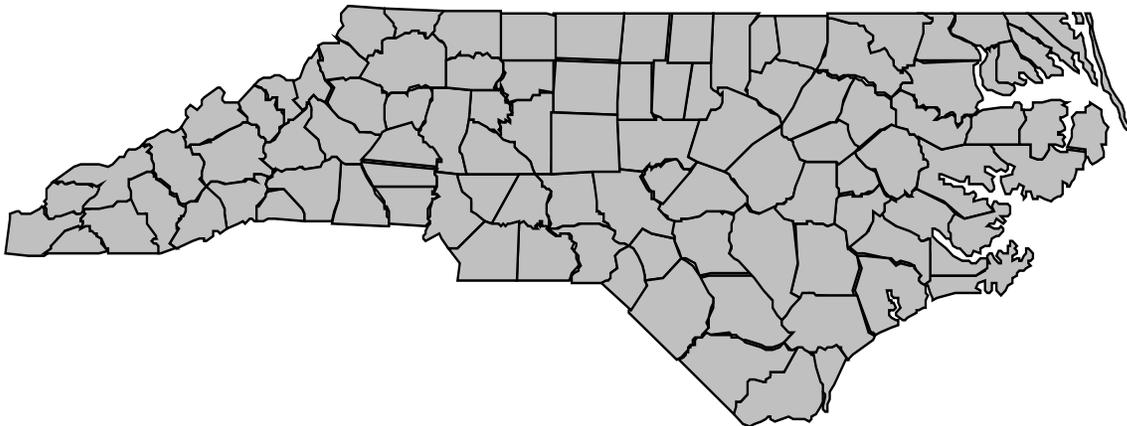


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2022 Performance Contract
With Local Management Entities - Managed Care Organizations
Report/Data Submission Requirements**

**Second Quarter Report
October 1, 2021 - December 31, 2021**



Prepared by

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
Quality Management Section
3004 Mail Service Center, Raleigh, NC 27699-3004
(919) 733-0696
ContactDMHQuality@dhhs.nc.gov

February 2022



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



Introduction

This is the **Second Quarter Report** for SFY 2021-2022 under the Performance Contract between the LME-MCOs and NC DHHS.

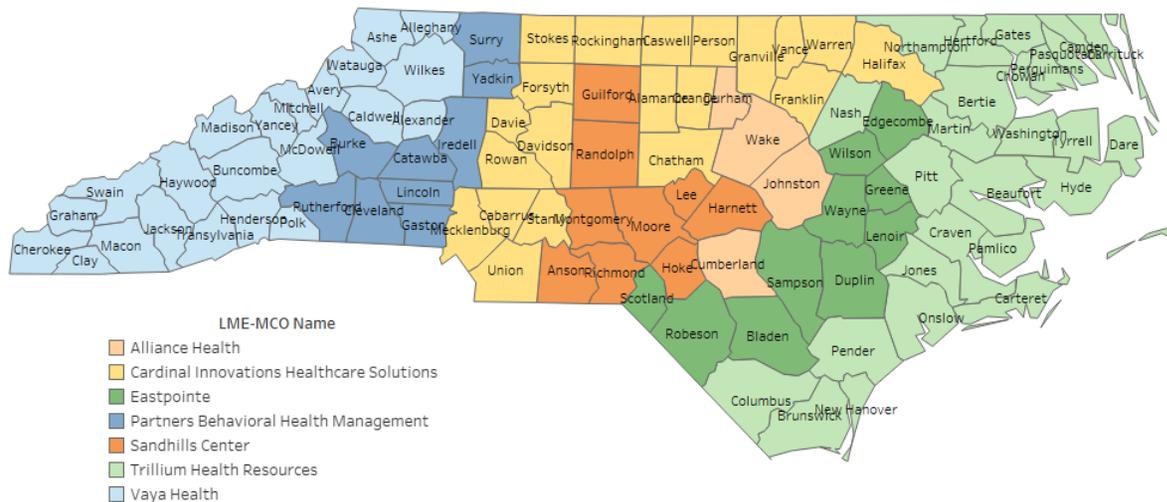
This report tracks LME-MCO performance (timeliness, completeness, accuracy) in submitting required data/reports to the Division of MH/DD/SAS. Some requirements are quarterly while others are semi-annual or annual requirements. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, provide the performance requirements, and show LME-MCO performance for the current quarter. Data submission/report requirements that have been met are depicted with a star (★) in the standard met column for each report. If the requirement was not met, this column will be blank, and the element that caused the standard not to be met will be shaded red. Graphs at the end show each LME-MCO's overall performance compared with the state average over the past three state fiscal years on meeting reports and data submission requirements.

Overall, the LME-MCOs met **100 percent** of the seven report submission requirements and **94 percent** of the nine data submission requirements measured this quarter. **Three** LME-MCOs met all of the 17 report and data submission requirements this quarter. **Four** LME-MCOs met 16 of the 17 report and data submission requirements this quarter.

Items that are marked "N/A" on the Summary of Performance matrix indicate reports or data submission requirements that do not apply to a specific LME-MCO.

Map of LME-MCOs and the Counties they Serve



Questions or Concerns

If staff of an LME-MCO have questions about any of the individual requirements or believe that information contained in this report is in error, they should contact their LME-MCO liaison within 30 days of the report date. The LME-MCO liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

SFY 2022 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
 Semi-Annual Reports	
17. System of Care Report	21
18. SAPTBG Compliance Report	22
 LME-MCO Trend Graphs	
Percent of Report and Data Submission Requirements Met Each Quarter From SFY2014 To Current Quarter ...	23
 Performance Contract Reports/Data Requirements	 30

SFY 2022 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. System of Care Report		X		X
18. SAPTBG Compliance Report		X		X
19. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				X
20. 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 2022 Performance Contract Report/Data Submission Requirements Summary Of Performance
Second Quarter Report
October 1, 2021 - December 31, 2021**

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	17. System of Care Quarterly Report	18. 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	
Alliance Health	7	7	100%	★	★	★	★	★	★	★	8	9	89%	★	★	★	★	★	★	★	★	★	★
Cardinal Innovations Healthcare	7	7	100%	★	★	★	★	★	★	★	8	9	89%	★	★	★	★	★	★	★	★	★	★
Eastpointe	7	7	100%	★	★	★	★	★	★	★	9	9	100%	★	★	★	★	★	★	★	★	★	★
Partners Health Management	7	7	100%	★	★	★	★	★	★	★	8	9	89%	★	★	★	★	★	★	★	★	★	★
Sandhills Center	7	7	100%	★	★	★	★	★	★	★	9	9	100%	★	★	★	★	★	★	★	★	★	★
Trillium Health Resources	7	7	100%	★	★	★	★	★	★	★	8	9	89%	★	★	★	★	★	★	★	★	★	★
Vaya Health	7	7	100%	★	★	★	★	★	★	★	9	9	100%	★	★	★	★	★	★	★	★	★	★
STATEWIDE - Number			100%	7	7	7	7	7	7	7			94%	7	7	6	7	7	6	5	7	7	
STATEWIDE - Percent				100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	100.0%	85.7%	100.0%	100.0%	85.7%	71.4%	100.0%	100.0%	

- * 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 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

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 2022 Standard: Reports are accurate, complete, and received by the due date.

LME-MCO	SEP Report Due 10/20/21		OCT Report Due 11/22/21		NOV Report Due 12/20/21		Standard Met ¹
	Date Received ²	Accurate, Complete	Date Received ²	Accurate, Complete	Date Received ²	Accurate, Complete	
Alliance Health	10/20/21	Yes	11/19/21	Yes	12/20/21	Yes	★
Cardinal Innovations Healthcare	10/20/21	Yes	11/19/21	Yes	12/20/21	Yes	★
Eastpointe	10/20/21	Yes	11/19/21	Yes	12/15/21	Yes	★
Partners Health Management	10/20/21	Yes	11/19/21	Yes	12/20/21	Yes	★
Sandhills Center	10/19/21	Yes	11/19/21	Yes	12/17/21	Yes	★
Trillium Health Resources	10/18/21	Yes	11/12/21	Yes	12/17/21	Yes	★
Vaya Health	10/14/21	Yes	11/19/21	Yes	12/20/21	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 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

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 2022 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 1/20/22				
	Juvenile Detention		JJSAMH Partnership		Standard Met ¹
	Date Received ²	Accurate And Complete	Date Received ²	Accurate And Complete	
Alliance Health	1/10/22	Yes	1/10/22	Yes	★
Cardinal Innovations Healthcare	1/10/22	Yes	1/10/22	Yes	★
Eastpointe			1/10/22	Yes	★
Partners Health Management			1/10/22	Yes	★
Sandhills Center	1/10/22	Yes	1/10/22	Yes	★
Trillium Health Resources	1/10/22	Yes	1/10/22	Yes	★
Vaya Health	1/10/22	Yes	1/10/22	Yes	★

Number of Percent of LME-MCOs that Met the SFY2022 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.
5. Vaya Health did not submit a JD Report. They have not had a provider since 10/21/19. In the hiring process.

