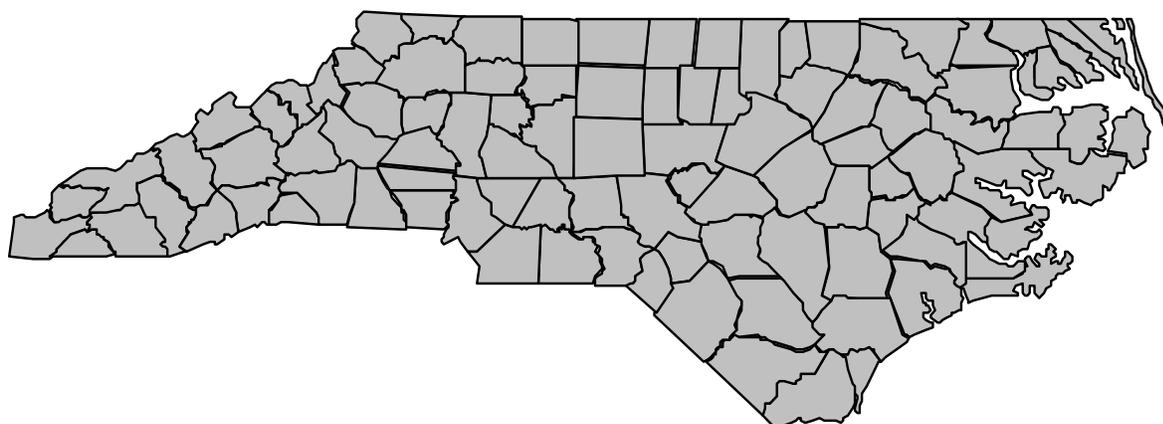


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

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

**Second Quarter Report
October 1, 2016 - December 31, 2016**



Prepared by

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Revised March 2017



SFY 2017 Performance Contract
 Report/Data Submission Requirements
 Second Quarter Report
Table of Contents

| | <u>Page</u> |
|--|-------------|
| Introduction | 2 |
| Table of Contents | 3 |
| Report Schedule | 4 |
| Summary of LME-MCO Performance | 5 |
| Report/Data Submission Requirements | |
| Quarterly Reports | |
| 1. Monthly Financial Reports | 6 |
| 2. Substance Abuse/Juvenile Justice Initiative Quarterly Report | 7 |
| 3. Work First Initiative Quarterly Reports | 8 |
| 4. Traumatic Brain Injury (TBI) Services Quarterly Report | 9 |
| 5. Quarterly Complaints Report | 10 |
| 6. Client Data Warehouse (CDW) - Admissions | 11 |
| 7. Client Data Warehouse (CDW) - ICD-9 Diagnosis | 12 |
| 8. Client Data Warehouse (CDW) - Unknown Data (Admissions) | 13 |
| 9. Client Data Warehouse (CDW) - Unknown Data (Discharges) | 14 |
| 10. Client Data Warehouse (CDW) - Identifying and Demographic Records | 15 |
| 11. Client Data Warehouse (CDW) - Drug of Choice | 16 |
| 12. Client Data Warehouse (CDW) - Episode Completion Records (SA Clients) | 17 |
| 14. NC Treatment Outcomes and Program Performance System (3-Month Update)..... | 18 |
| 15. NC Treatment Outcomes and Program Performance System (6-Month Update)..... | 19 |
| 16. NC Treatment Outcomes and Program Performance System (12-Month Update)..... | 20 |
| 17. NC Support Needs Assessment Profile (NC-SNAP) | 21 |
| Semi-Annual Reports | |
| 18. System of Care Report | 22 |
| 19. SAPTBG Compliance Report | 23 |
| LME-MCO Trend Graphs | |
| Percent of Report and Data Submission Requirements Met Each Quarter From SFY2015 To Current Quarter | 24 |
| Appendix | |
| Revisions | 31 |
| SFY 2016 - 2017 Performance Contract Reports/Data Requirements | 32 |

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) | Report under revision | | | |
| 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
Second Quarter Report
October 1, 2016 - December 31, 2016

Report Submission Measures

Data Submission Measures

| 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. SA/JJ Initiative Quarterly Report | 3. Work First Initiative Quarterly Report | 4. TBI Services Quarterly Report | 5. Quarterly Complaints Report | 18. System of Care Quarterly Report | 19. SAPTBG Compliance Semi-Annual 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 | 7 | 7 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Cardinal Innovations Healthcare Solutions | 7 | 7 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 8 | 10 | 80% | ★ | ★ | ★ | ★ | ★ | | ★ | ★ | | |
| Eastpointe | 7 | 7 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Partners Behavioral Health Management | 7 | 7 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Sandhills Center | 7 | 7 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Trillium Health Resources | 7 | 7 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 10 | 10 | 100% | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Vaya Health | 6 | 7 | 86% | ★ | ★ | ★ | ★ | | ★ | ★ | 9 | 10 | 90% | ★ | ★ | ★ | ★ | | ★ | ★ | ★ | ★ | ★ |
| STATEWIDE - Number | | | 98% | 7 | 7 | 7 | 7 | 6 | 7 | 7 | | | 96% | 7 | 7 | 7 | 7 | 6 | 6 | 7 | 7 | 6 | |
| STATEWIDE - Percent | | | | 100.0% | 100.0% | 100.0% | 100.0% | 85.7% | 100.0% | 100.0% | | | | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 85.7% | 85.7% | 100.0% | 100.0% | 85.7% |

- * 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
 Second Quarter Report
 October 1, 2016 - December 31, 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 | SEP Report Due 10/20/16 | | OCT Report Due 11/21/16 | | NOV Report Due 12/20/16 | | Standard Met ¹ |
|---|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|---------------------------|
| | Date Received ² | Accurate, Complete | Date Received ² | Accurate, Complete | Date Received ² | Accurate, Complete | |
| Alliance Behavioral Healthcare | 10/20/16 | Yes | 11/18/16 | Yes | 12/20/16 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 10/20/16 | Yes | 11/17/16 | Yes | 12/20/16 | Yes | ★ |
| Eastpointe | 10/20/16 | Yes | 11/18/16 | Yes | 12/20/16 | Yes | ★ |
| Partners Behavioral Health Management | 10/20/16 | Yes | 11/17/16 | Yes | 12/13/16 | Yes | ★ |
| Sandhills Center | 10/18/16 | Yes | 11/18/16 | Yes | 12/16/16 | Yes | ★ |
| Trillium Health Resources | 10/20/16 | Yes | 11/18/16 | Yes | 12/20/16 | Yes | ★ |
| Vaya Health | 10/19/16 | Yes | 11/17/16 | Yes | 12/19/16 | 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
 Second Quarter Report
 October 1, 2016 - December 31, 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 | 2nd Qtr Report Due 1/20/17 | | | | Standard Met ¹ |
|---|----------------------------|-----------------------|----------------------------|-----------------------|---------------------------|
| | Juvenile Detention | | JJSAMH Partnership | | |
| | Date Received ² | Accurate And Complete | Date Received ² | Accurate And Complete | |
| Alliance Behavioral Healthcare | 1/11/17 | Yes | 1/11/17 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | | | 1/11/17 | Yes | ★ |
| Eastpointe | | | 1/10/17 | Yes | ★ |
| Partners Behavioral Health Management | | | 1/7/17 | Yes | ★ |
| Sandhills Center | 1/10/17 | Yes | 1/10/17 | Yes | ★ |
| Trillium Health Resources | 1/5/17 | Yes | 1/10/17 | Yes | ★ |
| Vaya Health | 1/9/17 | Yes | 1/9/17 | Yes | ★ |

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

7 (100%)

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
 Second Quarter Report
 October 1, 2016 - December 31, 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 | 2nd Qtr Report Due 1/20/17 | | Standard Met ¹ |
|---|----------------------------|-----------------------|---------------------------|
| | Date Received ² | Accurate And Complete | |
| Alliance Behavioral Healthcare | 1/20/2017 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 1/20/2017 | Yes | ★ |
| Eastpointe | 1/20/2017 | Yes | ★ |
| Partners Behavioral Health Management | 1/20/2017 | Yes | ★ |
| Sandhills Center | 1/18/2017 | Yes | ★ |
| Trillium Health Resources | 1/19/2017 | Yes | ★ |
| Vaya Health | 1/18/2017 | 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
 Second Quarter Report
 October 1, 2016 - December 31, 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.
- Third quarter report = Jun 30.
- Fourth quarter report = Aug 31.
- Annual report = Jul 31.

