LME-MCO Quarterly Performance Measures:

Performance Report

Second Quarter SFY 2023-2024

October 1 - December 31, 2023

(All Measures Reported)

Prepared by:
Quality Management Team
Division of Mental Health, Developmental Disabilities, and Substance Use Services

October 1, 2024

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

Quality
NC DMH/DD/SUS

Introduction

The NC Department of Health and Human Services (NCDHHS), Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) has been tracking the effectiveness of community systems through statewide performance indicators since 2006[1]. These indicators provide a means for Executive Leadership, the NC public and General Assembly to monitor how the public service system is performing its responsibilities. Regular reporting of community progress also assists local and state managers in identifying areas of success and areas in need of attention. Problems caught early can be addressed more effectively. Success in a particular component of the service system by one community can be used as a model to guide development in other communities.

These performance indicators describe an observed level of activity (percent of persons that received a service for a MH, I/DD, or SUD condition or that received a timely follow-up service), but do not explain why the level is as it is. Results do not reveal the substantial "behind-the-scene" activities, processes and interactions involving service providers, LME/MCO and state staff, consumers, and family members, and cannot reveal which factors account for differences in measured levels of quality. Identifying and understanding these factors require additional investigation and may serve as the starting point for program management initiatives or quality improvement efforts.

The performance indicators in this report were chosen to reflect:

- accepted standards of care,
- fair and reliable measures, and
- readily available data sources.

In this report, there are 34 broad category of indicators with 144 items measured. Each performance indicator includes an overview explaining the rationale and a description of the measure. Performance data is summarized for each LME/MCO and the state as a whole for the most recent period for which data is available. For brevity, county-level data for the indicators are not included in this report. That data is maintained separately and may be made available upon request.

The data in this report is a compilation of LME/MCO reported performance measures data submitted to DMH/DD/SUS on 5/17/24 for the 2nd Quarter SFY2024 measurement period. Please note that the performance data for the quarter is based on claims paid as of 4 months following the end of the quarter. It does not include data for claims that may have been adjudicated and paid after that point in time. Therefore, the data may be incomplete. The 4 months claims cutoff following the end of the measurement period is a compromise intended to provide more timely data that should be mostly complete vs. waiting longer for all claims to be processed and paid for the data to be fully complete.

On 6/7/24 LME/MCOs were provided a DRAFT report annotating data anomalies and/or missing data identified by DMH/DD/SUS. LME/MCOs were given the opportunity to review the initial DRAFT report to resolve identified anomalies, provide any missing data, and compare their data to other LME/MCOs and statewide data to ensure their reported numbers are accurate and complete.

LME/MCOs were asked to submit any needed corrections to the DMH/DD/SUS Quality Management Section by 6/28/24 so the DRAFT report could be finalized. A revised DRAFT report was prepared 7/1/24. Anomalies for Eastpointe were noted. Trillium was given the opportunity on 9/10/24 to review and correct Eastpointe's data anomalies so the report can be finalized. Trillium submitted a revised report for Eastpointe 9/27/24. This is the finalized report.

Please direct any questions about the performance indicators in this report to the DMH/DD/SUS Quality Management Team at contactdmhquality@dhhs.nc.gov or (984) 236-5200.

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1. This report fulfills the requirements of S.L. 2006-142 (HB 2077) and 122C - 112.1 that directs the Department of Health and Human Services to develop and monitor critical indicators of LME-MCO performance.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

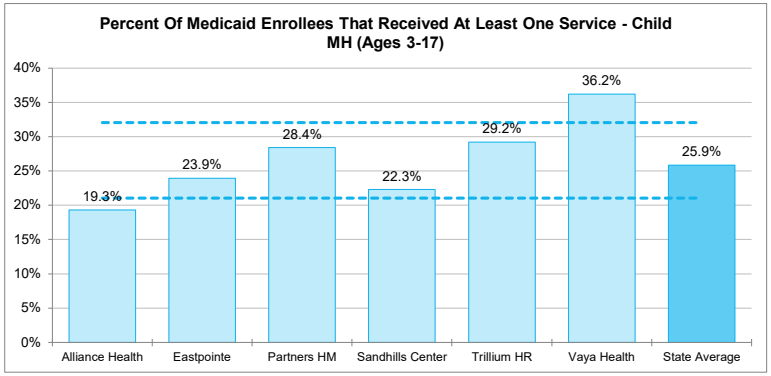
PENETRATION

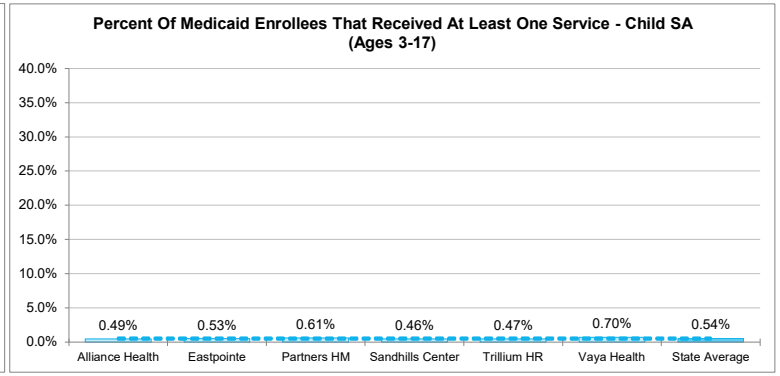
3.1 Persons Served: Medicaid Enrollees

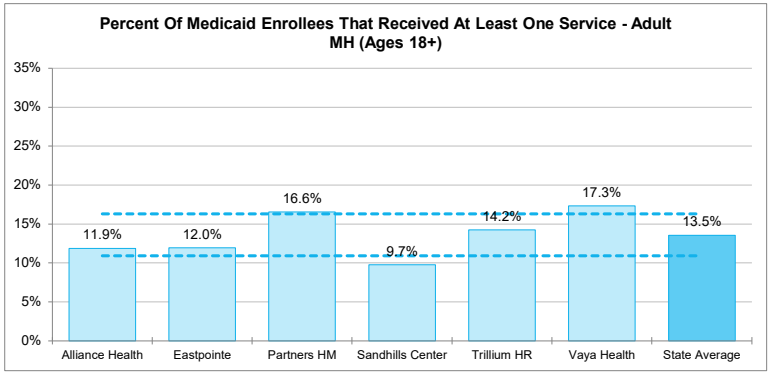
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

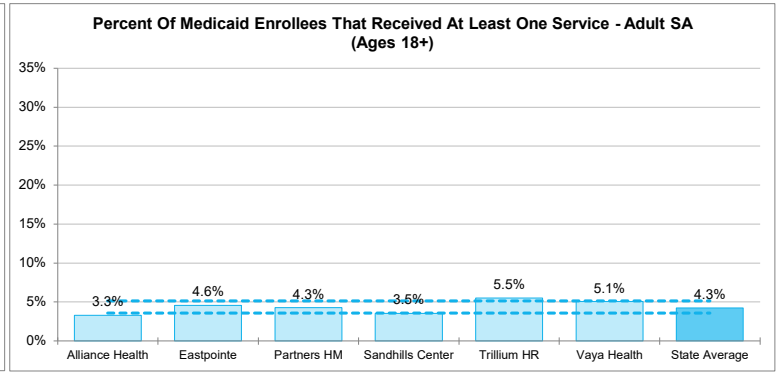
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	7,726	39,999	19.3%	15,493	130,677	11.9%	197	39,999	0.49%	4,282	130,677	3.3%
Eastpointe	2,164	9,043	23.9%	5,381	45,002	12.0%	48	9,043	0.53%	2,048	45,002	4.6%
Partners Health Management	4,763	16,775	28.4%	10,960	66,211	16.6%	102	16,775	0.61%	2,819	66,211	4.3%
Sandhills Center	3,672	16,466	22.3%	7,323	75,151	9.7%	76	16,466	0.46%	2,653	75,151	3.5%
Trillium Health Resources	5,733	19,624	29.2%	11,572	81,223	14.2%	93	19,624	0.47%	4,455	81,223	5.5%
Vaya Health	7,999	22,092	36.2%	14,425	83,323	17.3%	155	22,092	0.70%	4,213	83,323	5.1%
Statewide	32,057	123,999	25.9%	65,154	481,587	13.5%	671	123,999	0.54%	20,470	481,587	4.3%
Standard Deviation			5.5%			2.7%			0.09%			0.8%
LME-MCO Average			26.6%			13.6%			0.54%			4.4%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

PENETRATION

3.1 Persons Served: Medicaid Enrollees

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

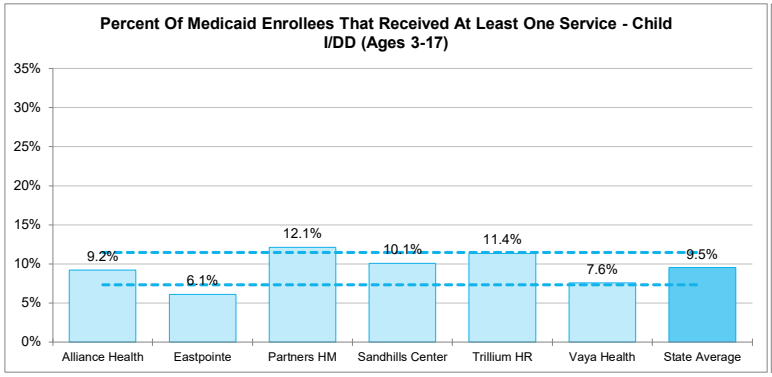
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

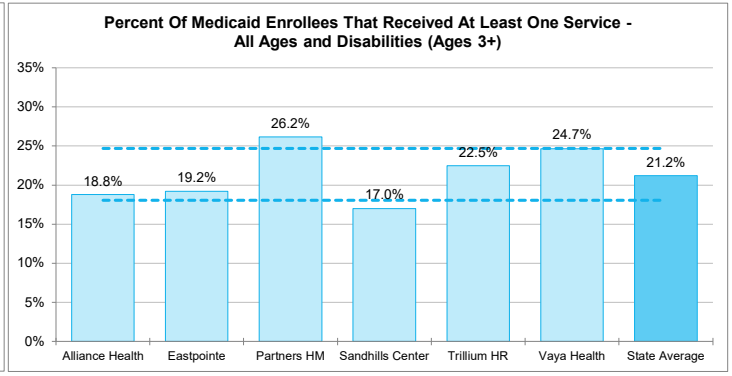
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	3,685	39,999	9.2%	6,150	130,677	4.7%	32,046	170,676	18.8%
Eastpointe	553	9,043	6.1%	1,377	45,002	3.1%	10,494	54,632	19.2%
Partners Health Management	2,034	16,775	12.1%	4,732	66,211	7.1%	21,724	82,986	26.2%
Sandhills Center	1,661	16,466	10.1%	3,171	75,151	4.2%	15,573	91,617	17.0%
Trillium Health Resources	2,229	19,624	11.4%	3,801	81,223	4.7%	22,665	100,847	22.5%
Vaya Health	1,673	22,092	7.6%	3,691	83,323	4.4%	25,986	105,415	24.7%
Statewide	11,835	123,999	9.5%	22,922	481,587	4.8%	128,488	606,173	21.2%
Standard Deviation			2.1%			1.2%			3.3%
LME-MCO Average			9.4%			4.7%			21.4%

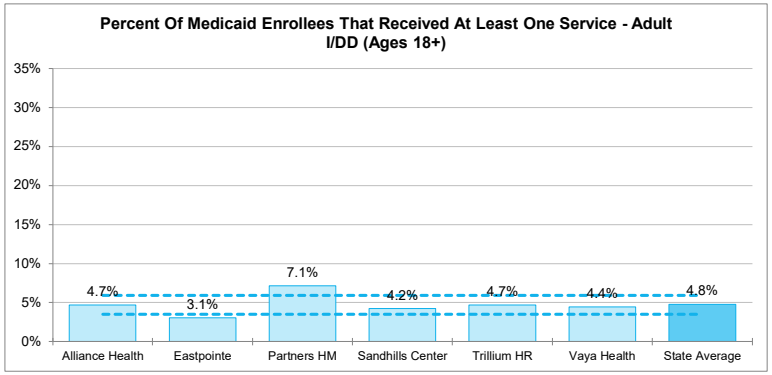
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
37,533	170,676
11,571	54,045
25,410	82,986
18,556	91,617
27,883	100,847
32,156	105,415

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one







North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Jul - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

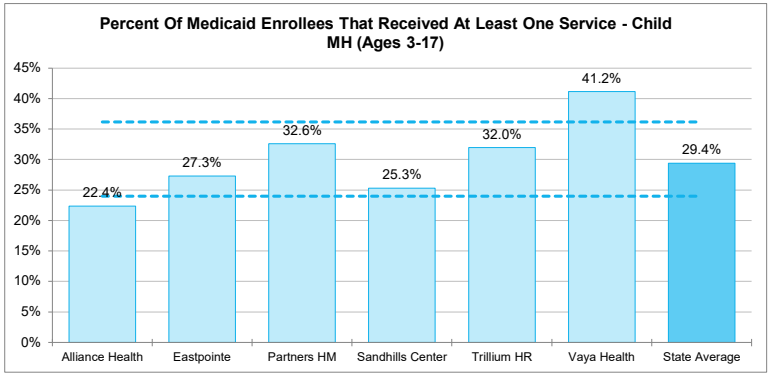
PENETRATION

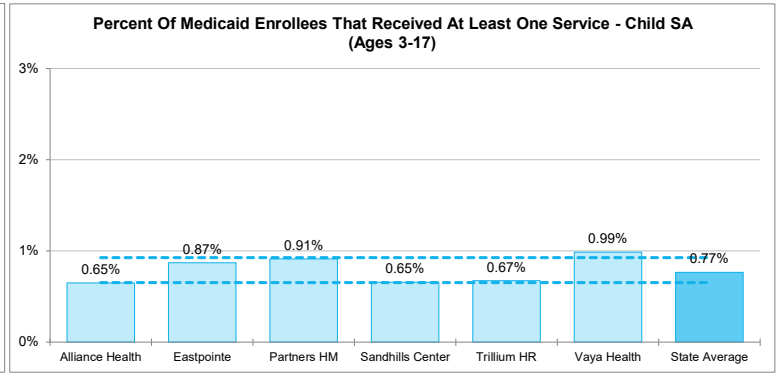
3.1 Persons Served: Medicaid Enrollees (SFYTD)

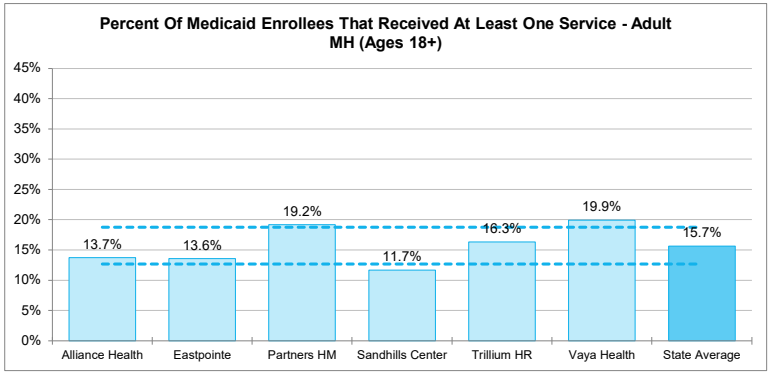
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

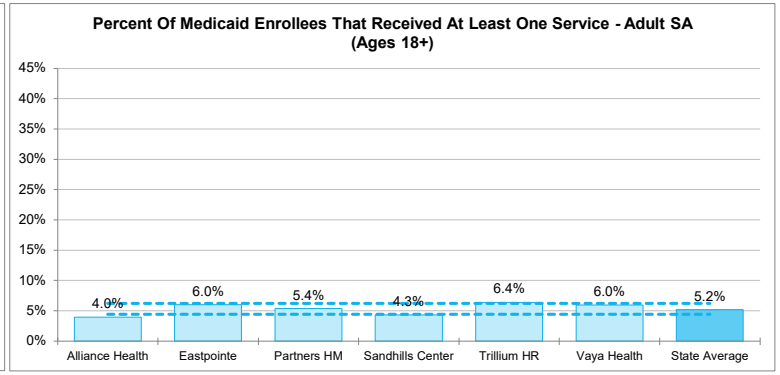
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition within a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	9,447	42,217	22.4%	18,836	137,057	13.7%	274	42,217	0.65%	5,431	137,057	4.0%
Eastpointe	2,728	10,001	27.3%	6,542	48,215	13.6%	87	10,001	0.87%	2,904	48,215	6.0%
Partners Health Management	5,791	17,769	32.6%	13,787	71,964	19.2%	162	17,769	0.91%	3,855	71,964	5.4%
Sandhills Center	4,560	18,016	25.3%	9,477	81,323	11.7%	118	18,016	0.65%	3,530	81,323	4.3%
Trillium Health Resources	6,832	21,373	32.0%	14,098	86,477	16.3%	144	21,373	0.67%	5,541	86,477	6.4%
Vaya Health	9,838	23,907	41.2%	17,782	89,370	19.9%	236	23,907	0.99%	5,326	89,370	6.0%
Statewide	39,196	133,283	29.4%	80,522	514,406	15.7%	1,021	133,283	0.77%	26,587	514,406	5.2%
Standard Deviation			6.1%			3.0%			0.1%			0.9%
LME-MCO Average			30.1%			15.7%			0.8%			5.3%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Jul - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

PENETRATION

3.1 Persons Served: Medicaid Enrollees (SFYTD)

Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

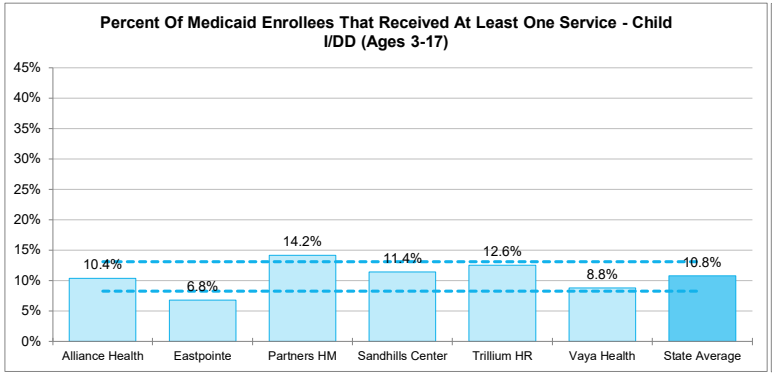
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withiin a specified time frame. For persons enrolled in the Medicaid 1915 b/c waiver, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the number of persons enrolled in the Medicaid 1915 b/c waiver during the measurement period. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

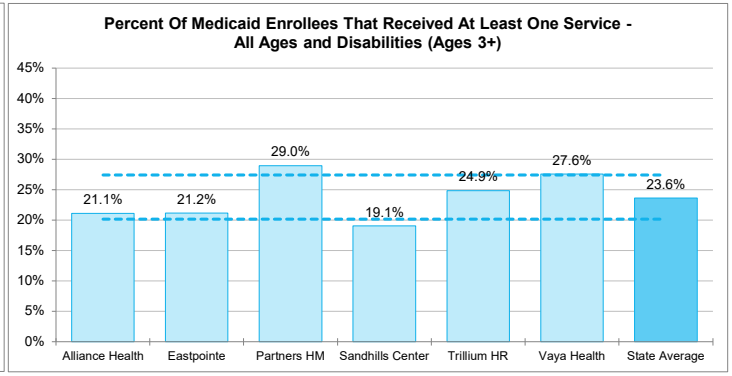
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Medicaid Enrollees**	**Percent That Received At Least One Service**
Alliance Health	4,376	42,217	10.4%	6,585	137,057	4.8%	37,818	179,274	21.1%
Eastpointe	681	10,001	6.8%	1,485	48,215	3.1%	12,503	59,034	21.2%
Partners Health Management	2,522	17,769	14.2%	5,020	71,964	7.0%	26,002	89,733	29.0%
Sandhills Center	2,058	18,016	11.4%	3,379	81,323	4.2%	18,964	99,339	19.1%
Trillium Health Resources	2,684	21,373	12.6%	4,520	86,477	5.2%	26,821	107,850	24.9%
Vaya Health	2,107	23,907	8.8%	3,998	89,370	4.5%	31,248	113,277	27.6%
Statewide	14,428	133,283	10.8%	24,987	514,406	4.9%	153,356	648,507	23.6%
Standard Deviation			2.4%			1.2%			3.6%
LME-MCO Average			10.7%			4.8%			23.8%

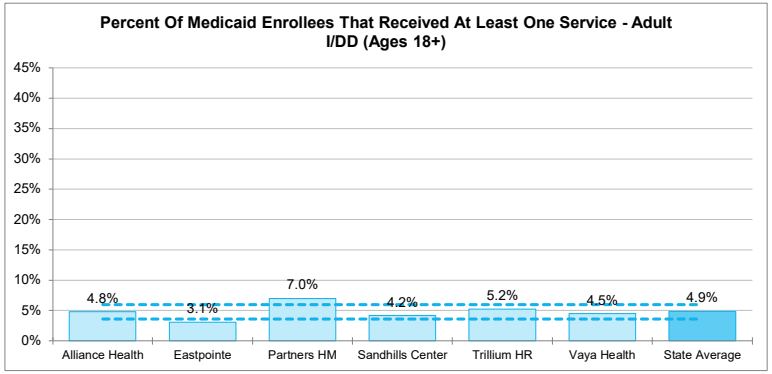
Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

Sum of # in each age disability that rec'd a service	Medicaid Enrollees Sum of Children + Adults
44,949	179,274
14,427	58,216
31,137	89,733
23,122	99,339
33,819	107,850
39,287	113,277

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one







North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

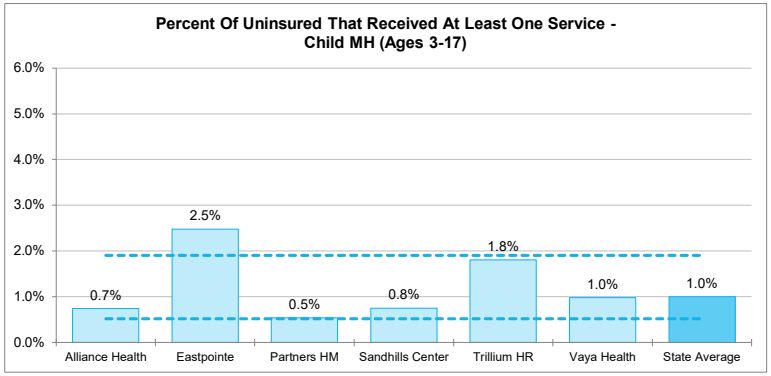
PENETRATION

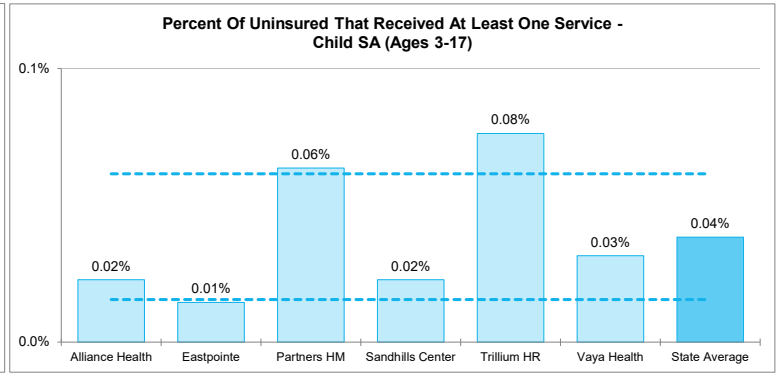
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

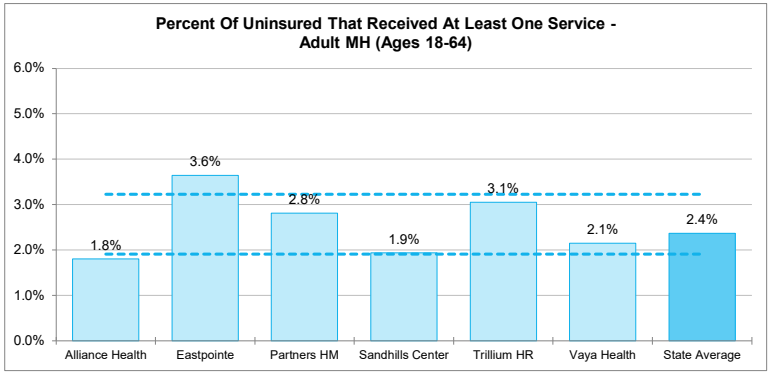
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

