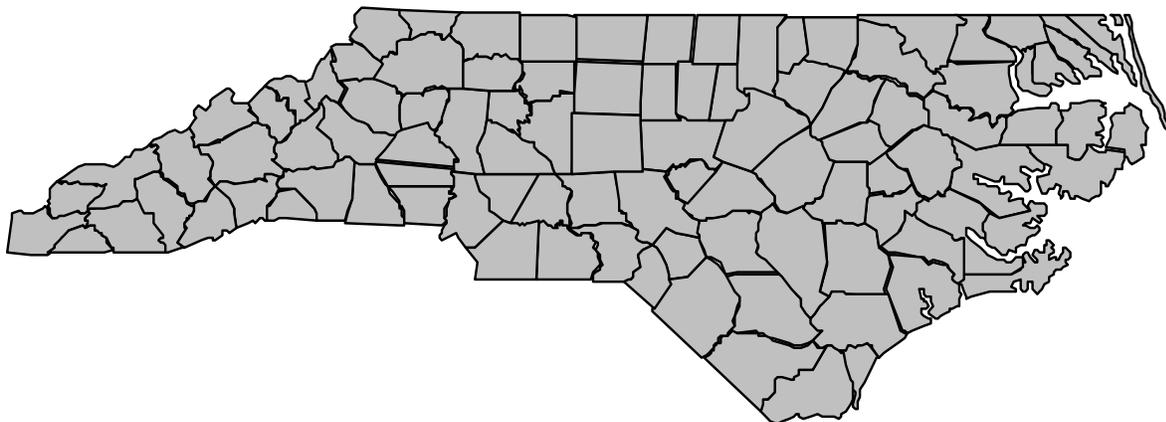


**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services**

**SFY 2019 Performance Contract  
With Local Management Entities - Managed Care Organizations  
Report/Data Submission Requirements**

**First Quarter Report  
July 1, 2018 - September 30, 2018**



Prepared by

North Carolina Department of Health and Human Services  
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November 2018



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Mental Health,  
Developmental Disabilities  
and Substance Abuse Services





SFY 2019 Performance Contract  
 Report/Data Submission Requirements  
 First Quarter Report  
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## SFY 2019 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 2019 Performance Contract Report/Data Submission Requirements Summary Of Performance**  
**First Quarter Report**  
**July 1, 2018 - September 30, 2018**

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-SNAP	
Alliance Behavioral Healthcare	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★	★
Cardinal Innovations Healthcare Solutions	5	5	100%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★	★
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%	★	★	★	★	★	10	10	100%	★	★	★	★	★	★	★	★	★	★	★
<b>STATEWIDE - Number</b>			<b>100%</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>			<b>100%</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>
<b>STATEWIDE - Percent</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>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>

\* 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 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

## 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 2019 Standard:** Reports are accurate, complete, and received by the due date.

LME-MCO	JUN Report Due 7/29/18		JUL Report Due 8/20/18		AUG Report Due 9/20/18		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	7/20/18	Yes	8/20/18	Yes	9/20/18	Yes	★
Cardinal Innovations Healthcare Solutions	7/27/18	Yes	8/20/18	Yes	9/20/18	Yes	★
Eastpointe	7/21/18	Yes	8/20/18	Yes	9/20/18	Yes	★
Partners Behavioral Health Management	7/29/18	Yes	8/16/18	Yes	9/18/18	Yes	★
Sandhills Center	7/20/18	Yes	8/20/18	Yes	9/20/18	Yes	★
Trillium Health Resources	7/29/18	Yes	8/20/18	Yes	9/17/18	Yes	★
Vaya Health	7/20/18	Yes	8/20/18	Yes	9/20/18	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 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

**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 2019 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 10/22/18				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	10/10/18	Yes	10/10/18	Yes	★
Cardinal Innovations Healthcare Solutions	10/10/18	Yes	10/9/18	Yes	★
Eastpointe			10/4/18	Yes	★
Partners Behavioral Health Management			10/8/18	Yes	★
Sandhills Center	10/10/18	Yes	10/2/18	Yes	★
Trillium Health Resources	10/10/18	Yes	10/3/18	Yes	★
Vaya Health	10/10/18	Yes	10/10/18	Yes	★

Number of Percent of LME-MCOs that Met the SFY2019 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 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

### 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 2019 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 10/22/18		Standard Met <sup>1</sup>
	Date Received <sup>2</sup>	Accurate And Complete	
Alliance Behavioral Healthcare	10/16/2018	Yes	★
Cardinal Innovations Healthcare Solutions	10/16/2018	Yes	★
Eastpointe	10/12/2018	Yes	★
Partners Behavioral Health Management	10/18/2018	Yes	★
Sandhills Center	10/15/2018	Yes	★
Trillium Health Resources	10/12/2018	Yes	★
Vaya Health	10/18/2018	Yes	★

Number and Percent of LME-MCOs that met the SFY 2019 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 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

### 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 2019 Standard:**

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

LME-MCO	4th Qtr Report Due 8/31/18		
	Date Received <sup>2</sup>	Accurate, Complete	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	8/31/18	Yes	★
Cardinal Innovations Healthcare Solutions	8/24/18	Yes	★
Eastpointe	8/29/18	Yes	★
Partners Behavioral Health Management	8/28/18	Yes	★
Sandhills Center	8/24/18	Yes	★
Trillium Health Resources	8/28/18	Yes	★
Vaya Health	8/31/18	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 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

### 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 2019 Standard: Reports are accurate, complete, and received by the due date.

LME-MCO	1st Qtr Report Due 11/15/18		
	Date Received <sup>2</sup>	Accurate, Complete	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	11/14/18	Yes	★
Cardinal Innovations Healthcare Solutions	11/15/18	Yes	★
Eastpointe	11/15/18	Yes	★
Partners Behavioral Health Management	11/6/18	Yes	★
Sandhills Center	11/8/18	Yes	★
Trillium Health Resources	11/15/18	Yes	★
Vaya Health	11/15/18	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 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

**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, 2018.

LME-MCO	Facility Code	JUL	AUG	SEP	First Quarter Adm SFY2019	First Quarter Adm SFY2018	Monthly Average SFY2019	Monthly Average SFY2018
Alliance Behavioral Healthcare	23141	776	783	738	<b>2,297</b>	2,689	766	896
Cardinal Innovations Healthcare Solutions	13121	2,343	2,360	2,160	<b>6,863</b>	8,317	2,288	2,772
Eastpointe	43081	464	485	416	<b>1,365</b>	1,582	455	527
Partners Behavioral Health Management	13114	627	726	616	<b>1,969</b>	1,857	656	619
Sandhills Center	33031	969	1,008	973	<b>2,950</b>	4,047	983	1,349
Trillium Health Resources	43071	1,892	1,671	1,527	<b>5,090</b>	3,812	1,697	1,271
Vaya Health	13010	1,090	1,095	1,042	<b>3,227</b>	3,104	1,076	1,035
<b>TOTAL ADMISSIONS</b>		<b>8,161</b>	<b>8,128</b>	<b>7,472</b>	<b>23,761</b>	<b>25,408</b>	<b>7,920</b>	<b>8,469</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 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

**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, 2018 - June 30, 2018) with a diagnosis completed within 30 days of beginning date of service.

SFY 2019 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 <sup>2</sup>	Standard Met <sup>1</sup>
Alliance Behavioral Healthcare	2,002	47	1,955	98%	★
Cardinal Innovations Healthcare Solutions	6,506	0	6,506	100%	★
Eastpointe	1,083	0	1,083	100%	★
Partners Behavioral Health Management	2,094	0	2,094	100%	★
Sandhills Center	3,118	2	3,116	100%	★
Trillium Health Resources	4,546	0	4,546	100%	★
Vaya Health	2,597	4	2,593	100%	★
<b>TOTAL</b>	<b>21,946</b>	<b>53</b>	<b>21,893</b>	<b>100%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2019 Standard:

7 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

**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, 2018 - June 30, 2018) where all mandatory data fields contain a value other than 'unknown'.