SFY 2017 Standard:

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

| LME-MCO | 1st Qtr Report Due 1/3/17 | | |
|---|----------------------------|--------------------|---------------------------|
| | Date Received ² | Accurate, Complete | Standard Met ¹ |
| Alliance Behavioral Healthcare | 12/20/16 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 12/17/16 | Yes | ★ |
| Eastpointe | 12/7/16 | Yes | ★ |
| Partners Behavioral Health Management | 12/21/16 | Yes | ★ |
| Sandhills Center | 12/19/16 | Yes | ★ |
| Trillium Health Resources | 12/9/16 | Yes | ★ |
| Vaya Health | 12/9/16 | 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
 Second Quarter Report
 October 1, 2016 - December 31, 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 | 2nd Qtr Report Due 2/15/17 | | |
|---|----------------------------|--------------------|---------------------------|
| | Date Received ² | Accurate, Complete | Standard Met ¹ |
| Alliance Behavioral Healthcare | 2/15/17 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 2/15/17 | Yes | ★ |
| Eastpointe | 2/15/17 | Yes | ★ |
| Partners Behavioral Health Management | 2/14/17 | Yes | ★ |
| Sandhills Center | 2/2/17 | Yes | ★ |
| Trillium Health Resources | 2/15/17 | Yes | ★ |
| Vaya Health | 2/16/17 | Yes | |

Number and Percent of LME-MCOs that met the Performance Standard: 6 (85.7%)

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
 Second Quarter Report
 October 1, 2016 - December 31, 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 January 31, 2017.

| LME-MCO | Facility Code | OCT | NOV | DEC | Second Quarter Adm SFY2017 | Second Quarter Adm SFY2016 | Monthly Average SFY2017 | Monthly Average SFY2016 |
|---|---------------|--------------|--------------|--------------|----------------------------|----------------------------|-------------------------|-------------------------|
| Alliance Behavioral Healthcare | 23141 | 843 | 814 | 711 | 2,368 | 2,581 | 789 | 860 |
| Cardinal Innovations Healthcare Solutions | 13121 | 1,736 | 1,469 | 808 | 4,013 | 5,640 | 1,338 | 1,880 |
| Eastpointe | 43081 | 396 | 402 | 345 | 1,143 | 1,801 | 381 | 600 |
| Partners Behavioral Health Management | 13114 | 603 | 547 | 510 | 1,660 | 1,721 | 553 | 574 |
| Sandhills Center | 33031 | 1,199 | 1,055 | 945 | 3,199 | 3,470 | 1,066 | 1,157 |
| Trillium Health Resources | 43071 | 1,160 | 1,125 | 697 | 2,982 | 3,766 | 994 | 1,255 |
| Vaya Health | 13010 | 1,051 | 1,035 | 941 | 3,027 | 3,058 | 1,009 | 1,019 |
| TOTAL ADMISSIONS | | 6,988 | 6,447 | 4,957 | 18,392 | 22,037 | 6,131 | 7,346 |

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
 Second Quarter Report
 October 1, 2016 - December 31, 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 (July 1, 2016 - September 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 target population 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 ² | Standard Met ¹ |
|---|----------------------|--------------------------|---------------------------------|--|---------------------------|
| Alliance Behavioral Healthcare | 2,666 | 99 | 2,567 | 96% | ★ |
| Cardinal Innovations Healthcare Solutions | 7,825 | 24 | 7,801 | 100% | ★ |
| Eastpointe | 1,572 | 0 | 1,572 | 100% | ★ |
| Partners Behavioral Health Management | 1,853 | 0 | 1,853 | 100% | ★ |
| Sandhills Center | 3,807 | 4 | 3,803 | 100% | ★ |
| Trillium Health Resources | 3,654 | 4 | 3,650 | 100% | ★ |
| Vaya Health | 3,093 | 6 | 3,087 | 100% | ★ |
| TOTAL | 24,470 | 137 | 24,333 | 99% | ★ |

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
 Second Quarter Report
 October 1, 2016 - December 31, 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 (July 1, 2016 - September 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 ¹ |
|---|-------------------|-------------|-------------|-------------|-------------|----------------|------------|-------------|----------------|---------------|-------------|-----------------|----------------|------------------|---------------------|---------------------------|
| Alliance Behavioral Healthcare | 2,666 | 100% | 97% | 97% | 100% | 98% | 96% | 100% | 100% | 100% | 100% | 100% | 100% | 97% | 100% | ★ |
| Cardinal Innovations Healthcare Solutions | 7,825 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Eastpointe | 1,572 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Partners Behavioral Health Management | 1,853 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Sandhills Center | 3,807 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Trillium Health Resources | 3,654 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Vaya Health | 3,093 | 100% | 100% | 100% | 100% | 99% | 95% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| TOTAL | 24,470 | 100% | 100% | 100% | 100% | 100% | 99% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ★ |

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
 Second Quarter Report
 October 1, 2016 - December 31, 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 (July 1, 2016 - September 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 ¹ |
|---|-------------------|------------------|-------------------|-----------------------|-------------|--------------------|---------------------|---------------------------|
| Alliance Behavioral Healthcare | 275 | 100% | 98% | 100% | 100% | 100% | 100% | ★ |
| Cardinal Innovations Healthcare Solutions | 3,062 | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Eastpointe | 1,161 | 100% | 99% | 100% | 100% | 100% | 100% | ★ |
| Partners Behavioral Health Management | 908 | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Sandhills Center | 2,855 | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Trillium Health Resources | 1,944 | 100% | 100% | 100% | 100% | 100% | 100% | ★ |
| Vaya Health | 2,329 | 100% | 96% | 100% | 100% | 100% | 100% | ★ |
| TOTAL | 12,534 | 100% | 99% | 100% | 100% | 100% | 100% | ★ |

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
 Second Quarter Report
 October 1, 2016 - December 31, 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 (July 1, 2016 - September 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 ³ | Number Missing Records | Number Completed within 30 days | Percent With Records Completed Within 30 Days ² | Standard Met ¹ |
|---|-------------------------------|------------------------|---------------------------------|--|---------------------------|
| Alliance Behavioral Healthcare | 8,750 | 54 | 8,696 | 99% | ★ |
| Cardinal Innovations Healthcare Solutions | 10,000 | 308 | 9,692 | 97% | ★ |
| Eastpointe | 6,828 | 5 | 6,823 | 100% | ★ |
| Partners Behavioral Health Management | 7,853 | 2 | 7,851 | 100% | ★ |
| Sandhills Center | 7,957 | 9 | 7,948 | 100% | ★ |
| Trillium Health Resources | 6,016 | 158 | 5,858 | 97% | ★ |
| Vaya Health | 8,227 | 2 | 8,225 | 100% | ★ |
| TOTAL | 55,631 | 538 | 55,093 | 99% | ★ |

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
 Second Quarter Report
 October 1, 2016 - December 31, 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 benefit plans (July 1, 2016 - September 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 benefit plans have a drug of choice record completed within 60

| LME-MCO | Number of Claims ³ | Number Missing Records | Number Completed within 60 days | Percent With Records Completed Within 60 Days ² | Standard Met ¹ |
|---|-------------------------------|------------------------|---------------------------------|--|---------------------------|
| Alliance Behavioral Healthcare | 1,494 | 34 | 1,460 | 98% | ★ |
| Cardinal Innovations Healthcare Solutions | 1,265 | 85 | 1,180 | 93% | ★ |
| Eastpointe | 887 | 1 | 886 | 100% | ★ |
| Partners Behavioral Health Management | 1,365 | 0 | 1,365 | 100% | ★ |
| Sandhills Center | 1,050 | 0 | 1,050 | 100% | ★ |
| Trillium Health Resources | 997 | 43 | 954 | 96% | ★ |
| Vaya Health | 1,227 | 0 | 1,227 | 100% | ★ |
| TOTAL | 8,285 | 163 | 8,122 | 98% | ★ |

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

SFY 2017 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2016 - December 31, 2016

**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 (July 1, 2016 - September 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 | 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 ² | Standard Met ¹ |
|---|--|---|--|---|---------------------------|
| Alliance Behavioral Healthcare | 364 | 33 | 331 | 91% | ★ |
| Cardinal Innovations Healthcare Solutions | 2,127 | 32 | 2,095 | 98% | ★ |
| Eastpointe | 296 | 8 | 288 | 97% | ★ |
| Partners Behavioral Health Management | 472 | 5 | 467 | 99% | ★ |
| Sandhills Center | 477 | 6 | 471 | 99% | ★ |
| Trillium Health Resources | 1,144 | 45 | 1,099 | 96% | ★ |
| Vaya Health | 488 | 110 | 378 | 77% | |
| TOTAL | 5,368 | 239 | 5,129 | 96% | ★ |

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

6 (85.7%)

Notes:

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

SFY 2017 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2016 - December 31, 2016

**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 ago¹.

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

| LME-MCO | Expected # of Update Instruments | Receipt | | Timeliness | | Standard Met ² |
|---|----------------------------------|----------------------------------|---|--|---|---------------------------|
| | | # of Update Assessments Received | % of Expected Assessments Received ³ | # of Update Assessments Received On-Time | % of Expected Assessments Received On-Time ³ | |
| Alliance Behavioral Healthcare | 1,726 | 1,708 | 99.0% | 1,662 | 96.3% | ★ |
| Cardinal Innovations Healthcare Solutions | 2,193 | 2,070 | 94.4% | 1,953 | 89.1% | |
| Eastpointe | 1,132 | 1,130 | 99.8% | 1,106 | 97.7% | ★ |
| Partners Behavioral Health Management | 1,137 | 1,119 | 98.4% | 1,089 | 95.8% | ★ |
| Sandhills Center | 1,236 | 1,220 | 98.7% | 1,174 | 95.0% | ★ |
| Trillium Health Resources | 1,919 | 1,911 | 99.6% | 1,907 | 99.4% | ★ |
| Vaya Health | 1,432 | 1,397 | 97.6% | 1,313 | 91.7% | ★ |
| Totals | 10,775 | 10,555 | 98.0% | 10,204 | 94.7% | ★ |

