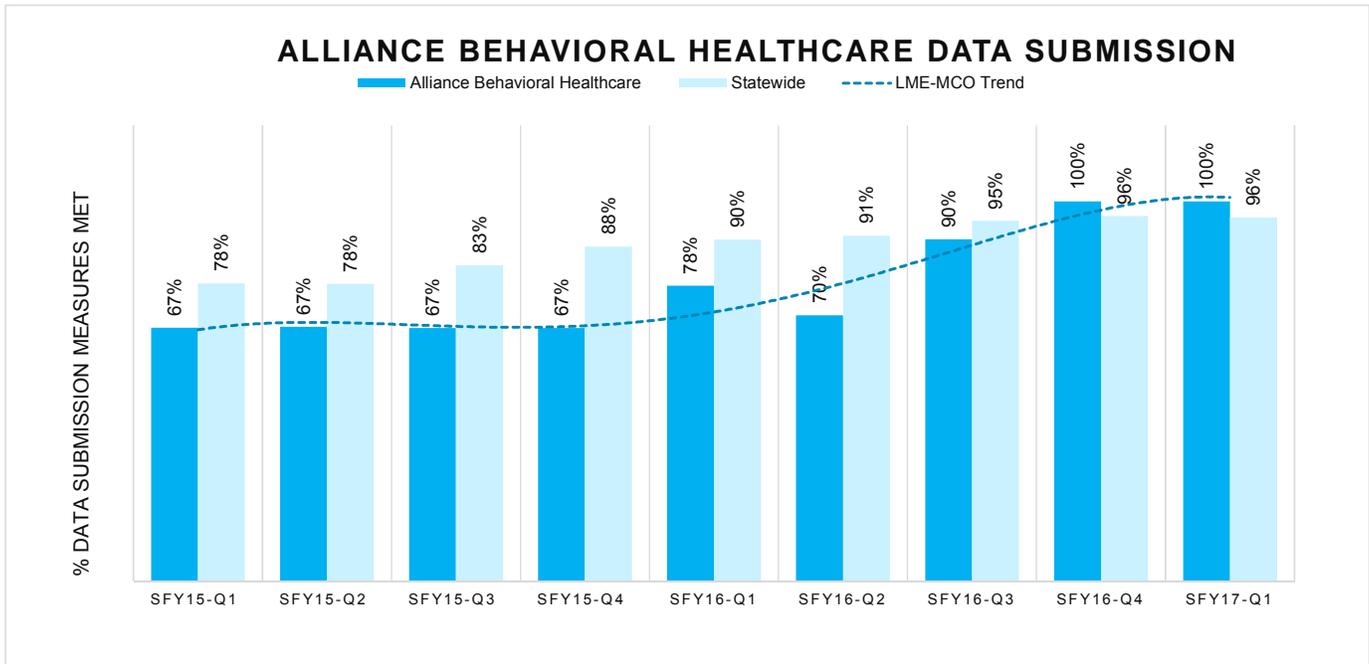
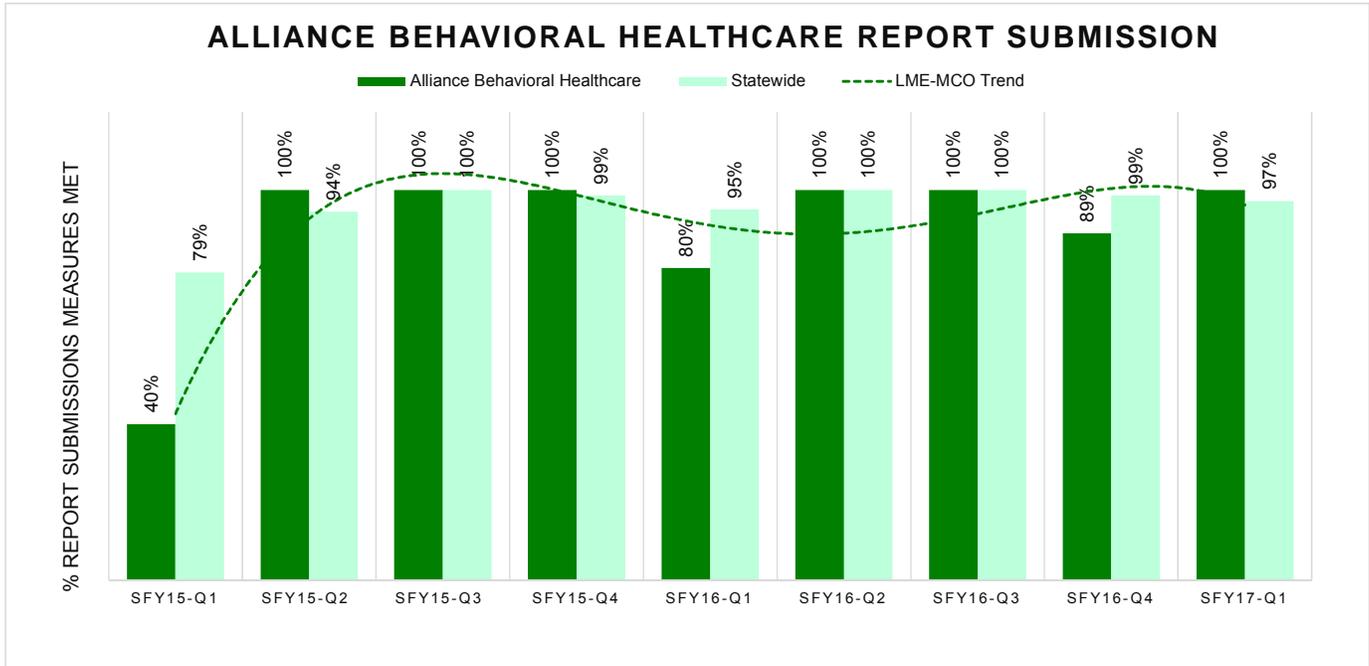
6 (85.7%)

**Notes:**

1. ★ = Met the Performance Contract Standard.    **N/A** = Not Applicable this quarter.
2. Percentages less than 90% are shaded red.
3. Cardinals numbers may be low because of its merger and they only very recently began to enter their SNAP into the data base.