SFY 2019 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	2,002	100%	99%	100%	100%	99%	98%	100%	100%	100%	100%	100%	100%	99%	94%	★
Cardinal Innovations Healthcare Solutions	6,506	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	1,083	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Partners Behavioral Health Management	2,094	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	3,118	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Trillium Health Resources	4,546	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Vaya Health	2,597	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>21,946</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>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>99%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2019 Standard:

7 (100%)

Notes:

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

SFY 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

**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, 2018 - June 30, 2018) where all mandatory data fields contain a value other than 'unknown'.

SFY 2019 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	76	100%	100%	100%	100%	100%	92%	★
Cardinal Innovations Healthcare Solutions	3,579	100%	99%	100%	100%	100%	100%	★
Eastpointe	2,447	100%	100%	100%	100%	100%	100%	★
Partners Behavioral Health Management	1,238	100%	100%	100%	100%	100%	100%	★
Sandhills Center	2,195	100%	100%	100%	100%	100%	100%	★
Trillium Health Resources	2,491	100%	99%	100%	100%	100%	100%	★
Vaya Health	2,320	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>14,346</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 2019 Standard:

7 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.

2. Percentages less than 90% are shaded red.

SFY 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

**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, 2018 - June 30, 2018) with an identifying record and demographic record completed within 30 days of the beginning date of service.

**SFY 2019 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	11,720	54	11,666	100%	★
Cardinal Innovations Healthcare Solutions	20,592	219	20,373	99%	★
Eastpointe	7,655	5	7,650	100%	★
Partners Behavioral Health Management	8,816	6	8,810	100%	★
Sandhills Center	9,771	5	9,766	100%	★
Trillium Health Resources	12,922	151	12,771	99%	★
Vaya Health	13,823	3	13,820	100%	★
<b>TOTAL</b>	<b>85,299</b>	<b>443</b>	<b>84,856</b>	<b>99%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2019 Standard:

7 (100%)

**Notes:**

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

SFY 2019 Performance Contract Data/Report Submission Requirements  
 First Quarter Report  
 July 1, 2018 - September 30, 2018

**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, CSSAD and ASOUD.

The table below shows the percentage of open clients in the designated benefit plans (April 1, 2018 - June 30, 2018) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2019 Standard: 90% of open clients in the designated benefit plans 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	2,440	42	2,398	98%	★
Cardinal Innovations Healthcare Solutions	4,334	396	3,938	91%	★
Eastpointe	1,003	7	996	99%	★
Partners Behavioral Health Management	1,796	0	1,796	100%	★
Sandhills Center	1,468	6	1,462	100%	★
Trillium Health Resources	2,969	222	2,747	93%	★
Vaya Health	2,272	31	2,241	99%	★
<b>TOTAL</b>	<b>16,282</b>	<b>704</b>	<b>15,578</b>	<b>96%</b>	<b>★</b>

Number and Pct of LME-MCOs that met the SFY 2019 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  
**ASOUD** – Adult Substance Opioid Use 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, 2018 - June 30, 2018) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

**SFY 2019 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 <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	482	12	470	98%	★
Cardinal Innovations Healthcare Solutions	2,334	43	2,291	98%	★
Eastpointe	328	3	325	99%	★
Partners Behavioral Health Management	628	8	620	99%	★
Sandhills Center	658	69	589	90%	★
Trillium Health Resources	1,419	28	1,391	98%	★
Vaya Health	724	31	693	96%	★
<b>TOTAL</b>	<b>6,573</b>	<b>194</b>	<b>6,379</b>	<b>97%</b>	<b>★</b>

Number and Pct of LME-MCOs that met the SFY 2019 Standard:

7 (100%)

**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.

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 July 1, 2018 - September 30, 2018

**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 2019 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	1,666	1,658	99.5%	1,623	97.4%	★
Cardinal Innovations Healthcare Solutions	2,541	2,459	96.8%	2,383	93.8%	★
Eastpointe	1,394	1,394	100.0%	1,394	100.0%	★
Partners Behavioral Health Management	1,197	1,178	98.4%	1,145	95.7%	★
Sandhills Center	1,573	1,572	99.9%	1,536	97.6%	★
Trillium Health Resources	1,942	1,931	99.4%	1,837	94.6%	★
Vaya Health	1,638	1,589	97.0%	1,490	91.0%	★
Totals	11,951	11,781	98.6%	11,408	95.5%	★

Number and Percent of LME-MCOs that met the SFY 2019 Standard:

7 (100%)

Notes:

1. Based on initial assessments that occurred Jan - Mar 2018.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

SFY 2019 Performance Contract Data/Report Submission Requirements  
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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 2019 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	1,454	1,452	99.9%	1,436	98.8%	★
Cardinal Innovations Healthcare Solutions	2,505	2,450	97.8%	2,403	95.9%	★
Eastpointe	1,204	1,204	100.0%	1,204	100.0%	★
Partners Behavioral Health Management	1,104	1,073	97.2%	1,059	95.9%	★
Sandhills Center	1,316	1,316	100.0%	1,304	99.1%	★
Trillium Health Resources	1,828	1,825	99.8%	1,785	97.6%	★
Vaya Health	1,519	1,496	98.5%	1,447	95.3%	★
<b>Totals</b>	<b>10,930</b>	<b>10,816</b>	<b>99.0%</b>	<b>10,638</b>	<b>97.3%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2019 Standard:

7 (100%)

**Notes:**

1. Based on initial assessments that occurred Oct - Dec 2017.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

SFY 2019 Performance Contract Data/Report Submission Requirements  
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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 2019 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	1,954	1,940	99.3%	1,926	98.6%	★
Cardinal Innovations Healthcare Solutions	2,472	2,424	98.1%	2,413	97.6%	★
Eastpointe	1,027	1,024	99.7%	1,024	99.7%	★
Partners Behavioral Health Management	1,121	1,102	98.3%	1,098	97.9%	★
Sandhills Center	1,392	1,374	98.7%	1,367	98.2%	★
Trillium Health Resources	1,687	1,679	99.5%	1,663	98.6%	★
Vaya Health	1,765	1,739	98.5%	1,695	96.0%	★
Totals	11,418	11,282	98.8%	11,186	98.0%	★

Number and Percent of LME-MCOs that met the SFY 2019 Standard:

7 (100%)

Notes:

1. Based on initial assessments that occurred Apr - Jun 2017.
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 2019 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	1,252	1,130	90.3%	★
Cardinal Innovations Healthcare Solutions	1,251	1,141	91.2%	★
Eastpointe	1,553	1,443	92.9%	★
Partners Behavioral Health Management	767	702	91.5%	★
Sandhills Center	1,174	1,058	90.1%	★
Trillium Health Resources	1,779	1,738	97.7%	★
Vaya Health	519	475	91.5%	★
<b>Totals</b>	<b>8,295</b>	<b>7,687</b>	<b>92.7%</b>	<b>★</b>

Number and Percent of LME-MCOs that met the SFY 2019 Standard:

7 (100%)