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

6 (85.7%)

Notes:

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

SFY 2017 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2016 - December 31, 2016

**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 ago¹.

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

| LME-MCO | Expected # of Update Instruments | Receipt | | Timeliness | | Standard Met ² |
|---|----------------------------------|----------------------------------|---|--|---|---------------------------|
| | | # of Update Assessments Received | % of Expected Assessments Received ³ | # of Update Assessments Received On-Time | % of Expected Assessments Received On-Time ³ | |
| Alliance Behavioral Healthcare | 1,852 | 1,836 | 99.1% | 1,813 | 97.9% | ★ |
| Cardinal Innovations Healthcare Solutions | 2,232 | 2,127 | 95.3% | 2,048 | 91.8% | ★ |
| Eastpointe | 981 | 980 | 99.9% | 978 | 99.7% | ★ |
| Partners Behavioral Health Management | 1,054 | 1,028 | 97.5% | 1,015 | 96.3% | ★ |
| Sandhills Center | 1,174 | 1,169 | 99.6% | 1,162 | 99.0% | ★ |
| Trillium Health Resources | 1,828 | 1,822 | 99.7% | 1,817 | 99.4% | ★ |
| Vaya Health | 1,422 | 1,405 | 98.8% | 1,368 | 96.2% | ★ |
| Totals | 10,543 | 10,367 | 98.3% | 10,201 | 96.8% | ★ |

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

7 (100%)

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.

SFY 2017 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2016 - December 31, 2016

**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 ago¹.

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

| LME-MCO | Expected # of Update Instruments | Receipt | | Timeliness | | Standard Met ² |
|---|----------------------------------|----------------------------------|---|--|---|---------------------------|
| | | # of Update Assessments Received | % of Expected Assessments Received ³ | # of Update Assessments Received On-Time | % of Expected Assessments Received On-Time ³ | |
| Alliance Behavioral Healthcare | 1,295 | 1,294 | 99.9% | 1,289 | 99.5% | ★ |
| Cardinal Innovations Healthcare Solutions | 2,232 | 2,193 | 98.3% | 2,171 | 97.3% | ★ |
| Eastpointe | 1,268 | 1,268 | 100.0% | 1,263 | 99.6% | ★ |
| Partners Behavioral Health Management | 1,146 | 1,144 | 99.8% | 1,136 | 99.1% | ★ |
| Sandhills Center | 1,104 | 1,100 | 99.6% | 1,100 | 99.6% | ★ |
| Trillium Health Resources | 1,156 | 1,153 | 99.7% | 1,152 | 99.7% | ★ |
| Vaya Health | 1,360 | 1,352 | 99.4% | 1,330 | 97.8% | ★ |
| Totals | 9,561 | 9,504 | 99.4% | 9,441 | 98.7% | ★ |

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

7 (100%)

Notes:

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

SFY 2017 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2016 - December 31, 2016

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 ¹ |
|---|-------------------------|------------------------------|---|---------------------------|
| | # Received | # No More Than 15 Months Old | % No More Than 15 Months Old ² | |
| Alliance Behavioral Healthcare | 1,536 | 1,513 | 98.5% | ★ |
| Cardinal Innovations Healthcare Solutions | 4,685 | 985 | 21.0% | |
| Eastpointe | 2,242 | 2,242 | 100.0% | ★ |
| Partners Behavioral Health Management | 1,367 | 1,349 | 98.7% | ★ |
| Sandhills Center | 1,789 | 1,780 | 99.5% | ★ |
| Trillium Health Resources | 1,775 | 1,775 | 100.0% | ★ |
| Vaya Health | 1,646 | 1,622 | 98.5% | ★ |
| Totals | 15,040 | 11,266 | 74.9% | |

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.

SFY 2017 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2016 - December 31, 2016

18. System of Care

Performance Requirement: LME-MCO submits a quarterly System of Care Report by the 15th 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 7 days after the due date.

| LME-MCO | 2nd Qtr Report Due 1/17/17 | | Standard Met ¹ |
|---|----------------------------|----------|---------------------------|
| | Date Received ² | Complete | |
| Alliance Behavioral Healthcare | 1/13/17 | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 1/12/17 | Yes | ★ |
| Eastpointe | 1/17/17 | Yes | ★ |
| Partners Behavioral Health Management | 1/13/17 | Yes | ★ |
| Sandhills Center | 1/11/17 | Yes | ★ |
| Trillium Health Resources | 1/12/17 | Yes | ★ |
| Vaya Health | 1/15/17 | 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 >7 days after the due date.
- Dates with yellow shading are within 7 days after the due date.

SFY 2017 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2016 - December 31, 2016

19. SAPTBG Compliance Report

Performance Requirement: The LME-MCO 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 2017 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.

| LME-MCO | Mid-Year Report (Due 1/20/17) | | | Standard Met ¹ |
|---|----------------------------------|-----------------------|---|---------------------------|
| | Date Received ² | Accurate and Complete | 48 Hours Of Synar Activity ² | |
| Alliance Behavioral Healthcare | 1/20/17 | Yes | Yes | ★ |
| Cardinal Innovations Healthcare Solutions | 1/27/17 | Yes | Yes | ★ |
| Eastpointe | 1/20/17 | Yes | Yes | ★ |
| Partners Behavioral Health Management | 1/20/17 | Yes | Yes | ★ |
| Sandhills Center | 1/17/17 | Yes | Yes | ★ |
| Trillium Health Resources | 1/20/17 | Yes | Yes | ★ |
| Vaya Health | 1/20/17 | Yes | Yes | ★ |