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

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 2022 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 1/20/22			Standard Met ¹
	Date Received ²	³	Accurate And Complete	
Alliance Health	1/19/2022	✓	Yes	★
Cardinal Innovations Healthcare	1/19/2022	✓	Yes	★
Eastpointe	1/19/2022	✓	Yes	★
Partners Health Management	1/19/2022	✓	Yes	★
Sandhills Center	1/20/2022	✓	Yes	★
Trillium Health Resources	1/19/2022	✓	Yes	★
Vaya Health	1/19/2022	✓	Yes	★

Number and Percent of LME-MCOs that met the SFY 2022 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.
3. Dates with yellow shading are within 10 days after the due date.
3. ✓ = An extension was granted.

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

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 = Nov 30.
- Second quarter report = Feb 28.
- Third quarter report = May 31.
- Fourth quarter report = Aug 31.
- Annual report = Jul 31.

SFY 2022 Standard:

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

LME-MCO	1st Qtr Report Due 11/30/21			
	Date Received ²	³	Accurate, Complete	Standard Met ¹
Alliance Health	11/29/21		Yes	★
Cardinal Innovations Healthcare	11/30/21		Yes	★
Eastpointe	11/29/21		Yes	★
Partners Health Management	11/30/21		Yes	★
Sandhills Center	11/29/21		Yes	★
Trillium Health Resources	11/30/21		Yes	★
Vaya Health	11/30/21		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. ✓ = An extension was granted.

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

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 2022 Standard: Reports are accurate, complete, and received by the due date.

LME-MCO	2nd Qtr Report Due 2/15/22		
	Date Received ²	Accurate, Complete	Standard Met ¹
Alliance Health	2/15/22	Yes	★
Cardinal Innovations Healthcare	2/14/22	Yes	★
Eastpointe	2/15/22	Yes	★
Partners Health Management	2/8/22	Yes	★
Sandhills Center	2/10/22	Yes	★
Trillium Health Resources	2/15/22	Yes	★
Vaya Health	2/14/22	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 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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, 2022.

LME-MCO	Facility Code	OCT	NOV	DEC	Second Quarter Adm SFY2022	Second Quarter Adm SFY2021	Monthly Average SFY2022	Monthly Average SFY2021
Alliance Health	23141	448	397	591	1,436	1,772	479	591
Cardinal Innovations Healthcare	13121	1,247	390	0	1,637	5,942	546	1,981
Eastpointe	43081	264	224	206	694	901	231	300
Partners Health Management	13141	824	2,017	802	3,643	1,674	1,214	558
Sandhills Center	33031	696	664	951	2,311	2,703	770	901
Trillium Health Resources	43071	1,347	998	657	3,002	3,925	1,001	1,308
Vaya Health	13010	675	587	527	1,789	2,443	596	814
TOTAL ADMISSIONS		5,501	5,277	3,734	14,512	19,360	4,837	6,453

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

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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, 2021 - September 30, 2021) with a diagnosis completed within 30 days of beginning date of service.

SFY 2022 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 Health	1,523	7	1,516	100%	★
Cardinal Innovations Healthcare	4,855	0	4,855	100%	★
Eastpointe	824	0	824	100%	★
Partners Health Management	3,164	1	3,163	100%	★
Sandhills Center	2,143	0	2,143	100%	★
Trillium Health Resources	3,579	2	3,577	100%	★
Vaya Health	2,084	0	2,084	100%	★
TOTAL	18,172	10	18,162	100%	★

Number and Percent of LME-MCOs that met the SFY 2022 Standard:

7 (100%)

Notes:

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

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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' and Living Arrangement contains a value other than 'unknown' or 'other'.

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2021 - September 30, 2021) where all mandatory data fields contain a value other than 'unknown' and Living Arrangement contains a value other than 'unknown' or 'other'.

SFY 2022 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown' and Living Arrangement contains a value other than 'unknown' or 'other'.

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	Attendance Self Help	Standard Met ¹
Alliance Health	1,523	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cardinal Innovations Healthcare	4,855	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Eastpointe	824	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Partners Health Management	3,164	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Sandhills Center	2,143	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Trillium Health Resources	3,579	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	★
Vaya Health	2,084	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	18,172	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★

Number and Percent of LME-MCOs that met the SFY 2022 Standard:

7 (100%)

Notes:

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

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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' and Living Arrangement contains a value other than 'unknown' or 'other'.

The table below shows the percentage of clients discharged during the prior quarter (July 1, 2021 - September 30, 2021) where all mandatory data fields contain a value other than 'unknown' and Living Arrangement contains a value other than 'unknown' or 'other'.

SFY 2022 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than 'unknown' and Living Arrangement contains a value other than 'unknown' or 'other'.

LME-MCO	Discharge Records	Discharge Reason	Employment Status	Arrests Prior 30 Days	Referral To	Living Arrangement	Attendance Self Help	Standard Met ¹
Alliance Health	91	100%	100%	100%	100%	100%	100%	★
Cardinal Innovations Healthcare	7,313	100%	100%	100%	100%	100%	51%	
Eastpointe	388	100%	100%	100%	100%	100%	100%	★
Partners Health Management	844	100%	100%	100%	100%	100%	100%	★
Sandhills Center	2,355	100%	100%	100%	100%	100%	100%	★
Trillium Health Resources	2,168	100%	100%	100%	100%	100%	100%	★
Vaya Health	1,110	100%	100%	100%	100%	100%	100%	★
TOTAL	14,269	100%	100%	100%	100%	100%	75%	

Number and Pct of LME-MCOs that met the SFY 2022 Standard:

6 (85.7%)

Notes:

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

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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, 2021 - September 30, 2021) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2022 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 Health	12,849	29	12,820	100%	★
Cardinal Innovations Healthcare	22,114	242	21,872	99%	★
Eastpointe	8,435	5	8,430	100%	★
Partners Health Management	10,342	23	10,319	100%	★
Sandhills Center	10,877	4	10,873	100%	★
Trillium Health Resources	16,803	34	16,769	100%	★
Vaya Health	13,978	0	13,978	100%	★
TOTAL	95,398	337	95,061	100%	★

Number and Percent of LME-MCOs that met the SFY 2022 Standard: 7 (100%)

Notes:

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

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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 90 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 (July 1, 2021 - September 30, 2021) with a drug of choice record completed within 90 days of the beginning date of service.

SFY 2022 Standard: 90% of open clients in the designated benefit plans have a drug of choice record completed within 90 days.

LME-MCO	Number of Claims ³	Number Missing Records	Number Completed within 90 days	Percent With Records Completed Within 90 Days ²	Standard Met ¹
Alliance Health	2,657	15	2,642	99%	★
Cardinal Innovations Healthcare	3,684	55	3,629	99%	★
Eastpointe	1,597	10	1,587	99%	★
Partners Health Management	2,082	1	2,081	100%	★
Sandhills Center	1,182	0	1,182	100%	★
Trillium Health Resources	3,839	112	3,727	97%	★
Vaya Health	3,018	2	3,016	100%	★
TOTAL	18,059	195	17,864	99%	★

Number and Pct of LME-MCOs that met the SFY 2022 Standard:

7 (100%)

Notes:

1. ★ = Met the Performance Contract Standard.
2. Percentages less than 90% are shaded red.
3. Only includes NCTRACKS claims.
4. Effective 12/20/18, the completion period changed from 60 to 90 days.

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

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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 90 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, 2021 - September 30, 2021) have had a billable service, administrative activity, or if neither occurred for at least 90 days, have submitted an episode completion record.

SFY 2022 Standard: 90% of Substance Abuse clients admitted since October 1, 2006, who have had no billable service, administrative activity, or if neither occurred for at least 90 days, have 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 Health	385	70	315	82%	
Cardinal Innovations Healthcare	1,517	10	1,507	99%	★
Eastpointe	306	3	303	99%	★
Partners Health Management	728	3	725	100%	★
Sandhills Center	346	0	346	100%	★
Trillium Health Resources	1,190	40	1,150	97%	★
Vaya Health	732	5	727	99%	★
TOTAL	5,204	131	5,073	97%	★

Number and Pct of LME-MCOs that met the SFY 2022 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 90 days, and an Episode Completion Record was not submitted.
4. Number with a billable service, administrative activity, or if neither occurred for at least 90 Days, an Episode Completion Record was submitted.
5. Effective 12/20/18, the completion period changed from 60 to 90 days.