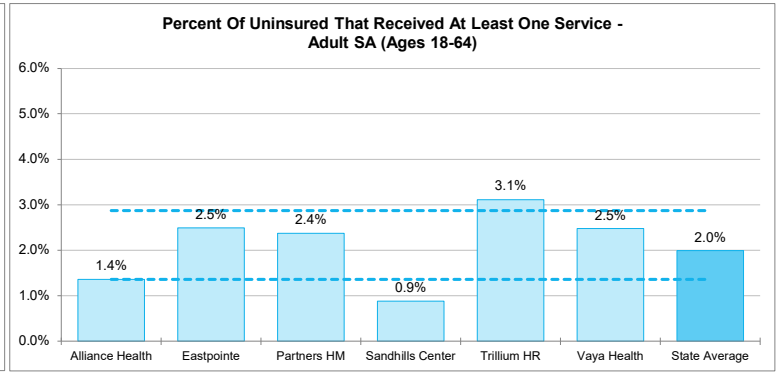
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the unduplicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**
Alliance Health	259	35,096	0.7%	5,267	292,699	1.8%	8	35,096	0.02%	3,975	292,699	1.4%
Eastpointe	170	6,868	2.5%	2,504	68,813	3.6%	1	6,868	0.01%	1,713	68,813	2.5%
Partners Health Management	101	18,881	0.5%	5,372	190,900	2.8%	12	18,881	0.06%	4,528	190,900	2.4%
Sandhills Center	99	13,182	0.8%	2,691	138,792	1.9%	3	13,182	0.02%	1,222	138,792	0.9%
Trillium Health Resources	260	14,420	1.8%	4,110	134,654	3.1%	11	14,420	0.08%	4,192	134,654	3.1%
Vaya Health	155	15,834	1.0%	3,631	168,921	2.1%	5	15,834	0.03%	4,186	168,921	2.5%
Statewide	1,044	104,280	1.0%	23,575	994,779	2.4%	40	104,280	0.04%	19,816	994,779	2.0%
Standard Deviation			0.7%			0.7%			0.02%			0.8%
LME-MCO Average			1.2%			2.6%			0.04%			2.1%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

PENETRATION

3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded)

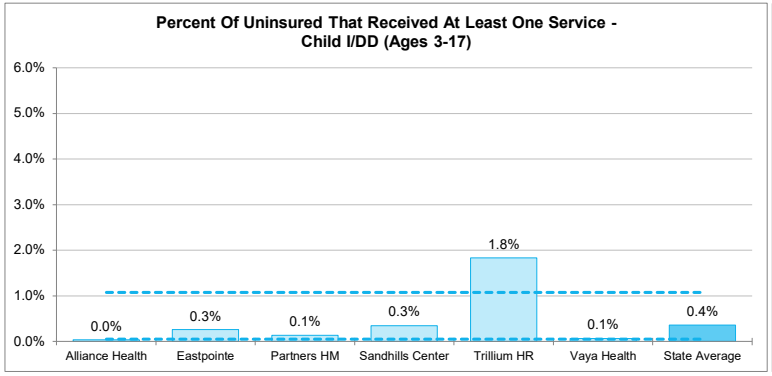
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

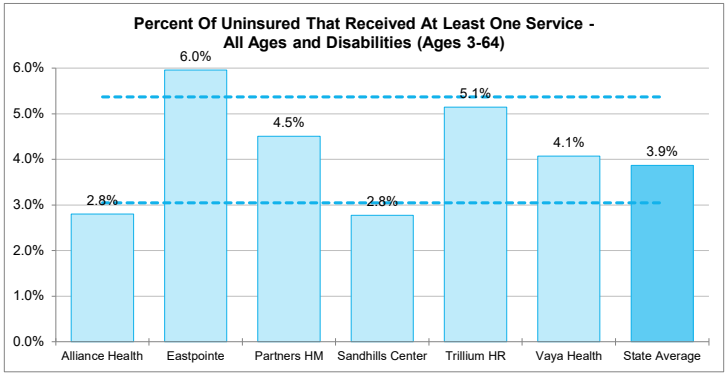
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition witihin a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

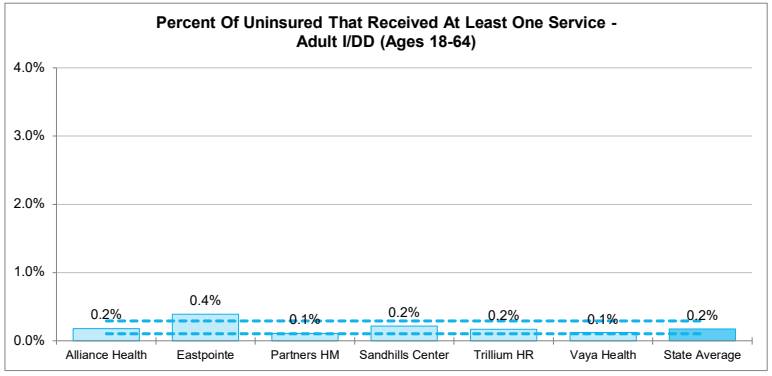
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	Sum of # in each age disability that rec'd a service
Alliance Health	14	35,096	0.0%	528	292,699	0.2%	8,885	317,480	2.8%	10,051
Eastpointe	18	6,868	0.3%	270	68,813	0.4%	4,325	72,607	6.0%	4,676
Partners Health Management	26	18,881	0.1%	211	190,900	0.1%	9,020	200,306	4.5%	10,250
Sandhills Center	46	13,182	0.3%	298	138,792	0.2%	4,036	145,384	2.8%	4,359
Trillium Health Resources	265	14,420	1.8%	228	134,654	0.2%	7,479	145,394	5.1%	9,066
Vaya Health	11	15,834	0.1%	205	168,921	0.1%	7,262	178,496	4.1%	8,193
Statewide	380	104,280	0.4%	1,740	994,779	0.2%	41,007	1,059,667	3.9%	
Standard Deviation			0.6%			0.1%			1.2%	
LME-MCO Average			0.4%			0.2%			4.2%	

Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.*

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one







North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Jul - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

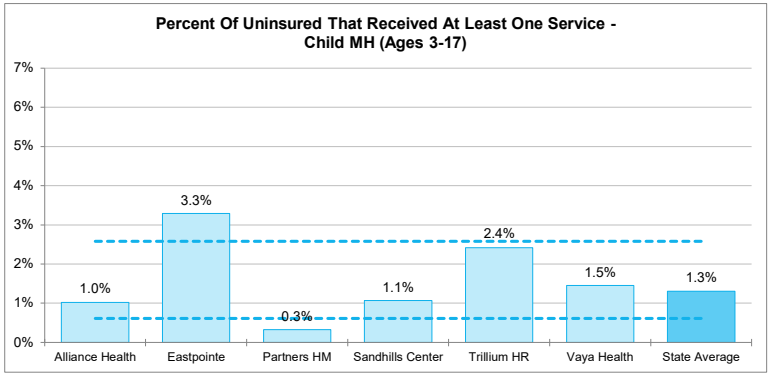
PENETRATION

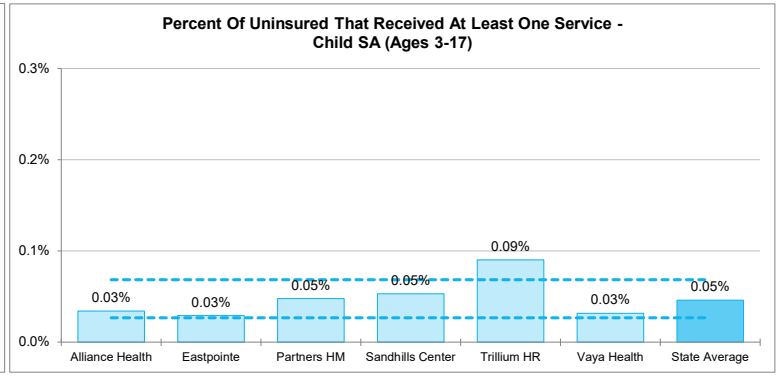
3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

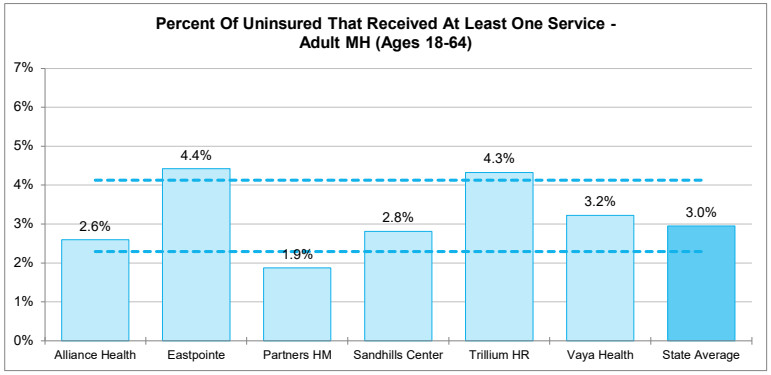
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

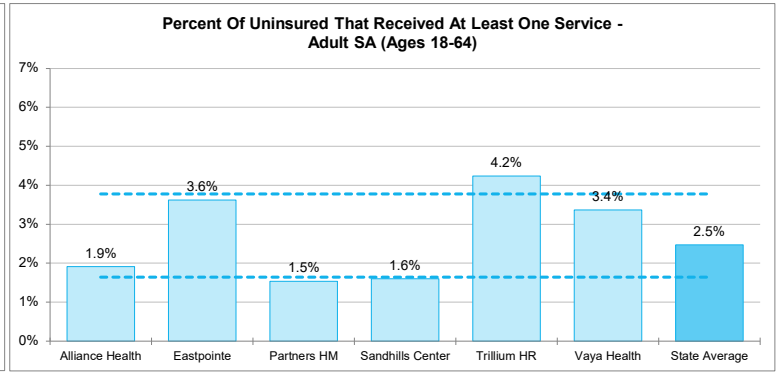
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withihn a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**
Alliance Health	358	35,096	1.0%	7,593	292,699	2.6%	12	35,096	0.03%	5,596	292,699	1.9%
Eastpointe	226	6,868	3.3%	3,040	68,813	4.4%	2	6,868	0.03%	2,492	68,813	3.6%
Partners Health Management	61	18,881	0.3%	3,572	190,900	1.9%	9	18,881	0.05%	2,932	190,900	1.5%
Sandhills Center	141	13,182	1.1%	3,900	138,792	2.8%	7	13,182	0.05%	2,222	138,792	1.6%
Trillium Health Resources	349	14,420	2.4%	5,825	134,654	4.3%	13	14,420	0.09%	5,705	134,654	4.2%
Vaya Health	230	15,834	1.5%	5,443	168,921	3.2%	5	15,834	0.03%	5,685	168,921	3.4%
Statewide	1,365	104,280	1.3%	29,373	994,779	3.0%	48	104,280	0.05%	24,632	994,779	2.5%
Standard Deviation			1.0%			0.9%			0.02%			1.1%
LME-MCO Average			1.6%			3.2%			0.05%			2.7%









North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Jul - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

PENETRATION

3.2 Persons Served: Non-Medicaid (State and Federal Block Grant Funded) (SFYTD)

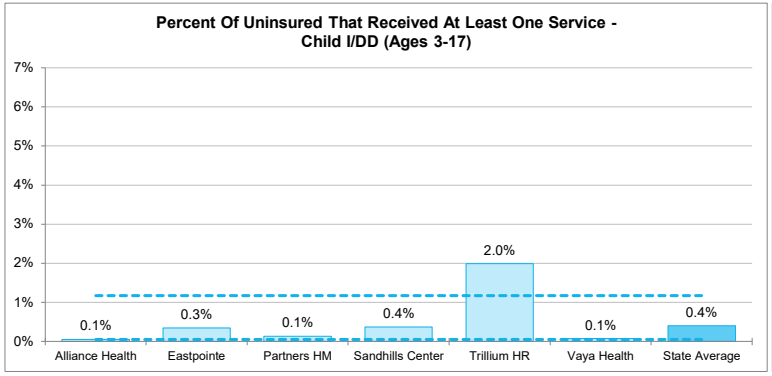
Rationale: NC has designed its public system to serve those persons who have the highest need for specialized mental health, intellectual or developmental disabilitites,and substance use services and limited access to privately-funded services. Increasing delivery of services to these persons is a nationally accepted measure of system performance. Service penetration is an indicator of system access that has been used to characterize how accessible a particular service or group of services is for persons eligible to receive those services.

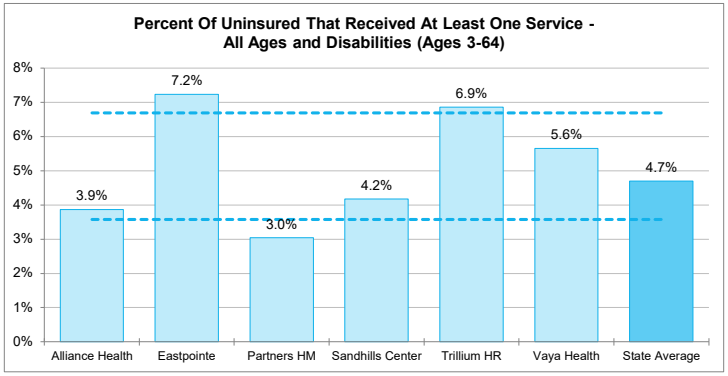
Description: Service penetration is the percentage of individuals eligible to receive services for a covered condition who actually receive a service for that condition withihn a specified time frame. For persons receiving State and Federal Block Grant funded services, it is the undupllicated number of persons who received a service for a covered condition (e.g. MH, I/DD, or SUD diagnosis) during the measurement period divided by the estimated number of uninsured non-elderly persons for 6 age-disability groups - Children and Adults under age 65 with a MH condition, Children and Adults under age 65 with a Substance Use Disorder, and Children and Adults under age 65 with an Intellectual or Developmental Disability - and for All Ages under age 65 and Disabilities combined.

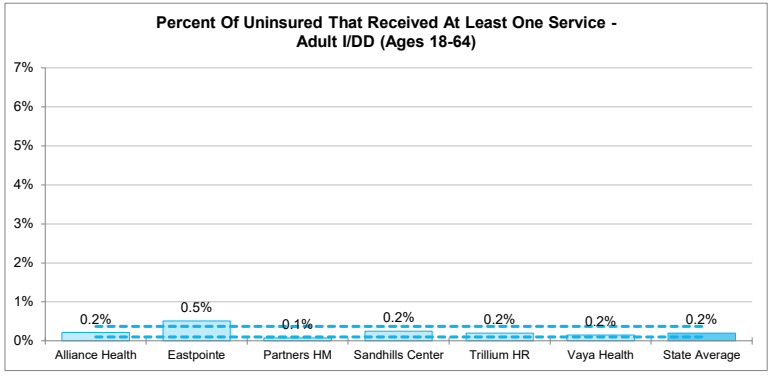
	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)			
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	
LME-MCO	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	**Number That Received At Least One Service**	**Number Of Uninsured Population**	**Percent That Received At Least One Service**	Sum of # in each age disability that rec'd a service
Alliance Health	20	35,096	0.1%	621	292,699	0.2%	12,285	317,480	3.9%	14,200
Eastpointe	24	6,868	0.3%	350	68,813	0.5%	5,251	72,607	7.2%	6,134
Partners Health Management	26	18,881	0.1%	146	190,900	0.1%	6,095	200,306	3.0%	6,746
Sandhills Center	49	13,182	0.4%	341	138,792	0.2%	6,063	145,384	4.2%	6,660
Trillium Health Resources	287	14,420	2.0%	264	134,654	0.2%	9,967	145,394	6.9%	12,443
Vaya Health	12	15,834	0.1%	258	168,921	0.2%	10,083	178,496	5.6%	11,633
Statewide	418	104,280	0.4%	1,980	994,779	0.2%	49,744	1,059,667	4.7%	
Standard Deviation			0.7%			0.1%			1.6%	
LME-MCO Average			0.5%			0.2%			5.1%	

Red font: Number that received a service for All Ages and Disabilities ≥ sum of the numbers in each age disability.

* The number for All Ages and Disabilities should be < than the sum as persons with dual diagnoses can be included in > one disability group.







North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

INITIATION AND ENGAGEMENT

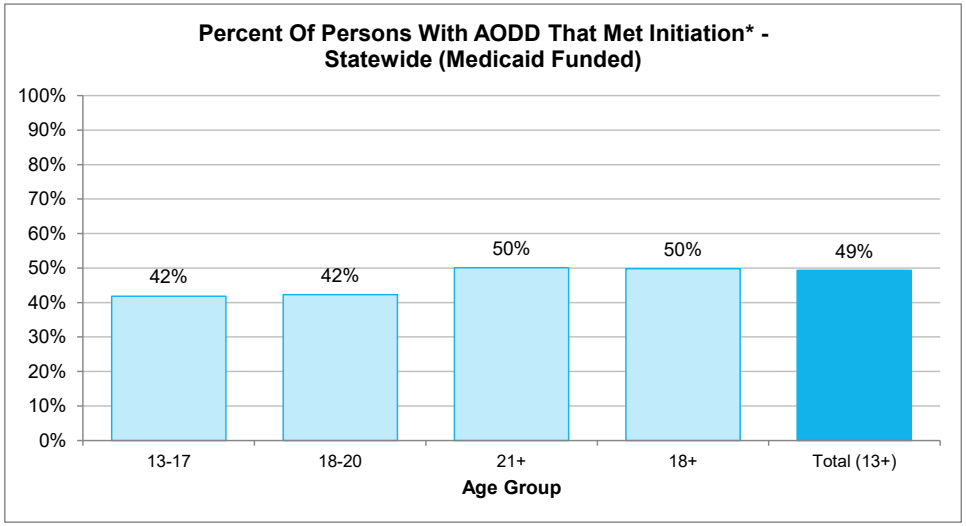
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

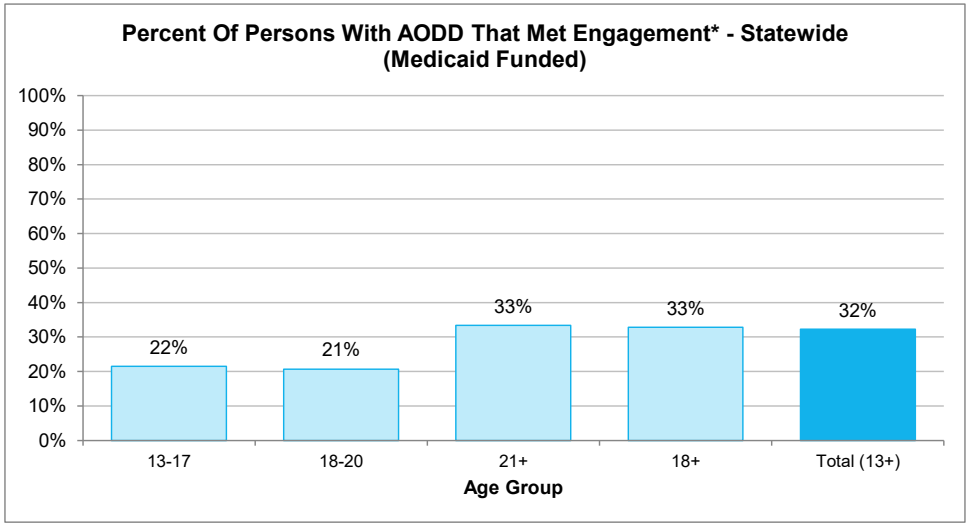
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	105	42	104	54	251	42%	17%	41%	22%
18-20	88	19	101	43	208	42%	9%	49%	21%
21+	2,351	546	1,797	1,565	4,694	50%	12%	38%	33%
18+	2,439	565	1,898	1,608	4,902	50%	12%	39%	33%
Total (13+)	2,544	607	2,002	1,662	5,153	49%	12%	39%	32%





* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

INITIATION AND ENGAGEMENT

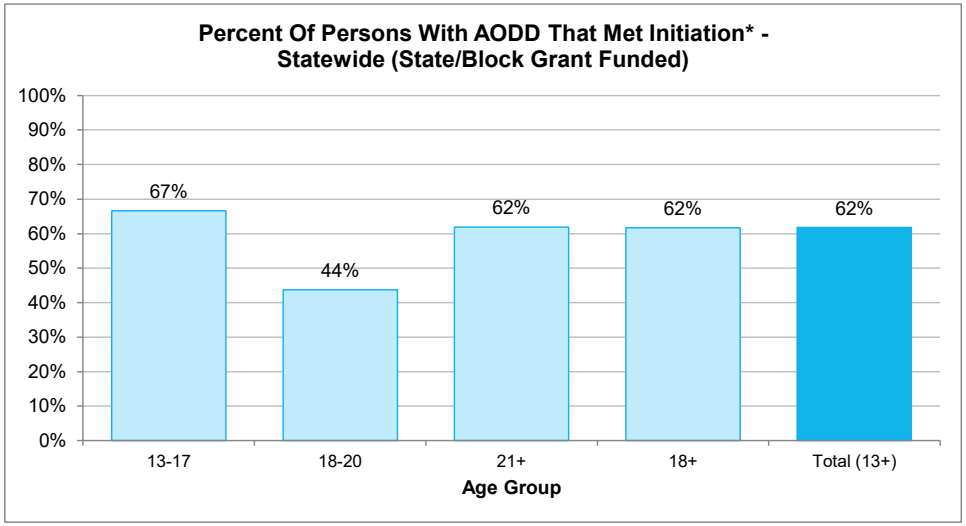
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

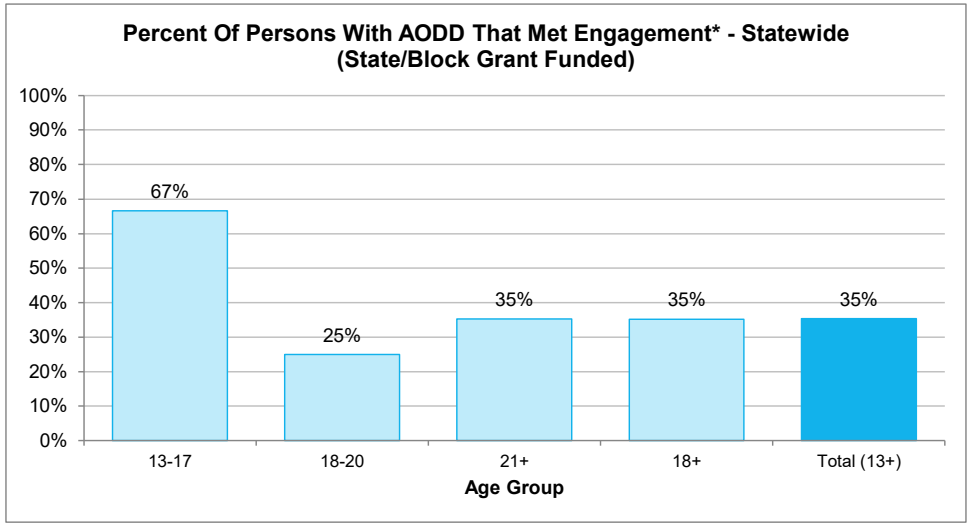
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	6	0	3	6	9	67%	0%	33%	67%
18-20	7	3	6	4	16	44%	19%	38%	25%
21+	1,225	215	540	699	1,980	62%	11%	27%	35%
18+	1,232	218	546	703	1,996	62%	11%	27%	35%
Total (13+)	1,238	218	549	709	2,005	62%	11%	27%	35%





* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

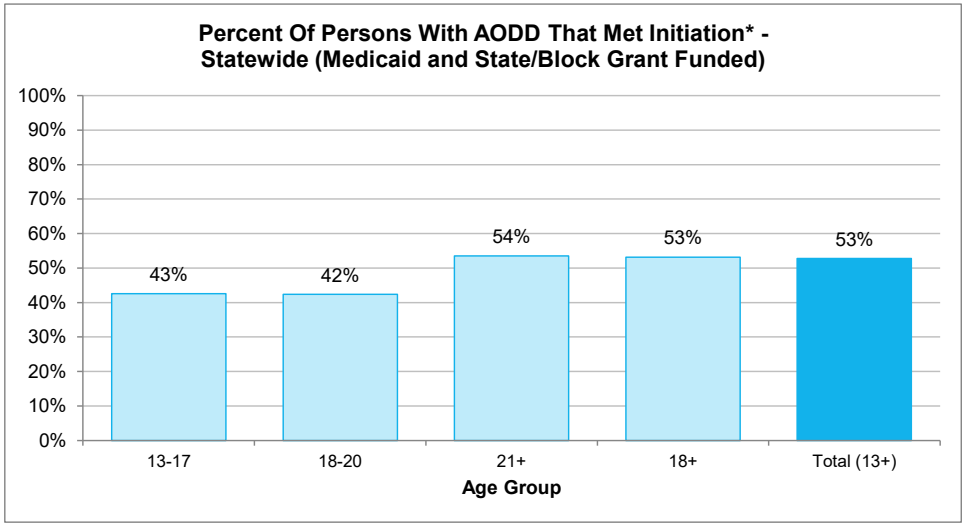
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