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

7 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

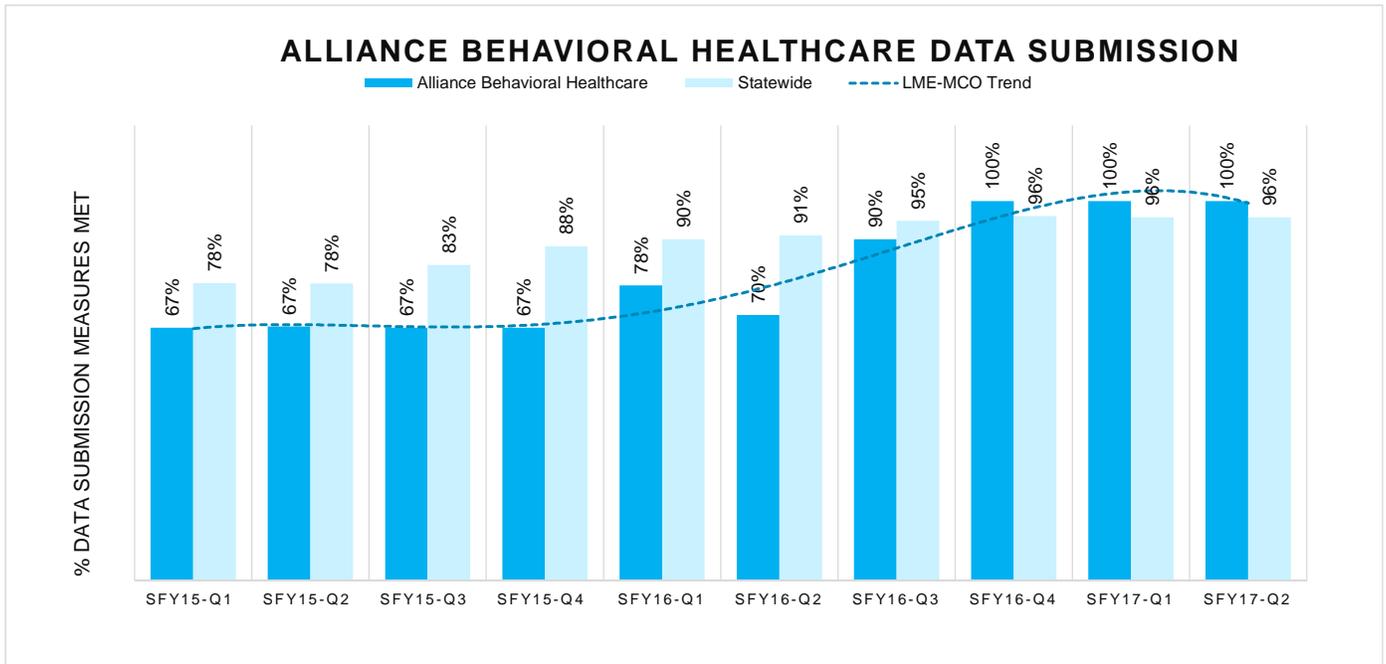
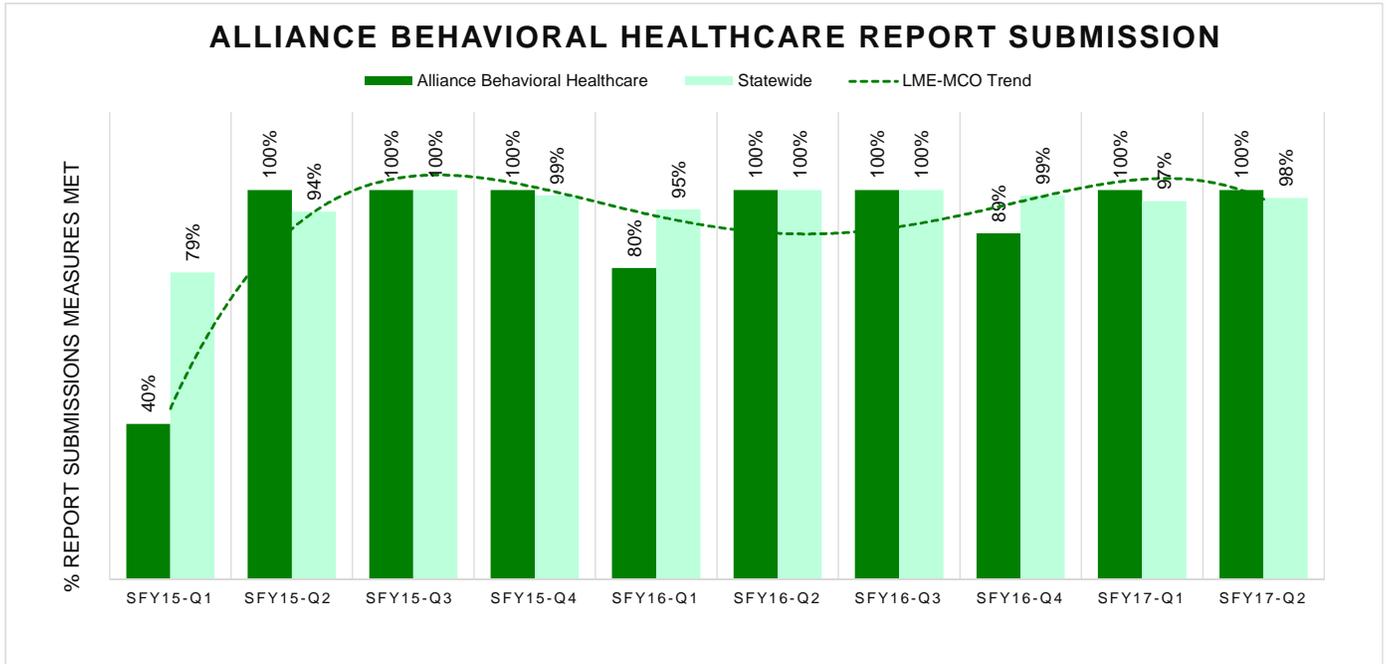
2. Dates received more than 10 days after the due date and Synar Activities < 48 hours are highlighted red.

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

3. Cardinal Innovations was credited with meeting the 7/20/15 deadline. They requested and received an extension until 8/3/15.

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

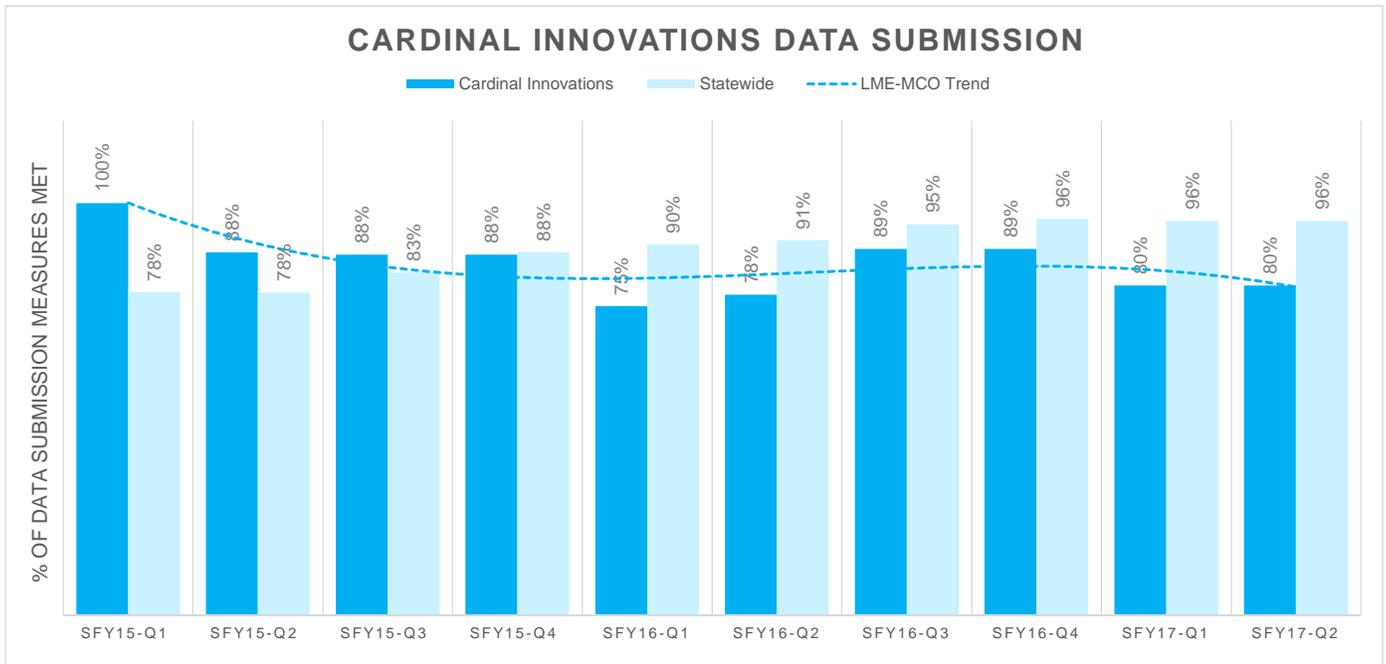
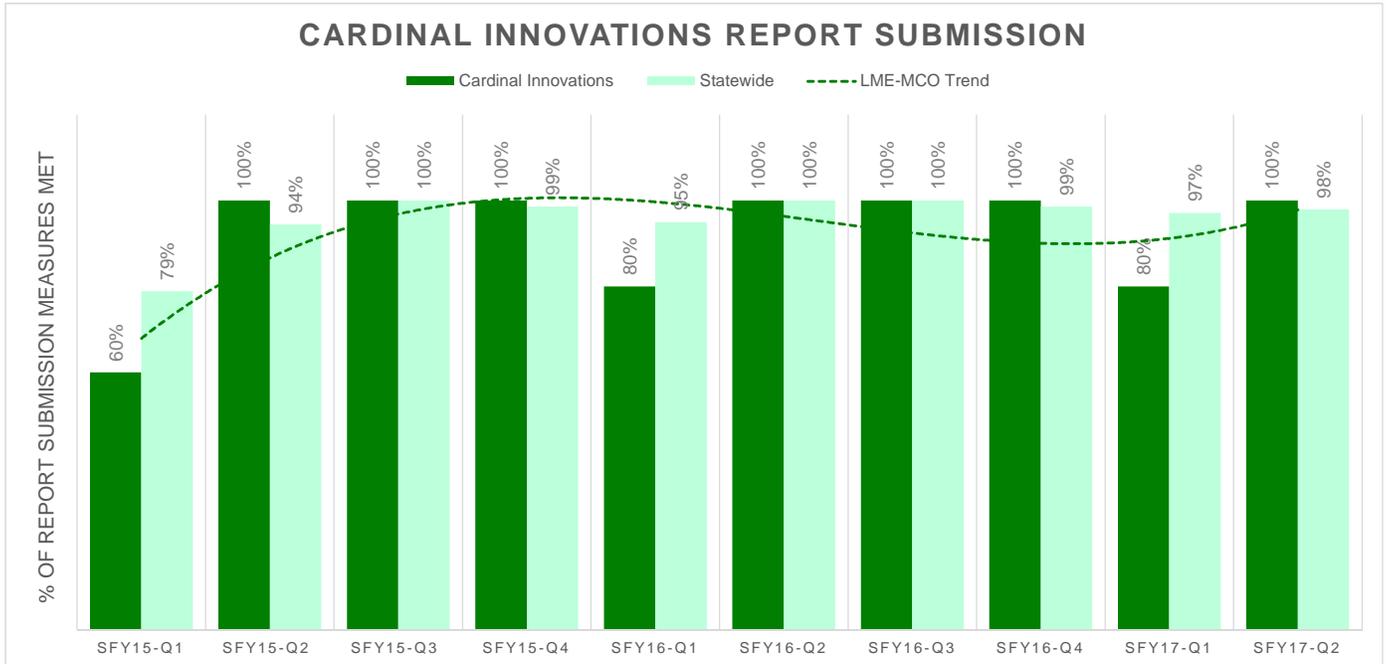
Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