## SFY 2017 First Quarter LME-MCO Compliance with Reports & Data Requirements

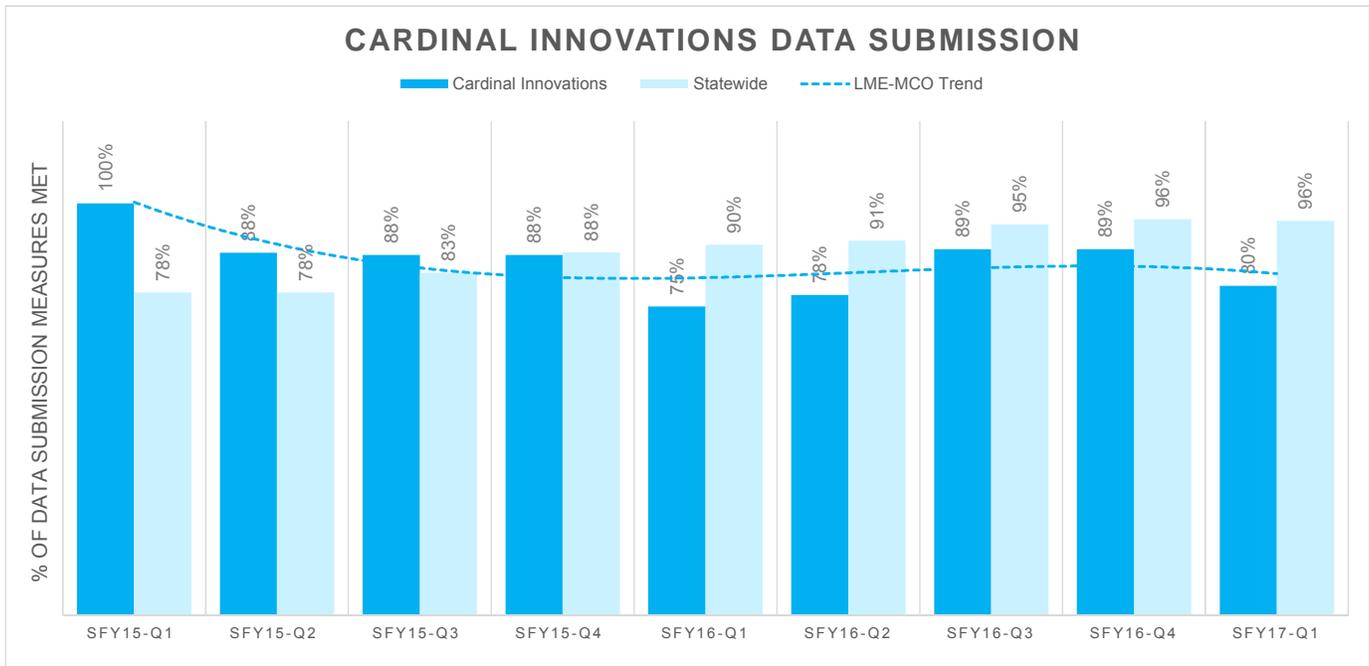
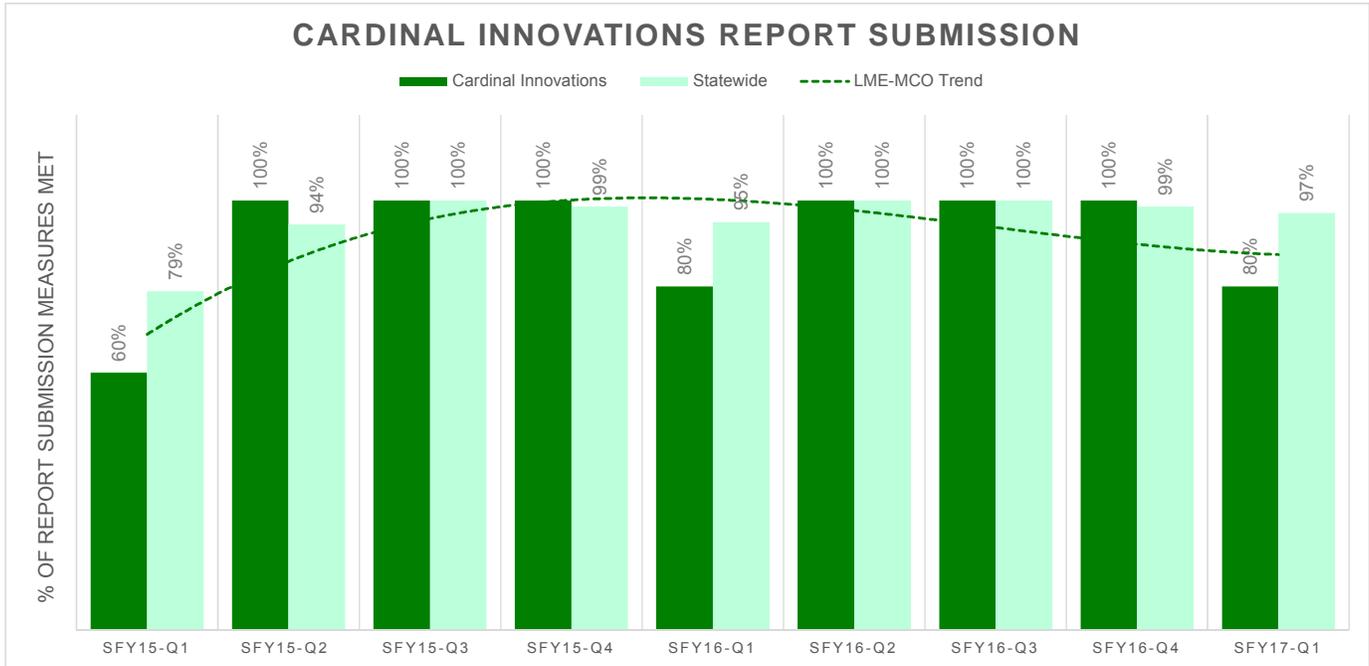
### Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



These graphs show Alliance Behavioral Healthcare's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

## SFY 2017 First Quarter LME-MCO Compliance with Reports & Data Requirements

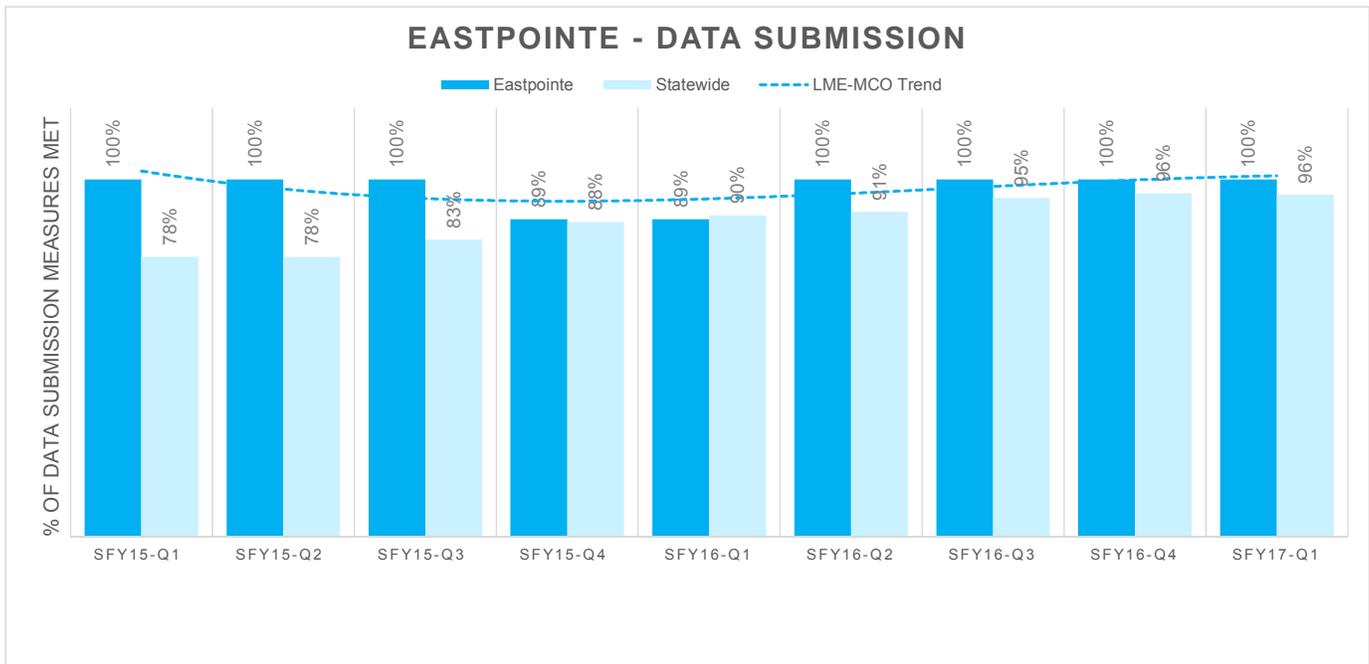
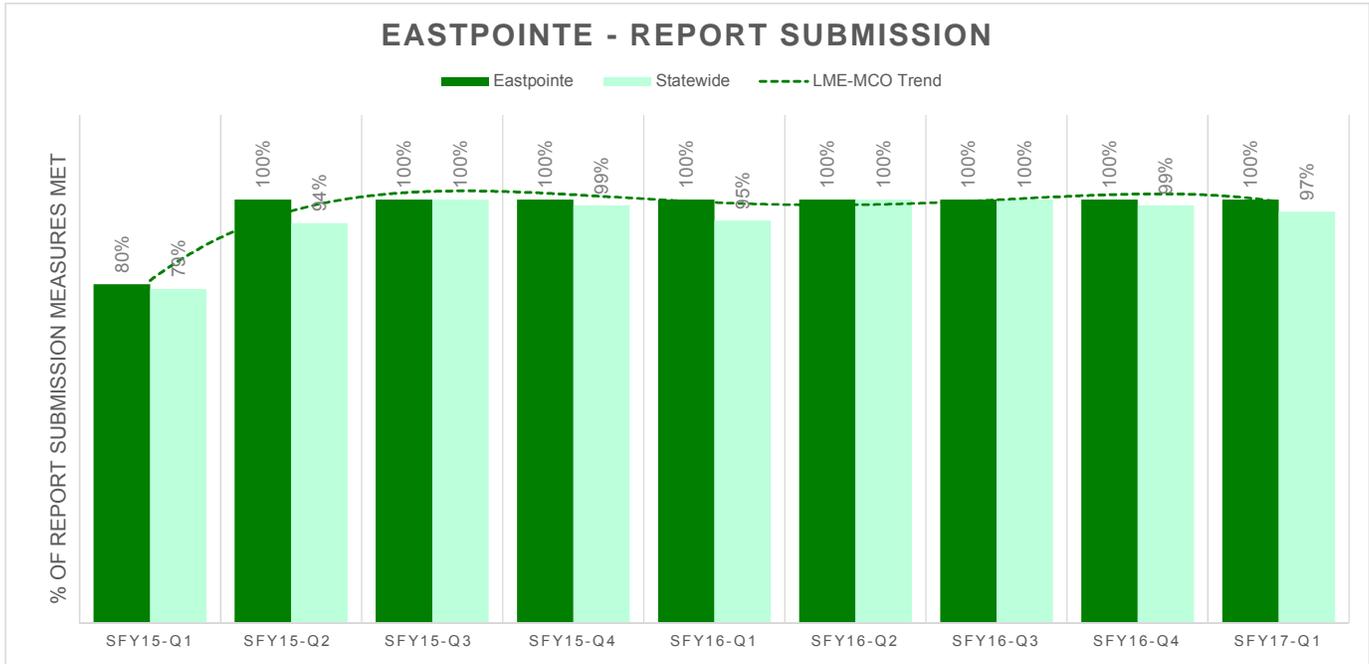
### Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