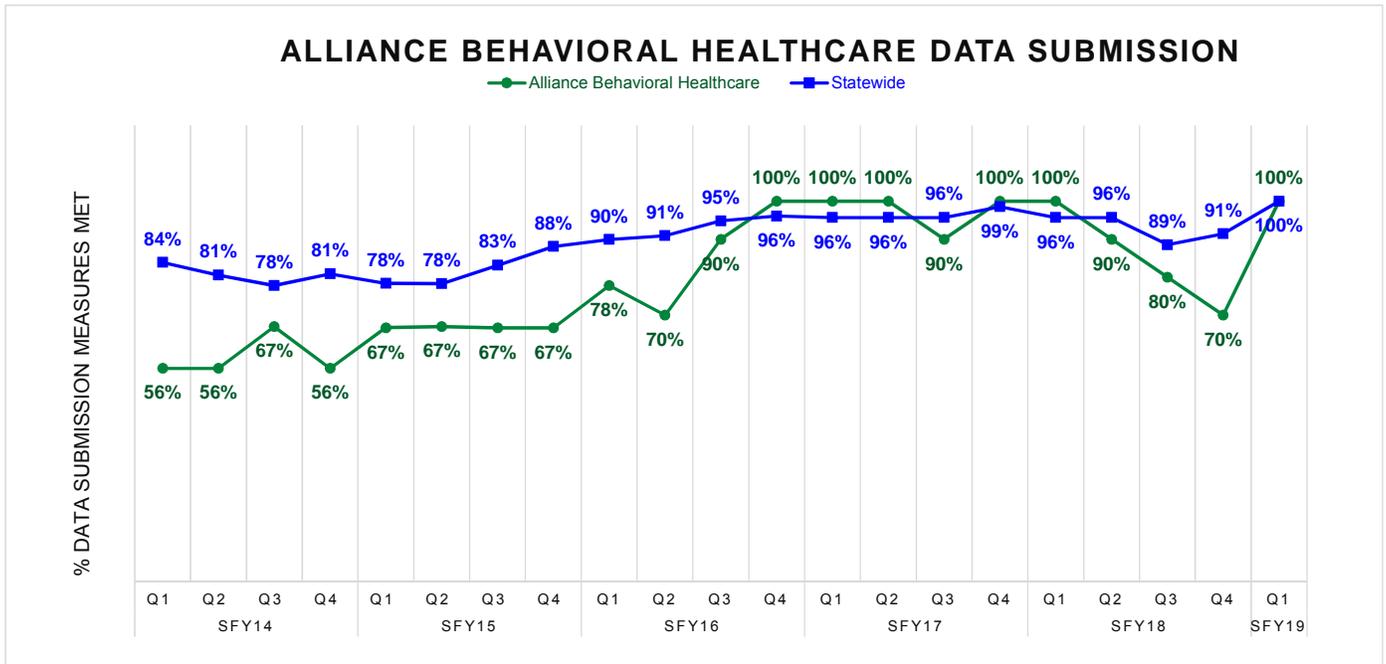
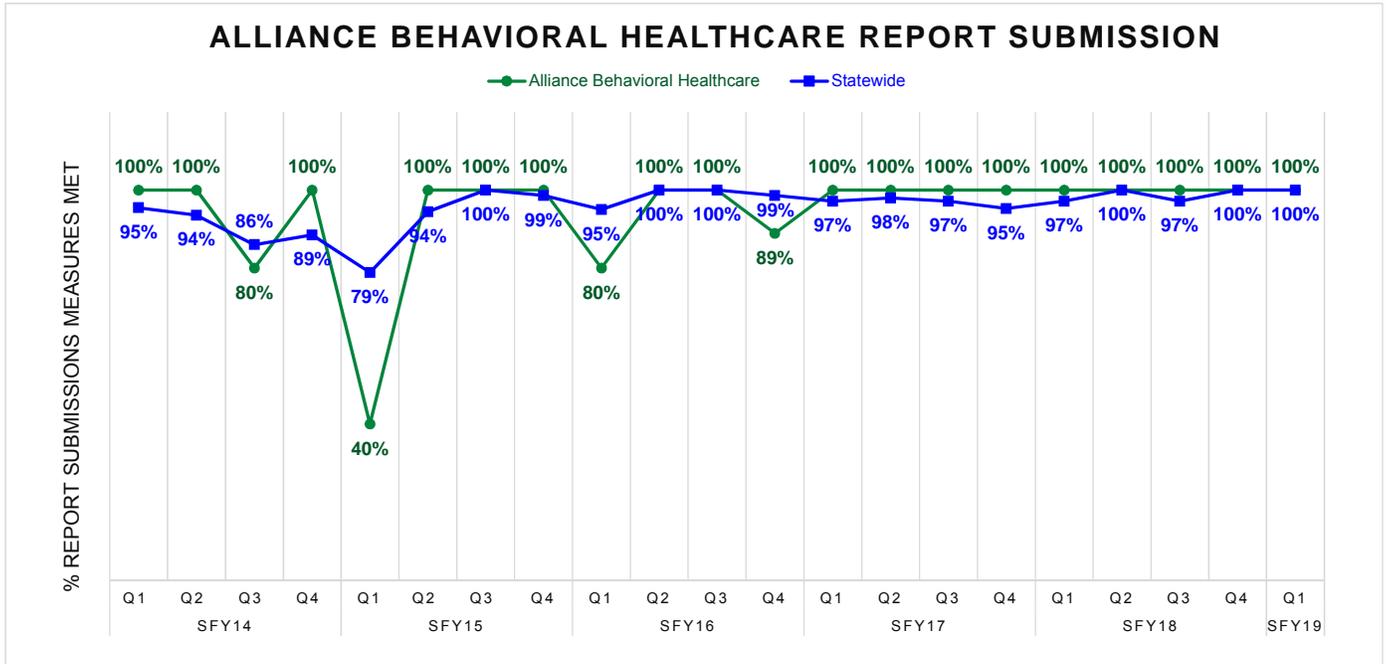
**Notes:**

1. ★ = Met the Performance Contract Standard.    **N/A** = Not Applicable this quarter.
2. Percentages less than 90% are shaded red.