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 Second Quarter LME-MCO Compliance with Reports & Data Requirements

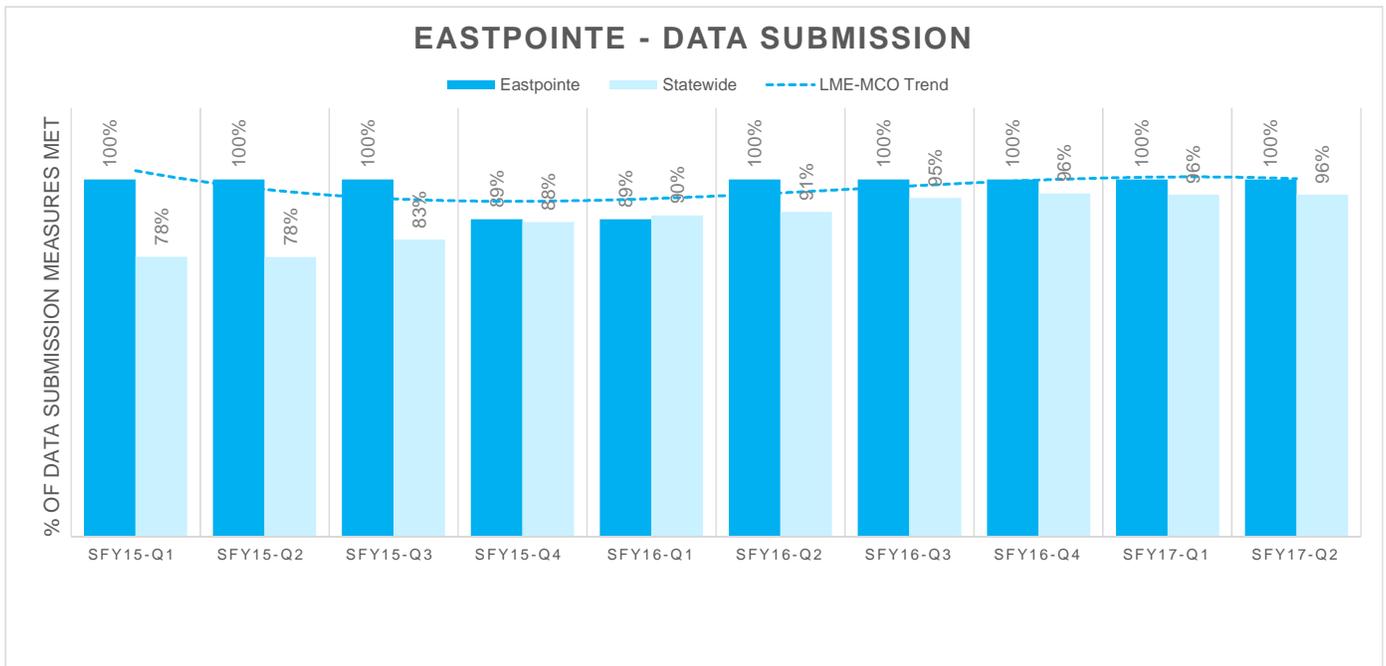
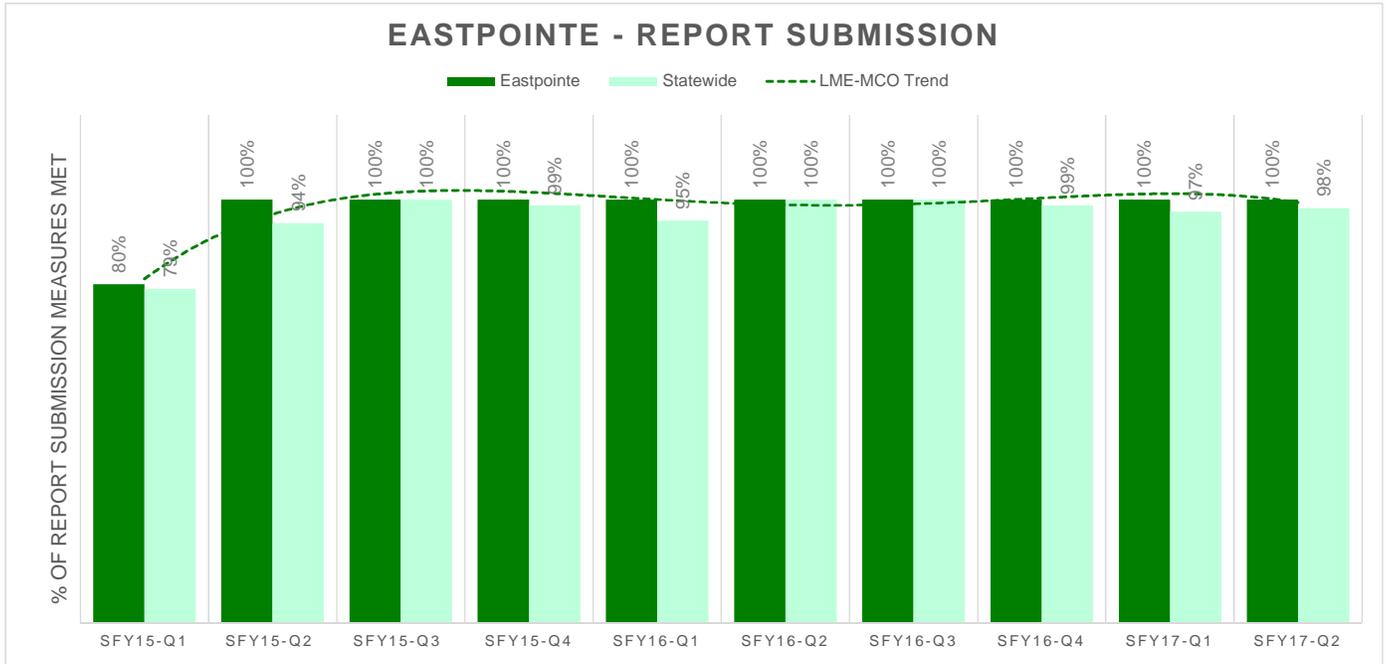
Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



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 Second Quarter LME-MCO Compliance with Reports & Data Requirements