These graphs show Cardinal Innovations' overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

## SFY 2017 First Quarter LME-MCO Compliance with Reports & Data Requirements

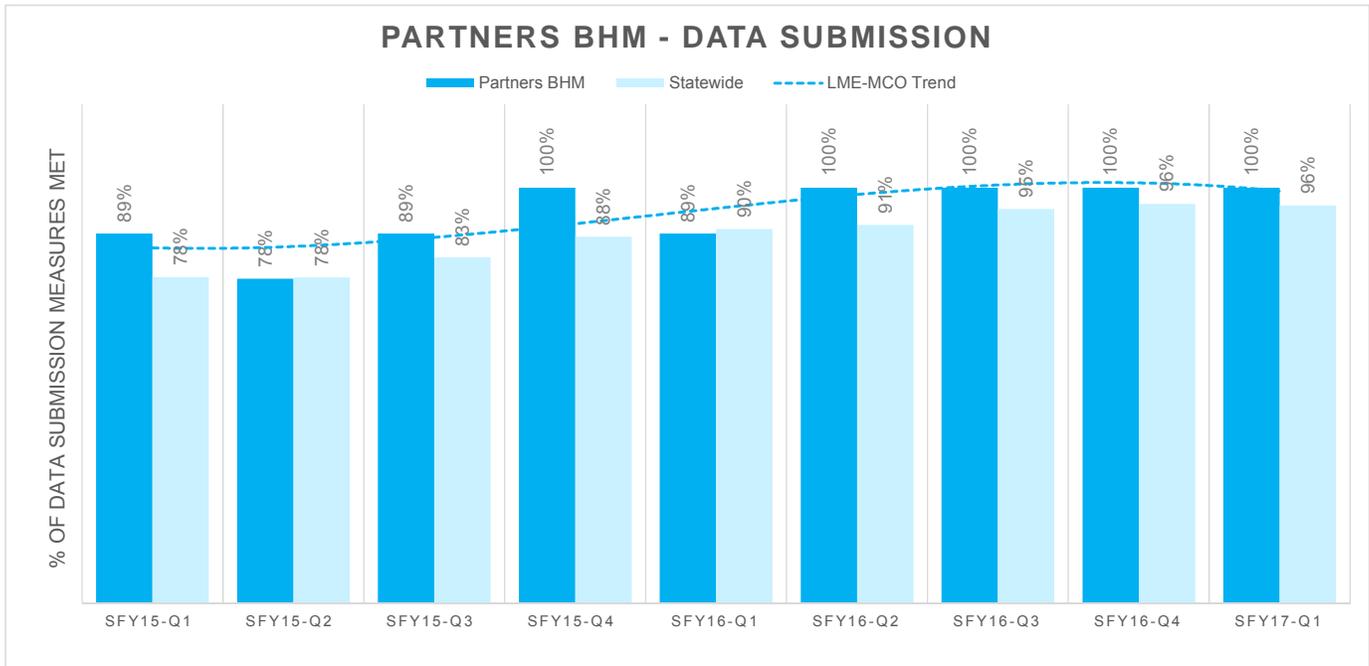
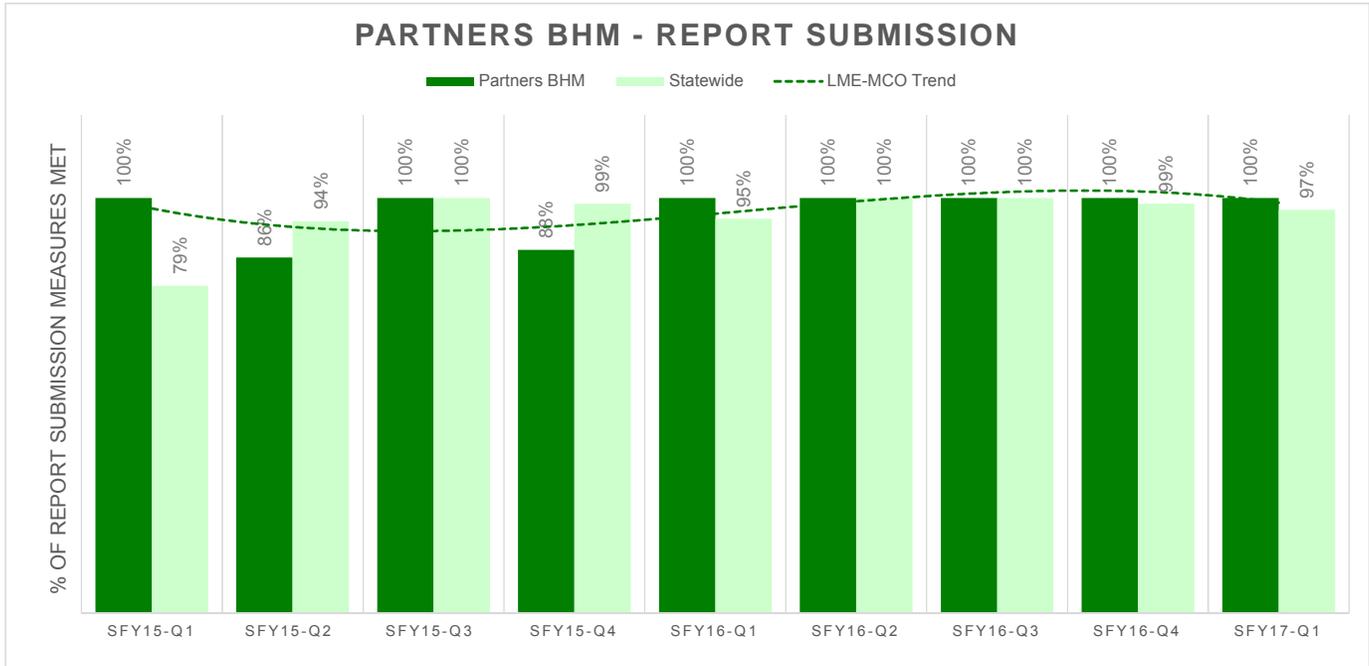
### Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