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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 2022 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 Health	884	869	98.3%	844	95.5%	★
Cardinal Innovations Healthcare	1,782	1,666	93.5%	1,610	90.3%	★
Eastpointe	867	867	100.0%	867	100.0%	★
Partners Health Management	1,081	1,048	96.9%	960	88.8%	
Sandhills Center	938	926	98.7%	864	92.1%	★
Trillium Health Resources	1,557	1,470	94.4%	1,385	89.0%	
Vaya Health	1,164	1,116	95.9%	1,051	90.3%	★
Totals	8,273	7,962	96.2%	7,581	91.6%	★

Number and Percent of LME-MCOs that met the SFY 2022 Standard:

5 (71.4%)

Notes:

1. Based on initial assessments that occurred Apr - Jun 2021.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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 2022 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 Health	908	893	98.3%	876	96.5%	★
Cardinal Innovations Healthcare	1,573	1,507	95.8%	1,472	93.6%	★
Eastpointe	1,026	1,026	100.0%	1,026	100.0%	★
Partners Health Management	997	969	97.2%	928	93.1%	★
Sandhills Center	858	854	99.5%	832	97.0%	★
Trillium Health Resources	1,644	1,550	94.3%	1,486	90.4%	★
Vaya Health	1,237	1,193	96.4%	1,145	92.6%	★
Totals	8,243	7,992	97.0%	7,765	94.2%	★

Number and Percent of LME-MCOs that met the SFY 2022 Standard:

7 (100%)

Notes:

1. Based on initial assessments that occurred Jan - Mar 2021.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

**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 2022 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 Health	911	905	99.3%	898	98.6%	★
Cardinal Innovations Healthcare	1,742	1,682	96.6%	1,669	95.8%	★
Eastpointe	960	960	100.0%	960	100.0%	★
Partners Health Management	866	851	98.3%	834	96.3%	★
Sandhills Center	964	963	99.9%	940	97.5%	★
Trillium Health Resources	1,730	1,684	97.3%	1,626	94.0%	★
Vaya Health	1,152	1,128	97.9%	1,107	96.1%	★
Totals	8,325	8,173	98.2%	8,034	96.5%	★

Number and Percent of LME-MCOs that met the SFY 2022 Standard:

7 (100%)

Notes:

1. Based on initial assessments that occurred Jul - Sep 2020.
2. ★ = Met the Performance Contract Standard.
3. Percentages less than 90% are shaded red.

SFY 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

17. System of Care

Performance Requirement: 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).

SFY 2022 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 1/31/22		Standard Met ¹
	Date Received ²	Complete	
Alliance Health	1/28/22	Yes	★
Cardinal Innovations Healthcare	1/29/22	Yes	★
Eastpointe	1/29/22	Yes	★
Partners Health Management	1/31/22	Yes	★
Sandhills Center	1/29/22	Yes	★
Trillium Health Resources	1/31/22	Yes	★
Vaya Health	1/31/22	Yes	★

Number and Percent of LME-MCOs that met the SFY 2022 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 2022 Performance Contract Data/Report Submission Requirements
 Second Quarter Report
 October 1, 2021 - December 31, 2021

18. 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 2022 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 1/20/22			Standard Met ¹
	Date Received ²	Accurate and Complete	48 Hours Of Synar Activity ²	
Alliance Health	1/20/22	Yes	Yes	★
Cardinal Innovations Healthcare	1/20/22	Yes	Yes	★
Eastpointe	1/21/22	Yes	Yes	★
Partners Health Management	1/20/22	Yes	Yes	★
Sandhills Center	1/20/22	Yes	Yes	★
Trillium Health Resources	1/20/22	Yes	Yes	★
Vaya Health	1/1/22	Yes	Yes	★

Number and Percent of LME-MCOs that met the SFY 2022 Standard:

7 (100%)

Notes:

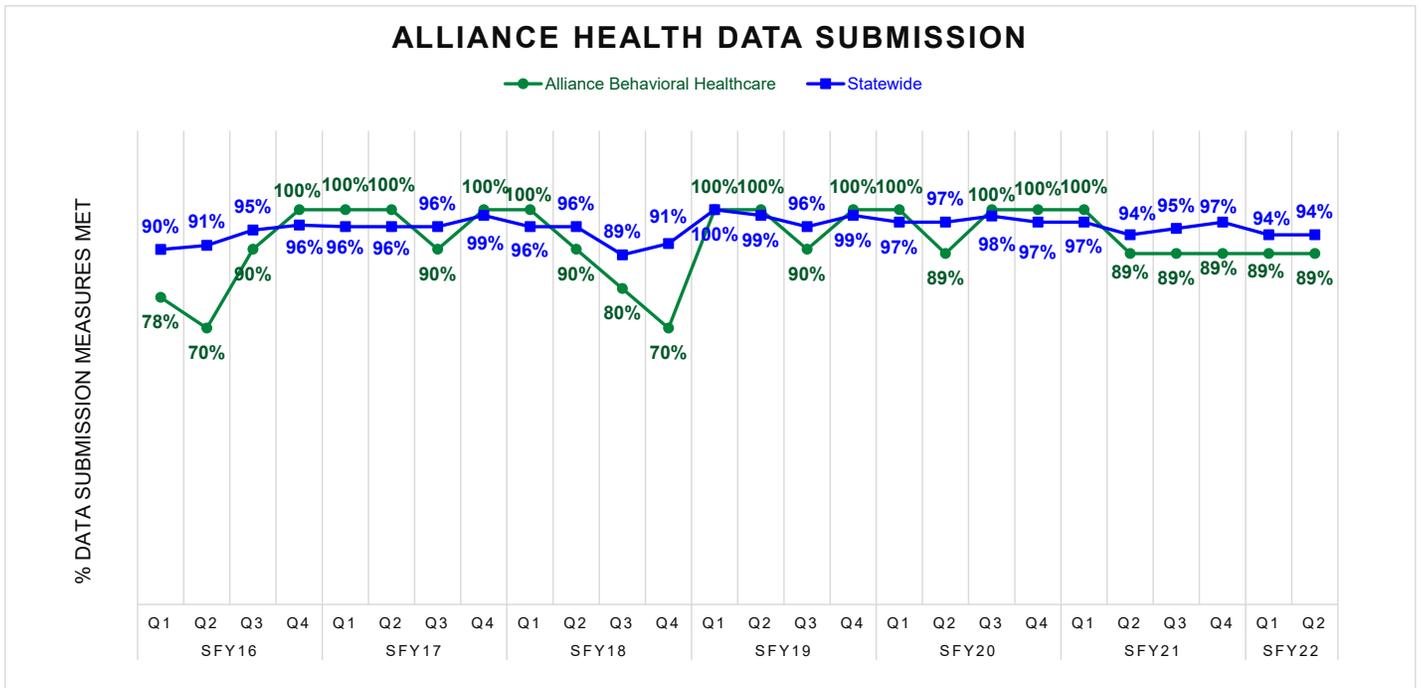
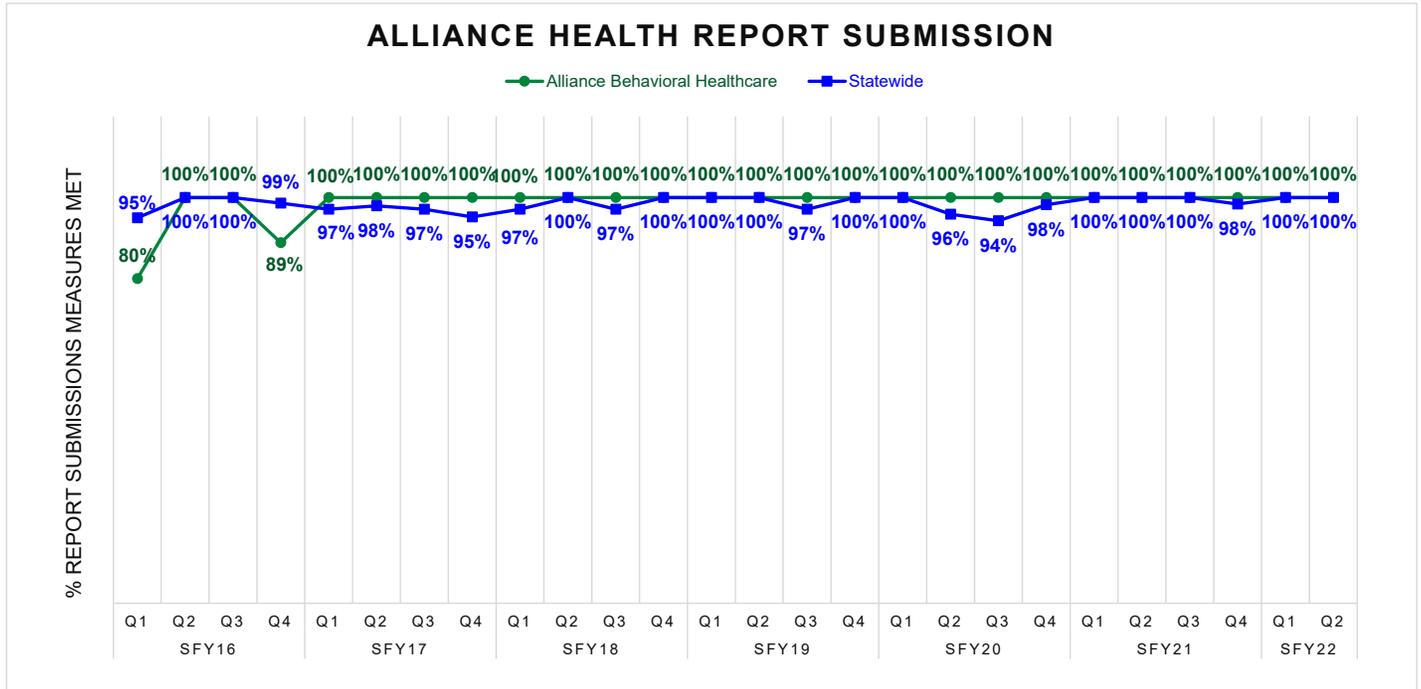
1. ★ = Met the Performance Contract Standard.