## SFY 2019 First Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met SFY2014 - SFY2018 Q4

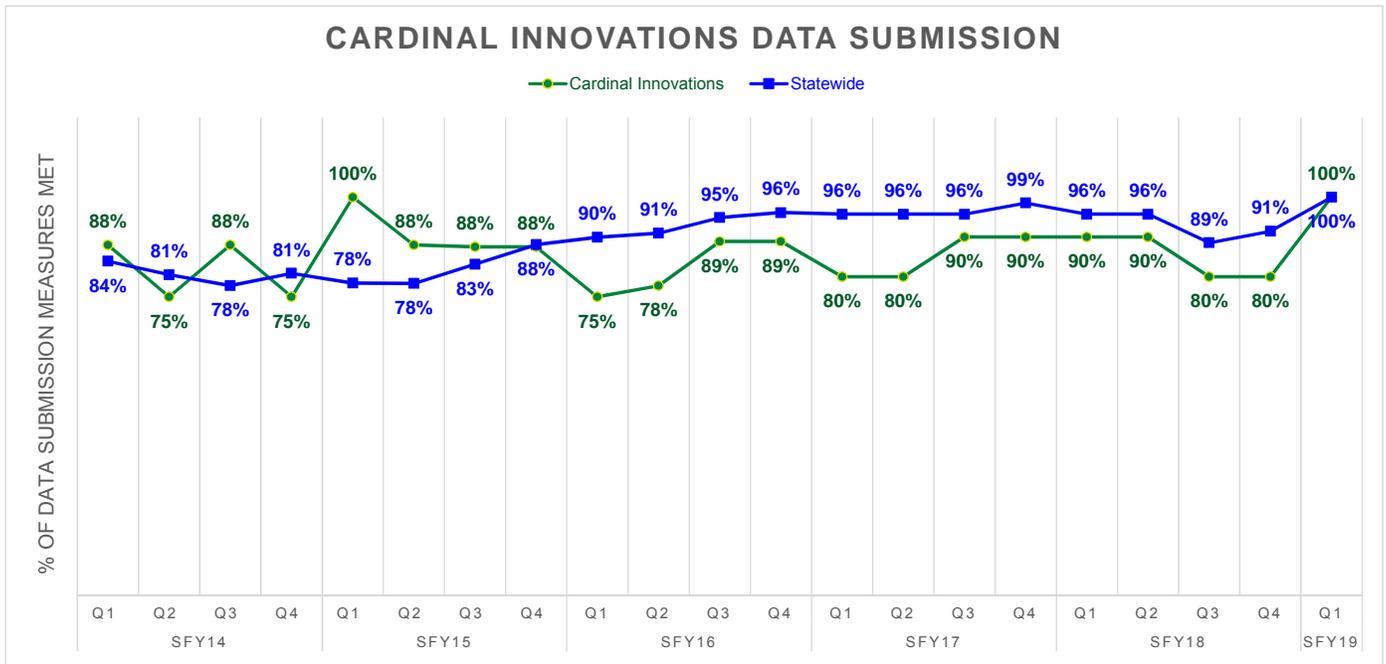
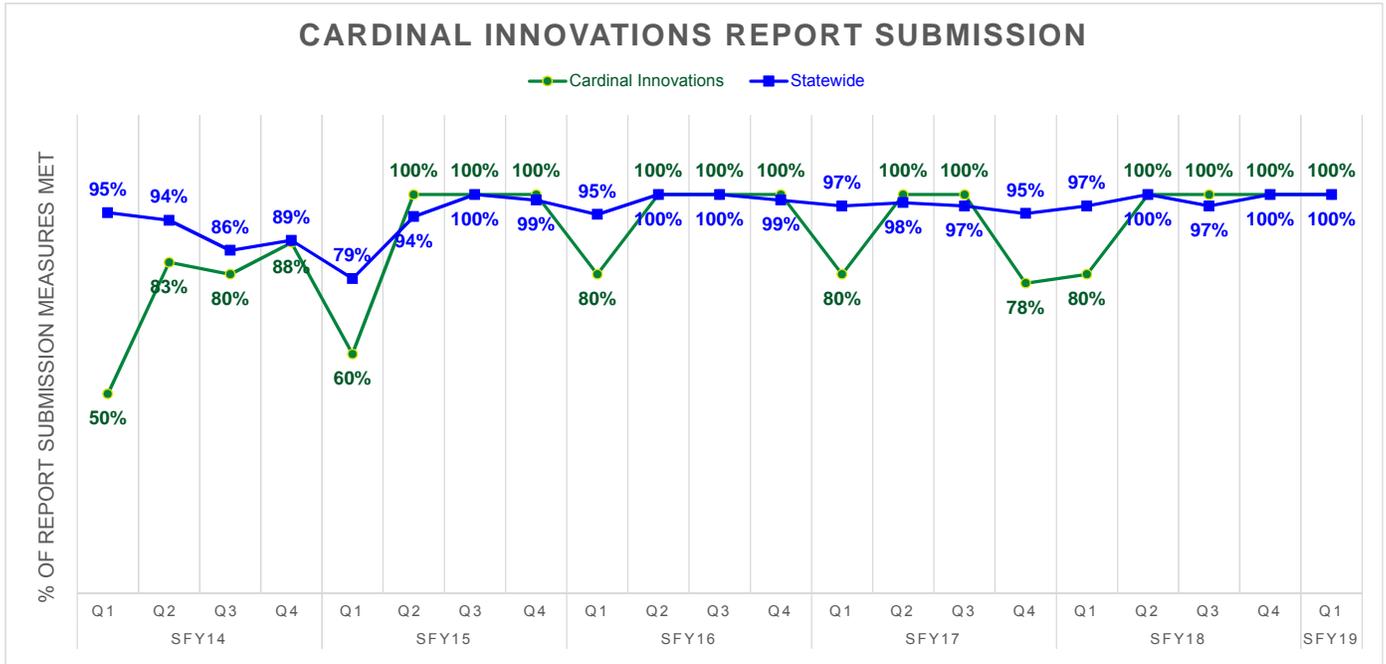


These graphs show Alliance Behavioral Healthcare's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting 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 2019 First Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met SFY2014 - SFY2018 Q4



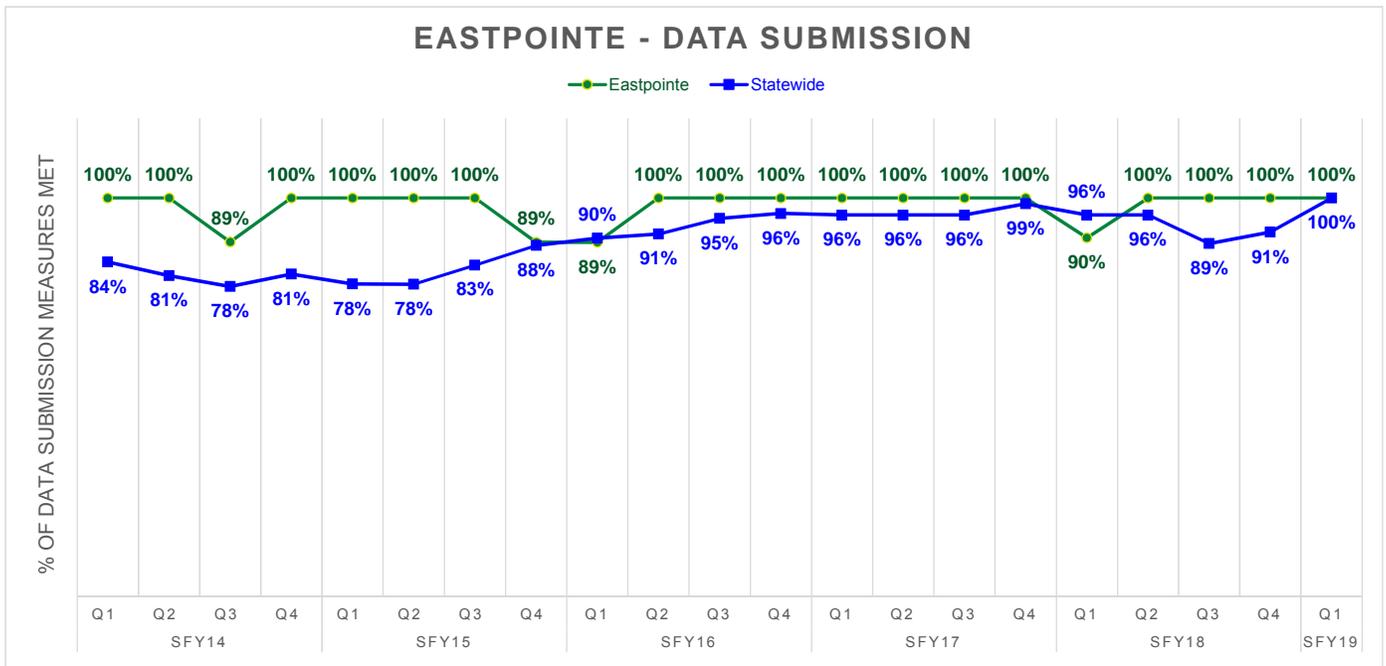
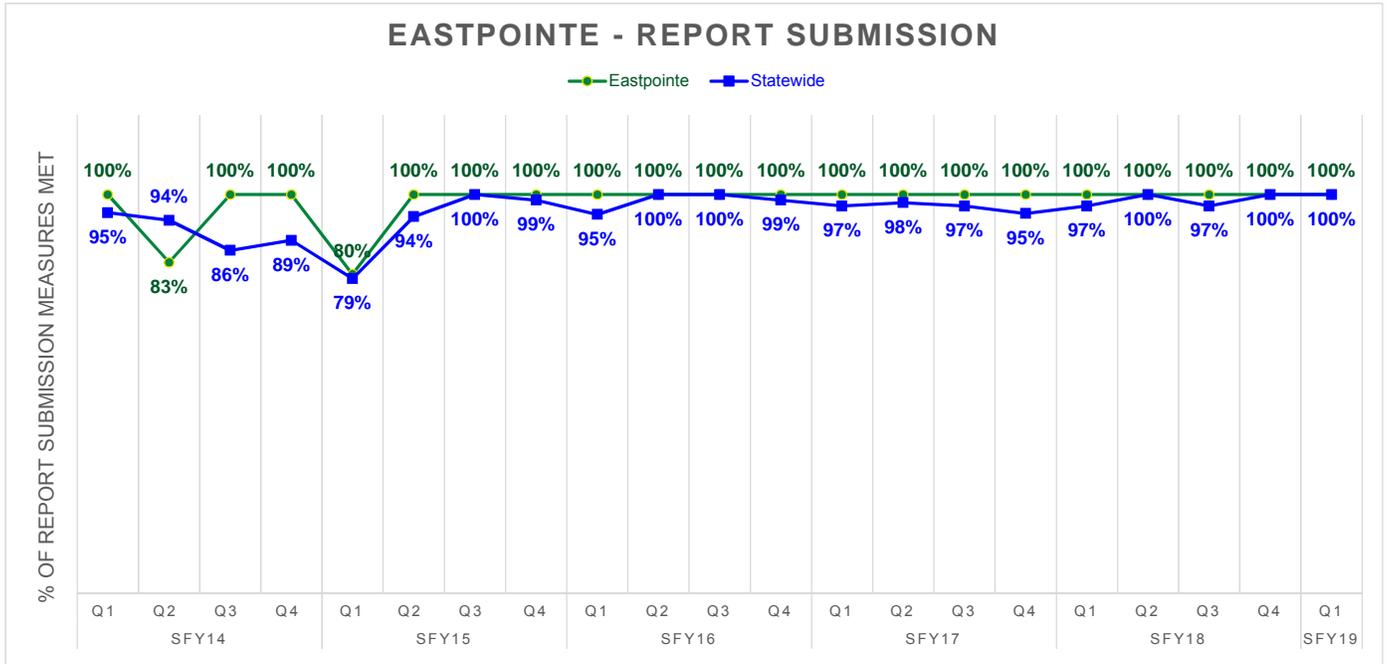
These graphs show Cardinal Innovations' overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements 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 2019 First Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met