These graphs show Eastpointe's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

## SFY 2017 First Quarter LME-MCO Compliance with Reports & Data Requirements

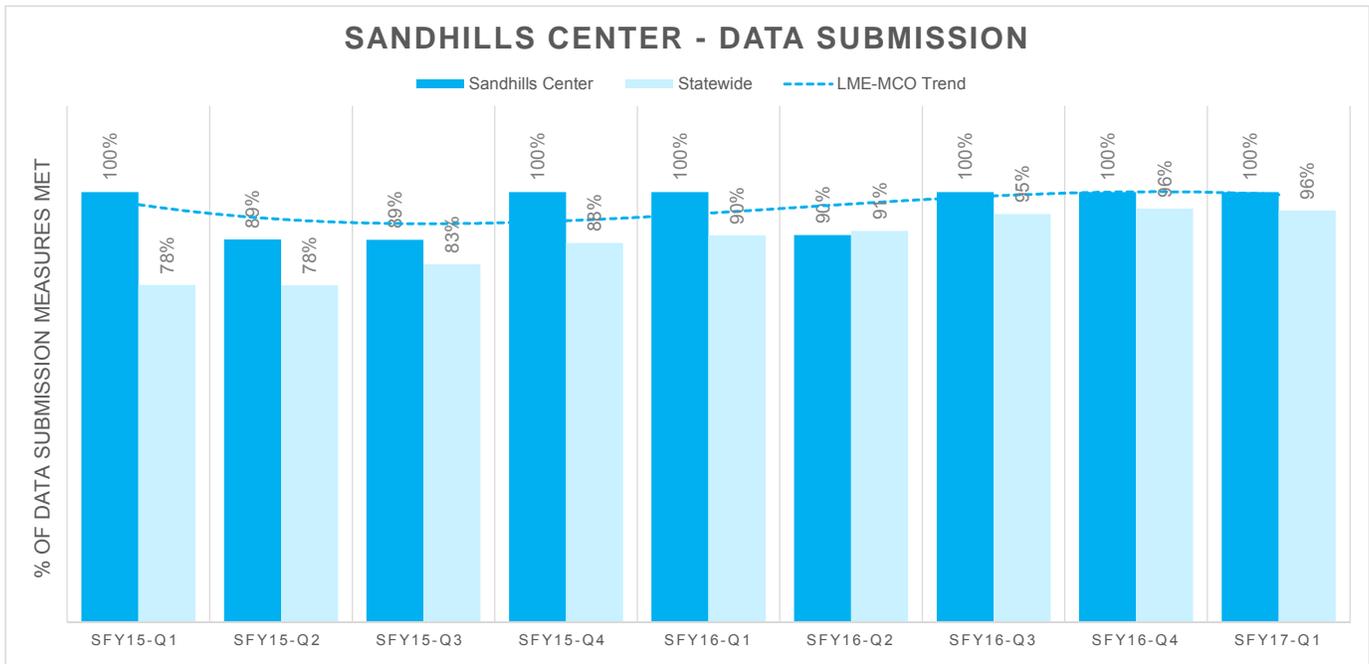
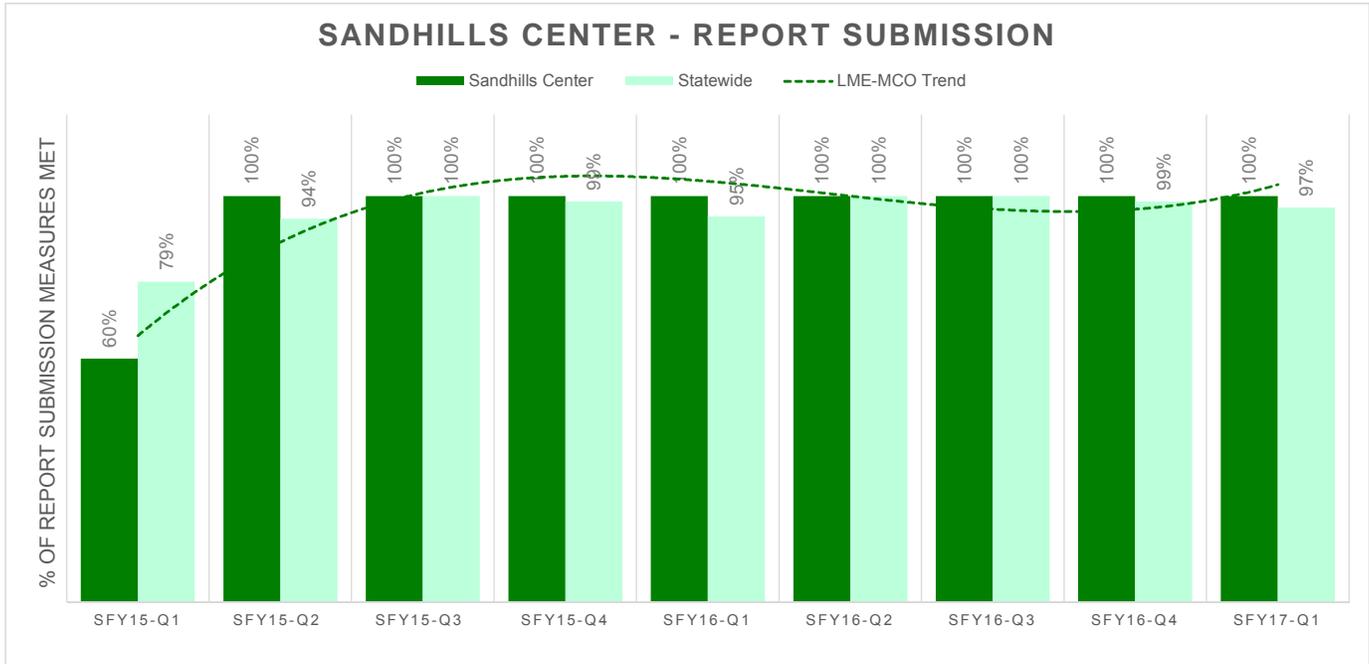
### Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



These graphs show Partners Behavioral Health Management's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