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.



SFY 2022 Second Quarter LME-MCO Compliance with Reports & Data Requirements
Percent of Report and Data Submission Requirements Met
SFY2014 - SFY2022 Q2



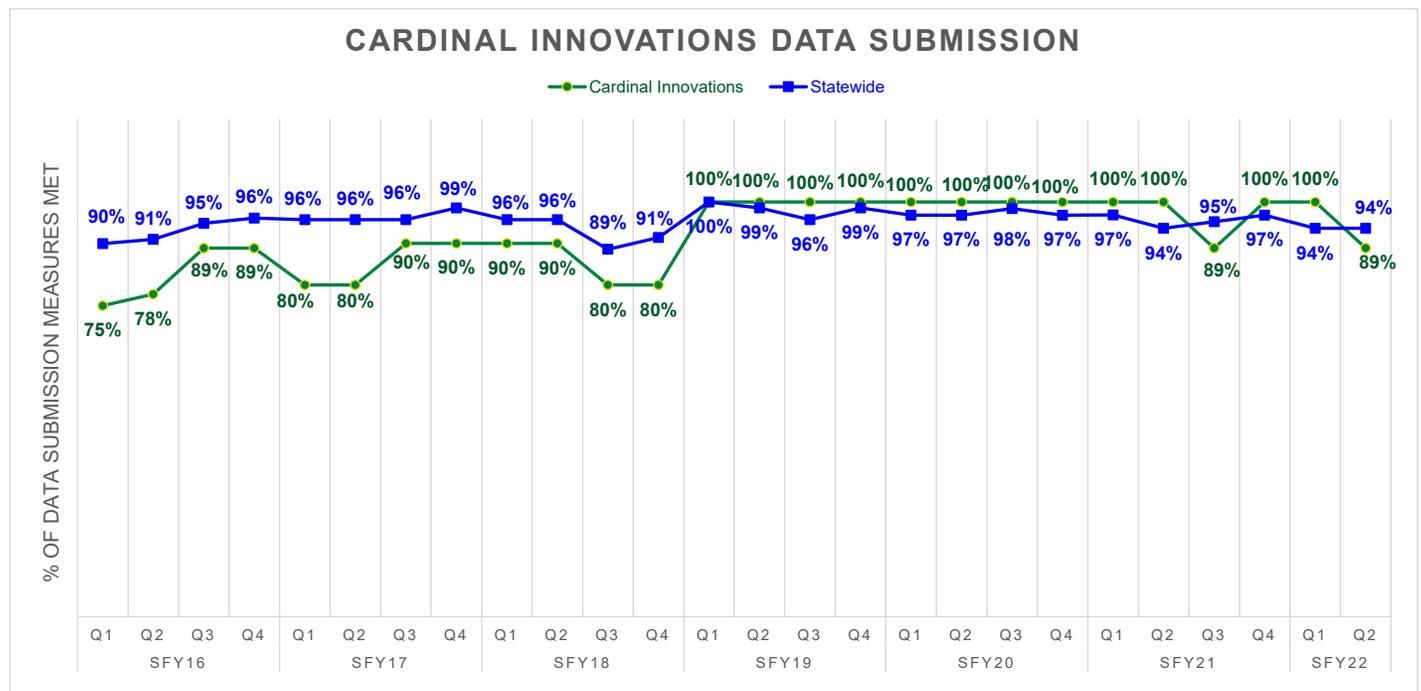
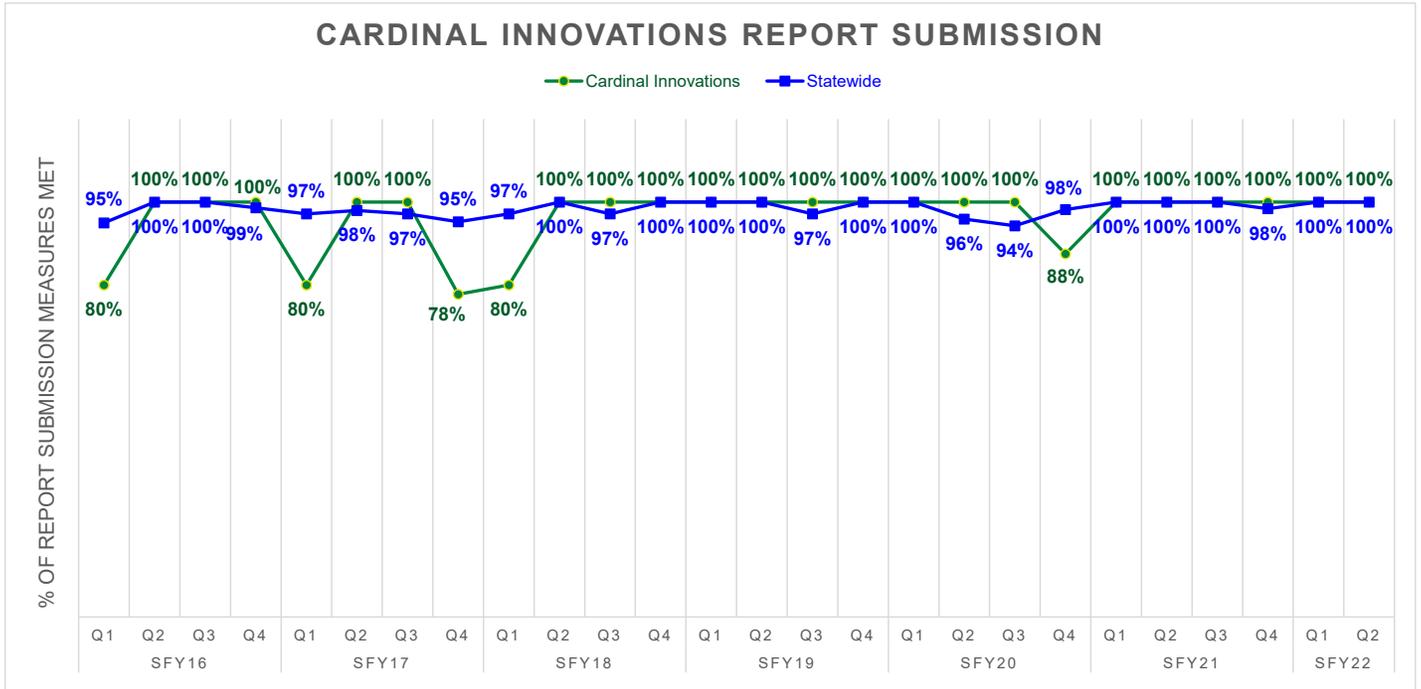
These graphs show Alliance Behavioral Healthcare's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting 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 2022 Second Quarter LME-MCO Compliance with Reports & Data Requirements