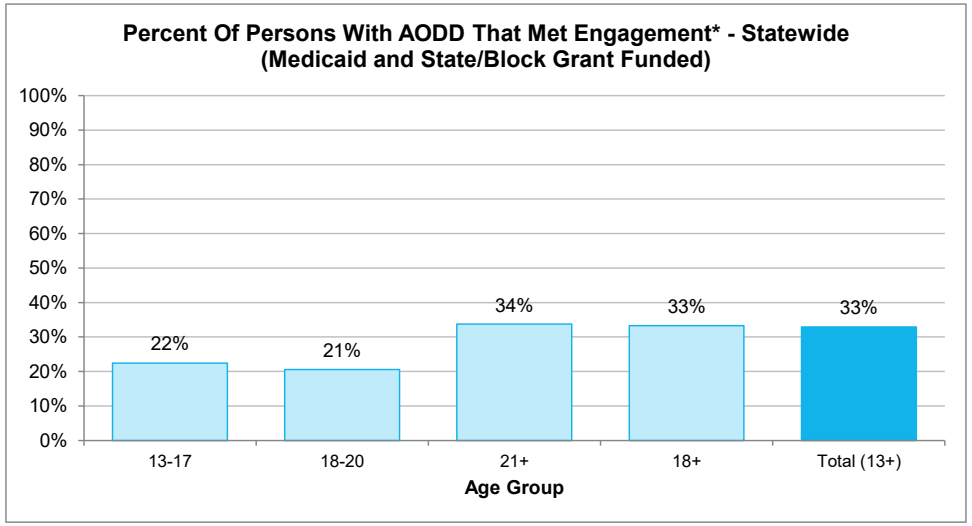
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid and State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	112	43	108	59	263	43%	16%	41%	22%
18-20	95	22	107	46	224	42%	10%	48%	21%
21+	3,607	791	2,343	2,274	6,741	54%	12%	35%	34%
18+	3,702	813	2,450	2,320	6,965	53%	12%	35%	33%
Total (13+)	3,814	856	2,558	2,379	7,228	53%	12%	35%	33%





* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

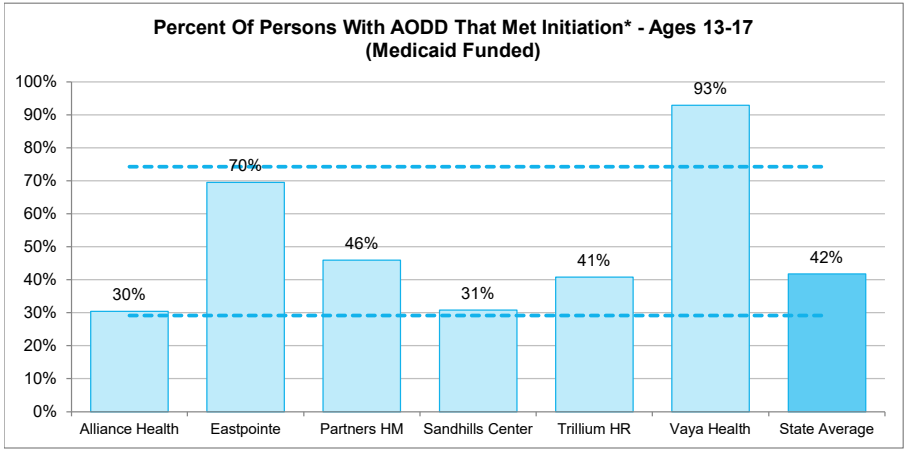
INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 13-17 (Medicaid Funded)									
Alliance Health	31	24	47	19	102	30%	24%	46%	19%
Eastpointe	16	3	4	5	23	70%	13%	17%	22%
Partners Health Management	17	6	14	8	37	46%	16%	38%	22%
Sandhills Center	8	1	17	5	26	31%	4%	65%	19%
Trillium Health Resources	20	7	22	7	49	41%	14%	45%	14%
Vaya Health	13	1	0	10	14	93%	7%	0%	71%
State Average	105	42	104	54	251	42%	17%	41%	22%
Standard Deviation						22.6%	6.3%	21.2%	19.7%
LME-MCO Average						52%	13%	35%	28%



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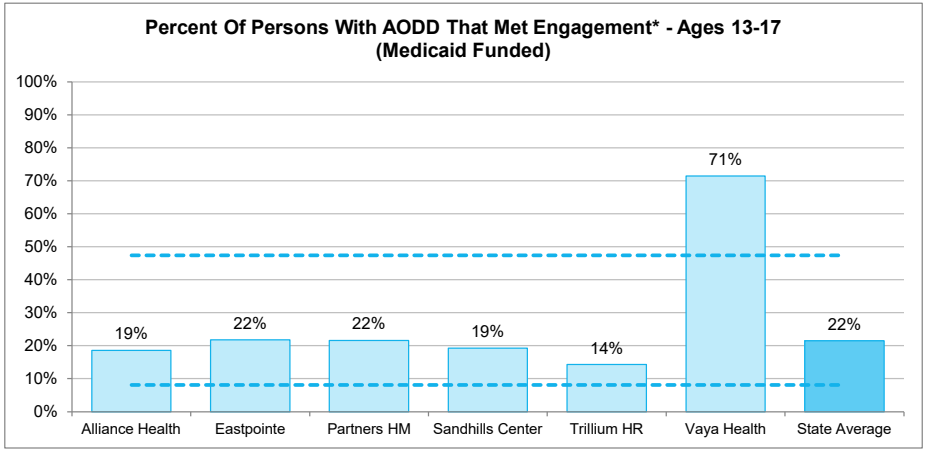

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

INITIATION AND ENGAGEMENT

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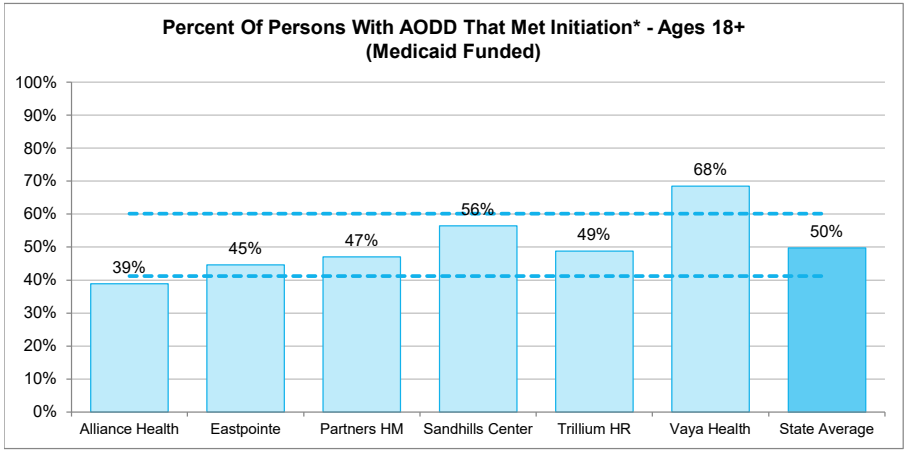
Persons Ages 18+ (Medicaid Funded)									
Alliance Health	388	126	483	252	997	39%	13%	48%	25%
Eastpointe	241	87	212	168	540	45%	16%	39%	31%
Partners Health Management	282	36	282	193	600	47%	6%	47%	32%
Sandhills Center	602	81	384	452	1,067	56%	8%	36%	42%
Trillium Health Resources	587	176	440	418	1,203	49%	15%	37%	35%
Vaya Health	339	59	97	125	495	68%	12%	20%	25%
State Average	2,439	565	1,898	1,608	4,902	50%	12%	39%	33%
Standard Deviation						9.5%	3.6%	9.5%	5.9%
LME-MCO Average						51%	11%	38%	32%



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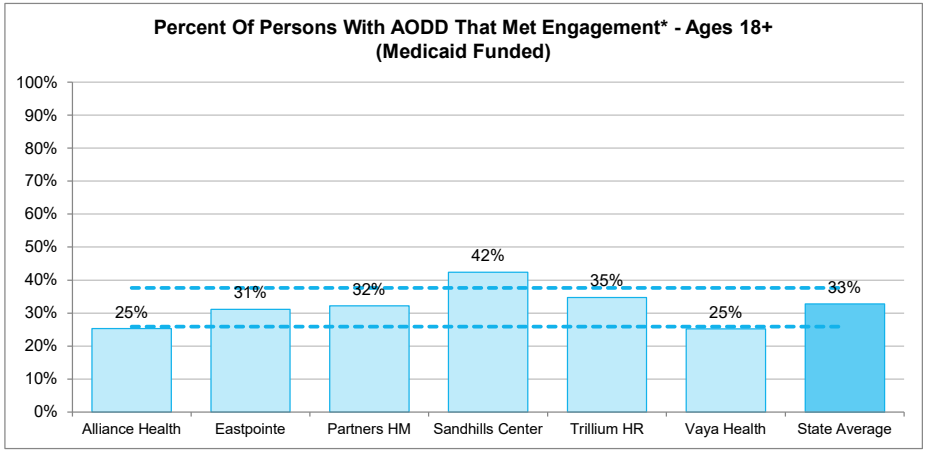

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Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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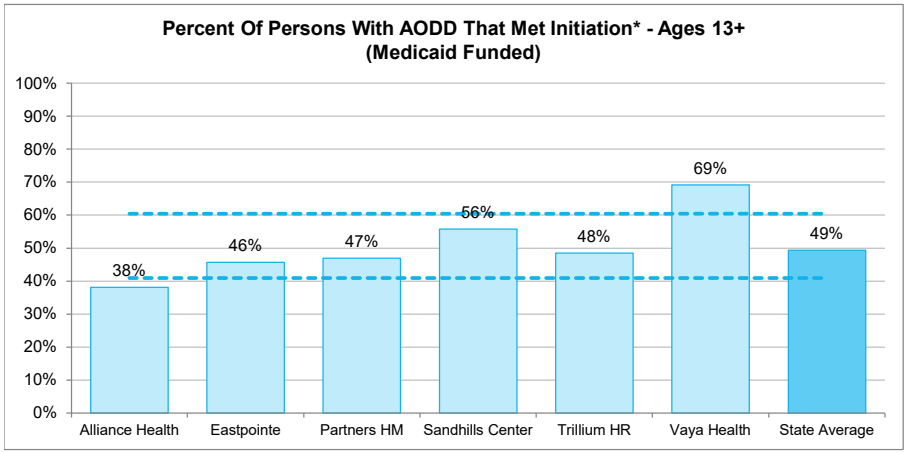
Persons Ages 13+ (Medicaid Funded)									
Alliance Health	419	150	530	271	1,099	38%	14%	48%	25%
Eastpointe	257	90	216	173	563	46%	16%	38%	31%
Partners Health Management	299	42	296	201	637	47%	7%	46%	32%
Sandhills Center	610	82	401	457	1,093	56%	8%	37%	42%
Trillium Health Resources	607	183	462	425	1,252	48%	15%	37%	34%
Vaya Health	352	60	97	135	509	69%	12%	19%	27%
State Average	2,544	607	2,002	1,662	5,153	49%	12%	39%	32%
Standard Deviation						9.7%	3.5%	9.5%	5.5%
LME-MCO Average						51%	12%	38%	32%



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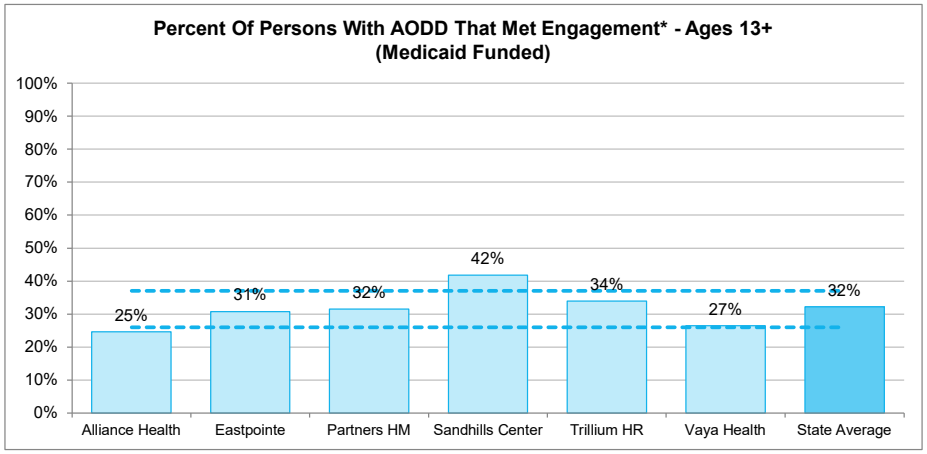

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North Carolina LME-MCO Performance Measurement Reporting
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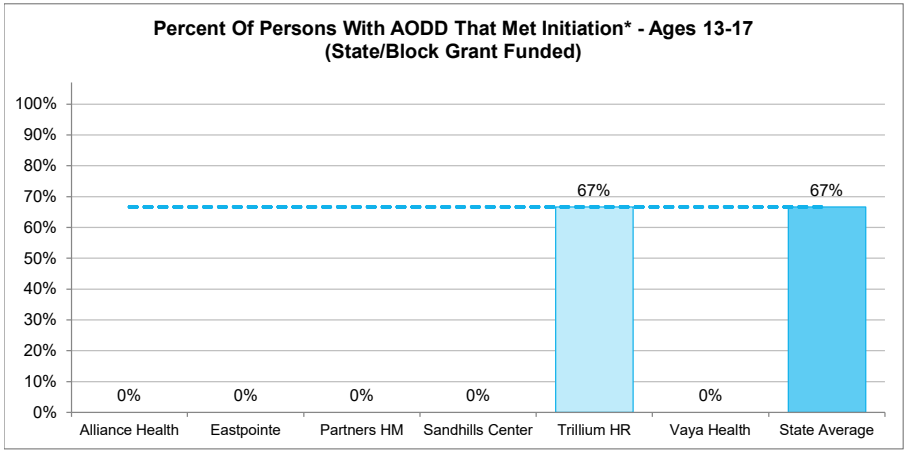
Persons Ages 13-17 (State/Block Grant Funded)									
Alliance Health	0	0	0	0	0				
Eastpointe	0	0	0	0	0				
Partners Health Management	0	0	0	0	0				
Sandhills Center	0	0	0	0	0				
Trillium Health Resources	6	0	3	6	9	67%	0%	33%	67%
Vaya Health	0	0	0	0	0				
State Average	6	0	3	6	9	67%	0%	33%	67%
Standard Deviation						0.0%	0.0%	0.0%	0.0%
LME-MCO Average	[Alliance, Eastpointe, Partners, Sandhills, and Vaya reported no individuals in this age group beginning a new episode of care this quarter.]					67%	0%	33%	67%



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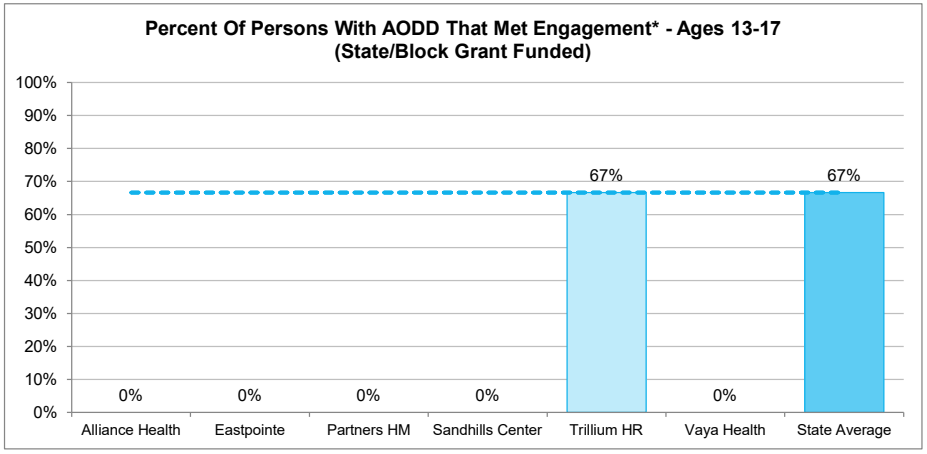

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North Carolina LME-MCO Performance Measurement Reporting
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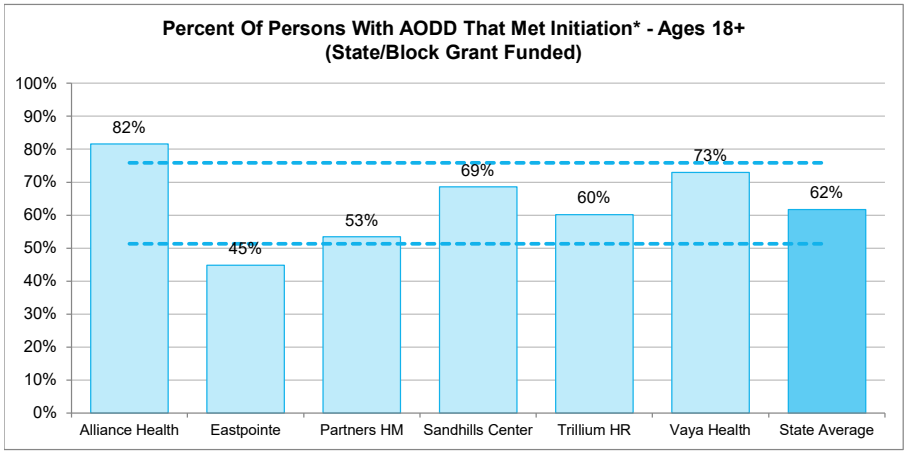
Persons Ages 18+ (State/Block Grant Funded)									
Alliance Health	62	1	13	54	76	82%	1%	17%	71%
Eastpointe	39	10	38	32	87	45%	11%	44%	37%
Partners Health Management	23	1	19	17	43	53%	2%	44%	40%
Sandhills Center	72	7	26	50	105	69%	7%	25%	48%
Trillium Health Resources	912	187	416	499	1,515	60%	12%	27%	33%
Vaya Health	124	12	34	51	170	73%	7%	20%	30%
State Average	1,232	218	546	703	1,996	62%	11%	27%	35%
Standard Deviation						12.3%	4.1%	10.7%	13.7%
LME-MCO Average						64%	7%	30%	43%



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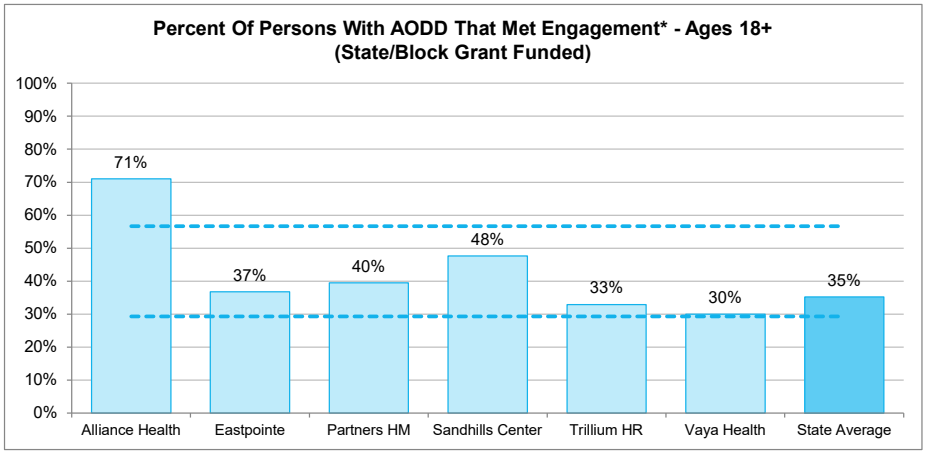

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

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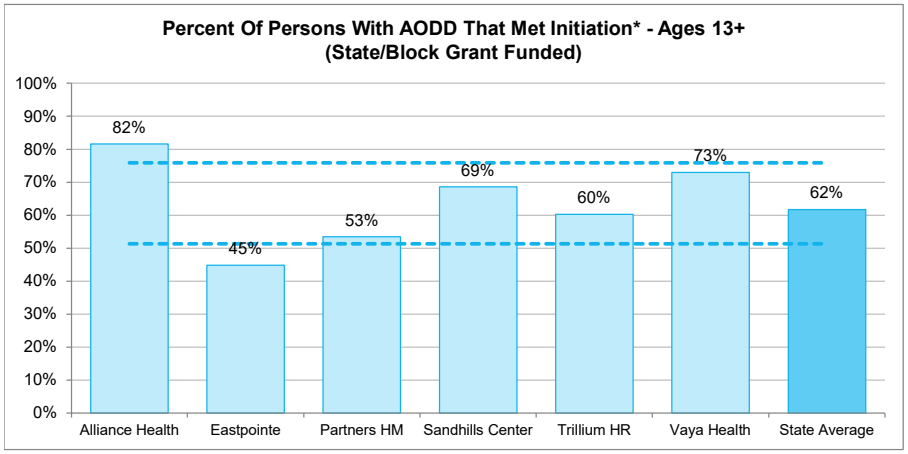
Persons Ages 13+ (State/Block Grant Funded)									
Alliance Health	62	1	13	54	76	82%	1%	17%	71%
Eastpointe	39	10	38	32	87	45%	11%	44%	37%
Partners Health Management	23	1	19	17	43	53%	2%	44%	40%
Sandhills Center	72	7	26	50	105	69%	7%	25%	48%
Trillium Health Resources	918	187	419	505	1,524	60%	12%	27%	33%
Vaya Health	124	12	34	51	170	73%	7%	20%	30%
State Average	1,238	218	549	709	2,005	62%	11%	27%	35%
Standard Deviation						12.3%	4.1%	10.7%	13.7%
LME-MCO Average						64%	7%	30%	43%



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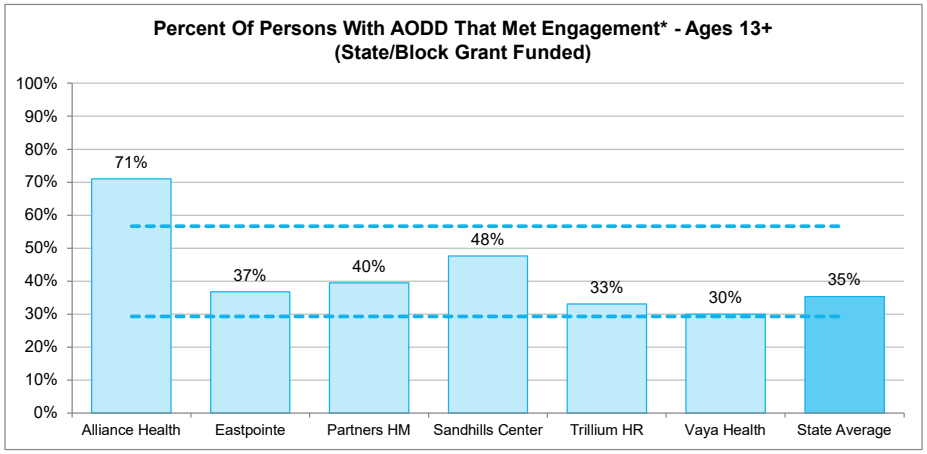

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Persons Ages 13-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	31	24	47	19	102	30%	24%	46%	19%
Eastpointe	18	3	6	5	27	67%	11%	22%	19%
Partners Health Management	17	6	14	8	37	46%	16%	38%	22%
Sandhills Center	8	1	17	5	26	31%	4%	65%	19%
Trillium Health Resources	25	8	24	12	57	44%	14%	42%	21%
Vaya Health	13	1	0	10	14	93%	7%	0%	71%
State Average	112	43	108	59	263	43%	16%	41%	22%
Standard Deviation						22.0%	6.4%	20.4%	19.3%
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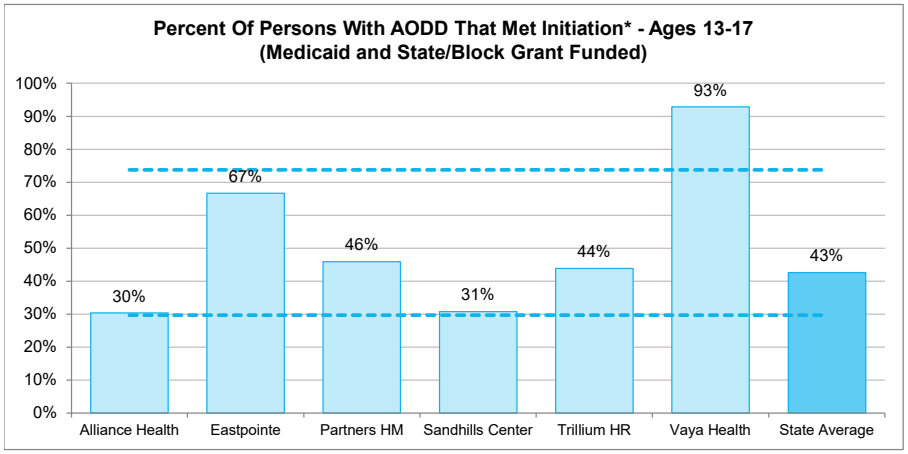