## SFY 2017 First Quarter LME-MCO Compliance with Reports & Data Requirements

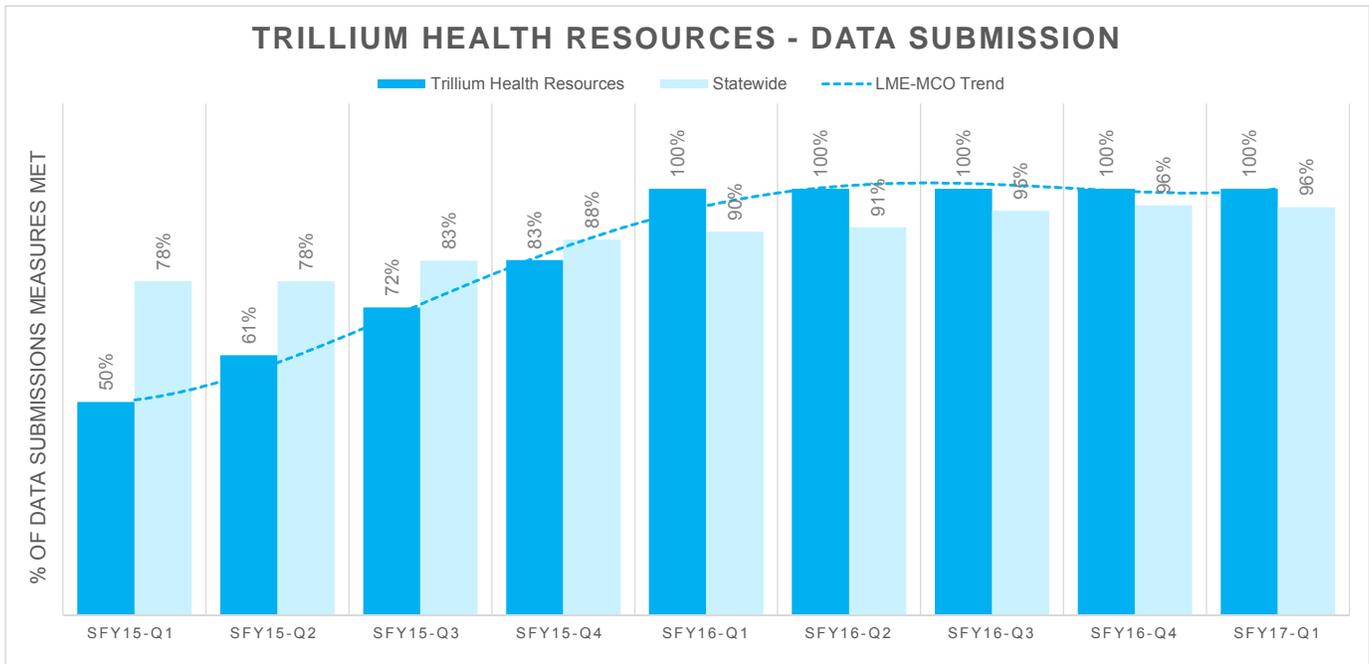
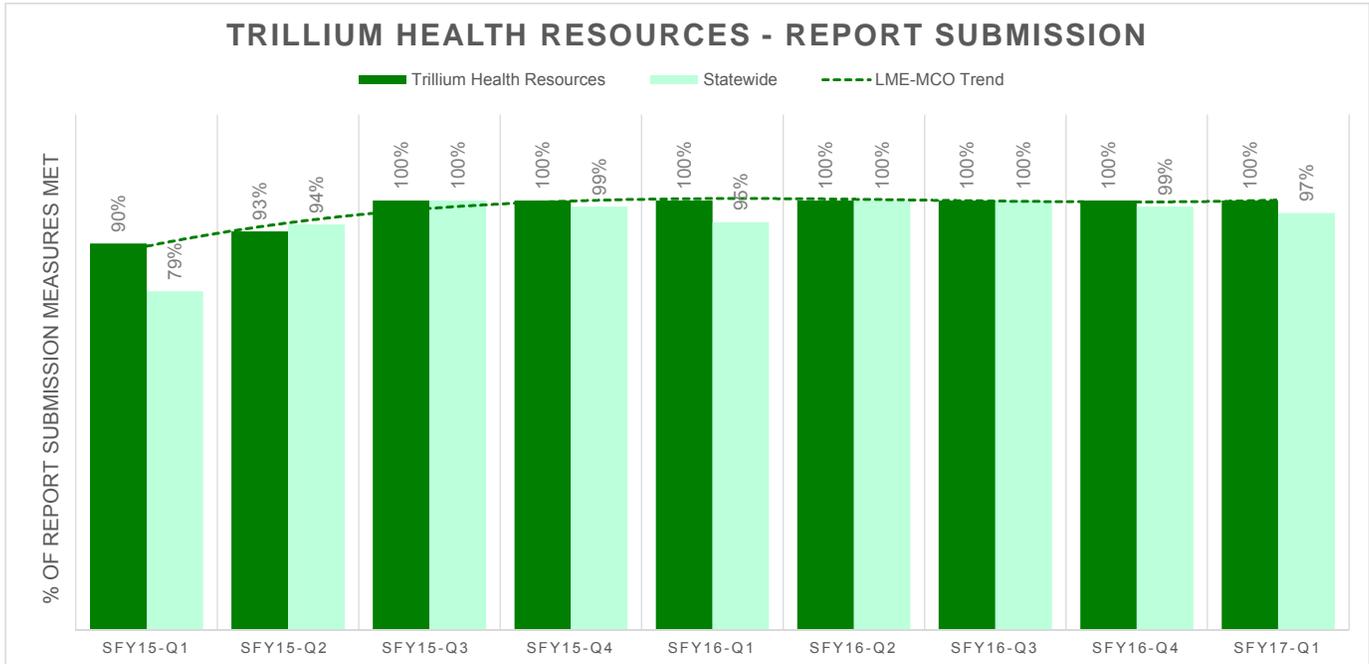
### Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



These graphs show Sandhill Center's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