Percent of Report and Data Submission Requirements Met

SFY2014 - SFY2022 Q2

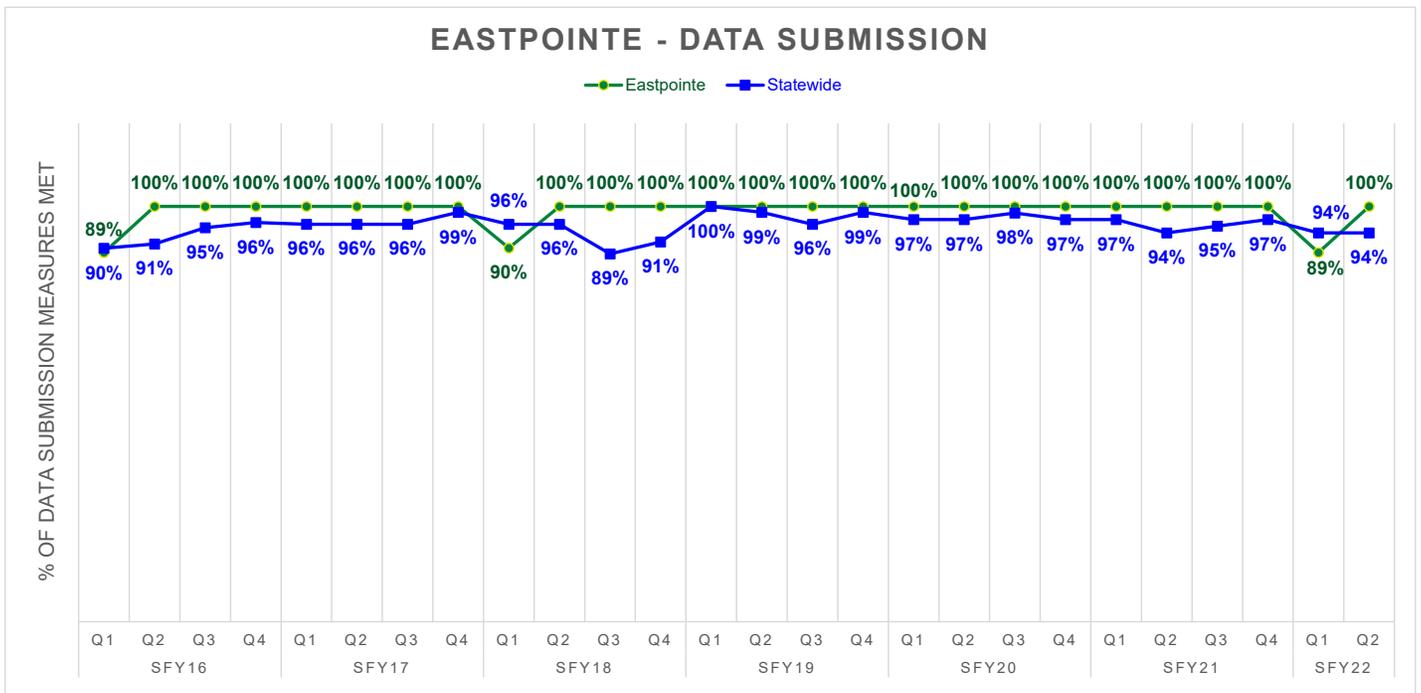
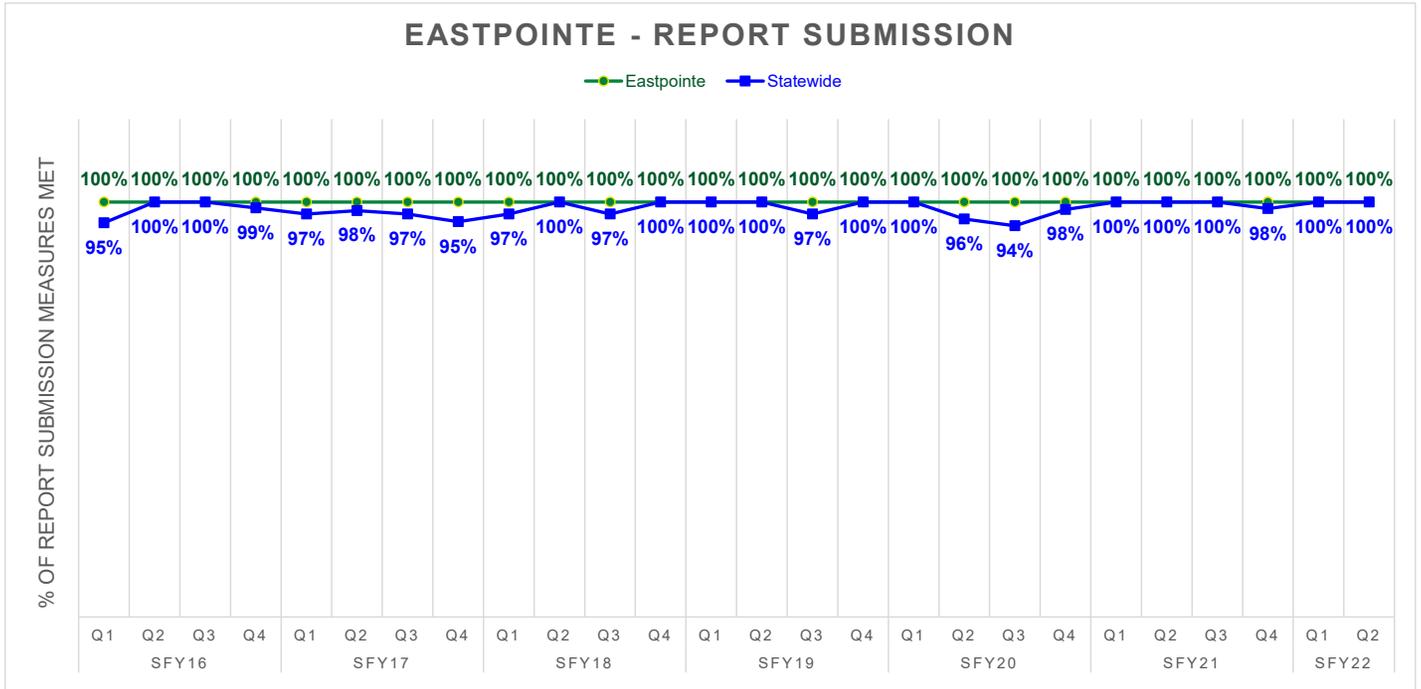


These graphs show Cardinal Innovations' overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements 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 2022 Second Quarter LME-MCO Compliance with Reports & Data Requirements