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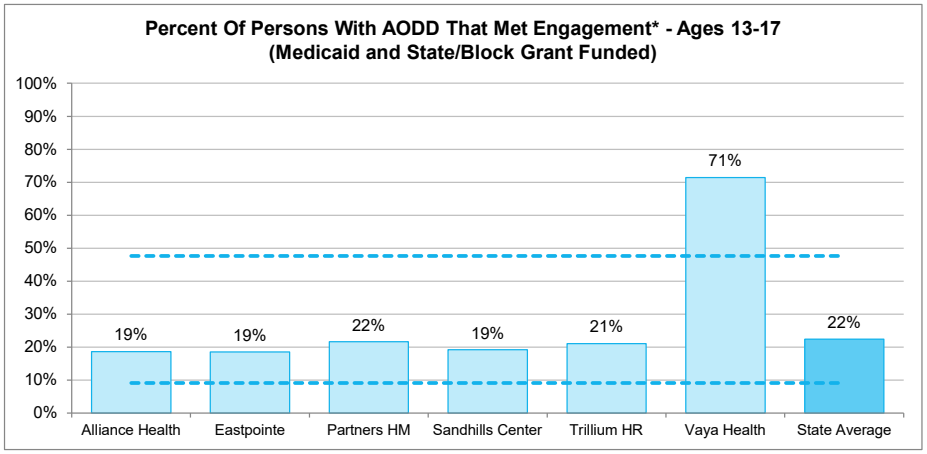

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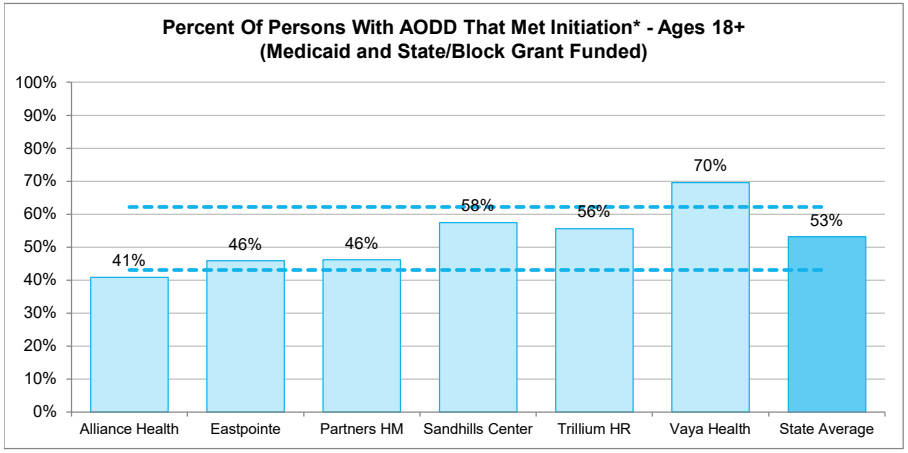
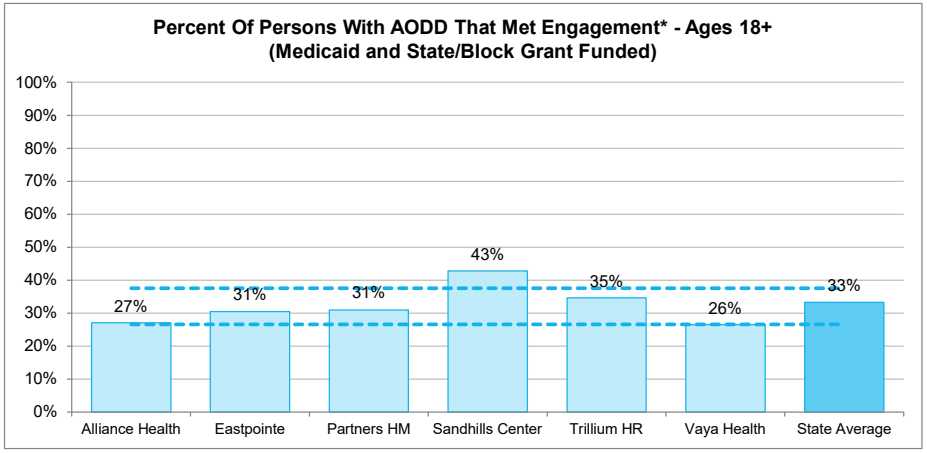
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	438	132	501	290	1,071	41%	12%	47%	27%
Eastpointe	355	103	315	236	773	46%	13%	41%	31%
Partners Health Management	271	36	280	182	587	46%	6%	48%	31%
Sandhills Center	674	88	410	502	1,172	58%	8%	35%	43%
Trillium Health Resources	1,501	383	813	934	2,697	56%	14%	30%	35%
Vaya Health	463	71	131	176	665	70%	11%	20%	26%
State Average	3,702	813	2,450	2,320	6,965	53%	12%	35%	33%
Standard Deviation						9.5%	3.0%	9.8%	5.5%
LME-MCO Average						53%	11%	37%	32%



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

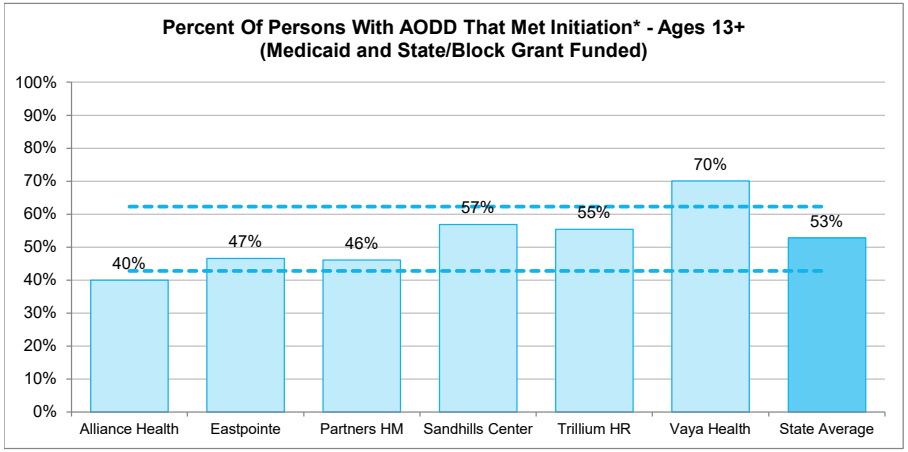
INITIATION AND ENGAGEMENT

4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

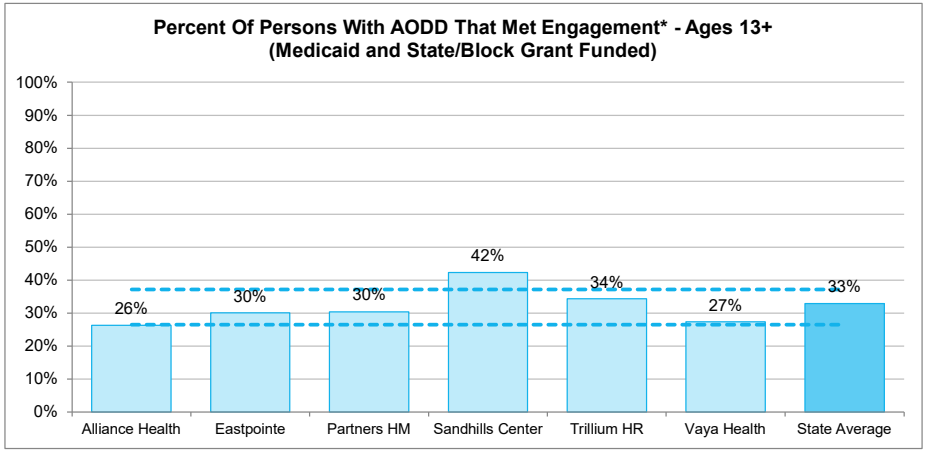
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of alcohol or other drug dependence (defined as having no prior Medicaid or state-funded mh/dd/su service for an AOD diagnosis for at least 60 days) who receive a 2nd service for an AOD diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for an AOD diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 13+ (Medicaid and State/Block Grant Funded)									
Alliance Health	469	156	548	309	1,173	40%	13%	47%	26%
Eastpointe	373	106	321	241	800	47%	13%	40%	30%
Partners Health Management	288	42	294	190	624	46%	7%	47%	30%
Sandhills Center	682	89	427	507	1,198	57%	7%	36%	42%
Trillium Health Resources	1,526	391	837	946	2,754	55%	14%	30%	34%
Vaya Health	476	72	131	186	679	70%	11%	19%	27%
State Average	3,814	856	2,558	2,379	7,228	53%	12%	35%	33%
Standard Deviation						9.7%	2.9%	9.7%	5.3%
LME-MCO Average						53%	11%	37%	32%



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

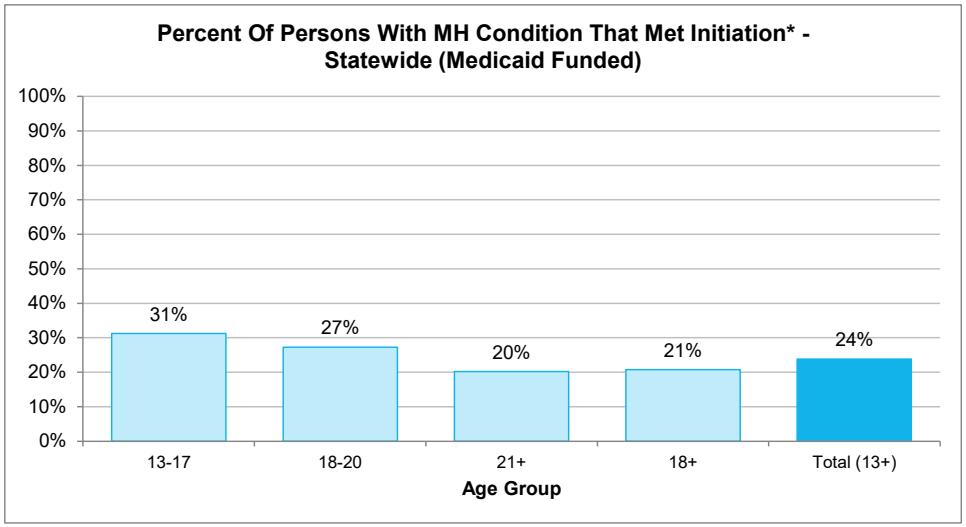
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

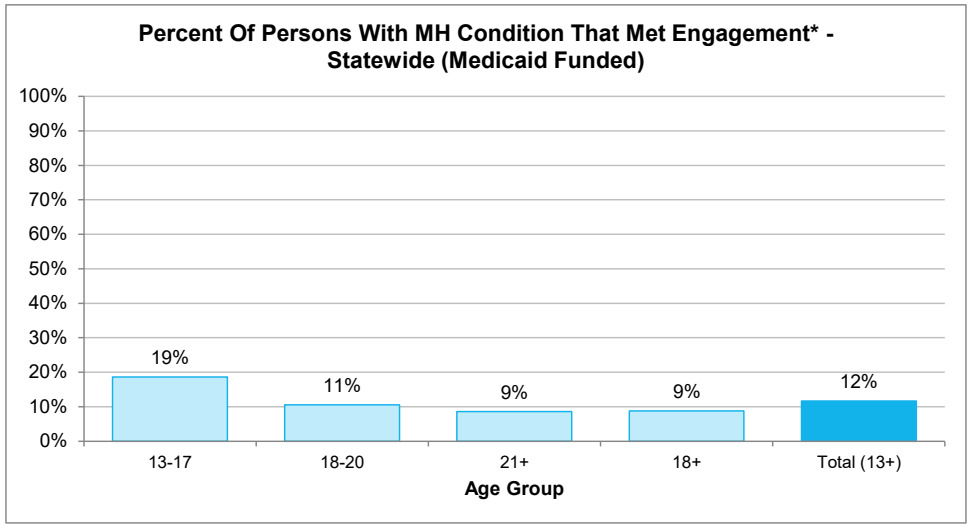
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	1,808	1,367	2,610	1,079	5,785	31%	24%	45%	19%
18-20	305	198	616	118	1,119	27%	18%	55%	11%
21+	2,588	2,127	8,111	1,104	12,826	20%	17%	63%	9%
18+	2,893	2,325	8,727	1,222	13,945	21%	17%	63%	9%
Total (13+)	4,701	3,692	11,337	2,301	19,730	24%	19%	57%	12%





* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

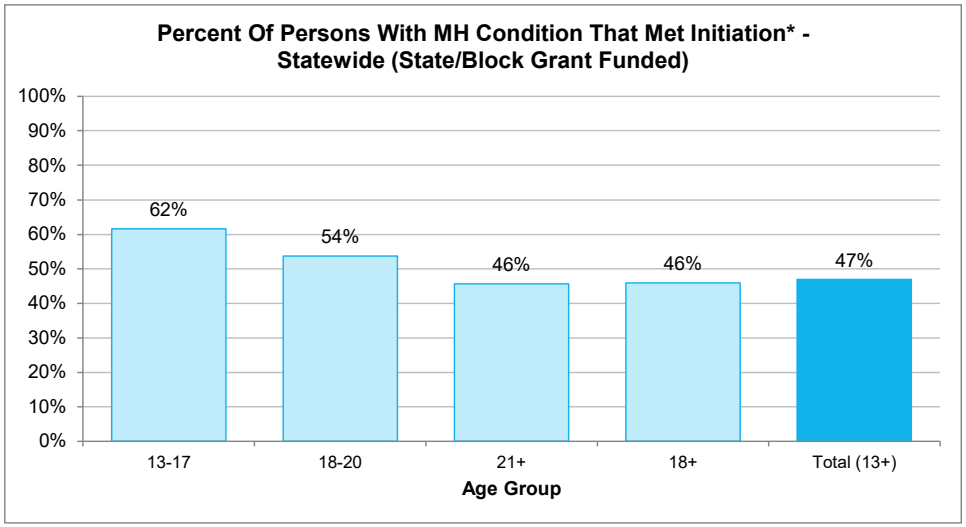
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

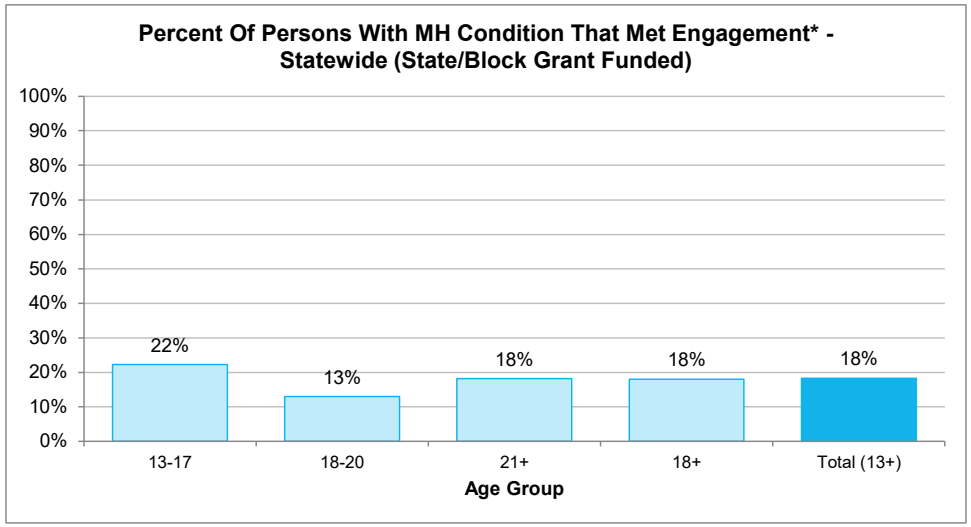
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	69	11	32	25	112	62%	10%	29%	22%
18-20	29	7	18	7	54	54%	13%	33%	13%
21+	752	264	630	299	1,646	46%	16%	38%	18%
18+	781	271	648	306	1,700	46%	16%	38%	18%
Total (13+)	850	282	680	331	1,812	47%	16%	38%	18%





* Received a 2nd service or visit within 14 days of the 1st service.

* Received 2 or more services or visits within 30 days after meeting initiation requirements.

INITIATION AND ENGAGEMENT

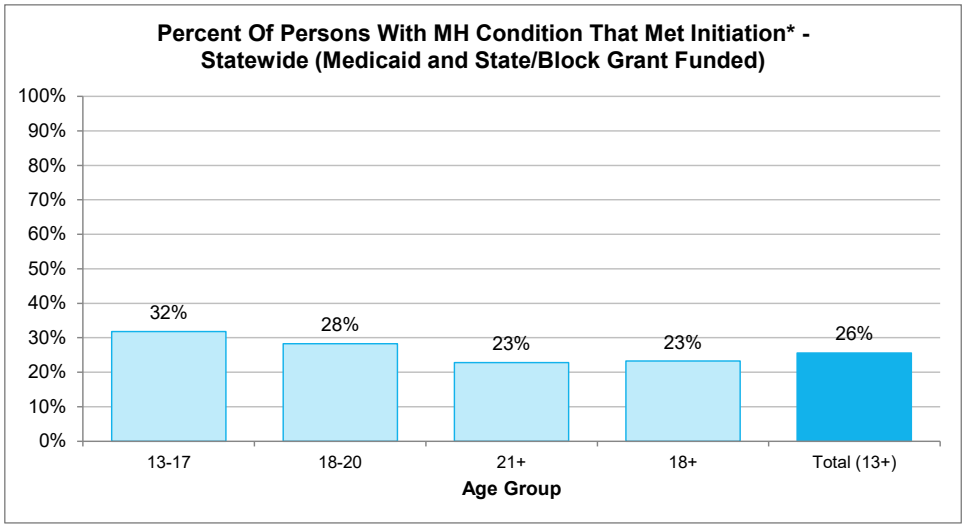
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

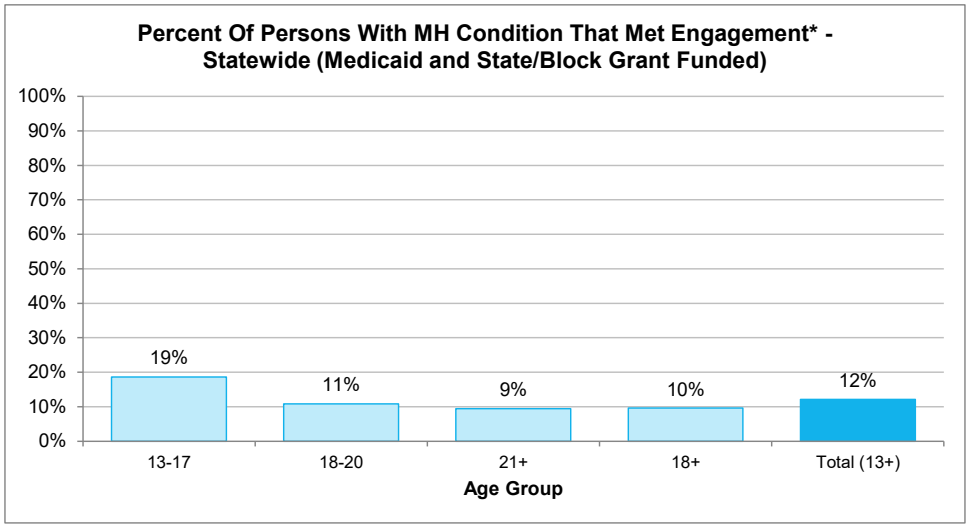
Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (13-17, 18-20, 21+, 18+, and 13+).

Medicaid and State/Block Grant Funded

	Numerator1			Numerator2	Denominator	Rate1			Rate2
Age Groups	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
13-17	1,928	1,412	2,729	1,132	6,069	32%	23%	45%	19%
18-20	337	207	648	129	1,192	28%	17%	54%	11%
21+	3,347	2,467	8,852	1,388	14,666	23%	17%	60%	9%
18+	3,684	2,674	9,500	1,517	15,858	23%	17%	60%	10%
Total (13+)	5,612	4,086	12,229	2,649	21,927	26%	19%	56%	12%



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

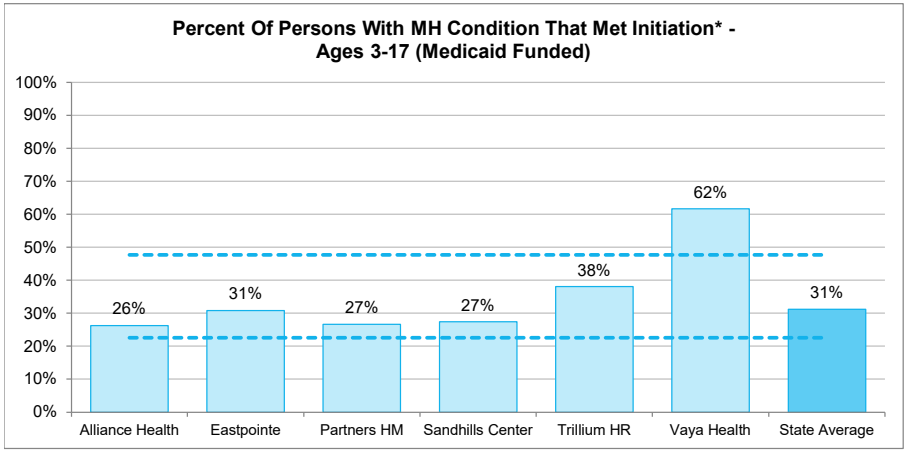
INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

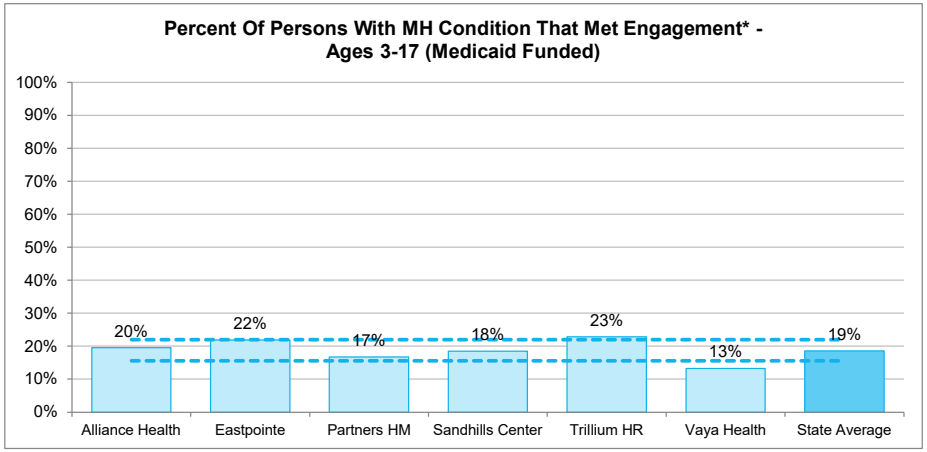
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (3-17, 18-20, 21+, 18+, and 13+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 3-17 (Medicaid Funded)									
Alliance Health	481	442	910	358	1,833	26%	24%	50%	20%
Eastpointe	206	170	292	146	668	31%	25%	44%	22%
Partners Health Management	297	247	572	187	1,116	27%	22%	51%	17%
Sandhills Center	339	252	645	228	1,236	27%	20%	52%	18%
Trillium Health Resources	145	111	125	87	381	38%	29%	33%	23%
Vaya Health	340	145	66	73	551	62%	26%	12%	13%
State Average	1,808	1,367	2,610	1,079	5,785	31%	24%	45%	19%
Standard Deviation						12.5%	2.8%	14.3%	3.2%
LME-MCO Average						35%	25%	40%	19%



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

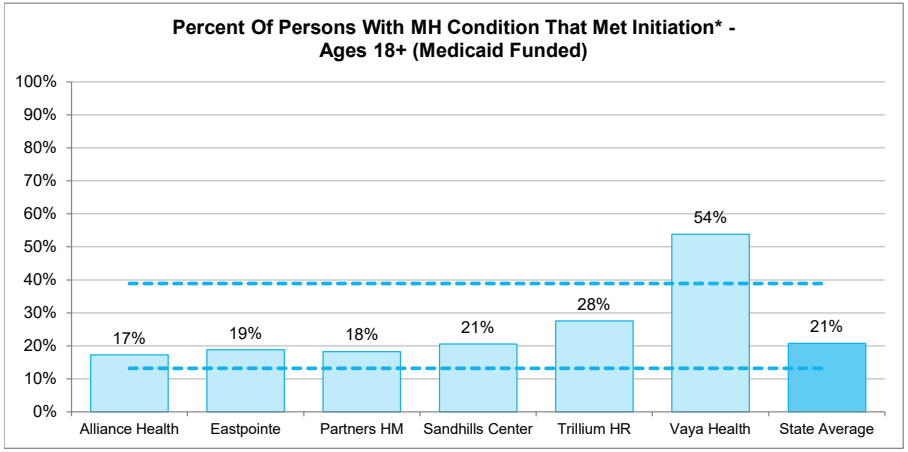
INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

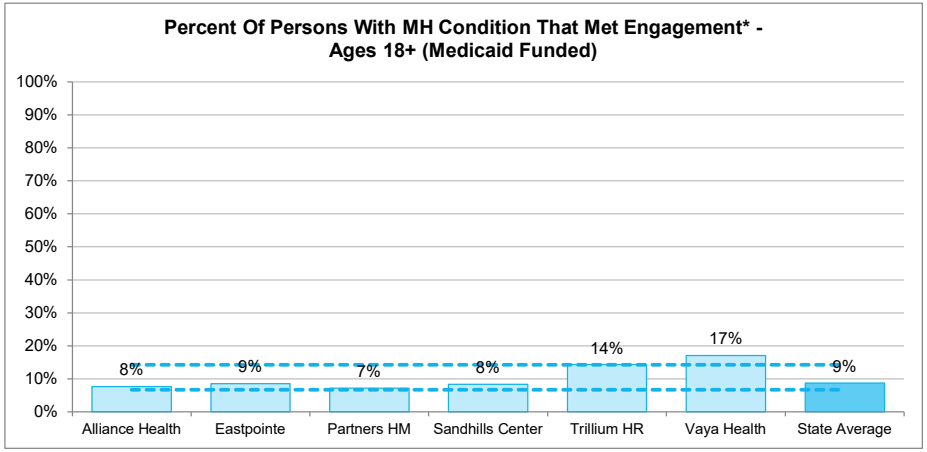
Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

Description: ***Initiation*** is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first service. ***Engagement*** is measured as the percent of persons who after meeting the initiation criteria receive an additional 2 visits for a MH diagnosis within the next 30 days (a total of 4 visits within the first 44 days of service). This indicator looks at initiation and engagement for five age groups (3-17, 18-20, 21+, 18+, and 13+).