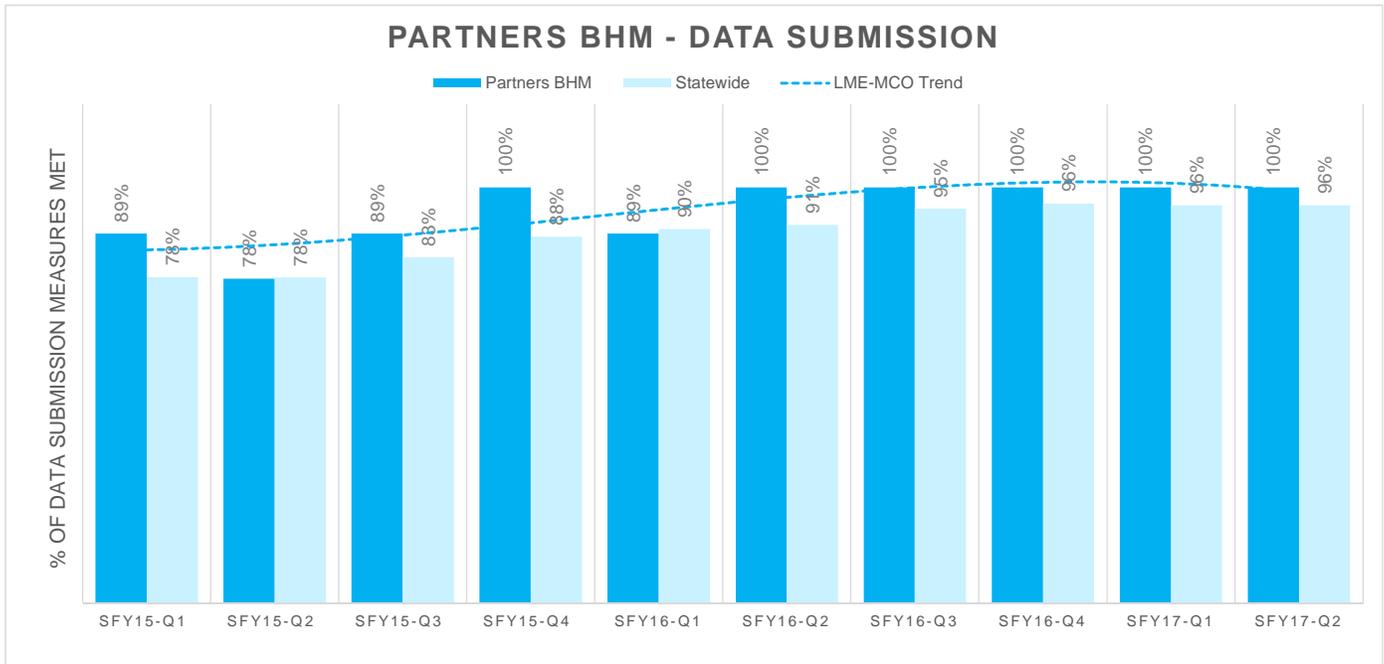
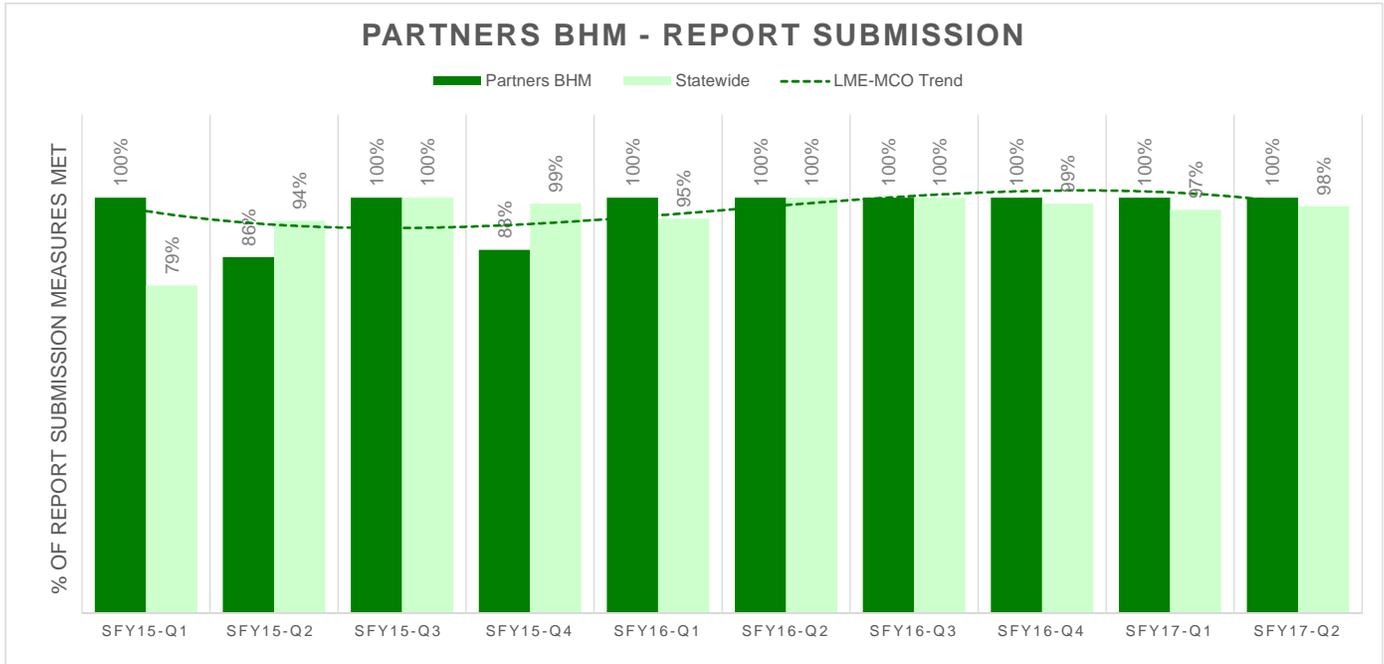
Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



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 Second Quarter LME-MCO Compliance with Reports & Data Requirements

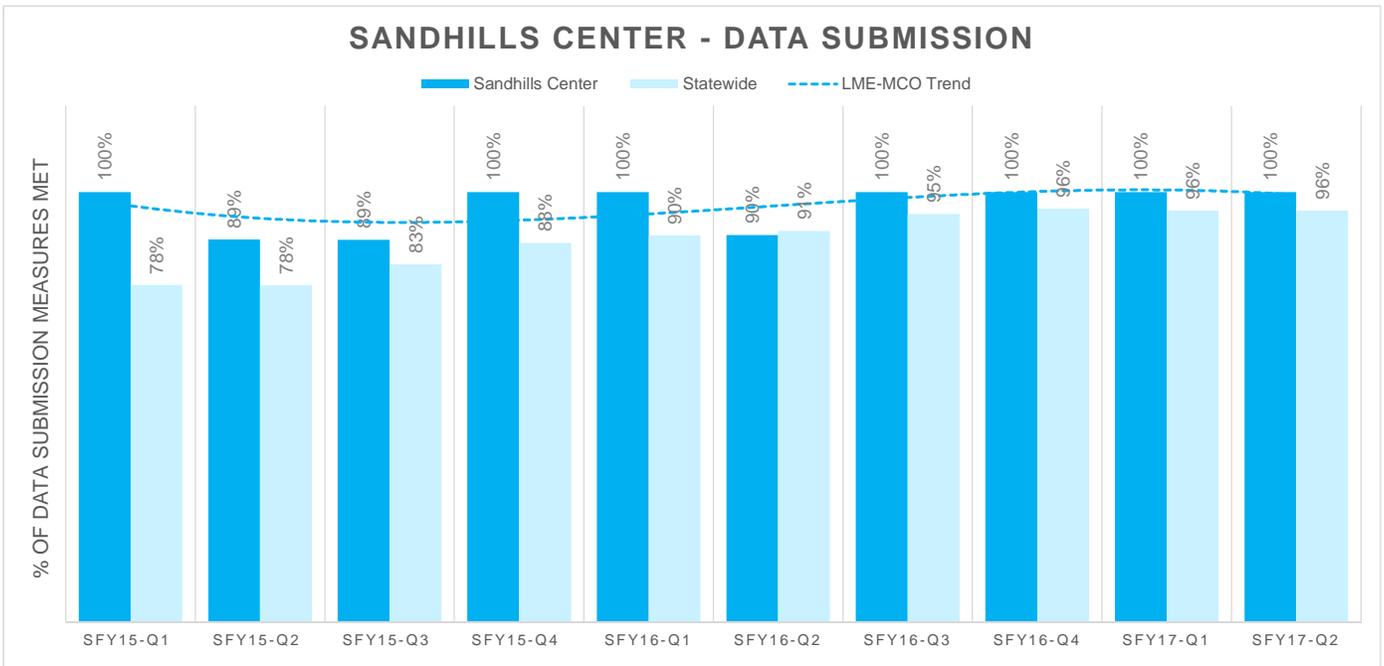
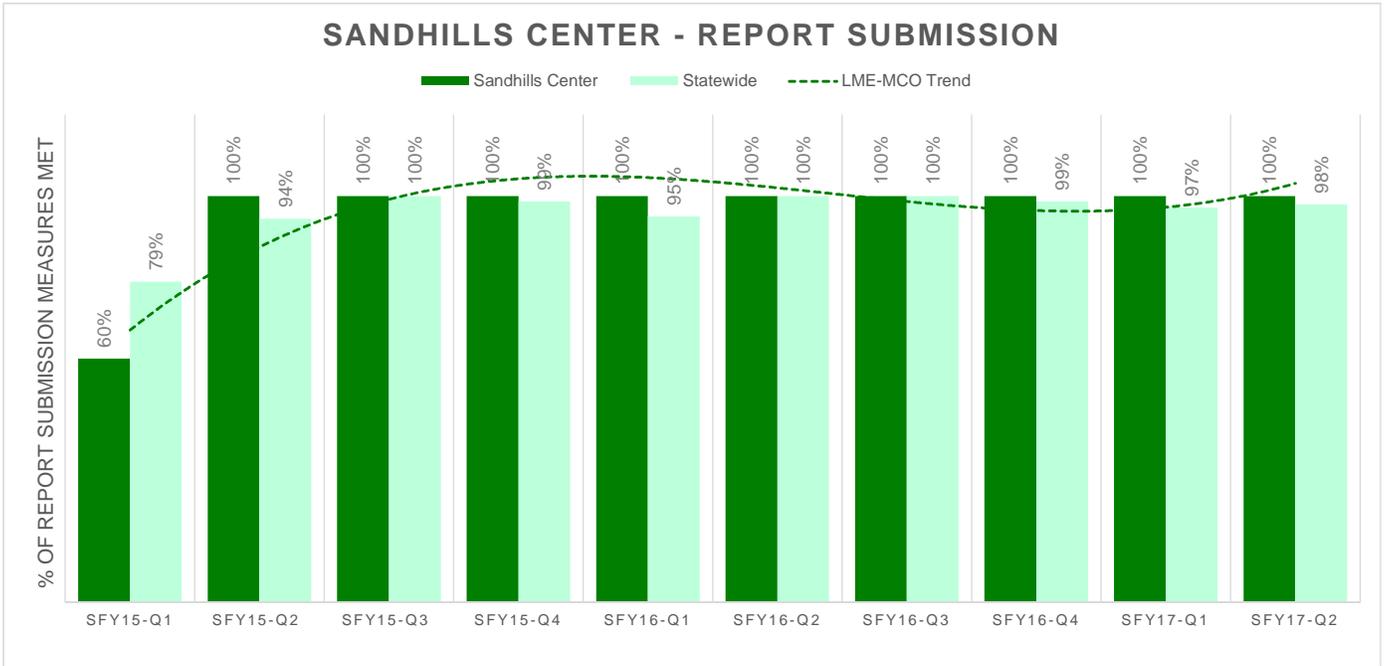
Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