Percent of Report and Data Submission Requirements Met SFY2014 - SFY2022 Q2



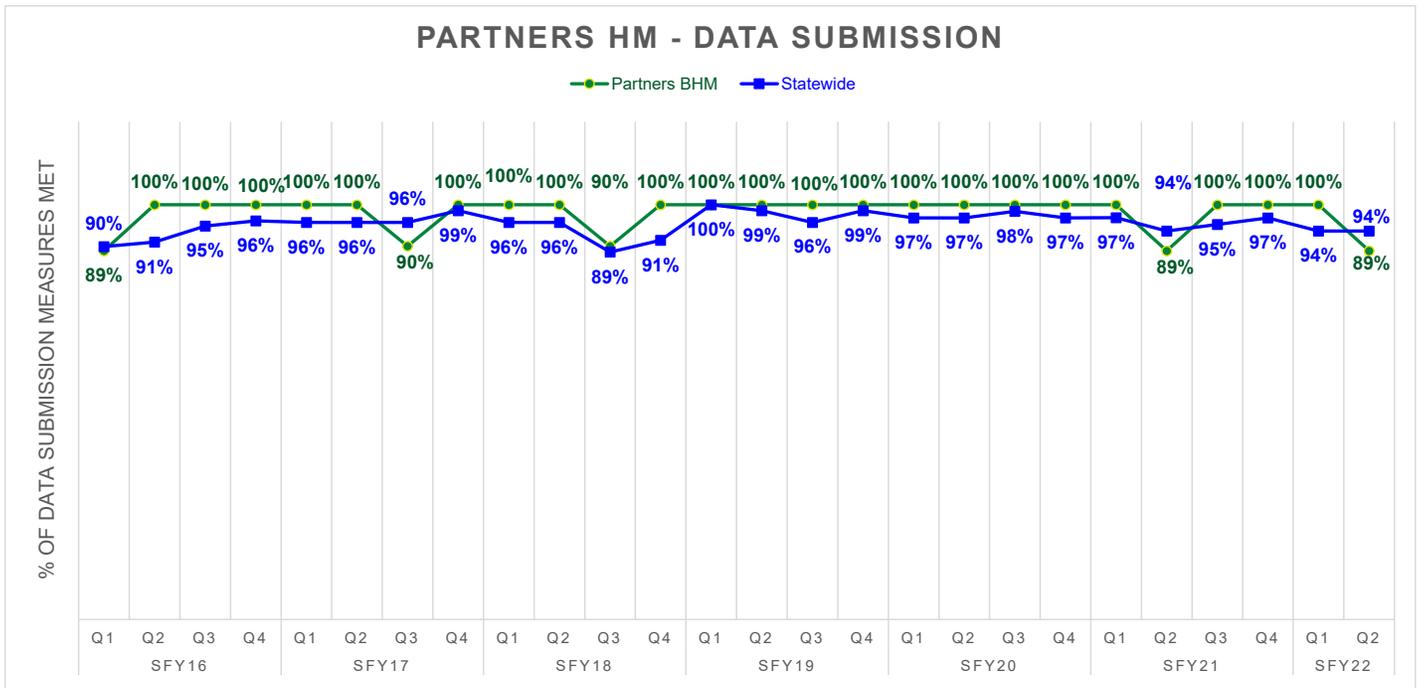
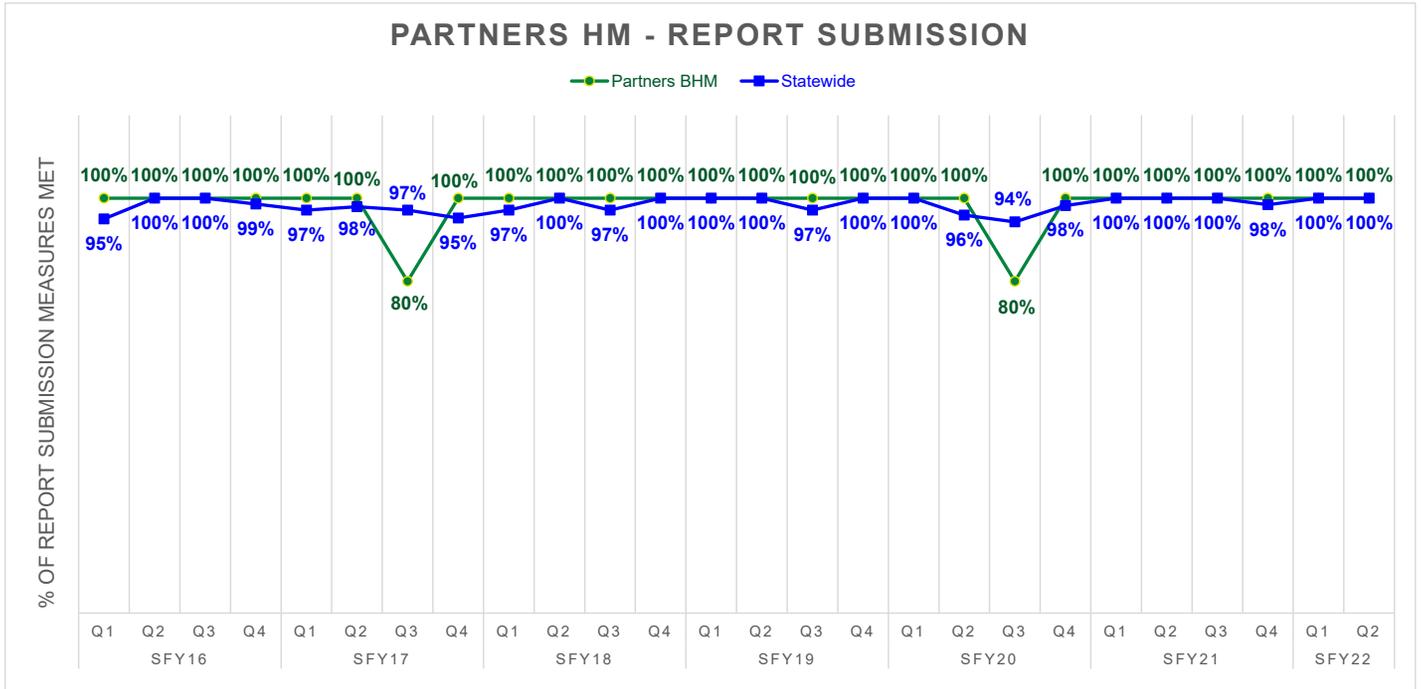
These graphs show Eastpointe's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements 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 2022 Second Quarter LME-MCO Compliance with Reports & Data Requirements

Percent of Report and Data Submission Requirements Met

SFY2014 - SFY2022 Q2



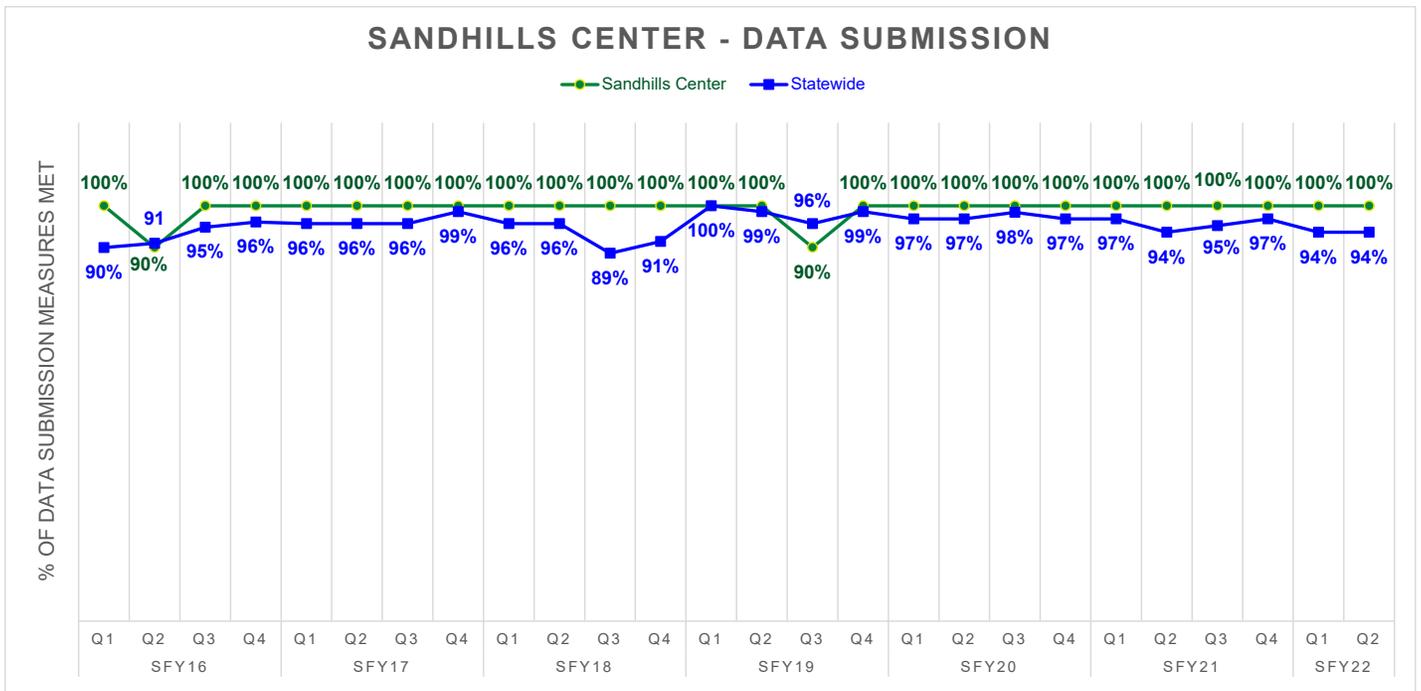
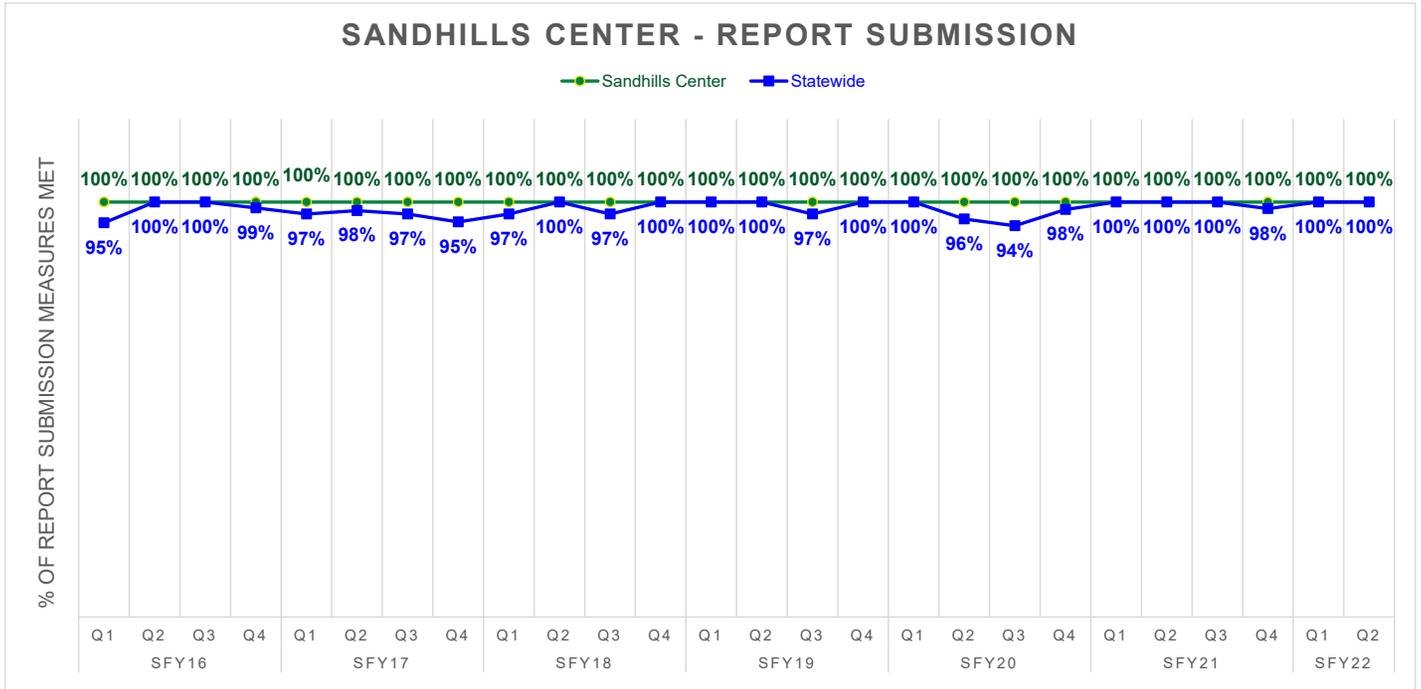
These graphs show Partners Health Management's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting 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 2022 Second Quarter LME-MCO Compliance with Reports & Data Requirements