	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 18+ (Medicaid Funded)									
Alliance Health	747	702	2,880	333	4,329	17%	16%	67%	8%
Eastpointe	299	308	979	135	1,586	19%	19%	62%	9%
Partners Health Management	564	453	2,077	221	3,094	18%	15%	67%	7%
Sandhills Center	646	428	2,065	261	3,139	21%	14%	66%	8%
Trillium Health Resources	347	300	611	180	1,258	28%	24%	49%	14%
Vaya Health	290	134	115	92	539	54%	25%	21%	17%
State Average	2,893	2,325	8,727	1,222	13,945	21%	17%	63%	9%
Standard Deviation						12.9%	4.3%	16.4%	3.8%
LME-MCO Average						26%	19%	55%	11%



* Received a 2nd service or visit within 14 days of the 1st service.



* Received 2 or more services or visits within 30 days after meeting initiation requirements.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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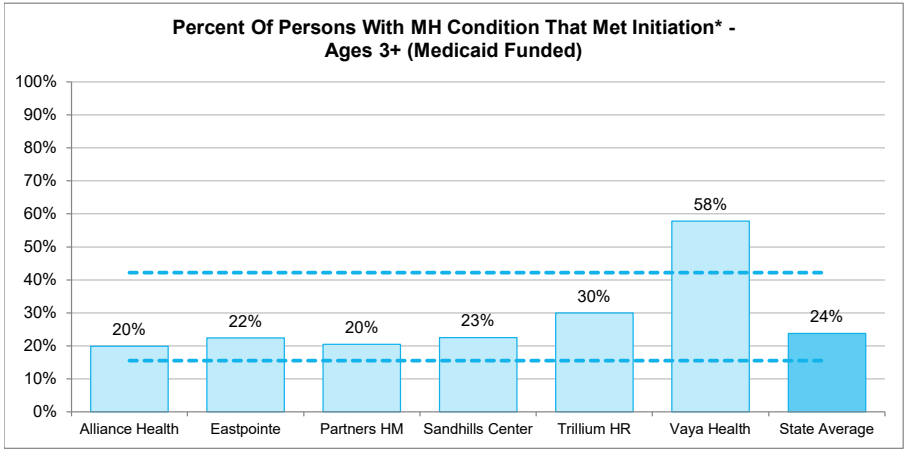
	Numerator1			Numerator2	Denominator	Rate1			Rate2
LME-MCO	**Number With 2nd Service Or Visit Within 14 Days (Initiation)**	**Number With 2nd Service Or Visit More Than 14 Days**	**Number With No 2nd Visit**	**Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)**	**Total Number with an Initial Visit (New Episode of Care)**	**Percent With 2nd Service Or Visit Within 14 Days (Initiation)**	**Percent With 2nd Service Or Visit More Than 14 Days**	**Percent With No 2nd Service**	**Percent With 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)**
Persons Ages 3+ (Medicaid Funded)									
Alliance Health	1,228	1,144	3,790	691	6,162	20%	19%	62%	11%
Eastpointe	505	478	1,271	281	2,254	22%	21%	56%	12%
Partners Health Management	861	700	2,649	408	4,210	20%	17%	63%	10%
Sandhills Center	985	680	2,710	489	4,375	23%	16%	62%	11%
Trillium Health Resources	492	411	736	267	1,639	30%	25%	45%	16%
Vaya Health	630	279	181	165	1,090	58%	26%	17%	15%
State Average	4,701	3,692	11,337	2,301	19,730	24%	19%	57%	12%
Standard Deviation						13.4%			2.3%
LME-MCO Average						29%	20%	51%	13%



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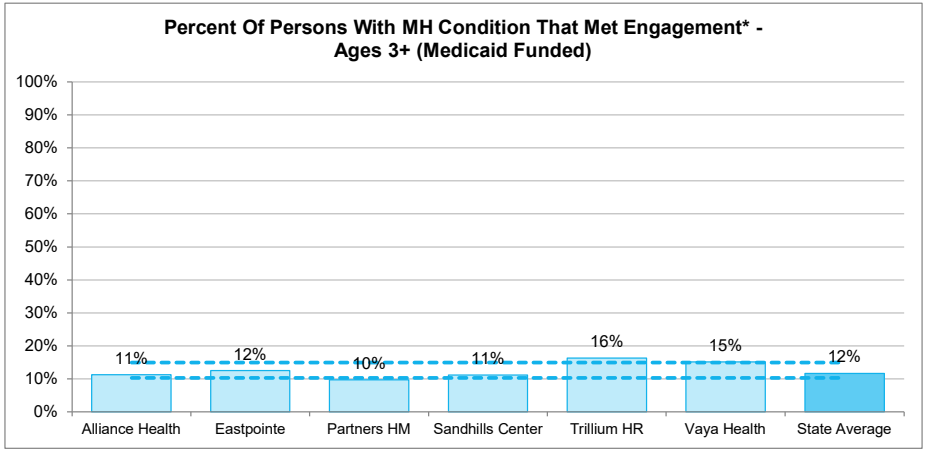

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

INITIATION AND ENGAGEMENT

4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

Rationale: For persons with mental illness to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for mental illness can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Initiation and engagement are nationally accepted measures of access. The initiation and engagement measures were originally developed as a measure for persons with SUD by the Washington Circle, an organization supported by the federal Center for Substance Abuse Treatment, and then adapted for use as Healthcare Enterprise Data Information System (HEDIS ©) measures. The measure was further adapted by DMH/DD/SUS for use with persons with mental illness.

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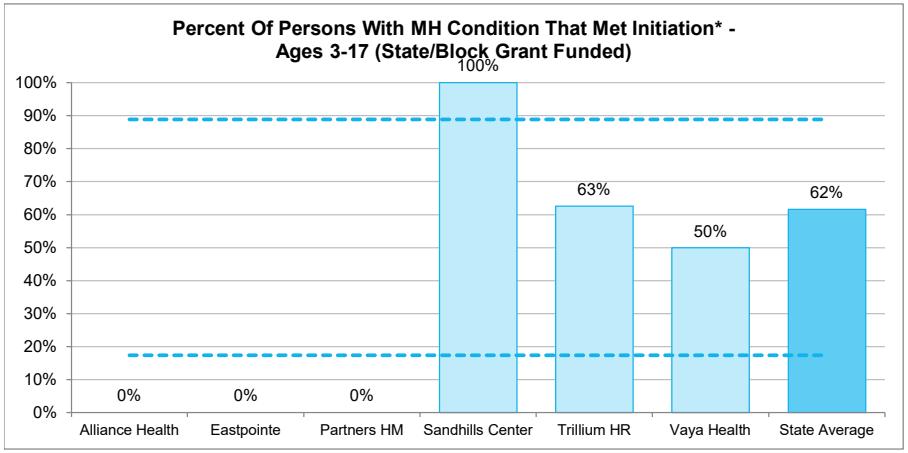
Persons Ages 3-17 (State/Block Grant Funded)									
Alliance Health	0	0	0	0	0				
Eastpointe	0	1	1	1	2	0%	50%	50%	50%
Partners Health Management	0	0	0	0	0				
Sandhills Center	1	0	0	0	1	100%	0%	0%	0%
Trillium Health Resources	67	10	30	24	107	63%	9%	28%	22%
Vaya Health	1	0	1	0	2	50%	0%	50%	0%
State Average	69	11	32	25	112	62%	10%	29%	22%
Standard Deviation						35.8%	20.7%	20.5%	20.6%
LME-MCO Average						53%	15%	32%	18%



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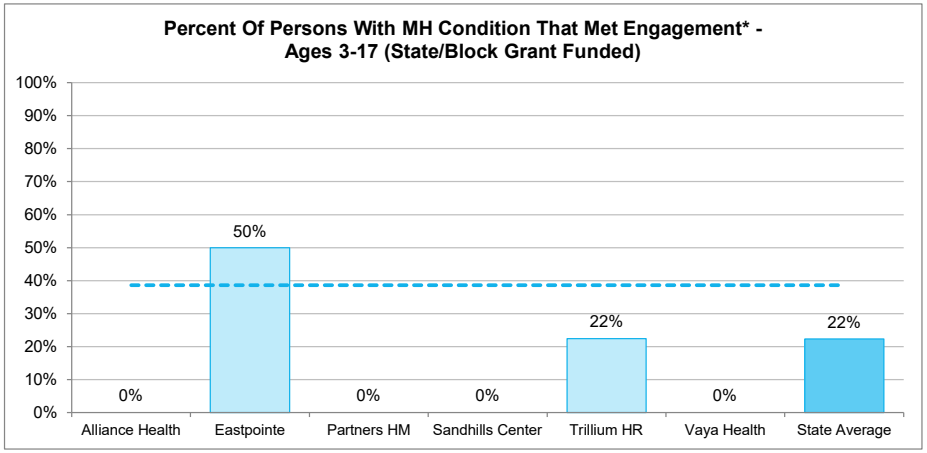

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

INITIATION AND ENGAGEMENT

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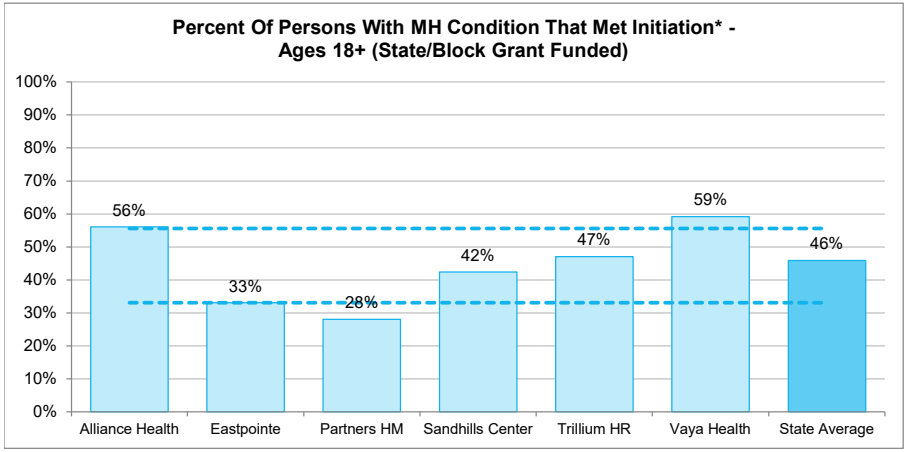
Persons Ages 18+ (State/Block Grant Funded)									
Alliance Health	60	22	25	48	107	56%	21%	23%	45%
Eastpointe	43	16	71	28	130	33%	12%	55%	22%
Partners Health Management	16	5	36	13	57	28%	9%	63%	23%
Sandhills Center	81	17	93	51	191	42%	9%	49%	27%
Trillium Health Resources	536	199	404	153	1,139	47%	17%	35%	13%
Vaya Health	45	12	19	13	76	59%	16%	25%	17%
State Average	781	271	648	306	1,700	46%	16%	38%	18%
Standard Deviation						11.3%	4.4%	14.9%	10.1%
LME-MCO Average						44%	14%	42%	24%



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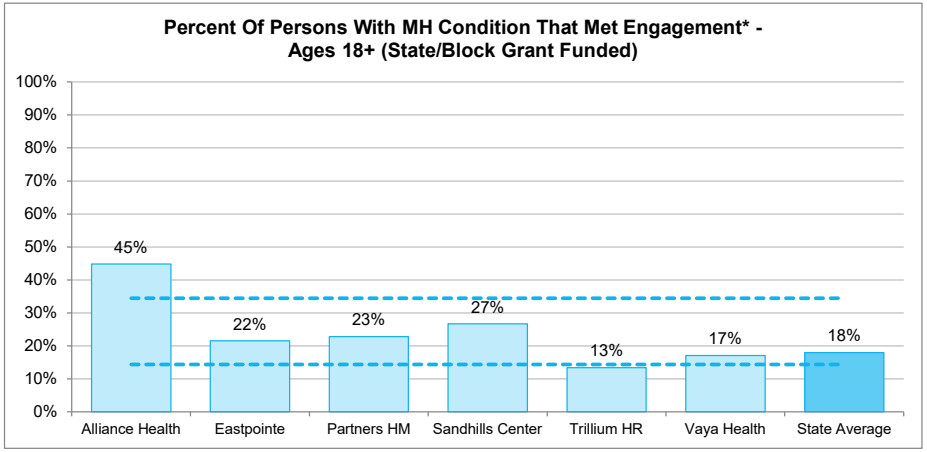

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

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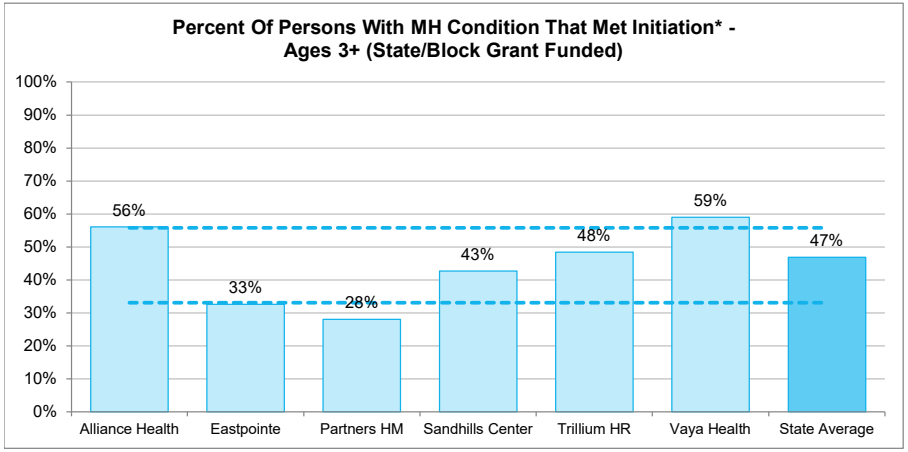
Persons Ages 3+ (State/Block Grant Funded)									
Alliance Health	60	22	25	48	107	56%	21%	23%	45%
Eastpointe	43	17	72	29	132	33%	13%	55%	22%
Partners Health Management	16	5	36	13	57	28%	9%	63%	23%
Sandhills Center	82	17	93	51	192	43%	9%	48%	27%
Trillium Health Resources	603	209	434	177	1,246	48%	17%	35%	14%
Vaya Health	46	12	20	13	78	59%	15%	26%	17%
State Average	850	282	680	331	1,812	47%	16%	38%	18%
Standard Deviation						11.4%	4.2%	14.8%	10.0%
LME-MCO Average						44%	14%	42%	25%



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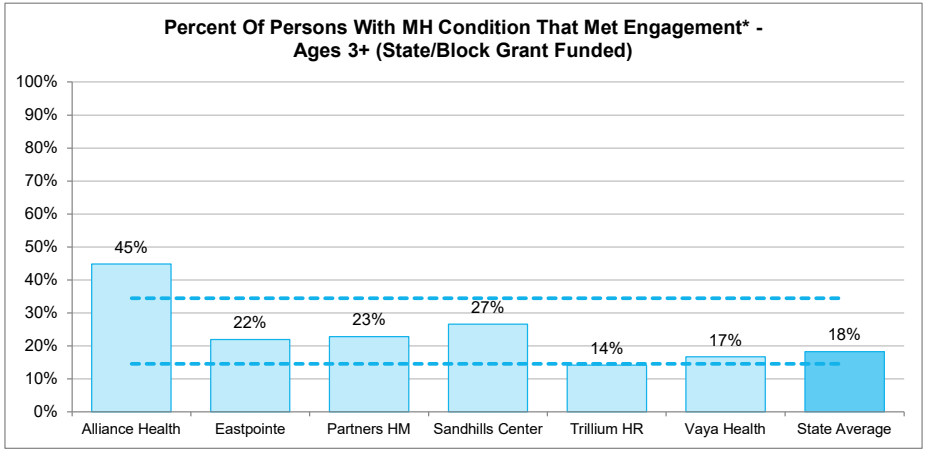

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
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INITIATION AND ENGAGEMENT

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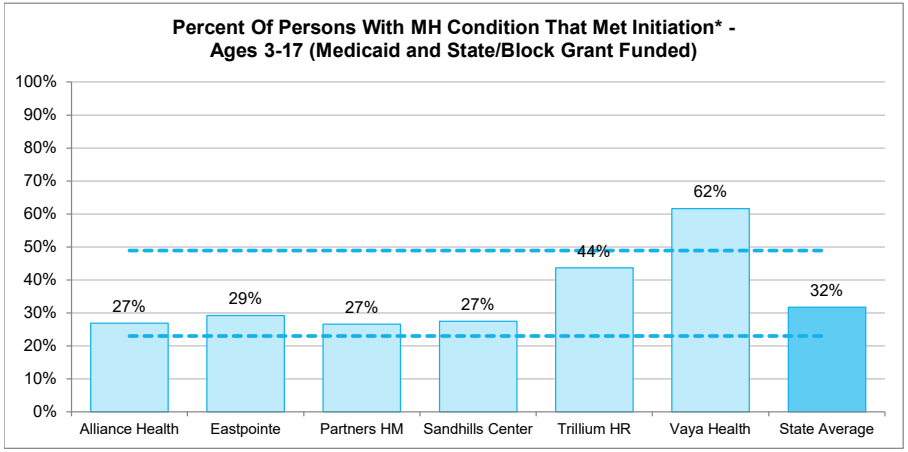
Persons Ages 3-17 (Medicaid and State/Block Grant Funded)									
Alliance Health	516	466	937	380	1,919	27%	24%	49%	20%
Eastpointe	221	179	356	152	756	29%	24%	47%	20%
Partners Health Management	297	247	572	187	1,116	27%	22%	51%	17%
Sandhills Center	340	252	645	228	1,237	27%	20%	52%	18%
Trillium Health Resources	213	123	152	112	488	44%	25%	31%	23%
Vaya Health	341	145	67	73	553	62%	26%	12%	13%
State Average	1,928	1,412	2,729	1,132	6,069	32%	23%	45%	19%
Standard Deviation						13.0%	1.9%	14.5%	3.0%
LME-MCO Average						36%	24%	40%	19%



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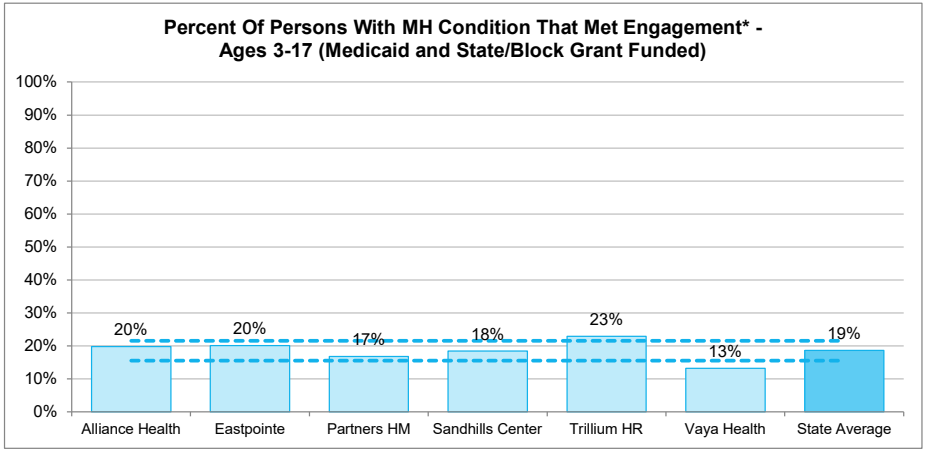

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

Report Year:	2024	**Measurement Period:**	Oct - Dec 2023
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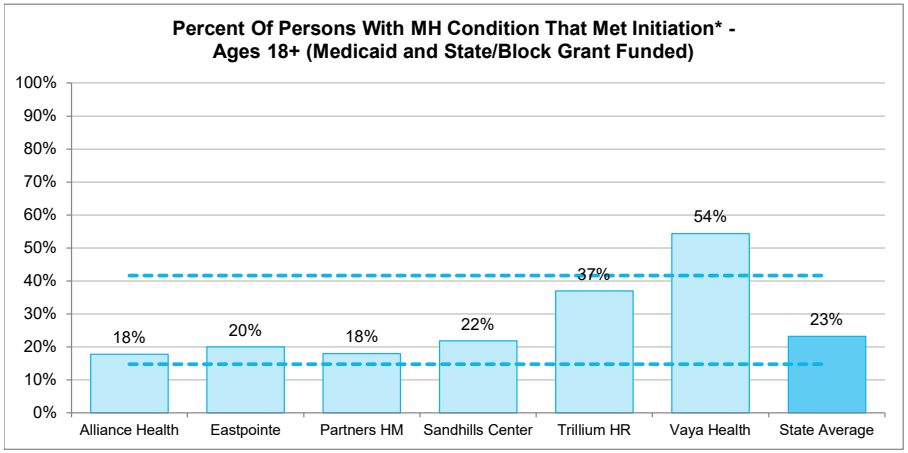
Persons Ages 18+ (Medicaid and State/Block Grant Funded)									
Alliance Health	803	755	2,966	378	4,524	18%	17%	66%	8%
Eastpointe	386	356	1,186	173	1,928	20%	18%	62%	9%
Partners Health Management	554	458	2,068	211	3,080	18%	15%	67%	7%
Sandhills Center	727	445	2,158	312	3,330	22%	13%	65%	9%
Trillium Health Resources	885	516	990	341	2,391	37%	22%	41%	14%
Vaya Health	329	144	132	102	605	54%	24%	22%	17%
State Average	3,684	2,674	9,500	1,517	15,858	23%	17%	60%	10%
Standard Deviation						13.4%	3.6%	16.7%	3.6%
LME-MCO Average						28%	18%	54%	11%



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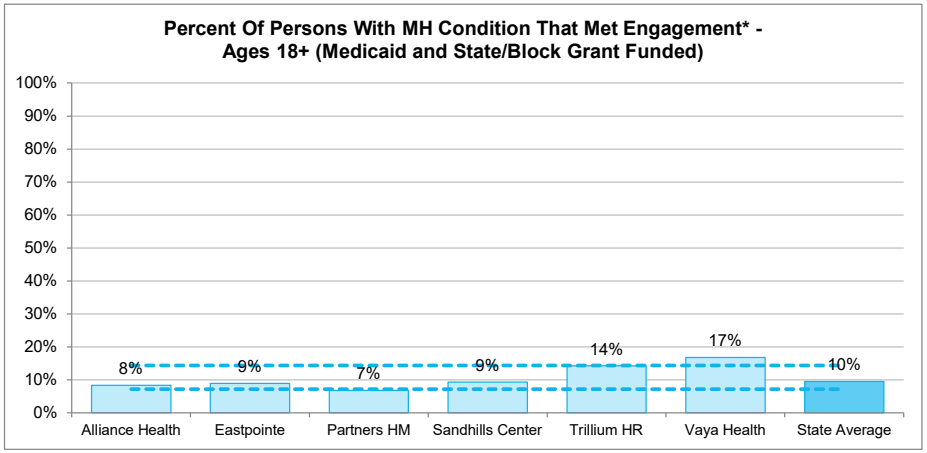