## SFY 2017 First Quarter LME-MCO Compliance with Reports & Data Requirements

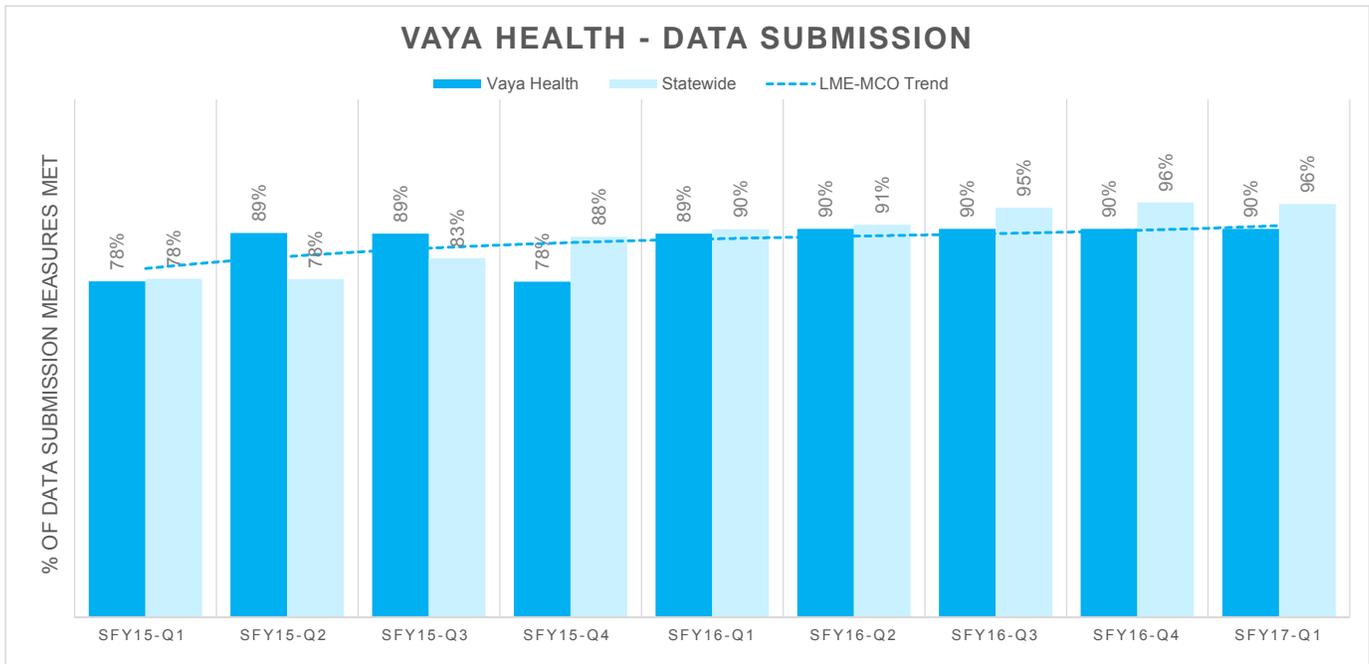
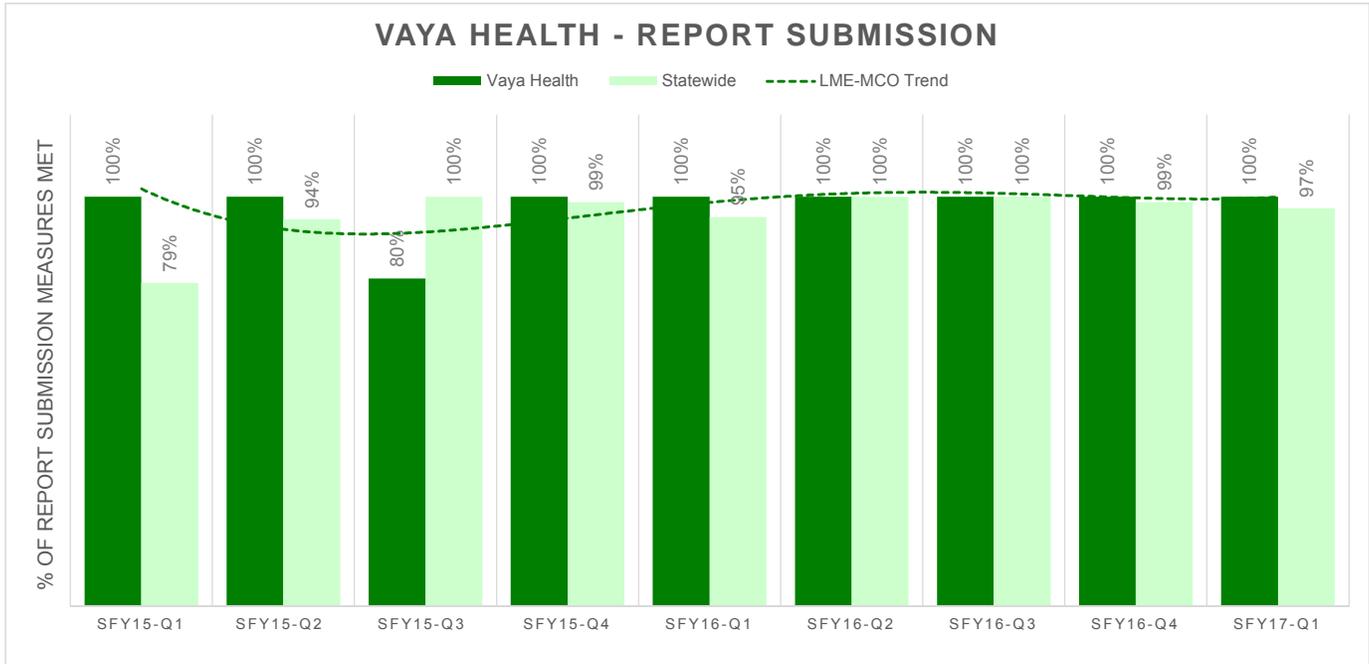
### Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



These graphs show Trillium Health Resources's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met. Data for SFY2015 represents the average of ECBH and CoastalCare the year prior to their merger to form Trillium Health Resources.

## SFY 2017 First Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



These graphs show Vaya Health's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements are attached to this report. The first set of graphs shows the percentage of report submission measures that were met, and the second set of graphs shows the percentage of data submission measures that were met.

## **Appendix: Summary of Revisions Made to the SFY2017 First Quarter Report**

**2. Substance Abuse/Juvenile Justice Initiative Quarterly Reports** - Partners Behavioral Health Management report changed from not received to received 10/7/16 (accurate and complete), which met requirements.

**Performance Summary** - shows that Partners met all 15 report and data submission requirements.

**Trend Graphs** - Partners' report submission trend graph has been updated to show it met 100% of requirements this quarter.

**Introduction** - Overall, the LME-MCOs met 97 (formerly 94) percent of the five report submission requirements, and five (formerly four) LME-MCOs met all 15 report and data submission requirements.

**CDW Data Submission Requirements** - The wording to the performance requirement for three of the CDW related data submission requirements (7. CDW Diagnosis Record, 10. CDW Demographic Record, and 12. CDW Episode Completion Record - Substance Abuse Clients) was updated to change "target populations" to "benefit plans". Reference to the AMSRE target population was deleted in 12. CDW Episode Completion (Discharge) Record - Substance Abuse Clients, as this target population no longer exists. These changes had no impact on the results reported.