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 Second Quarter LME-MCO Compliance with Reports & Data Requirements

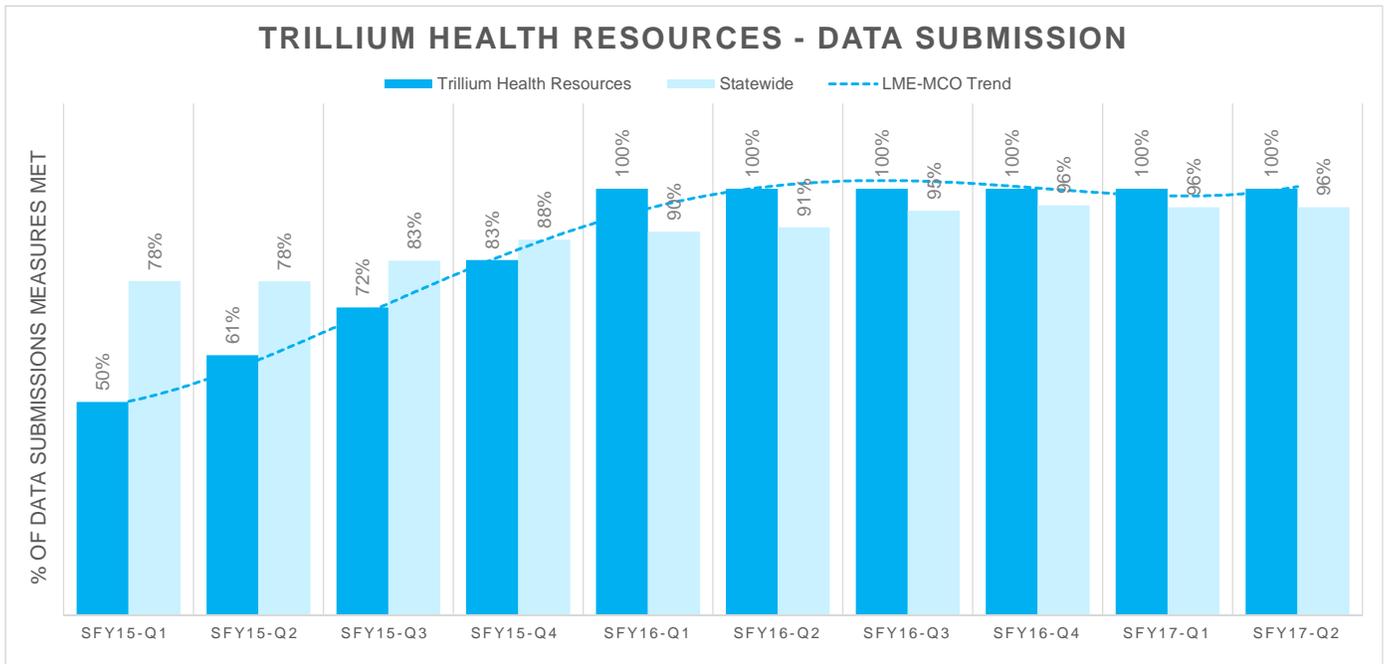
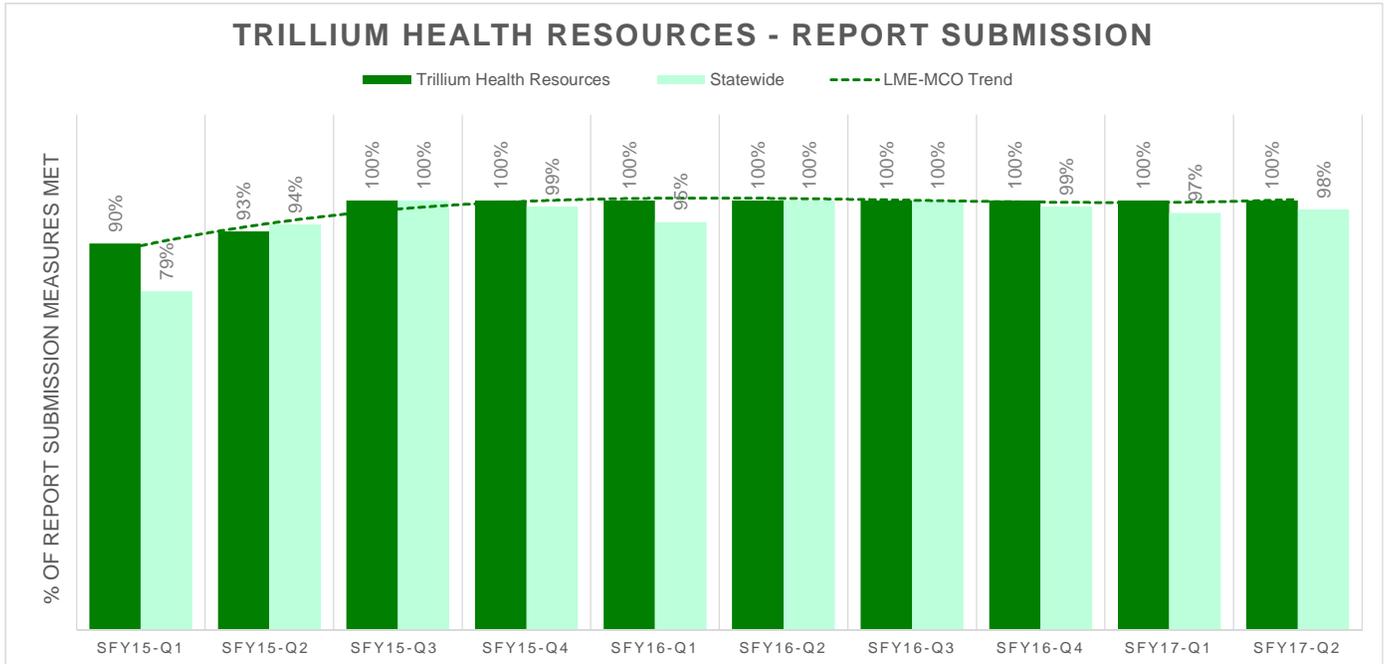
*Percent of Report and Data Submission Requirements Met
SFY2015 - SFY2017 Year To Date*



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 Second Quarter LME-MCO Compliance with Reports & Data Requirements