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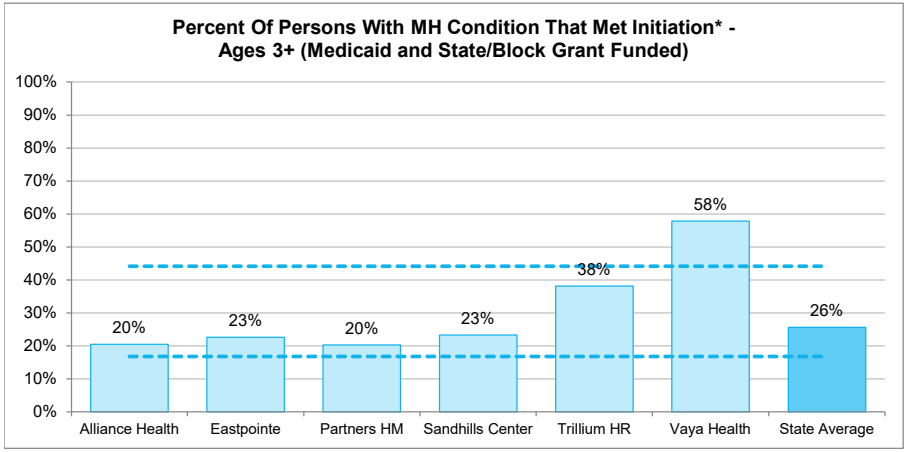
Persons Ages 3+ (Medicaid and State/Block Grant Funded)									
Alliance Health	1,319	1,221	3,903	758	6,443	20%	19%	61%	12%
Eastpointe	607	535	1,542	325	2,684	23%	20%	57%	12%
Partners Health Management	851	705	2,640	398	4,196	20%	17%	63%	9%
Sandhills Center	1,067	697	2,803	540	4,567	23%	15%	61%	12%
Trillium Health Resources	1,098	639	1,142	453	2,879	38%	22%	40%	16%
Vaya Health	670	289	199	175	1,158	58%	25%	17%	15%
State Average	5,612	4,086	12,229	2,649	21,927	26%	19%	56%	12%
Standard Deviation						13.7%	3.2%	16.6%	2.1%
LME-MCO Average						30%	20%	50%	13%



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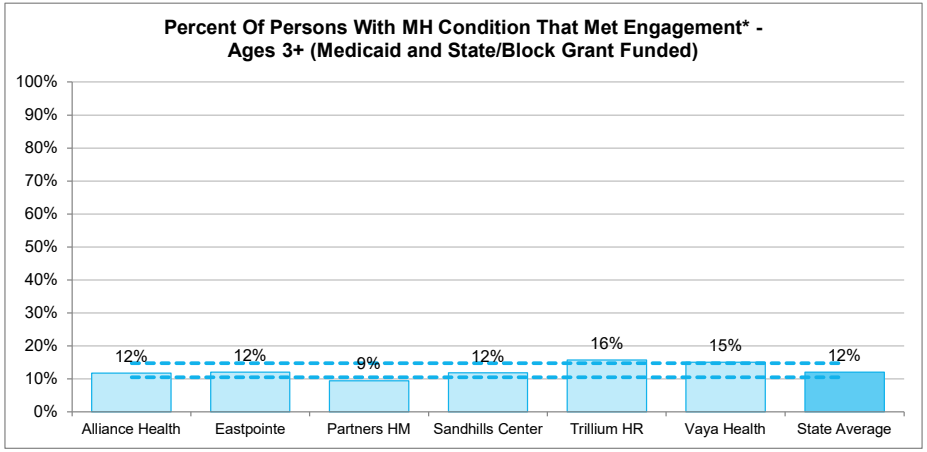

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North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024 **Measurement Period:** Oct - Dec 2023
Report Quarter: 3rd Quarter

CRISIS AND INPATIENT SERVICES

5.1 Short-Term Care In State Psychiatric Hospitals

Rationale: Serving individuals in crisis in the least restrictive setting as appropriate and as close to home as possible helps families stay in touch and participate in the individual's recovery.

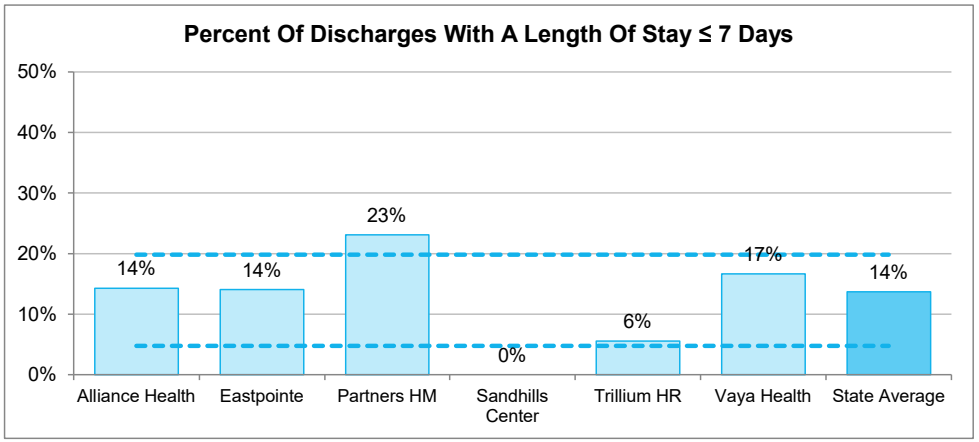
State psychiatric hospitals provide a safety net for the community service system. An adequate community system should provide short-term inpatient care in a local hospital in the community. This reserves high-cost state facility beds for consumers with more intensive, long-term care needs.

Reducing the short-term use of state psychiatric hospitals allows persons to receive acute services closer to home and provides more effective and efficient use of funds for community services. This is a Mental Health Block Grant measure required by the Center for Mental Health Services (CMHS).

Description: This indicator measures the percent of persons discharged from state psychiatric hospitals each quarter, that fall within the responsibility of an LME-MCO to coordinate services (as described in the footnote below), with a length of stay of 7 days or less.

Consumers Discharged With A Length Of Stay Of 7 Days Or Less

	Numerator	Denominator	Rate
LME-MCO	**Number of Discharges with a LOS ≤ 7 Days**	**Total Discharges**	**Percent with a Length Of Stay ≤ 7 Days**
Alliance Health	6	42	14%
Eastpointe	9	64	14%
Partners Health Management	3	13	23%
Sandhills Center	0	6	0%
Trillium Health Resources	1	18	6%
Vaya Health	3	18	17%
State Average	22	161	14%
Standard Deviation			7.5%
LME-MCO Average			12%



Data Source: State Psychiatric Hospital data in CDW as of 1/18/24. Discharges have been filtered to include only "direct" discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, acute care hospital, outpatient services, residential care, other). Discharges for other reasons (e.g. transfers to other facilities, to medical visits, out-of-state, to correctional facilities, deaths, etc.) are not included as LME-MCOs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

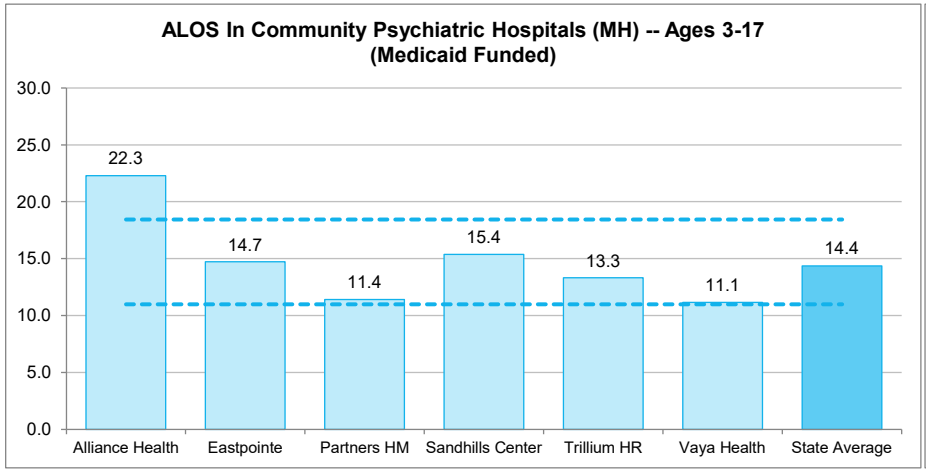
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

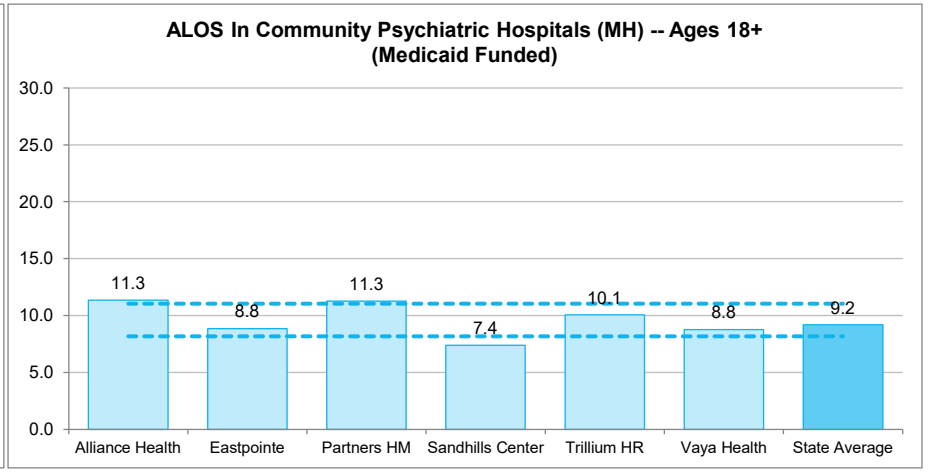
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (Medicaid Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	2,585	116	22.3	8,315	733	11.3	10,900	849	12.8
Eastpointe	1,296	88	14.7	1,644	186	8.8	2,940	274	10.7
Partners Health Management	968	85	11.4	4,762	423	11.3	5,730	508	11.3
Sandhills Center	3,414	222	15.4	10,827	1,470	7.4	14,241	1,692	8.4
Trillium Health Resources	2,077	156	13.3	5,890	586	10.1	7,967	742	10.7
Vaya Health	2,607	234	11.1	4,613	527	8.8	7,220	761	9.5
State Average	12,947	901	14.4	36,051	3,925	9.2	48,998	4,826	10.2
Standard Deviation			3.7			1.4			1.4
LME-MCO Average			14.7			9.6			10.6





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

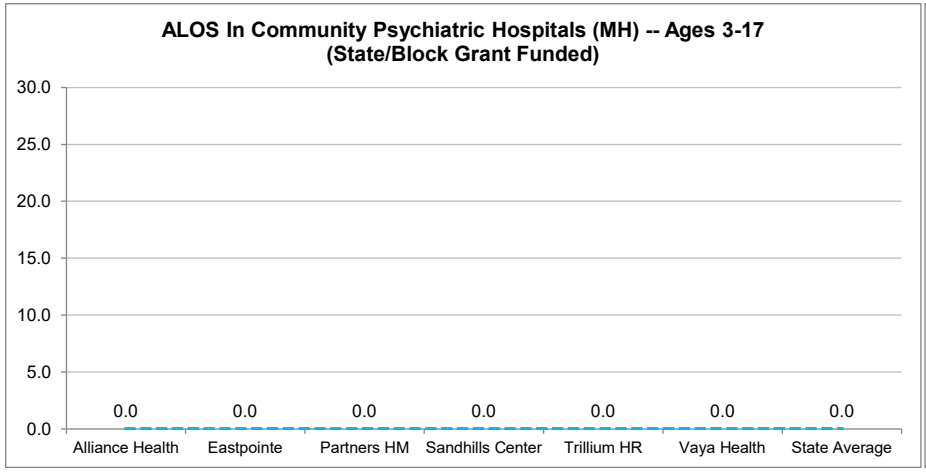
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

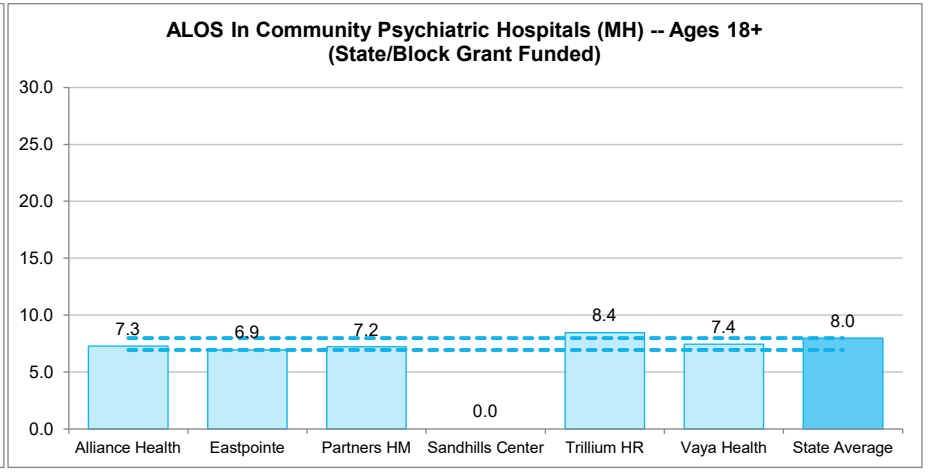
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (State/Block Grant Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	0	0		80	11	7.3	80	11	7.3
Eastpointe	0	0		326	47	6.9	326	47	6.9
Partners Health Management	0	0		72	10	7.2	72	10	7.2
Sandhills Center	0	0		0	0				
Trillium Health Resources	0	0		1,918	227	8.4	1,918	227	8.4
Vaya Health	0	0		528	71	7.4	528	71	7.4
State Average	0	0		2,924	366	8.0	2,924	366	8.0
Standard Deviation			0.0			0.5			0.5
LME-MCO Average			0.0			7.5			7.5





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

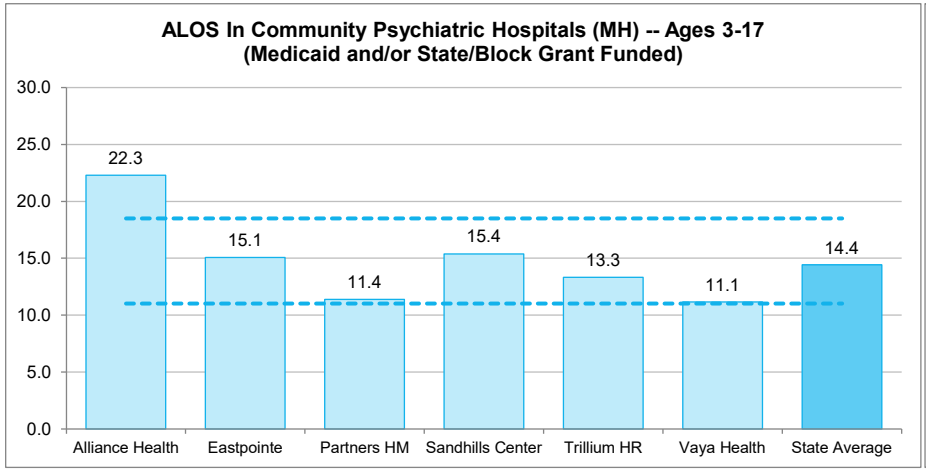
5.3 Length of Stay in Community Psychiatric Hospitals (Principal MH Diagnosis)

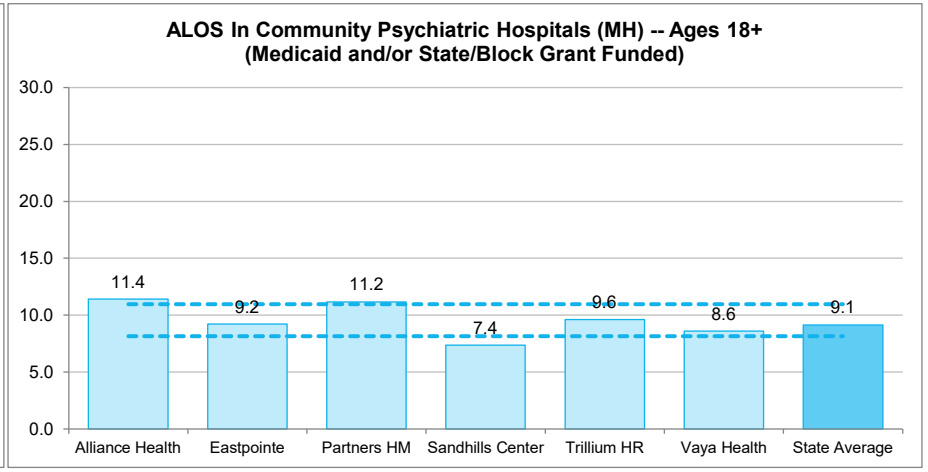
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal mental health diagnosis who were discharged during the measurement period from a community inpatient facility for acute mental health care.

Length of Stay in Community Psychiatric Hospitals -- Principal MH Diagnosis (Medicaid and/or State/Block Grant Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	2,585	116	22.3	8,235	722	11.4	10,820	838	12.9
Eastpointe	1,402	93	15.1	1,706	185	9.2	3,108	278	11.2
Partners Health Management	968	85	11.4	4,834	433	11.2	5,802	518	11.2
Sandhills Center	3,414	222	15.4	10,827	1,470	7.4	14,241	1,692	8.4
Trillium Health Resources	2,077	156	13.3	7,808	813	9.6	9,885	969	10.2
Vaya Health	2,607	234	11.1	5,141	598	8.6	7,748	832	9.3
State Average	13,053	906	14.4	38,551	4,221	9.1	51,604	5,127	10.1
Standard Deviation			3.7			1.4			1.4
LME-MCO Average			14.8			9.6			10.5





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

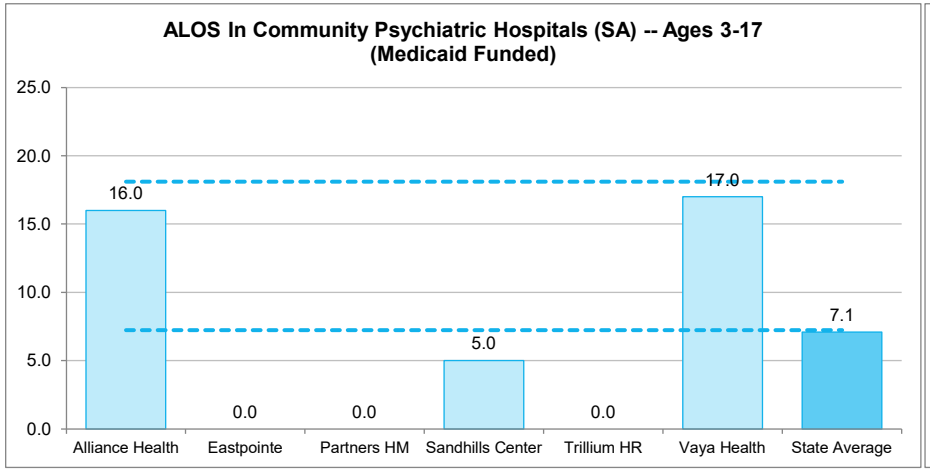
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

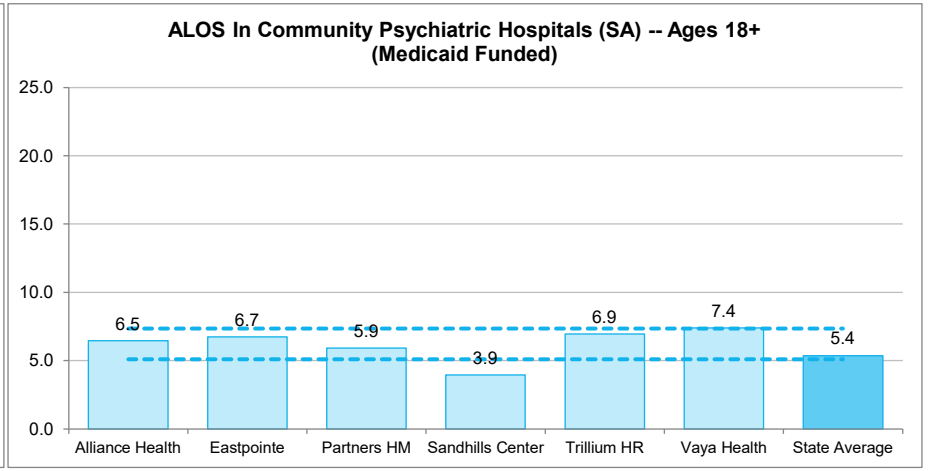
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (Medicaid Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	16	1	16.0	387	60	6.5	403	61	6.6
Eastpointe	0	0		148	22	6.7	148	22	6.7
Partners Health Management	0	0		307	52	5.9	307	52	5.9
Sandhills Center	45	9	5.0	1,290	327	3.9	1,335	336	4.0
Trillium Health Resources	0	0		229	33	6.9	229	33	6.9
Vaya Health	17	1	17.0	1,043	141	7.4	1,060	142	7.5
State Average	78	11	7.1	3,404	635	5.4	3,482	646	5.4
Standard Deviation			5.4			1.1			1.1
LME-MCO Average			12.7			6.2			6.3





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

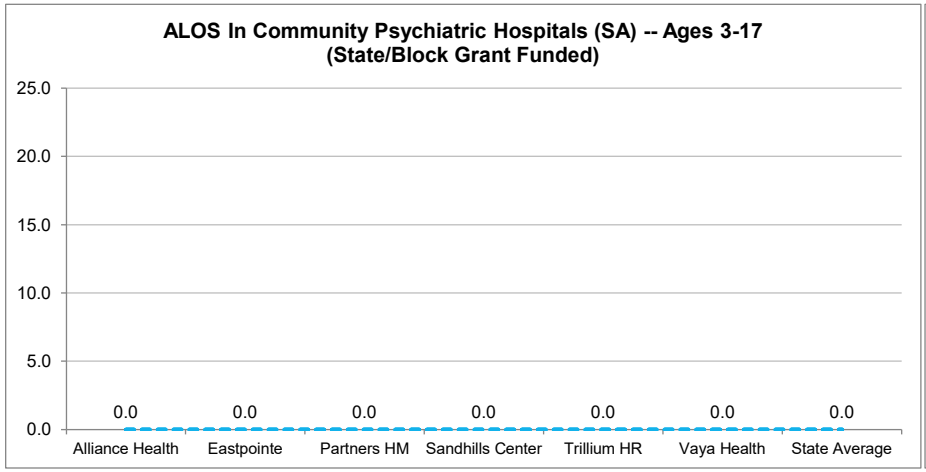
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

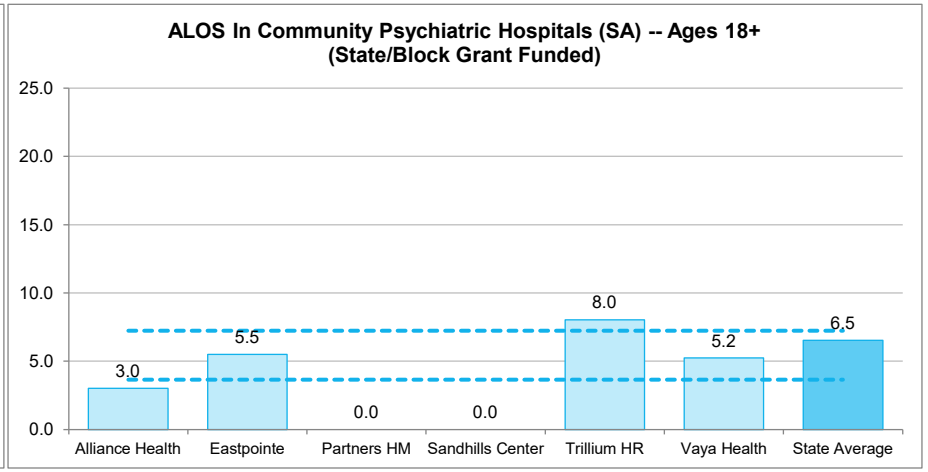
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (State/Block Grant Funded)