Percent of Report and Data Submission Requirements Met SFY2014 - SFY2022 Q2

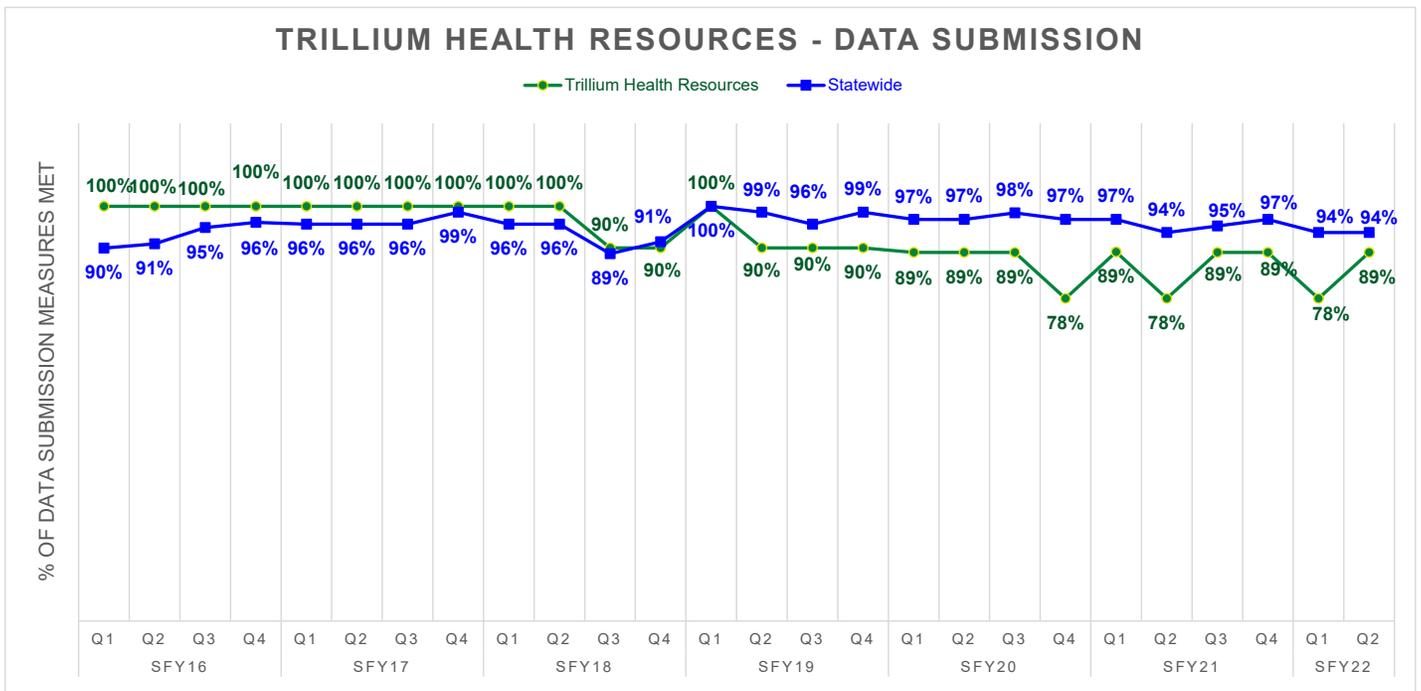
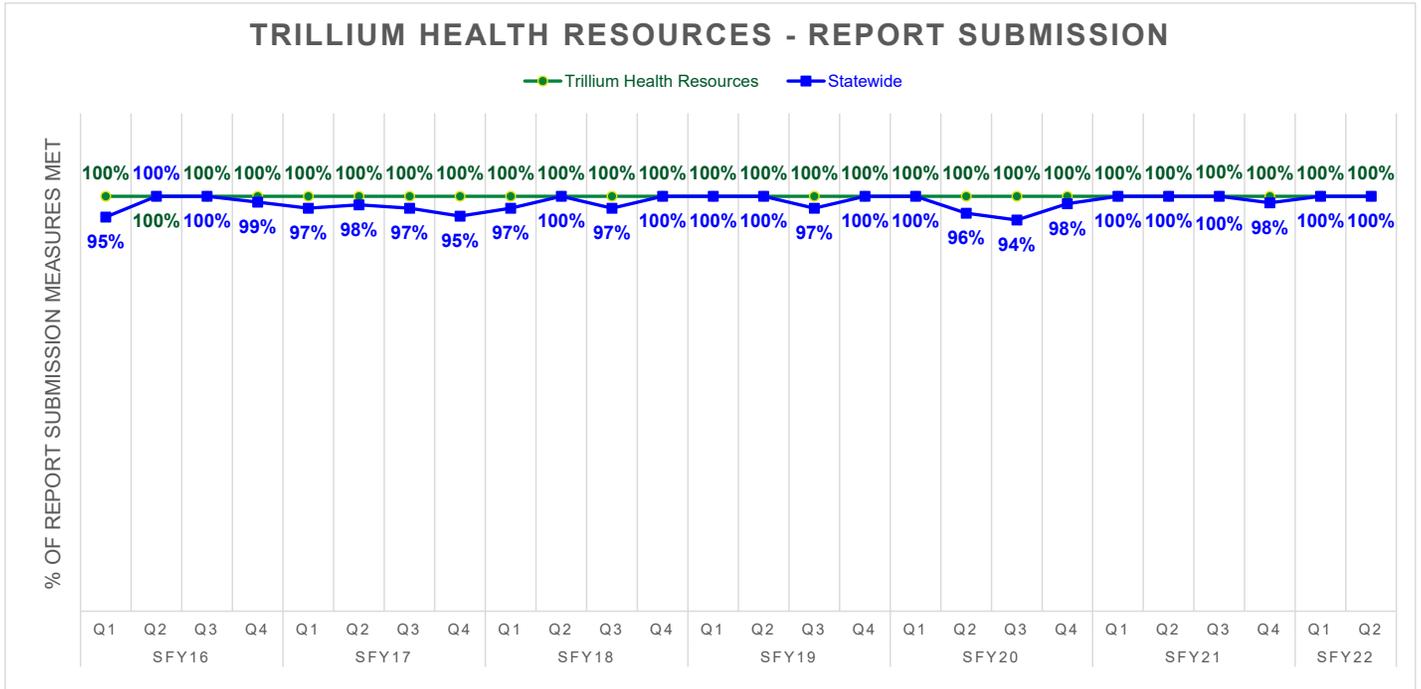


These graphs show Sandhill Center's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting requirements 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 2022 Second Quarter LME-MCO Compliance with Reports & Data Requirements