#### SFY2014 - SFY2018 Q4

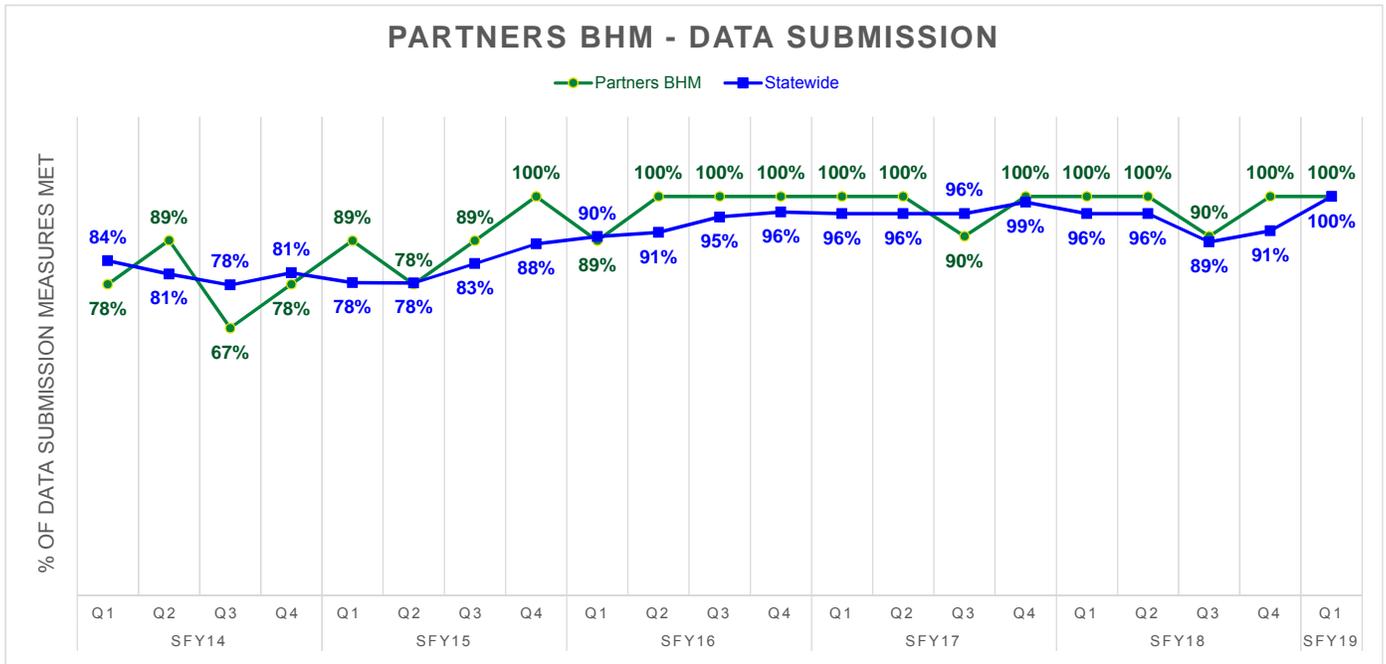
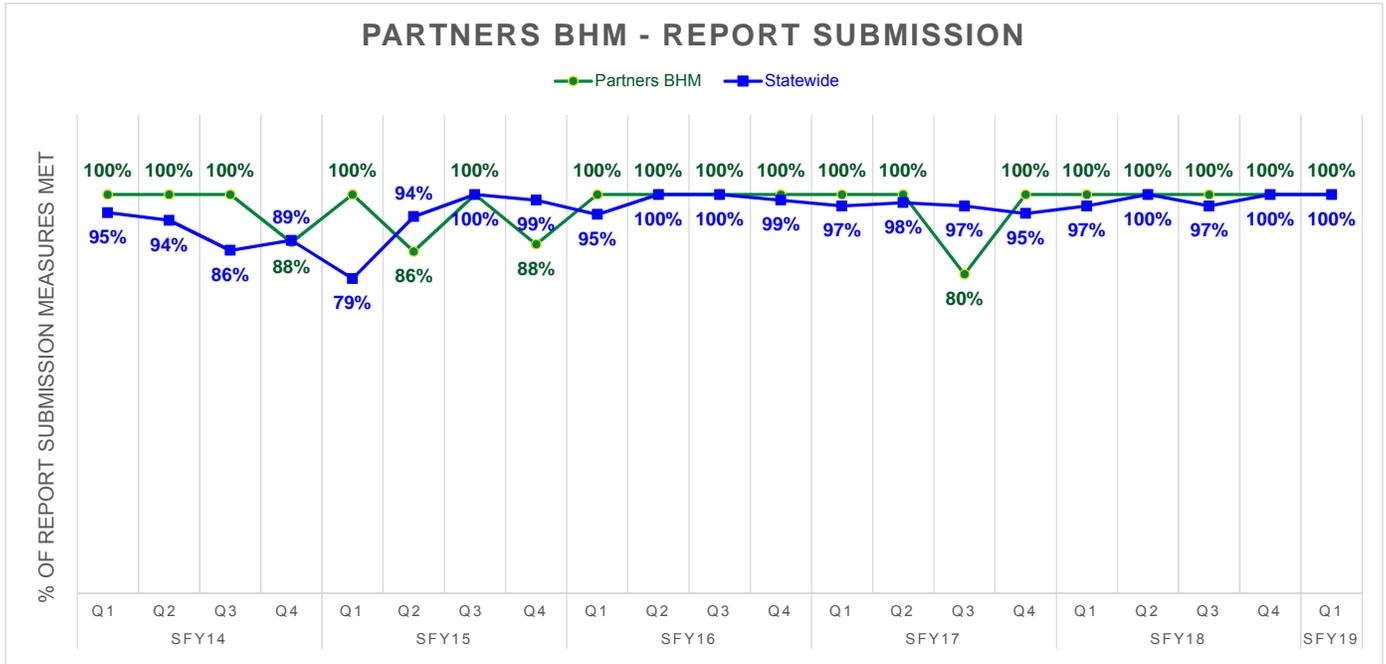


These graphs show Eastpointe's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements 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 2019 First Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met SFY2014 - SFY2018 Q4