**SFY 2016 - 2017 Performance Contract Reports/Data Requirements**

Requirement	DMH/DD/SAS Report Contact	LME Actions	Reporting Schedule	Guidelines & Reports	Legislative citation for the requirement to collect the information or Allocation letter.	Description of how DMH staff uses the information.	Who uses the summary information/report.
<b>Monthly Financial Report</b>	Jay Dixon (919) 733-7013 Jay.Dixon@dhhs.nc.gov	LME submits a Monthly Financial Report on a monthly basis by the 20th of the following month or next day of business on a weekend or holiday.	Monthly	Audits for all LME's are required to go to the Local Government Commission for Review and Approval.	Financial Status Report required by APSM 75-1, T10:14C.1102, report requested by the DHHS Controller's Office.	The data is monitored to determine County funding provided to the LME/MCO. The data is monitored to determine if revenues are exceeding expenditures. It also assists the budget office in determining whether an LME needs some level of financial monitoring.	Budget Office
<b>Substance Abuse/Juvenile Justice Initiative Quarterly Report</b>	Rachel Johnson (919) 715-2771 Rachel.Johnson@dhhs.nc.gov	LME submits a monthly Substance Abuse/ Juvenile Justice Initiative Report. Reports are accurate and complete and are received monthly by the 20th of the following month or next day of business on a weekend or holiday.	Quarterly	Monthly Reports are submitted electronically at: <a href="https://uncg.qualtrics.com/SE/?SID=SV_e7EAp3eCOVqeBD&amp;RID=MLRP_e9B5sBU39w0cJKN&amp;Q_CHL=email">https://uncg.qualtrics.com/SE/?SID=SV_e7EAp3eCOVqeBD&amp;RID=MLRP_e9B5sBU39w0cJKN&amp;Q_CHL=email</a> Reports available on DMH/DD/SAS website: <a href="http://www.ijsamhp.org/publications/">http://www.ijsamhp.org/publications/</a>	NC General Statute 122C-115.4	Report is submitted to federal office as part of block grant reporting	DMH Office; Secretary's Office
<b>Work First Initiative Quarterly Reports</b>	Starleen Scott Robbins (919) 715-2774 Starleen.Scott-Robbins@dhhs.nc.gov	LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. The reports are due to DMH/DD/SAS on October 15th (for July - September), January 15th (for October - December), April 15th (for January - March) , and July 15th (for April - June). Reports are accurate and complete and are received by the due date.	Quarterly	Website under re-construction.	NC General Statute 108A-25.2; G.S. 108A-29.1; NC DSSFNS 290	Report is submitted to federal office as part of block grant reporting and to State DSS for legislative reporting.	DMH Office; Secretary's Office; NC Legislature; NC Division of Social Services
<b>System of Care Report</b>	Eric Harbour (919) 715-2774 Eric.Harbour@dhhs.nc.gov	LME/MCO's submit semi-annual System of Care Reports. The first reporting period (July-December)/ reports are due by January 15th. The second reporting period (January-June) reports are due by July 15th.	Semi-annually	SOC information: <a href="http://www.ncdhhs.gov/mhddsas/services/serviceschildfamily/index.htm">http://www.ncdhhs.gov/mhddsas/services/serviceschildfamily/index.htm</a>	NC General Statute 122C-115.4.	Data is used in the System of Care Year end Activity report. In addition the data is reported as a part of the MH Block Grant	DMH Leadership; Internal staff.
<b>Client Data Warehouse (CDW) Admissions</b>	Matthew McMorran (919) 733-0696 Matthew.McMorran@dhhs.nc.gov	LME collects and submits required CDW record types by the 15th of each month.	Quarterly	CDW Reporting Requirements Manual website: <a href="http://www.ncdhhs.gov/mhddsas/statspublications/Publications/CDW/cdwtechspecs1.12.pdf">http://www.ncdhhs.gov/mhddsas/statspublications/Publications/CDW/cdwtechspecs1.12.pdf</a> Reports available on DMH/DD/SAS website: <a href="http://www.ncdhhs.gov/mhddsas/providers/CDW/index.htm">http://www.ncdhhs.gov/mhddsas/providers/CDW/index.htm</a>	NC General Statute 122C-115.4. APSM 70-1, CDW Reporting Requirements Manual	Report is submitted to federal office as part of block grant reporting	DMH Office; Secretary's Office; NC Legislature; Federal Reporting
<b>Client Data Warehouse (CDW) ICD-9 Diagnosis</b>		LME collects and submits required CDW record types by the 15th of each month. Data has been entered in all required fields.					
<b>Client Data Warehouse (CDW) Unknown Data (admissions)</b>		LME collects and submits required CDW record types by the 15th of each month. Required fields contain a value other than "unknown."					
<b>Client Data Warehouse (CDW) Unknown Data (discharges)</b>		LME collects and submits required CDW record types by the 15th of each month. Required fields contain a value other than "unknown."					
<b>Client Data Warehouse (CDW) Identifying &amp; Demographic Records</b>		LME collects and submits required CDW record types by the 15th of each month. Open clients who are enrolled in a benefit plan 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.					
<b>Client Data Warehouse (CDW) Drug of Choice</b>		LME collects and 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 services for clients enrolled in any of the following benefit plans: ASCDR, ASTER, ASWOM, and CSSAD.					
<b>Client Data Warehouse (CDW) - Episode Completion Record</b>	LME collects and submits required Client Data Warehouse (CDW) record types by the 15th of each month (1 quarter lag time). LME must submit discharge record (12) for clients that does not show any activity in 60 days or must follow CDW flow chart.						
<b>NC-TOPPS Update Interviews</b>	Jennifer Bowman, (919) 733-0696 Jennifer.Bowman@dhhs.nc.gov	LMEs are responsible for assuring that service providers conduct Initial and Update Interviews at appropriate intervals with consumers who qualify for NC-TOPPS.	Quarterly	NC-TOPPS Guidelines and Dashboard is available on DMH/DD/SAS website: <a href="http://www.ncdhhs.gov/mhddsas/providers/NCTOPPS/index.htm">http://www.ncdhhs.gov/mhddsas/providers/NCTOPPS/index.htm</a>	NC General Statute 122C-115.4.	Report is submitted to federal office as part of block grant reporting	DMH Office; DMA Office; Secretary's Office; NC Legislature; Federal Reporting
<b>NC Support Needs Assessment Profile (NC-SNAP)</b>	Rachel Noel (919) 715-1294 Rachel.Noel@dhhs.nc.gov	LME, through providers, collects and enters annual NC-SNAP assessments into the NC-SNAP web base application for all consumers receiving DD services and initial contact NC-SNAP assessments for all consumers waiting for DD service.	Quarterly	NC-SNAP information is available of the DMH/DD/SAS website: <a href="http://www.ncdhhs.gov/mhddsas/providers/NCSNAP/index.htm">http://www.ncdhhs.gov/mhddsas/providers/NCSNAP/index.htm</a>	NC General Statute 122C-115.4.	The NC-SNAP measures an individual's level of intensity of need for developmental disabilities (DD) supports and services.	DMH Office; Secretary's Office; NC Legislature; Federal Reporting
<b>SAPTBG Compliance Report</b>	DeDe Severino (919) 733-0696 Dede.Severino@dhhs.nc.gov	Each LME submits a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual (6 month) period (usual due dates are January 20th and July 20th). Reports are accurate and complete, show at least 48 hours of Synar activity for the reporting period, and are received by the due date.	Semi-annually	The SAPTBG Compliance Report template available on DMH/DD/SAS website: <a href="http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#formslme">http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#formslme</a> SAMHSA Synar report includes NC data: SAMHSA Synar report includes NC data: <a href="http://www.samhsa.gov/prevention/2011-Annual-Synar-Report.pdf">http://www.samhsa.gov/prevention/2011-Annual-Synar-Report.pdf</a>	NC General Statute 122C-115.4	Aggregate data from the report is submitted to federal office as part of block grant reporting	DMH Office; Secretary's Office
<b>National Core Indicators (NCI) Consents and Pre-Surveys</b>	Karen Feasel, (919) 733-0696 Karen.Feasel@dhhs.nc.gov	LME annually submits within the specified timeframes the required numbers of completed consent, background, and pre-survey forms for selected individuals who consent to participate in the adult consumer survey, and family/guardian addresses for individuals selected for the mailed family surveys. All submissions are complete and submitted by the due date.	Annually - Fourth Quarter	DM/DD/SAS-Community Policy Management Section annually sends correspondence to LMEs explaining the NCI process and what is required (e.g. database, consent forms, pre-surveys, refusal forms, and names and addresses of legal guardians/family members). For surveys go to the National Core Indicator website: <a href="http://www.nationalcoreindicators.org/">http://www.nationalcoreindicators.org/</a>	NC General Statute 122C-115.4.	Data is sent to HSR1 as a part of the NCI national project. Measures are generated as a part of the CAP-MR/DD Waiver project from data.	DMH Office; DMA Office; Secretary's Office; Office of Disability and Health; NC Council of Community Programs; NC Legislature; Federal Reporting.
<b>Geriatric Adult Mental Health Specialty Team Quarterly Report</b>	Debbie Webster (919) 715-2774 Debbie.Webster@dhhs.nc.gov	All funded LMEs submit quarterly reports from GAST programs. The reports are due to DMH/DD/SAS on October 15th, January 15th, April 15th and July 15th.	Quarterly	Recent reports are not available on the web but are available upon request.	Senate Bill 1148.	Tracking program expenditures per LME, number of facilities served, and the number of trainings and consultations provider per facility	DMH Leadership & Internal staff.
<b>PATH Quarterly Report</b>	Debbie Webster (919) 715-2774 Debbie.Webster@dhhs.nc.gov	All funded LME's submit the PATH Quarterly Reports from the PATH Provider. The reports are due to DMH/DD/SAS on October 15th, January 15th, April 15th and July 15th.	Quarterly	Recent reports are not available on the web but are available upon request. SAMHSA PATH Reports: <a href="http://pathprogram.samhsa.gov/Path/ProgramInformation.aspx">http://pathprogram.samhsa.gov/Path/ProgramInformation.aspx</a>	NC General Statute 122C-115.4. PATH Grant reporting requirements. SAMHSA requirement.	Tracking program expenditures, number of persons served, housed and transitioned to community mental health services for each team	DMH Leadership & Internal staff.
<b>LME Complaint Report</b>	Stacie Forrest (919) 715-3197 Stacie.Forrest@dhhs.nc.gov	The LME submits the complaint reports 45 days after the Quarter in which data is collected. The reports are due to DMH/DD/SAS on February 15 (for October - December), May 15 (for January - March) , August 15 (for April - June) and November 15 (for July - September).	Quarterly	Reports can be found at: <a href="http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#formslme">http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#formslme</a>	NC General Statute 122C-115.4. 10A NCAC 27G .0609	Looks at LME performance trends. Summary of LME activities reported concerning complaints and consumer rights.	DMH Office and DMA
<b>TBI Quarterly &amp; Annual Reports</b>	Scott Pokorny (919) 715-2255 Scott.Pokorny@dhhs.nc.gov	Quarterly - LMEs report on TBI dollars spent and categories of how it was spent. Annually - LME's report demographic information about the TBI state funds programming.	Quarterly & Annually	Recent reports are not available on the web but are available upon request.	NC Senate Bill 704 and TBI specific allocation	Information is used to report data to the Brain Injury Advisory Council and to monitor performance of the use of services.	DMH Leadership. Brain Injury Advisory Council