Percent of Report and Data Submission Requirements Met SFY2014 - SFY2022 Q2



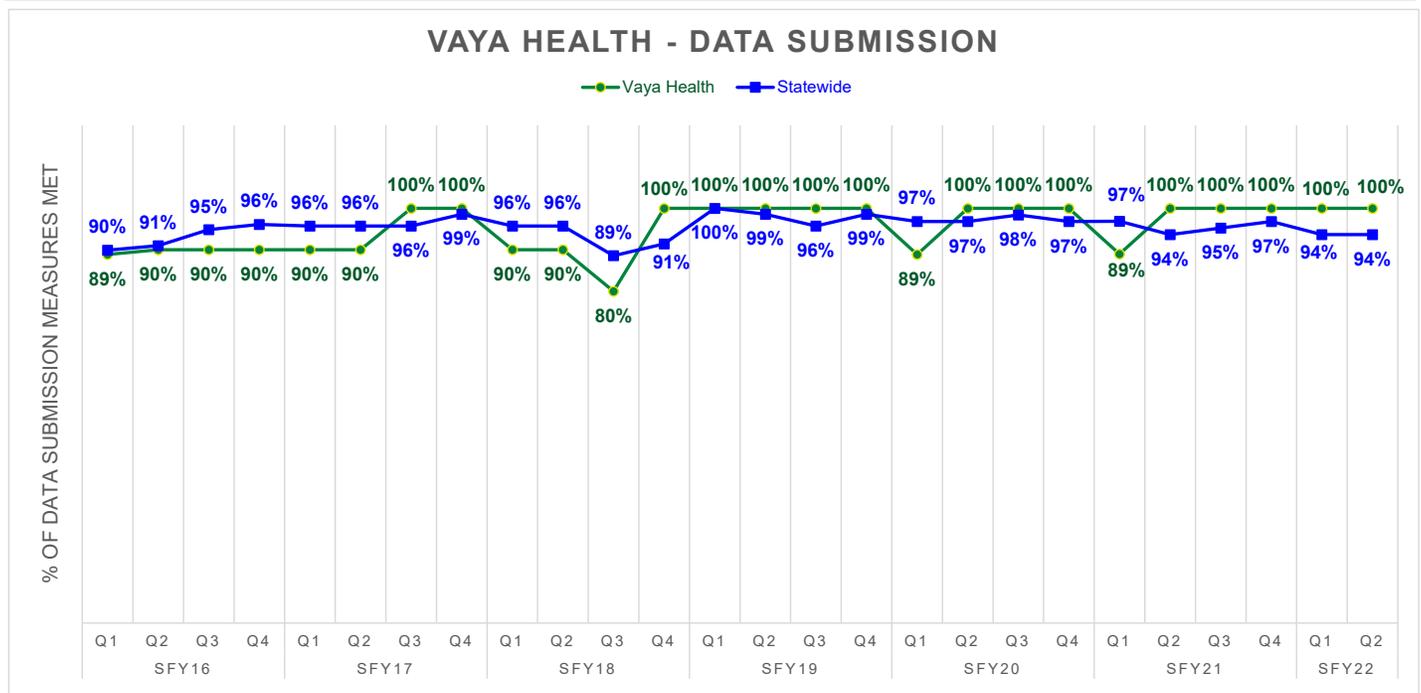
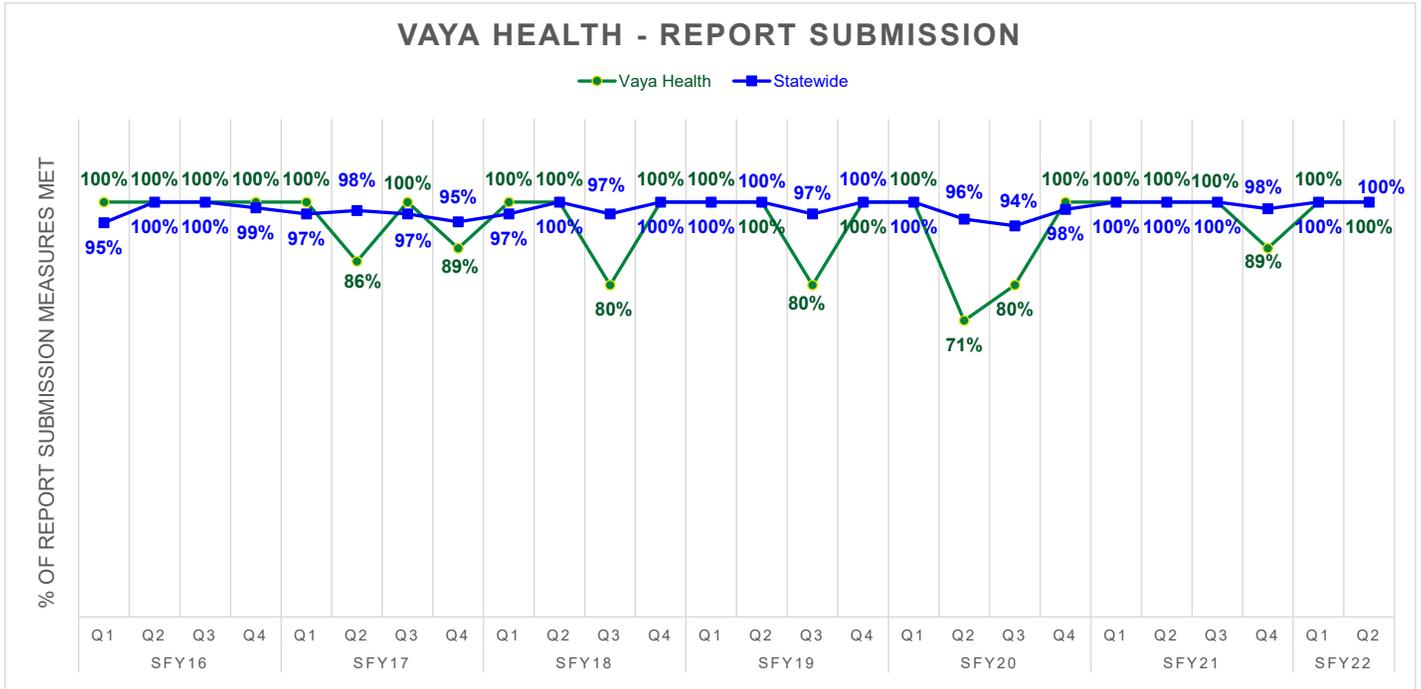
These graphs show Trillium Health Resources's overall performance compared with the state average (timeliness, completeness, accuracy) on submitting reports and data to the Division of MH/DD/SAS each quarter for the time period indicated as required by the DHHS - LME-MCO Performance Contract. Reporting 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 2022 Second Quarter LME-MCO Compliance with Reports & Data Requirements

Percent of Report and Data Submission Requirements Met SFY2014 - SFY2022 Q2



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.
Monthly Financial Reports	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
Substance Abuse/Juvenile Justice Initiative Quarterly Report	Raquelle Hawkins 984-236-5261 raquelle.hawkins@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: https://uncg.qualtrics.com/SE/?SID=SV_e7EAp3eCOVqEBD&RID=MLRP_e9B5sBU39wccUKN&Q_CHL=email Reports available on DMH/DD/SAS website: http://www.jjsamhp.org/publications/	NC General Statute 122C-115.4	Report is submitted to federal office as part of block grant reporting	DMHDDSAS Office; NCDHHS Secretary's Office
Work First Initiative Quarterly Reports	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
TBI Services Quarterly & Annual Reports	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
LME-MCO Quarterly Complaints Report	Glenda Stokes (919) 715-3197 Glenda.Stokes@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: http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#formsme	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
Client Data Warehouse (CDW) Admissions	Madhavi Gannem (919) 715-2468 madhavi.gannem@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: http://www.ncdhhs.gov/mhddsas/statspublications/Publications/CDW/cdwtechspecv1.12.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	DMHDDSAS Central Office; NCDHHS Secretary's Office; NC Legislature; Federal Reporting
Client Data Warehouse (CDW) Diagnosis Record		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 (NTRACKS or Medicaid) or a Record Type 13.					
Client Data Warehouse (CDW) Unknown Data (Admissions)		LME-MCO submits required CDW record types by the 15th of each month. 90% of all mandatory fields contain a value other than 'unknown' or 'other'.					
Client Data Warehouse (CDW) Unknown Data (Discharges)		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' or 'other'.					
Client Data Warehouse (CDW) Identifying & Demographic Records		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.					
Client Data Warehouse (CDW) Drug of Choice		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.					
Client Data Warehouse (CDW) Episode Completion Record (SUD Clients)		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.					
NC-TOPPS Update Interviews	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: 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	DMHDDSAS Office; NC Medicaid; NCDHHS Secretary's Office; NC Legislature; Federal Reporting
System of Care Report	Stacie Forrest 984-236-5027 stacie.forrest@dhhs.nc.gov Kristin Jerger 919-714-2774 Kristin.Jerger@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: 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	DMHDDSAS Leadership; Internal staff.
SAPTBG Compliance Report	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: http://www.ncdhhs.gov/mhddsas/statspublications/Forms/index.htm#formsme 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	DMHDDSAS Office; NCDHHS Secretary's Office

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.
National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys	LaToya Chancey, (919) 715-2256 LaToya.Chancey@dhs.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: http://www.nationalcoreindicators.org/	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.