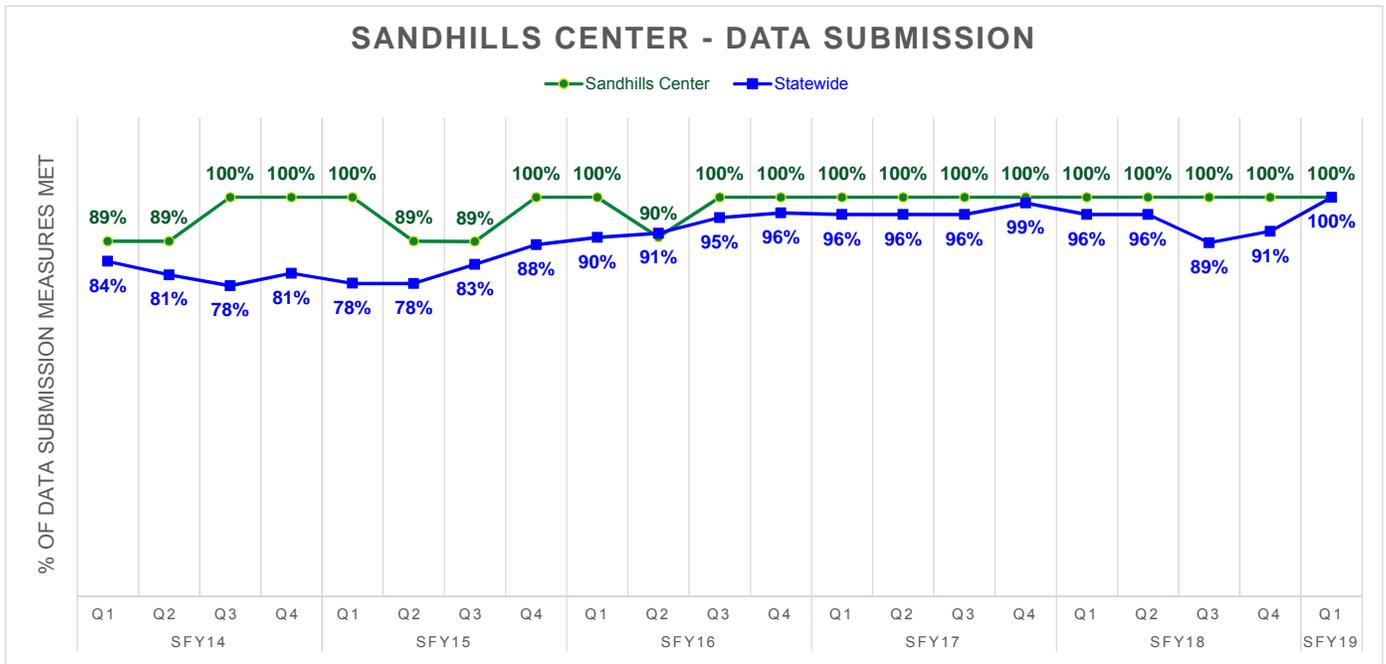
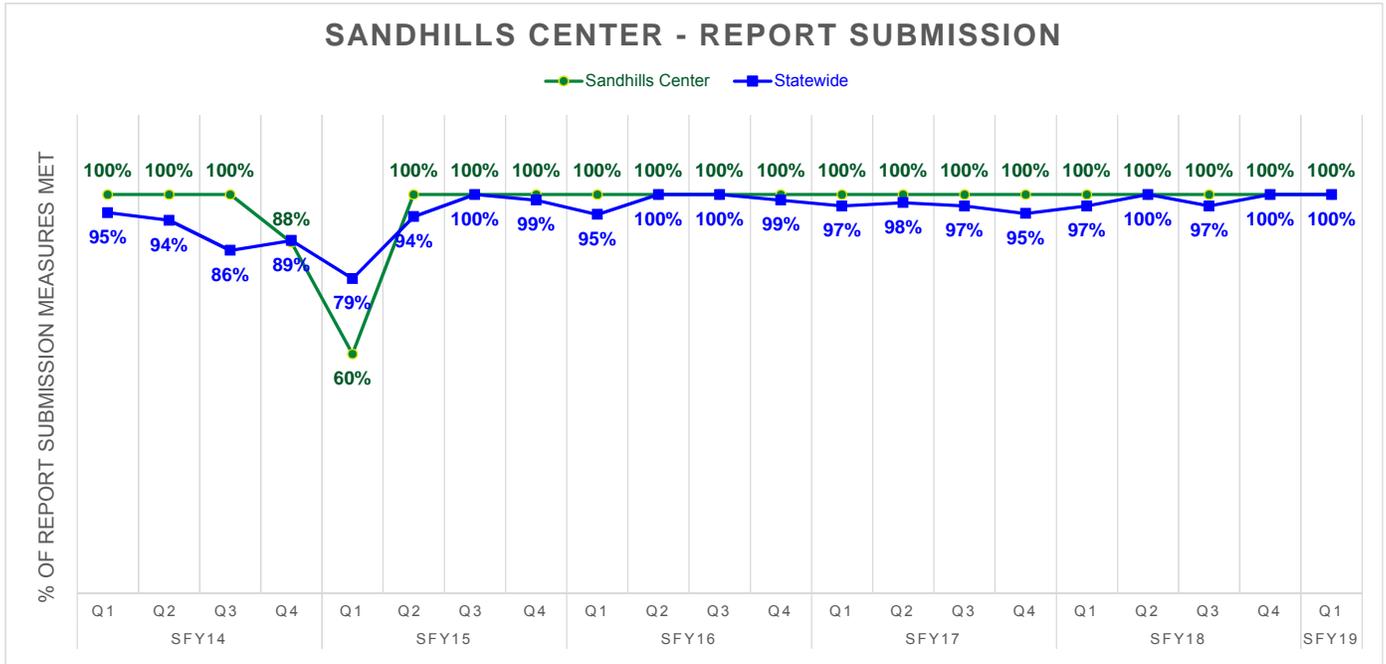
These graphs show Partners Behavioral Health Management's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. 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 2019 First Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met