**SFY 2016 - 2017 Performance Contract Reports/Data Requirements**

Requirement	DMH/DD/SAS Report Contact	LME Actions	Reporting Schedule	Guidelines & Reports	Legislative citation for the requirement to collect the information or Allocation letter.	Description of how DMH staff uses the information.	Who uses the summary information/report.
<b>Consumer Perception of Care Survey (POC)</b>	Judy Boone, (919) 733-4460 Judy.Boone@dhhs.nc.gov	The LME shall ensure that its providers collect and submit complete information of consumers as required by the DHHS policy, on a timely manner. The LME shall provide information and support to its providers to encourage use of data collected by LME and DHHS for improvement of service quality.	Annually - Third Quarter	DMH/DD/SAS-Community Policy Management Section annually sends correspondence to LMEs providing instructions for submitting the surveys. Reports available on DMH/DD/SAS website: <a href="http://www.ncdhhs.gov/mhddsas/providers/CDW/consumerperceptionrpts/index.htm">http://www.ncdhhs.gov/mhddsas/providers/CDW/consumerperceptionrpts/index.htm</a>	NC General Statute 122C-115.4.	Report is submitted to federal office as part of block grant reporting	DMH Office; Secretary's Office; NC Legislature; Federal Reporting
<b>LME/MCO Monitoring Report</b>	Patsy Coleman, Patsy.Coleman@dhhs.nc.gov	LME/MCOs report monthly on measures including call center activities, persons served, community psychiatric hospitalizations, authorization requests, claims, and complaints for both the uninsured and persons receiving Medicaid.	Monthly	Reports are sent out via the NC-Council	NC General Statute 122C-115.4.	Data provides performance information on LME/MCO behavioral health system.	DMHDDSAS, DMA and Secretary's Office.
<b>LME/MCO Performance Measurement &amp; Reporting</b>	Michael Schwartz (919) 733-0696 Michael.Schwartz@dhhs.nc.gov	LME/MCOs report on measures including prevention and early intervention, timely access to care, penetration rates, initiation and engagement in services, crisis and inpatient services, and continuity of care.	Quarterly	Reports can be found at: <a href="http://www.ncdhhs.gov/mhddsas/statpublications/Reports/DivisionInitiativeReports/communitysystems/index.htm">http://www.ncdhhs.gov/mhddsas/statpublications/Reports/DivisionInitiativeReports/communitysystems/index.htm</a>	NC General Statute 122C-115.4.	The data submitted will be used by DMA and DMH/DD/SAS to monitor the quality, access, timeliness and care management operations. Once encounter and shadow claim information is successfully transmitting through NC-TRACKS, DHHS will re-evaluate performance measure reporting requirements.	DMHDDSAS and DMA
<b>Call Center Access to Care Report</b>	Michael Schwartz (919) 733-0696 Michael.Schwartz@dhhs.nc.gov	LME maintains a log for each request for service and submits a quarterly report by the 30th of the month following the end of the quarter on access to care provided within the target time standard.	Quarterly	Reports can be found at: <a href="http://www.ncdhhs.gov/mhddsas/statpublications/Reports/DivisionInitiativeReports/communitysystems/index.htm">http://www.ncdhhs.gov/mhddsas/statpublications/Reports/DivisionInitiativeReports/communitysystems/index.htm</a>	NC General Statute 122C-115.4.	Data provides performance information on LME/MCO behavioral health system.	DMHDDSAS
<b>NC-START &amp; Crisis Respite</b>	Rachel Noel (919) 715-1294 Rachel.Noel@dhhs.nc.gov	NC-START Teams collect data and submit to the regional host MCO and Rachel Noell at DMH/DD/SAS; data entered into the NC START database which provides a quarterly and annual summary.	Quarterly	Legislature provides only general information on data required for report. Reporting requirements are outlined in the original host LME allocation letter. Website: <a href="http://www2.ncdhhs.gov/mhddsas/services/crisisservices/ncstart.htm">http://www2.ncdhhs.gov/mhddsas/services/crisisservices/ncstart.htm</a>	Allocation letters are sent out on an annual basis from the Budget Office. NC START data is submitted to LME through Provider agencies.	Captures number of service events, level of intensity, where referrals come from, etc.	DMH Staff. State Operated Healthcare Facility Staff. Trend analysis is sent to the LME/Host Program.
<b>Mobile Crisis Services</b>	Art Eccleston art.eccleston@dhhs.nc.gov	Report is no longer required as of 02/15/2015, data collected in Monthly Monitoring Report.					
<b>LME Crisis and Inpatient Quarterly Report</b>	Art Eccleston art.eccleston@dhhs.nc.gov	Report is no longer required as of 1/1/14, data collected in Monthly Monitoring Report.					
<b>DD Wait List</b>	Sandy Ellsworth sandy.ellsworth@dhhs.nc.gov	Report is no longer required as of 10/16/13, data collected in Monthly Monitoring Report.					
<b>Incident Response Improvement System (IRIS)</b>	Glenda Stokes Glenda.Stokes@dhhs.nc.gov	Report is no longer required, DMH/DD/SAS access data through IRIS. LME is responsible for monitoring the provider's response to the incident to ensure that necessary steps have been taken to protect health and safety and to minimize the occurrence of future incidents.					
<b>Three Way Contract</b>	Patsy Coleman, Patsy.Coleman@dhhs.nc.gov	Report is currently not required					
<b>Hospital Bed Day Census Report</b>	Kent Woodson Kent.Woodson@dhhs.nc.gov	Report sent by Hospital to DMH/DD/SAS					
<b>Housing Activities &amp; Annual Report</b>	Ken Edminster Ken.Edminster@dhhs.nc.gov	Report is currently not required					
<b>Walk In Report</b>	Art Eccleston art.eccleston@dhhs.nc.gov	Report is currently not required					

Performance Contract Reporting Requirement

Reports No Longer Required

Reported & Not A Performance Contract Requirement