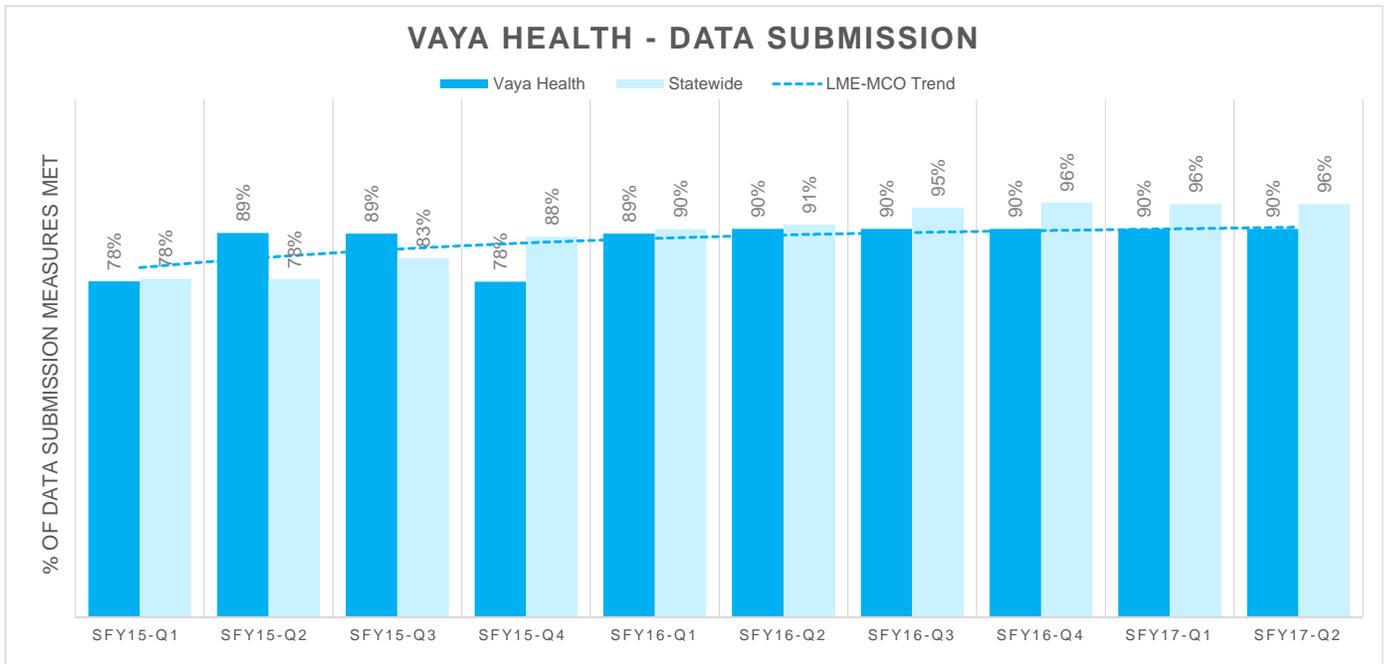
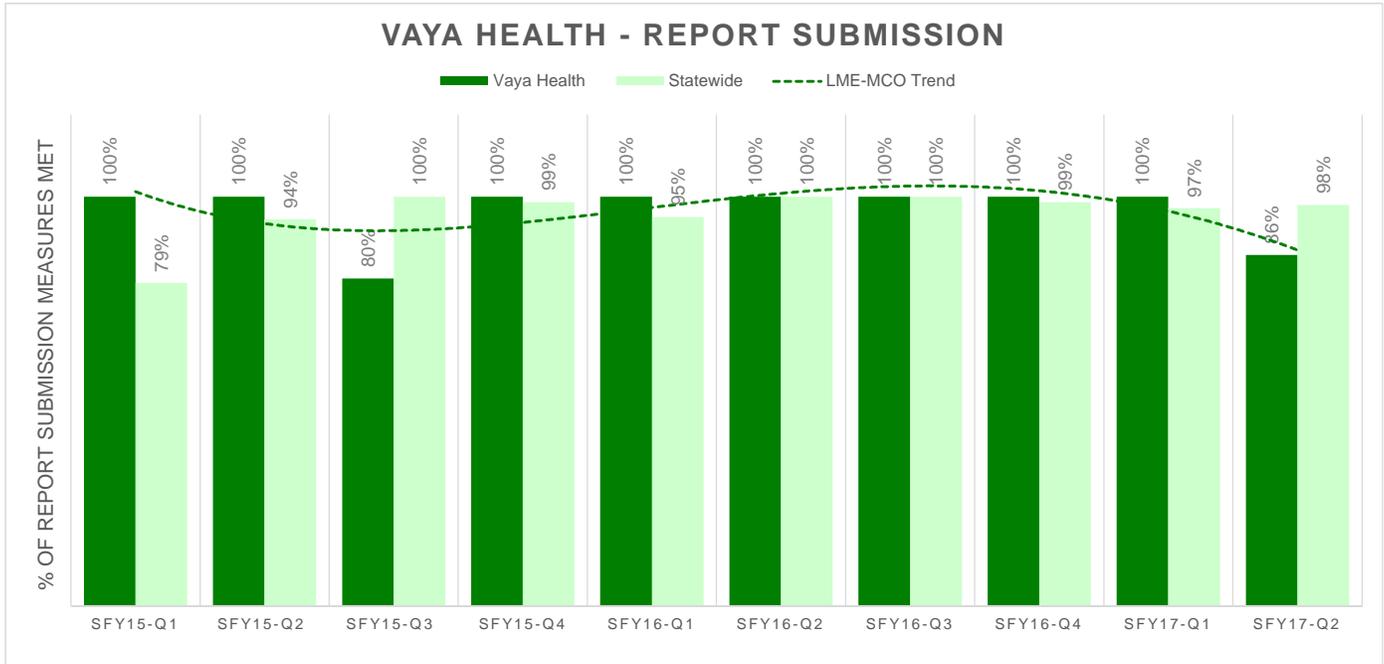
Percent of Report and Data Submission Requirements Met SFY2015 - SFY2017 Year To Date



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 Second 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 Second Quarter Report

4. TBI Services Quarterly Reports - Eastpointe report changed from not received to received 12/7/16 (accurate and complete), which met requirements.

Introduction - Overall, the LME-MCOs met 98 (previously 96) percent of the seven report submission requirements, and five (previously four) LME-MCOs met all 17 report and data submission requirements.

Table of Contents - Added an Appendix summarizing revisions.

Performance Summary - shows that Eastpointe met all 17 report and data submission requirements.

Trend Graphs - Eastpointe's report submission trend graph has been updated to show it met 100% of requirements this quarter. All LME-MCO trend graphs have been updated with the revised statewide report submission showing 98% (previously 96%) of the report submission requirements were met.

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. |
|--|--|---|---------------------------|---|--|---|---|
| Monthly Financial Report | 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 |
| Substance Abuse/Juvenile Justice Initiative Quarterly Report | 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: https://uncg.qualtrics.com/SE/?SID=SV_e7EAp3eCOVqeBD&RID=MLRP_e9B5sBU39w0cJKN&Q_CHL=email Reports available on DMH/DD/SAS website: http://www.ijsamhp.org/publications/ | NC General Statute 122C-115.4 | Report is submitted to federal office as part of block grant reporting | DMH Office; Secretary's Office |
| Work First Initiative Quarterly Reports | 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 |
| System of Care Report | 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: http://www.ncdhhs.gov/mhddsas/services/serviceschildfamily/index.htm | 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. |
| Client Data Warehouse (CDW) Admissions | Matthew McMorran (919) 733-4660 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: http://www.ncdhhs.gov/mhddsas/statspublications/Publications/CDW/cdwtechspecs1.12.pdf Reports available on DMH/DD/SAS website: http://www.ncdhhs.gov/mhddsas/providers/CDW/index.htm | 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 |
| Client Data Warehouse (CDW) ICD-9 Diagnosis | | LME collects and submits required CDW record types by the 15th of each month. Data has been entered in all required fields. | | | | | |
| Client Data Warehouse (CDW) Unknown Data (admissions) | | LME collects and submits required CDW record types by the 15th of each month. Required fields contain a value other than "unknown." | | | | | |
| Client Data Warehouse (CDW) Unknown Data (discharges) | | LME collects and submits required CDW record types by the 15th of each month. Required fields contain a value other than "unknown." | | | | | |
| Client Data Warehouse (CDW) Identifying & Demographic Records | | 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. | | | | | |
| Client Data Warehouse (CDW) Drug of Choice | | 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. | | | | | |
| Client Data Warehouse (CDW) - Episode Completion Record | 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. | | | | | | |
| NC-TOPPS Update Interviews | 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: http://www.ncdhhs.gov/mhddsas/providers/NCTOPPS/index.htm | 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 |
| NC Support Needs Assessment Profile (NC-SNAP) | 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: http://www.ncdhhs.gov/mhddsas/providers/NCSNAP/index.htm | 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 |
| SAPTBG Compliance Report | 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: http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#formslme SAMHSA Synar report includes NC data: SAMHSA Synar report includes NC data: http://www.samhsa.gov/prevention/2011-Annual-Synar-Report.pdf | 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 |
| National Core Indicators (NCI) Consents and Pre-Surveys | 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 reports go to the National Core Indicator website: http://www.nationalcoreindicators.org/ | 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. |
| Geriatric Adult Mental Health Specialty Team Quarterly Report | 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. |
| PATH Quarterly Report | 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: http://pathprogram.samhsa.gov/Path/ProgramInformation.aspx | 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. |
| LME Complaint Report | 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: http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#formslme | 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 |
| TBI Quarterly & Annual Reports | 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. |
|--|--|--|--------------------------|--|---|--|--|
| Consumer Perception of Care Survey (POC) | 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: http://www.ncdhhs.gov/mhddsas/providers/CDW/consumerperceptionrpts/index.htm | 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 |
| LME/MCO Monitoring Report | 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. |
| LME/MCO Performance Measurement & Reporting | 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: http://www.ncdhhs.gov/mhddsas/statpublications/Reports/DivisionInitiativeReports/communitysystems/index.htm | 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 |
| Call Center Access to Care Report | 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: http://www.ncdhhs.gov/mhddsas/statpublications/Reports/DivisionInitiativeReports/communitysystems/index.htm | NC General Statute 122C-115.4. | Data provides performance information on LME/MCO behavioral health system. | DMHDDSAS |
| NC-START & Crisis Respite | 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: http://www2.ncdhhs.gov/mhddsas/services/crisisservices/ncstart.htm | 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. |
| Mobile Crisis Services | Art Eccleston art.eccleston@dhhs.nc.gov | Report is no longer required as of 02/15/2015, data collected in Monthly Monitoring Report. | | | | | |
| LME Crisis and Inpatient Quarterly Report | Art Eccleston art.eccleston@dhhs.nc.gov | Report is no longer required as of 1/1/14, data collected in Monthly Monitoring Report. | | | | | |
| DD Wait List | Sandy Ellsworth sandy.ellsworth@dhhs.nc.gov | Report is no longer required as of 10/16/13, data collected in Monthly Monitoring Report. | | | | | |
| Incident Response Improvement System (IRIS) | 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. | | | | | |
| Three Way Contract | Patsy Coleman, Patsy.Coleman@dhhs.nc.gov | Report is currently not required | | | | | |
| Hospital Bed Day Census Report | Kent Woodson Kent.Woodson@dhhs.nc.gov | Report sent by Hospital to DMH/DD/SAS | | | | | |
| Housing Activities & Annual Report | Ken Edminster Ken.Edminster@dhhs.nc.gov | Report is currently not required | | | | | |
| Walk In Report | 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