#### SFY2014 - SFY2018 Q4



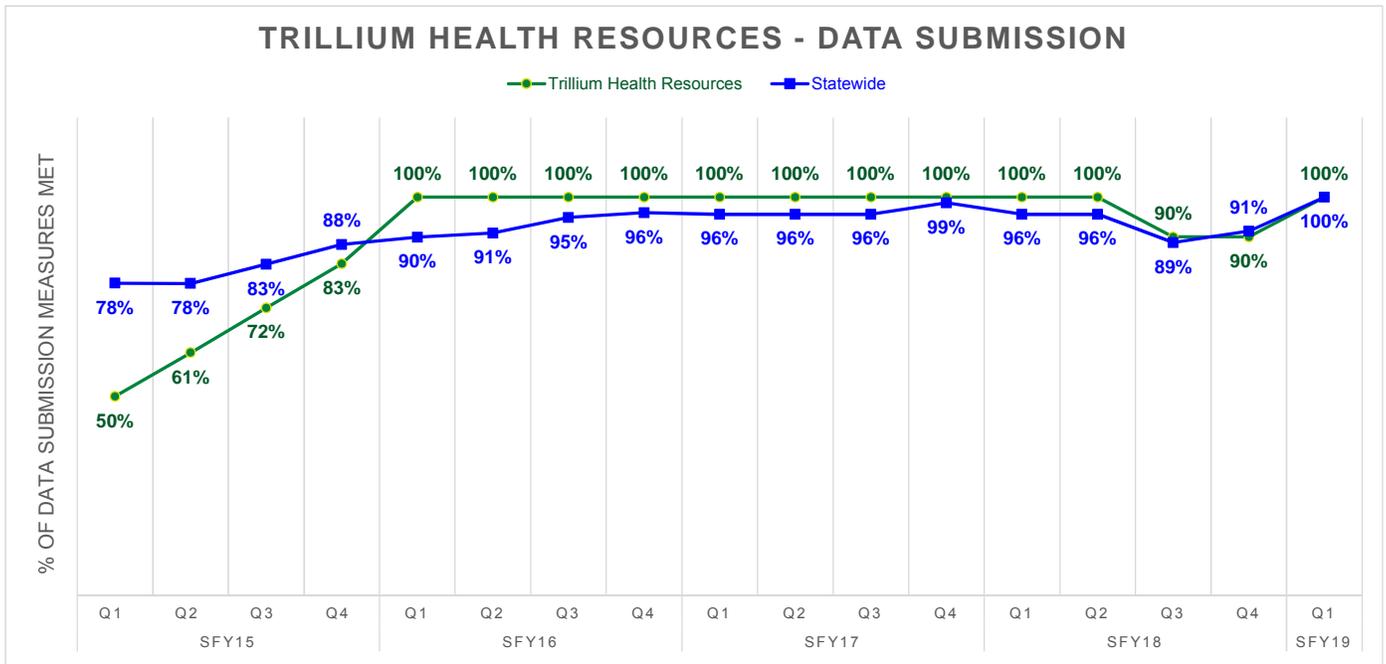
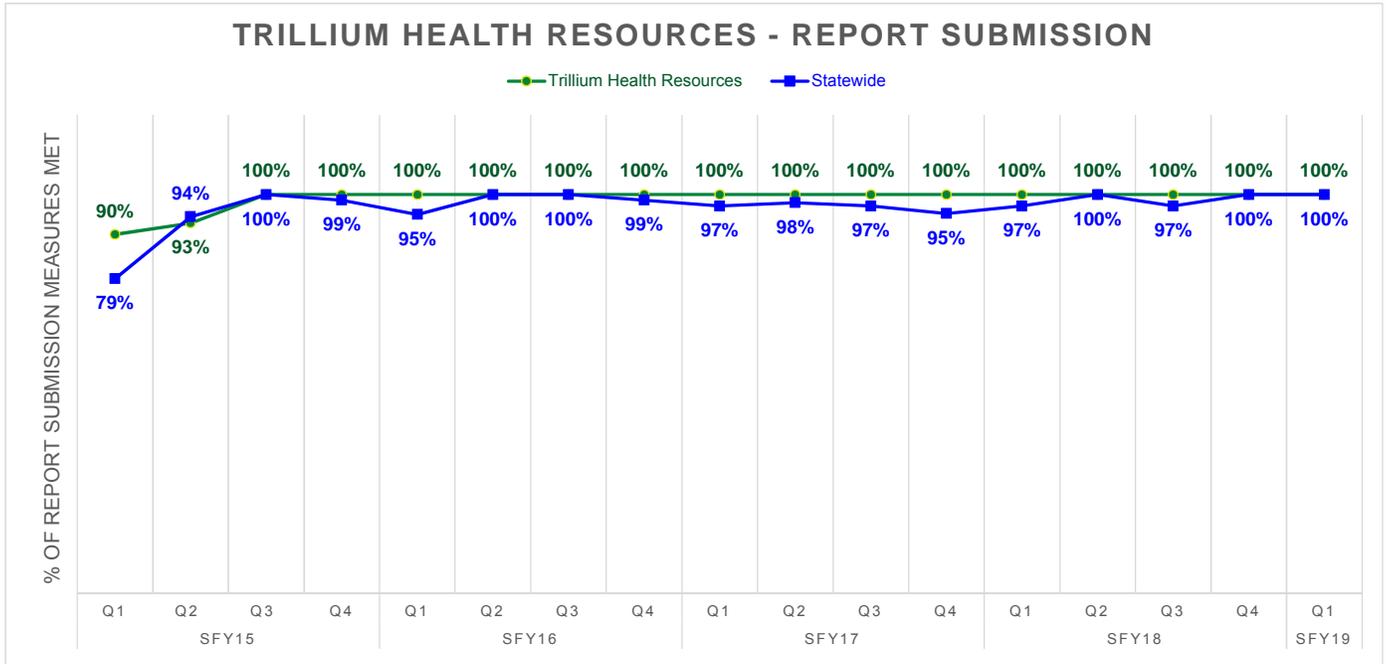
These graphs show Sandhill Center's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements 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 2019 First Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met

#### SFY2014 - SFY2018 Q4

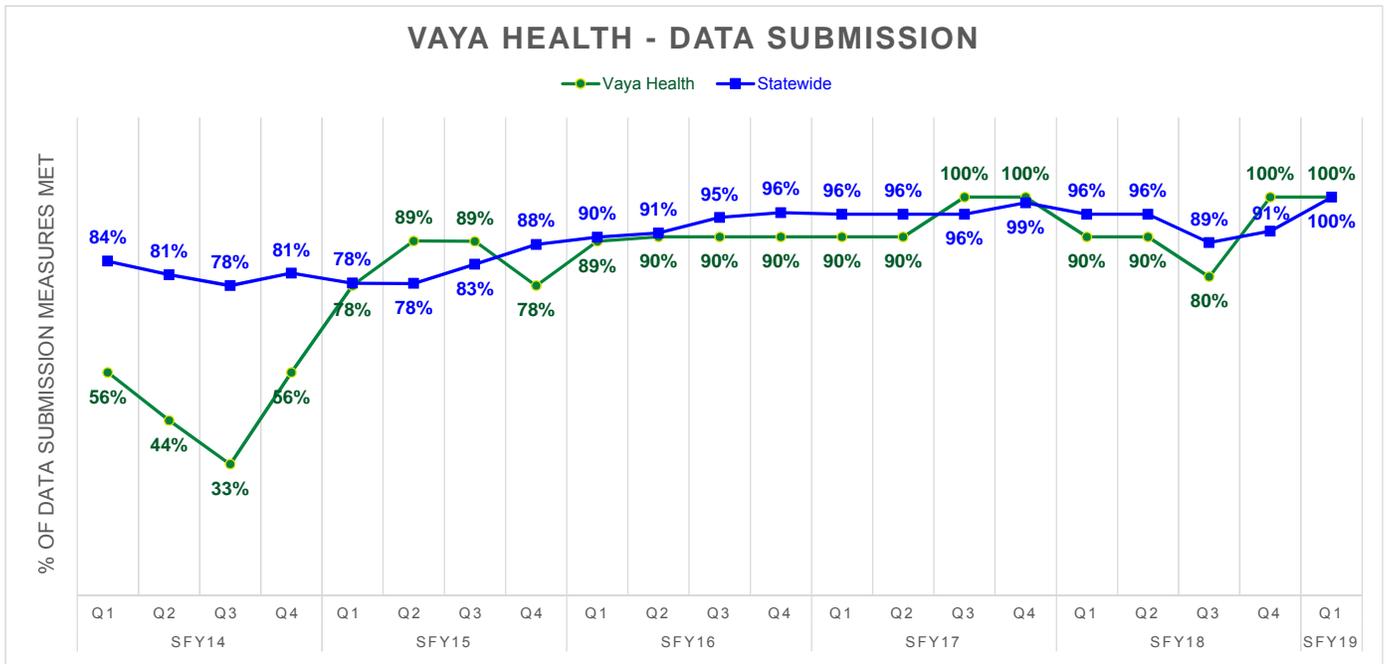
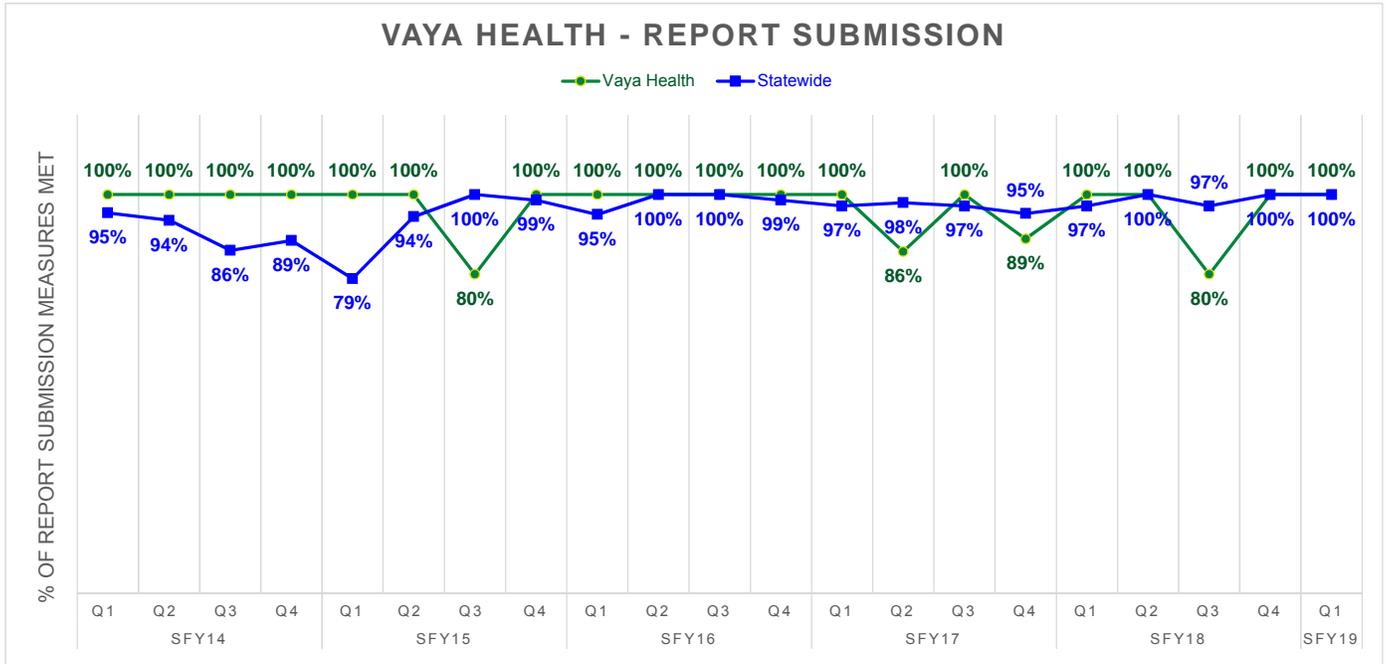