LME-MCO	Ages 3-17 Numerator: Total Number Inpatient Days	Ages 3-17 Denominator: Total Number Discharges	Ages 3-17 Rate: Average LOS	Ages 18+ Numerator: Total Number Inpatient Days	Ages 18+ Denominator: Total Number Discharges	Ages 18+ Rate: Average LOS	Total (Ages 3+) Numerator: Total Number Inpatient Days	Total (Ages 3+) Denominator: Total Number Discharges	Total (Ages 3+) Rate: Average LOS
Alliance Health	0	0		6	2	3.0	6	2	3.0
Eastpointe	0	0		88	16	5.5	88	16	5.5
Partners Health Management	0	0		0	0				
Sandhills Center	0	0		0	0				
Trillium Health Resources	0	0		217	27	8.0	217	27	8.0
Vaya Health	0	0		68	13	5.2	68	13	5.2
State Average	0	0		379	58	6.5	379	58	6.5
Standard Deviation						1.8			1.8
LME-MCO Average						5.4			5.4





CRISIS AND INPATIENT SERVICES

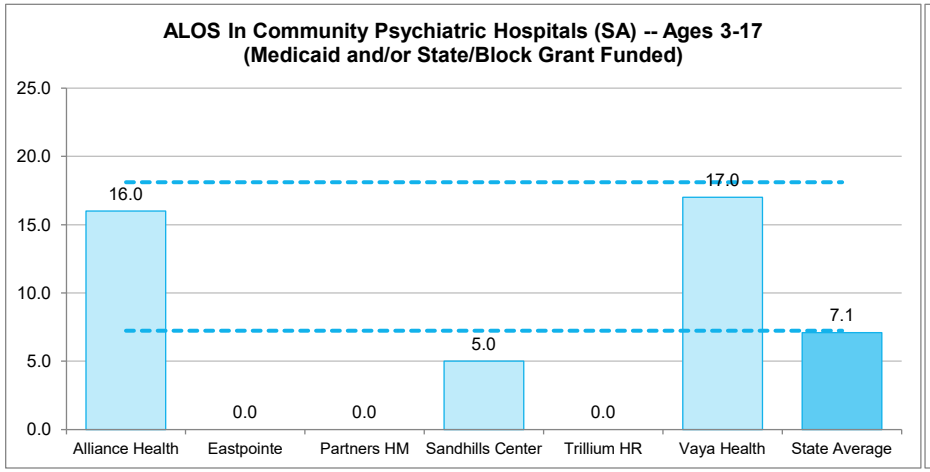
5.4 Length of Stay in Community Psychiatric Hospitals (Principal SA Diagnosis)

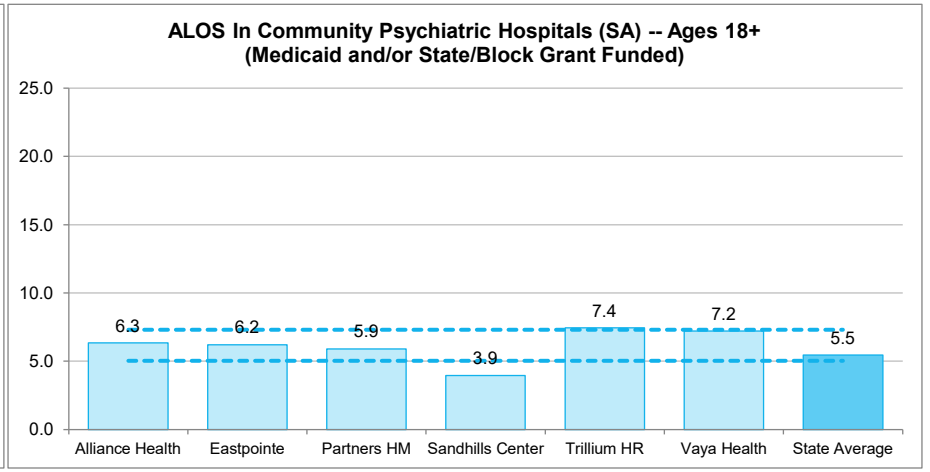
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. Longer stays can be indicative of poor-value care: inefficient hospital processes may cause delays in providing treatment; errors and poor-quality care may mean patients need further treatment or recovery time; poor care co-ordination may leave people stuck in the hospital waiting for ongoing care to be arranged. Stays that are too short can be indicative of poor-value care as well: some people may be discharged too early, when staying in the hospital longer could have improved their outcomes or reduced chances of readmission.

Description: The measure provides the average length of stay for persons with a principal substance use disorder diagnosis who were discharged during the measurement period from a community inpatient facility for acute substance use care.

Length of Stay in Community Psychiatric Hospitals -- Principal SA Diagnosis (Medicaid and/or State/Block Grant Funded)

LME-MCO	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS	Total Number Inpatient Days	Total Number Discharges	Average LOS
Alliance Health	16	1	16.0	393	62	6.3	409	63	6.5
Eastpointe	0	0		236	38	6.2	236	38	6.2
Partners Health Management	0	0		307	52	5.9	307	52	5.9
Sandhills Center	45	9	5.0	1,290	327	3.9	1,335	336	4.0
Trillium Health Resources	0	0		446	60	7.4	446	60	7.4
Vaya Health	17	1	17.0	1,111	154	7.2	1,128	155	7.3
State Average	78	11	7.1	3,783	693	5.5	3,861	704	5.5
Standard Deviation			5.4			1.1			1.1
LME-MCO Average			12.7			6.2			6.2





CRISIS AND INPATIENT

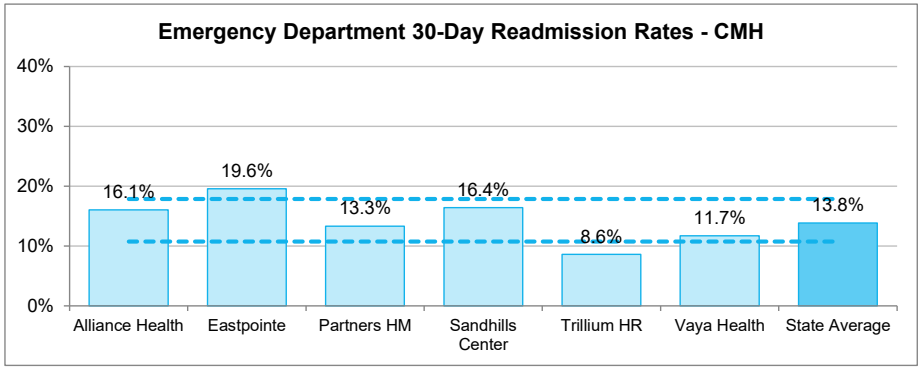
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

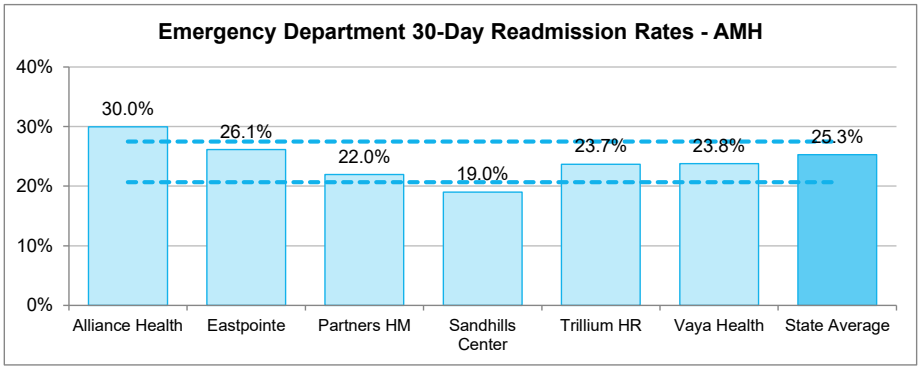
Child Mental Health (Ages 3-17)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	53	330	16.1%
Eastpointe	28	143	19.6%
Partners Health Management	26	195	13.3%
Sandhills Center	10	61	16.4%
Trillium Health Resources	19	221	8.6%
Vaya Health	25	213	11.7%
State Average	161	1,163	13.8%
Standard Deviation			3.5%
LME-MCO Average			14.3%



Adult Mental Health (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	266	888	30.0%
Eastpointe	99	379	26.1%
Partners Health Management	128	583	22.0%
Sandhills Center	27	142	19.0%
Trillium Health Resources	140	591	23.7%
Vaya Health	116	488	23.8%
State Average	776	3,071	25.3%
Standard Deviation			3.4%
LME-MCO Average			24.1%



CRISIS AND INPATIENT

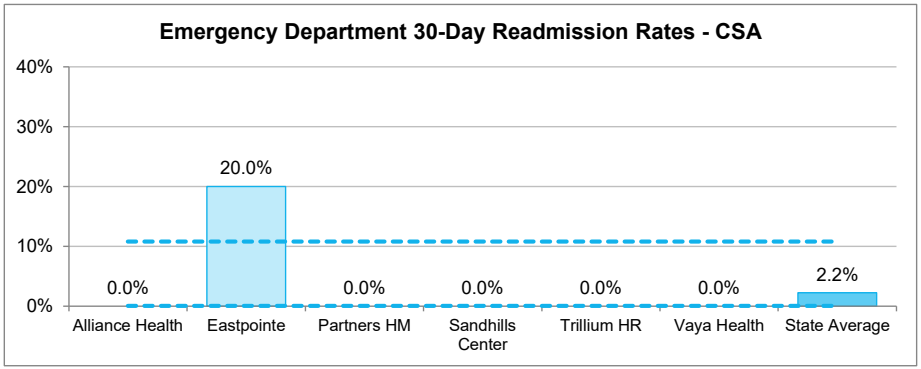
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

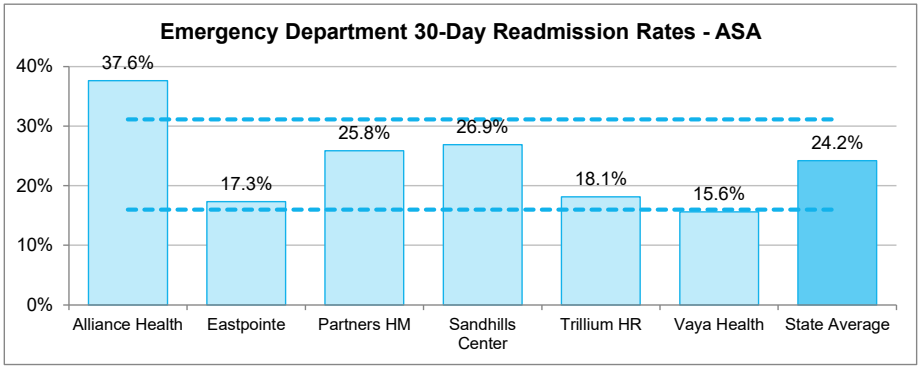
Child Substance Abuse (Ages 3-17)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	0	11	0.0%
Eastpointe	1	5	20.0%
Partners Health Management	0	10	0.0%
Sandhills Center	0	1	0.0%
Trillium Health Resources	0	7	0.0%
Vaya Health	0	11	0.0%
State Average	1	45	2.2%
Standard Deviation			7.5%
LME-MCO Average			3.3%



Adult Substance Abuse (Ages 18+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	109	290	37.6%
Eastpointe	26	150	17.3%
Partners Health Management	54	209	25.8%
Sandhills Center	18	67	26.9%
Trillium Health Resources	48	265	18.1%
Vaya Health	32	205	15.6%
State Average	287	1,186	24.2%
Standard Deviation			7.6%
LME-MCO Average			23.6%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT

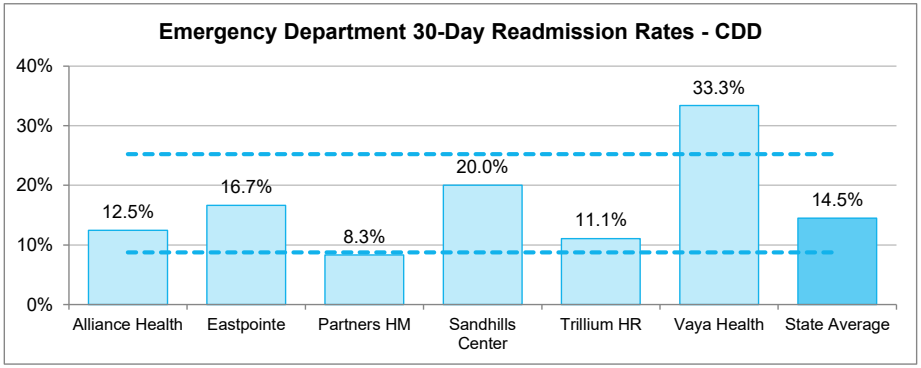
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

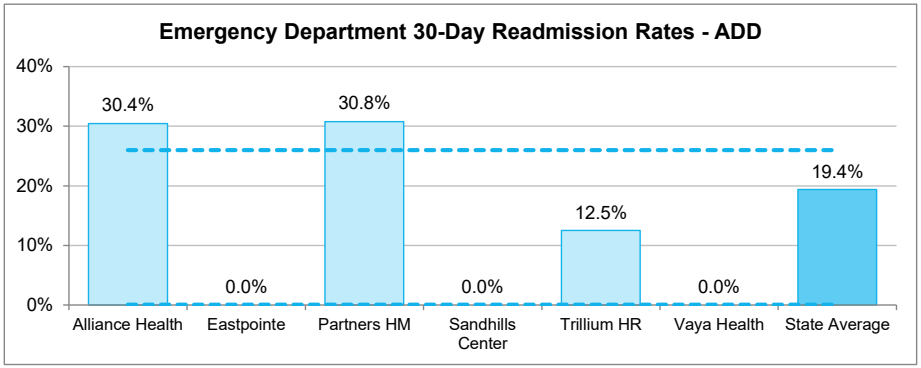
Child Intellectual or Developmental Disabilities (Ages 3-17)

	Numerator	Denominator	Rate
LME-MCO	**Number that are Readmissions within 30 days**	**Number of ED Admissions**	**Percent that are Readmissions within 30 Days**
Alliance Health	3	24	12.5%
Eastpointe	1	6	16.7%
Partners Health Management	1	12	8.3%
Sandhills Center	1	5	20.0%
Trillium Health Resources	1	9	11.1%
Vaya Health	2	6	33.3%
State Average	9	62	14.5%
Standard Deviation			8.2%
LME-MCO Average			17.0%



Adult Intellectual or Developmental Disabilities (Ages 18+)

Alliance Health	7	23	30.4%
Eastpointe	0	8	0.0%
Partners Health Management	4	13	30.8%
Sandhills Center	0	7	0.0%
Trillium Health Resources	1	8	12.5%
Vaya Health	0	3	0.0%
State Average	12	62	19.4%
Standard Deviation			13.7%
LME-MCO Average			12.3%



CRISIS AND INPATIENT

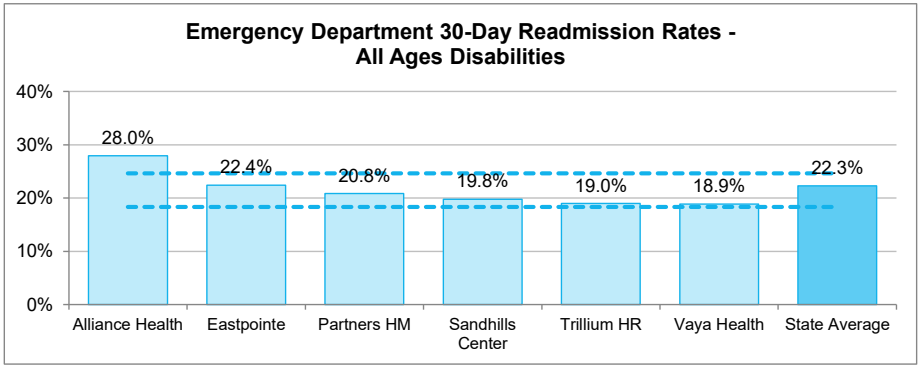
5.5 Emergency Department Readmissions (Medicaid Only)

Rationale: Successful community living following discharge from a emergency department (ED) for a principal MH, I/DD, or SUD diagnosis, without repeated admissions to ED care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. Timely follow-up care and engagement in community care and supports will reduce avoidable utilization of the ED for MH, I/DD, and SUD diagnoses and enable greater recovery. A low ED readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated ED admissions.

Description: This indicator measures the percent of persons admitted to an emergency department each quarter that are readmissions to an emergency department for a MH, I/DD, or SUD principal diagnosis within 30 days of a prior discharge. This rate is computed for 6 age-disability groups - Children and Adults with a MH condition, Children and Adults with a Substance Use Disorder, and Children and Adults with an Intellectual or Developmental Disability - and for All Ages and Disabilities combined.

All Ages and Disabilities (Ages 3+)

LME-MCO	Numerator: Number that are Readmissions within 30 days	Denominator: Number of ED Admissions	Rate: Percent that are Readmissions within 30 Days
Alliance Health	438	1,566	28.0%
Eastpointe	155	691	22.4%
Partners Health Management	213	1,022	20.8%
Sandhills Center	56	283	19.8%
Trillium Health Resources	209	1,101	19.0%
Vaya Health	175	926	18.9%
State Average	1,246	5,589	22.3%
Standard Deviation			3.1%
LME-MCO Average			21.5%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**30-Day Readmission Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**180-Day Readmission Measurement Period:**	Jul - Sep 2023

CRISIS AND INPATIENT SERVICES

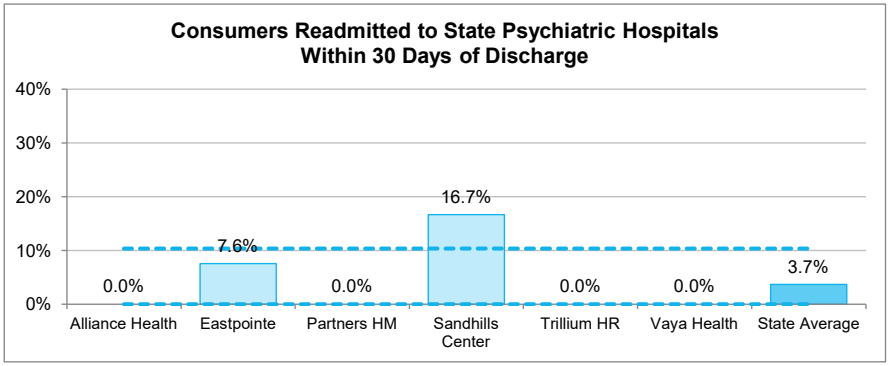
5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low psychiatric hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations. This is a MH Block Grant measure required by the Center for Mental Health Services (CMHS).

Description: This indicator measures the percent of persons discharged from a state psychiatric hospital each quarter, that fall within the responsibility of an LME-MCO to coordinate services (as described in the footnote below) that are readmitted to any state psychiatric hospital within 30 days and within 180 days following discharge.

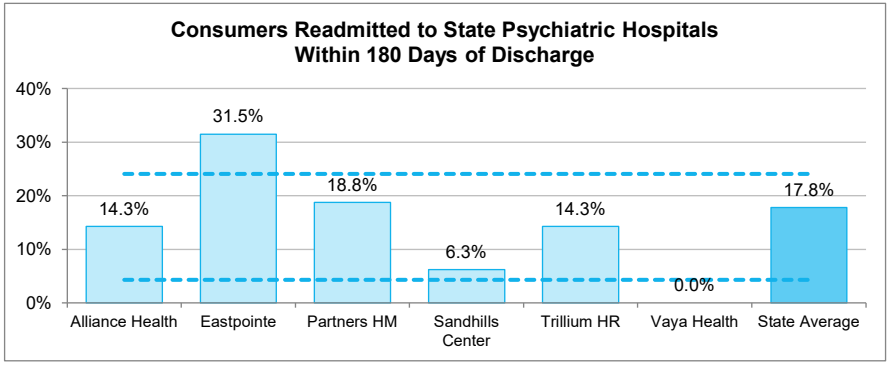
Readmitted within 30 Days (Discharges Oct - Dec 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	0	42	0.0%
Eastpointe	5	66	7.6%
Partners Health Management	0	13	0.0%
Sandhills Center	1	6	16.7%
Trillium Health Resources	0	18	0.0%
Vaya Health	0	18	0.0%
State Average	6	163	3.7%
Standard Deviation			6.3%
LME-MCO Average			4.0%



Readmitted within 180 Days (Discharges Jul - Sep 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	7	49	14.3%
Eastpointe	17	54	31.5%
Partners Health Management	3	16	18.8%
Sandhills Center	1	16	6.3%
Trillium Health Resources	3	21	14.3%
Vaya Health	0	18	0.0%
State Average	31	174	17.8%
Standard Deviation			9.9%
LME-MCO Average			14.2%



Data Source: State Hospital data in CDW as of 4/19/24. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

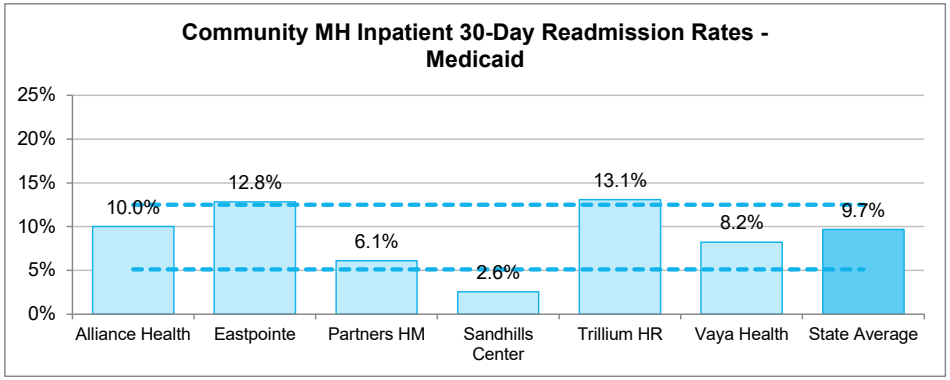
CRISIS AND INPATIENT SERVICES

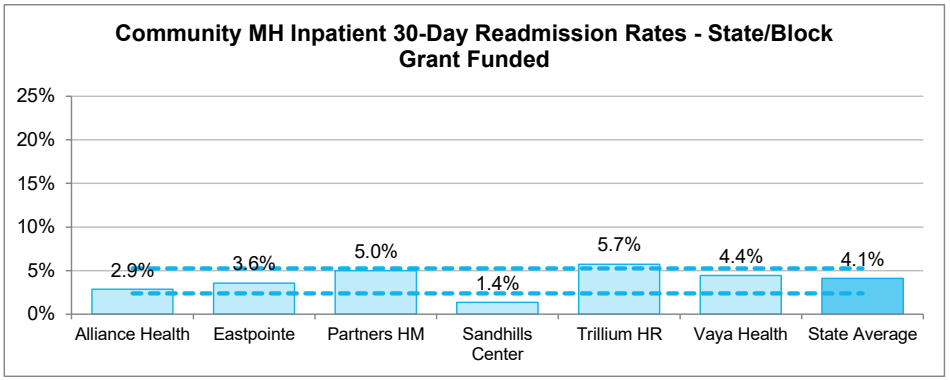
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal MH diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Medicaid Funded			
Alliance Health	92	917	10.0%
Eastpointe	38	296	12.8%
Partners Health Management	38	621	6.1%
Sandhills Center	2	78	2.6%
Trillium Health Resources	97	742	13.1%
Vaya Health	56	681	8.2%
State Average	323	3,335	9.7%
Standard Deviation			3.7%
LME-MCO Average			8.8%
State/Block Grant Funded			
Alliance Health	14	491	2.9%
Eastpointe	2	56	3.6%
Partners Health Management	25	501	5.0%
Sandhills Center	1	74	1.4%
Trillium Health Resources	13	227	5.7%
Vaya Health	10	226	4.4%
State Average	65	1,575	4.1%
Standard Deviation			1.4%
LME-MCO Average			3.8%





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

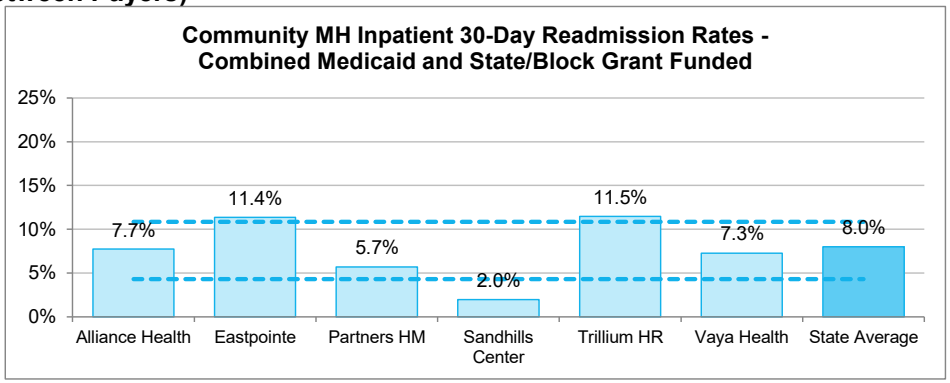
5.7. Community Mental Health Inpatient Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal MH diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	109	1,408	7.7%
Eastpointe	40	352	11.4%
Partners Health Management	64	1,122	5.7%
Sandhills Center	3	152	2.0%
Trillium Health Resources	111	969	11.5%
Vaya Health	66	907	7.3%
State Average	393	4,910	8.0%
Standard Deviation			3.3%
LME-MCO Average			7.6%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

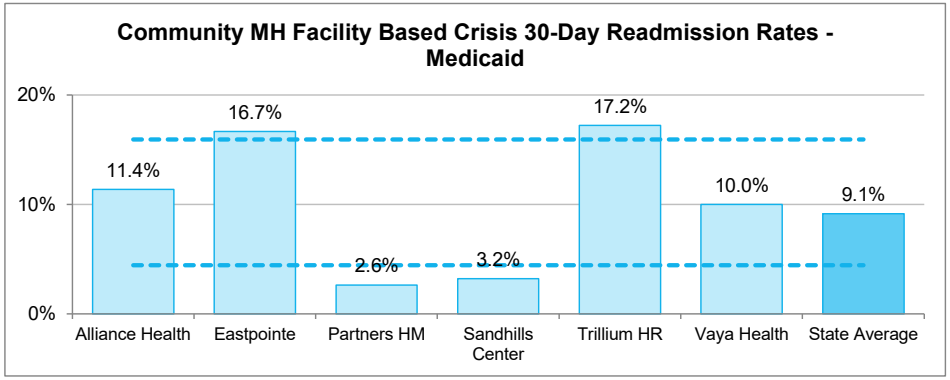
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following discharge from a facility based crisis service, without repeated admissions to facility based crisis care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated crisis care.