These graphs show Trillium Health Resources's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting 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 2019 First Quarter LME-MCO Compliance with Reports & Data Requirements

### Percent of Report and Data Submission Requirements Met SFY2014 - SFY2018 Q4



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.

**Reports and Data Monitored in the Quarterly Performance Contract Data/Report Submission Requirements Report**

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 Reports</b>	Jay Dixon (919) 715-2051 Jay.Dixon@dhhs.nc.gov	LME 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.	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>	Ruby Brown-Herring 919-715-2771 Ruby.BrownHerring@dhhs.nc.gov	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). All reports are accurate and complete and are received no later than 10 days after the due date.	Quarterly	Monthly Reports are submitted electronically at: <a href="https://uncg.qualtrics.com/SE/?SID=SV_e7EAp3eCOVqeBD&amp;RID=MLRP_e9B5sBU39wccUKN&amp;Q_CHL=email">https://uncg.qualtrics.com/SE/?SID=SV_e7EAp3eCOVqeBD&amp;RID=MLRP_e9B5sBU39wccUKN&amp;Q_CHL=email</a> Reports available on DMH/DD/SAS website: <a href="http://www.jjsamhp.org/publications/">http://www.jjsamhp.org/publications/</a>	NC General Statute 122C-115.4	Report is submitted to federal office as part of block grant reporting	DMHDDSAS Office; NCDHHS Secretary's Office
<b>Work First Initiative Quarterly Reports</b>	Starleen Scott-Robbins (919) 715-2415 Starleen.Scott-Robbins@dhhs.nc.gov	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). All reports are accurate and complete and are received no later than 10 days after 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.	DMHDDSAS Office; NCDHHS Secretary's Office; NC Legislature; NC Division of Social Services
<b>TBI Services Quarterly &amp; Annual Reports</b>	Scott Pokorny (919) 715-2255 Scott.Pokorny@dhhs.nc.gov	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): ● 1st quarter report = Dec 31. ● 2nd quarter report = Mar 31. ● 3rd quarter report = Jun 30. ● 4th quarter report = Aug 31. ● Annual report = Jul 31.	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.	DMHDDSAS Leadership. Brain Injury Advisory Council
<b>LME-MCO Quarterly Complaints Report</b>	C.J. Lewis (919) 715-2087 Chris.J.Lewis@dhhs.nc.gov	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): ● 1st quarter report = Nov 15. ● 2nd quarter report = Feb 15. ● 3rd quarter report = May 15. ● 4th quarter report = Aug 15.	Quarterly	Reports can be found at: <a href="http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#forms/lme">http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#forms/lme</a>	NC General Statute 122C-115.4. 10A NCAC 27G .0609	Looks at LME performance trends. Summary of LME-MCO activities reported concerning complaints and consumer rights.	DMHDDSAS Central Office and NC Medicaid
<b>Client Data Warehouse (CDW) Admissions</b>	Latoya deLagarde (919) 715-2484 Latoya.DeLagarde@dhhs.nc.gov	LME-MCO submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.	Monthly	CDW Reporting Requirements Manual website: <a href="http://www.ncdhhs.gov/mhddsas/statspublications/Publications/CDW/cdwtechspecsv1.12.pdf">http://www.ncdhhs.gov/mhddsas/statspublications/Publications/CDW/cdwtechspecsv1.12.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	DMHDDSAS Central Office; NCDHHS Secretary's Office; NC Legislature; Federal Reporting
<b>Client Data Warehouse (CDW) Diagnosis Record</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of 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.					
<b>Client Data Warehouse (CDW) Unknown Data (Admissions)</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of all mandatory fields contain a value other than 'unknown'.					
<b>Client Data Warehouse (CDW) Unknown Data (Discharges)</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown'.					
<b>Client Data Warehouse (CDW) Identifying &amp; Demographic Records</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of 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.					
<b>Client Data Warehouse (CDW) Drug of Choice</b>		LME-MCO submits required CDW record types by the 15th of each month. 90% of open clients enrolled in any of the benefit plans: ASCDR, ASTER, ASWOM, CSSAD and ASOUD have a drug of choice record (record type 17) completed within 60 days of the beginning date of service.					
<b>Client Data Warehouse (CDW) Episode Completion Record (SUD Clients)</b>		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. 90% of Substance Abuse clients admitted since October 1, 2006, who have had no billable service or administrative activity for at least 60 days, have an episode completion record.					
<b>NC-TOPPS Update Interviews</b>	Jennifer Bowman, (919) 715-2358 Jennifer.Bowman@dhhs.nc.gov	LME-MCOs are responsible for assuring that service providers conduct Initial and Update Interviews at appropriate intervals with consumers who qualify for NC-TOPPS. 90% of expected 3-month, 6-month, and 12-month update forms are received within ± 2 weeks of the required update month.	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	DMHDDSAS Office; NC Medicaid; NCDHHS Secretary's Office; NC Legislature; Federal Reporting
<b>NC Support Needs Assessment Profile (NC-SNAP)</b>	Rachel Noell (919) 715-2325 Rachel.Noell@dhhs.nc.gov	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. 90% of current assessments are no more than 15 months old.	Monthly	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 intellectual or developmental disabilities (IDD) supports and services.	DMHDDSAS Office; NCDHHS Secretary's Office; NC Legislature; Federal Reporting
<b>System of Care Report</b>	Eric Harbour (919) 715-2363 Eric.Harbour@dhhs.nc.gov	LME-MCO submits a semi-annual System of Care Report by the 31st of the month following the end of the 2nd and 4th quarters (or next business day if the due date is a weekend or holiday). All reports are accurate and complete and received no later than 7 days after the due date.	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	DMHDDSAS Leadership; Internal staff.

**Reports and Data Monitored in the Quarterly Performance Contract Data/Report Submission Requirements Report**

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>SAPTBG Compliance Report</b>	DeDe Severino (919) 715-2281 Dede.Severino@dhhs.nc.gov	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 and are received no later than 10 days after 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#formsime">http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#formsime</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	DMHDDSAS Office; NCDHHS Secretary's Office
<b>National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys</b>	Karen Feasel, (919) 715-2270 Karen.Feasel@dhhs.nc.gov	The LME-MCO, through providers, submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. The LME-MCO will also submit information needed for the mailed survey. All submissions are complete. 75% of the pre-surveys, consents, and mail survey information are received by the due date and are complete.	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: <a href="http://www.nationalcoreindicators.org/">http://www.nationalcoreindicators.org/</a>	NC General Statute 122C-115.4.	Data is sent to HSRI as a part of the NCI national project. Measures are generated as a part of the Innovations Waiver.	DMHDDSAS Office; NC Medicaid; NCDHHS Secretary's Office; Office of Disability and Health; NC Legislature; Federal Reporting.