Description: This indicator measures the percent of persons discharged from a facility based crisis service for a principal MH diagnosis each quarter that are readmitted to a facility based crisis service for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

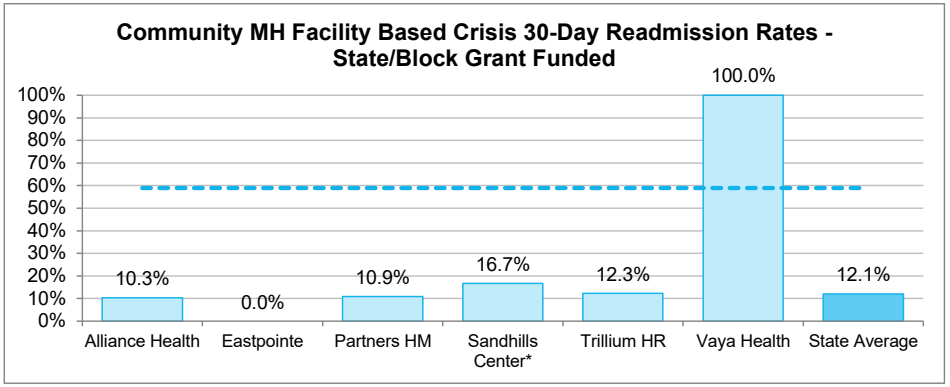
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	5	44	11.4%
Eastpointe	2	12	16.7%
Partners Health Management	1	38	2.6%
Sandhills Center	1	31	3.2%
Trillium Health Resources	5	29	17.2%
Vaya Health	1	10	10.0%
State Average	15	164	9.1%
Standard Deviation			5.8%
LME-MCO Average			10.2%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	3	29	10.3%
Eastpointe	0	2	0.0%
Partners Health Management	5	46	10.9%
Sandhills Center	1	6	16.7%
Trillium Health Resources	8	65	12.3%
Vaya Health	1	1	100.0%
State Average	18	149	12.1%
Standard Deviation			33.9%
LME-MCO Average			25.0%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

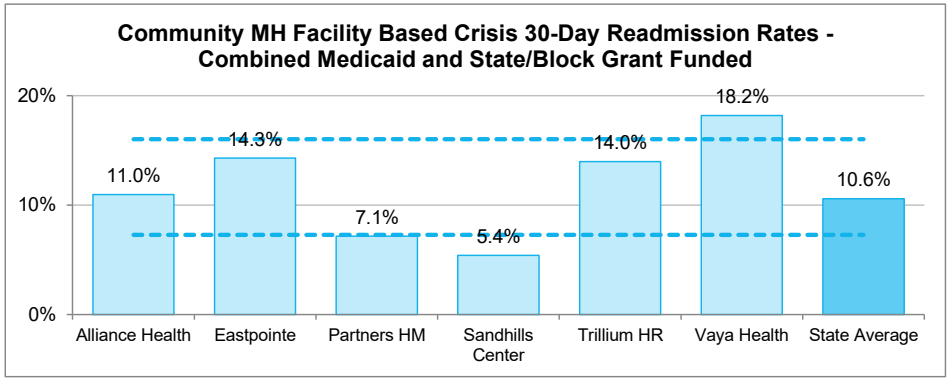
5.7. Community Mental Health Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following discharge from a facility based crisis service, without repeated admissions to facility based crisis care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated crisis care.

Description: This indicator measures the percent of persons discharged from a facility based crisis service for a principal MH diagnosis each quarter that are readmitted to a facility based crisis service for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	8	73	11.0%
Eastpointe	2	14	14.3%
Partners Health Management	6	84	7.1%
Sandhills Center	2	37	5.4%
Trillium Health Resources	13	93	14.0%
Vaya Health	2	11	18.2%
State Average	33	312	10.6%
Standard Deviation			4.4%
LME-MCO Average			11.7%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

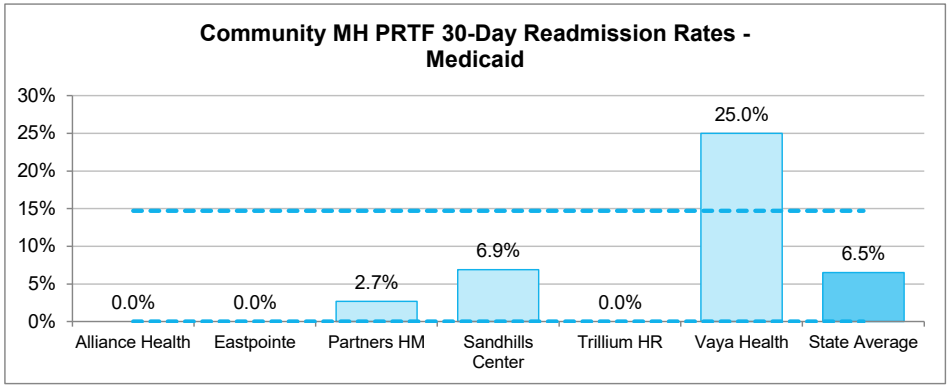
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following care in a Psychiatric Residential Treatment Facility (PRTF), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in a PRTF.

Description: This indicator measures the percent of persons discharged from a PRTF for a principal MH diagnosis each quarter that are readmitted to any PRTF within 30 days following discharge.

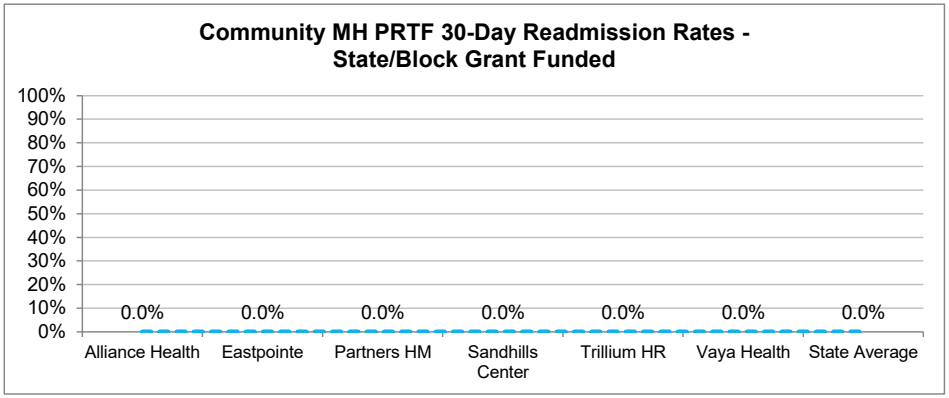
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	0	37	0.0%
Eastpointe	0	8	0.0%
Partners Health Management	1	37	2.7%
Sandhills Center	4	58	6.9%
Trillium Health Resources	0	28	0.0%
Vaya Health	8	32	25.0%
State Average	13	200	6.5%
Standard Deviation			8.9%
LME-MCO Average			5.8%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	0	0	
Eastpointe	0	0	
Partners Health Management	0	0	
Sandhills Center	0	0	
Trillium Health Resources	0	0	
Vaya Health	0	0	
State Average	0	0	
Standard Deviation			0.0%
LME-MCO Average			0.0%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

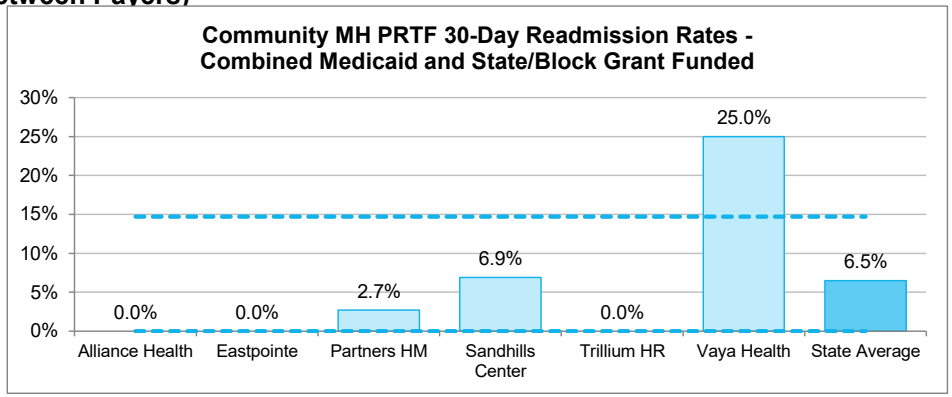
5.7. Community Mental Health PRTF Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following care in a Psychiatric Residential Treatment Facility (PRTF), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in a PRTF.

Description: This indicator measures the percent of persons discharged from a PRTF for a principal MH diagnosis each quarter that are readmitted to any PRTF within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	0	37	0.0%
Eastpointe	0	8	0.0%
Partners Health Management	1	37	2.7%
Sandhills Center	4	58	6.9%
Trillium Health Resources	0	28	0.0%
Vaya Health	8	32	25.0%
State Average	13	200	6.5%
Standard Deviation			8.9%
LME-MCO Average			5.8%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**30-Day Readmission Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**180-Day Readmission Measurement Period:**	Jul - Sep 2023

CRISIS AND INPATIENT SERVICES

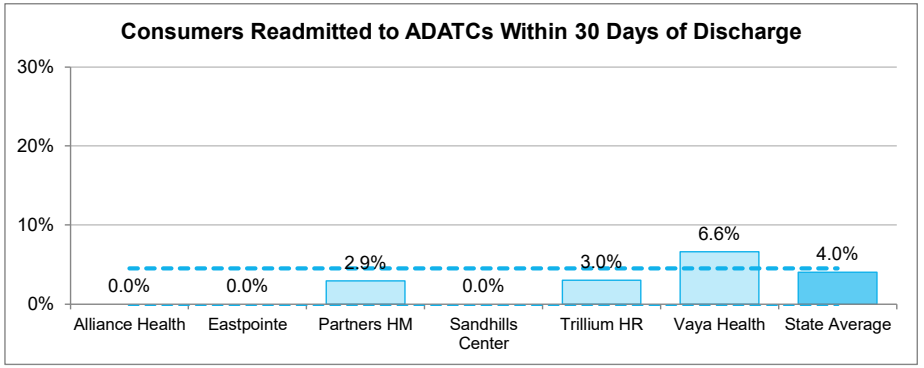
5.8 State ADATC Readmissions within 30 Days and 180 Days

Rationale: Successful community living following care in a State Alcohol and Drug Abuse Treatment Center (ADATC), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated stays in an ADATC.

Description: This indicator measures the percent of persons discharged from a State ADATC for a principal SUD diagnosis each quarter that are readmitted to any ADATC within 30 days and within 180 days following discharge.

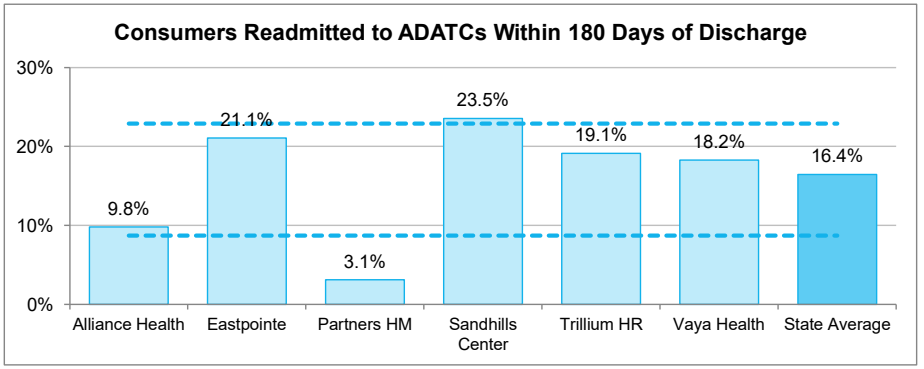
Readmitted within 30 Days (Discharges Oct - Dec 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	0	26	0.0%
Eastpointe	0	28	0.0%
Partners Health Management	1	34	2.9%
Sandhills Center	0	9	0.0%
Trillium Health Resources	3	100	3.0%
Vaya Health	10	151	6.6%
State Average	14	348	4.0%
Standard Deviation			2.4%
LME-MCO Average			2.1%



Readmitted within 180 Days (Discharges Jul - Sep 2023)

LME-MCO	Numerator: Number Readmissions	Denominator: Total Discharges	Rate: Percent Readmitted
Alliance Health	5	51	9.8%
Eastpointe	4	19	21.1%
Partners Health Management	1	32	3.1%
Sandhills Center	4	17	23.5%
Trillium Health Resources	22	115	19.1%
Vaya Health	25	137	18.2%
State Average	61	371	16.4%
Standard Deviation			7.1%
LME-MCO Average			15.8%



Data Source: State ADATC data in CDW as of 4/19/24. Discharges have been filtered to include only "direct" and program completion discharges to sources that fall within the responsibility of an LME-MCO to coordinate services (e.g. to other outpatient and residential non state facility, self/no referral, unknown, community agency, private physician, other health care, family friends, nonresidential treatment/habilitation program, other). Discharges for other reasons (e.g. transfers to other facilities, deaths, discharges to medical visits, etc.); to other referral sources (e.g. court, correctional facilities, nursing homes, state facilities, VA); and out-of-state are not included as LMEs would not be expected to coordinate services for these individuals nor to have any impact on readmission rates.

North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

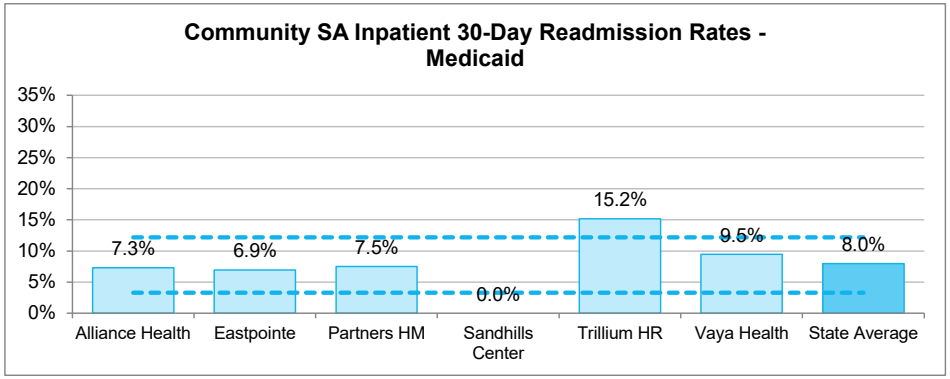
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal SUD diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

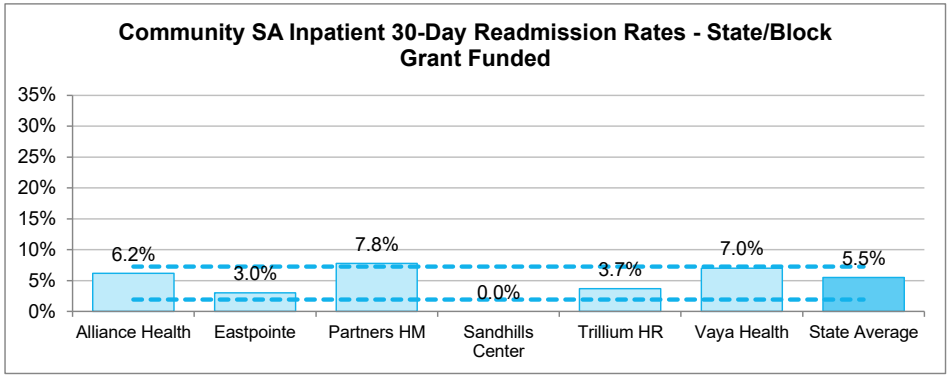
Medicaid Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	9	123	7.3%
Eastpointe	10	144	6.9%
Partners Health Management	6	80	7.5%
Sandhills Center	0	13	0.0%
Trillium Health Resources	5	33	15.2%
Vaya Health	9	95	9.5%
State Average	39	488	8.0%
Standard Deviation			4.4%
LME-MCO Average			7.7%



State/Block Grant Funded

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	4	65	6.2%
Eastpointe	2	66	3.0%
Partners Health Management	7	90	7.8%
Sandhills Center	0	23	0.0%
Trillium Health Resources	1	27	3.7%
Vaya Health	4	57	7.0%
State Average	18	328	5.5%
Standard Deviation			2.7%
LME-MCO Average			4.6%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

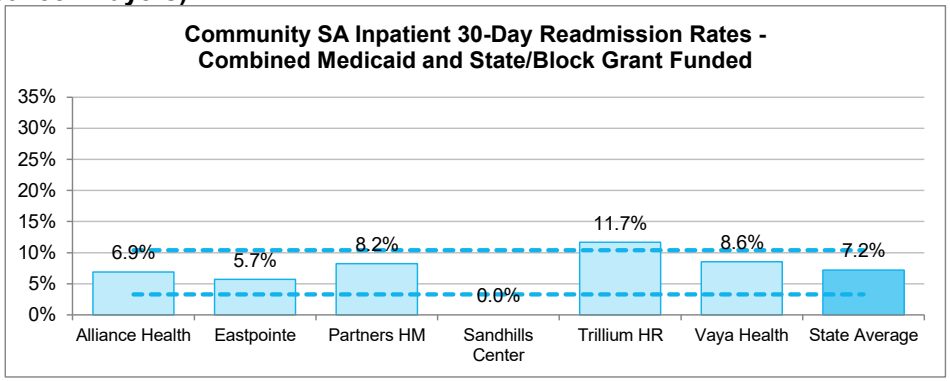
5.9. Community Substance Abuse Inpatient Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated hospitalizations.

Description: This indicator measures the percent of persons discharged from a community-based hospital for a principal SUD diagnosis each quarter that are readmitted to any community-based hospital for any MH, I/DD, SUD principal diagnosis within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	13	188	6.9%
Eastpointe	12	210	5.7%
Partners Health Management	14	170	8.2%
Sandhills Center	0	36	0.0%
Trillium Health Resources	7	60	11.7%
Vaya Health	13	152	8.6%
State Average	59	816	7.2%
Standard Deviation			3.6%
LME-MCO Average			6.8%



North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CRISIS AND INPATIENT SERVICES

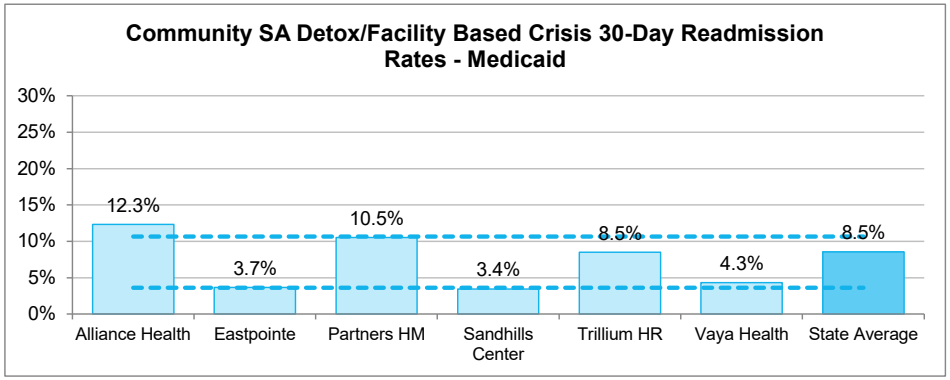
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following discharge from a Detox/Facility Based Crisis facility, without repeated admissions to Detox/Facility Based Crisis facility care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated Detox/Facility Based Crisis facility stays.

Description: This indicator measures the percent of persons discharged from a Detox/Facility Based Crisis facility for a principal SUD diagnosis each quarter that are readmitted to any Detox/Facility Based Crisis facility within 30 days following discharge.

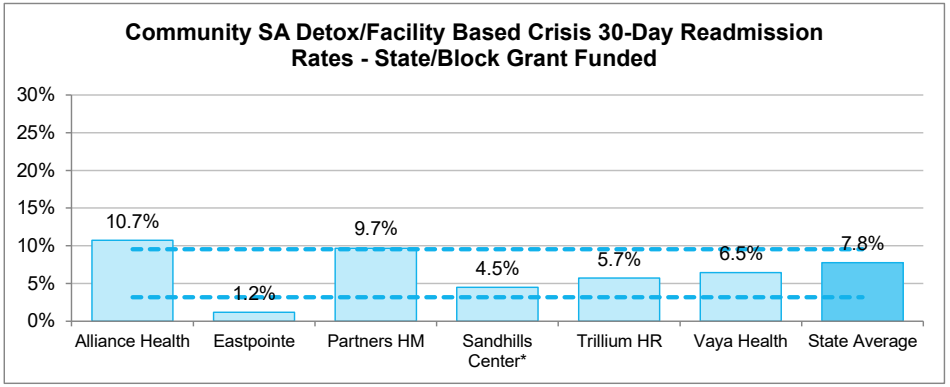
Medicaid Funded

	Numerator	Denominator	Rate
LME-MCO	**Total Number of Readmissions within 30 days**	**Total Number of Discharges**	**Percent Readmitted Within 30 Days**
Alliance Health	18	146	12.3%
Eastpointe	3	82	3.7%
Partners Health Management	20	190	10.5%
Sandhills Center	1	29	3.4%
Trillium Health Resources	9	106	8.5%
Vaya Health	4	92	4.3%
State Average	55	645	8.5%
Standard Deviation			3.5%
LME-MCO Average			7.1%



State/Block Grant Funded

Alliance Health	30	280	10.7%
Eastpointe	1	85	1.2%
Partners Health Management	44	454	9.7%
Sandhills Center	4	89	4.5%
Trillium Health Resources	19	333	5.7%
Vaya Health	8	124	6.5%
State Average	106	1,365	7.8%
Standard Deviation			3.2%
LME-MCO Average			6.4%



North Carolina LME-MCO Performance Measurement Reporting
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CRISIS AND INPATIENT SERVICES

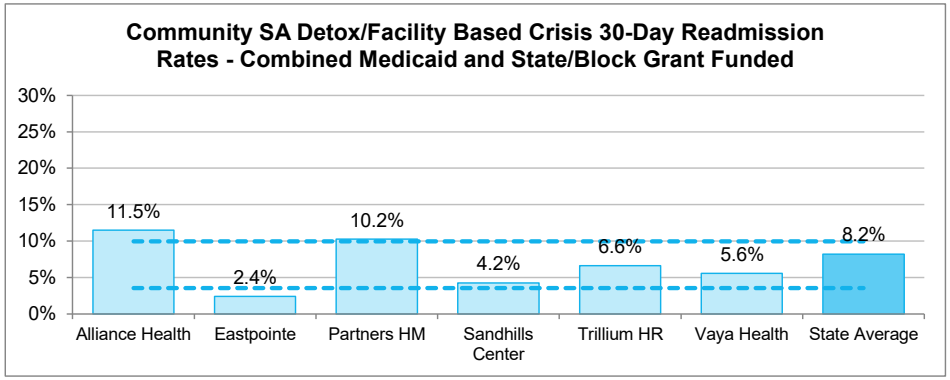
5.9. Community Substance Abuse Detox/Facility Based Crisis Readmissions Within 30 Days (Ages 6+)

Rationale: Successful community living following discharge from a Detox/Facility Based Crisis facility, without repeated admissions to Detox/Facility Based Crisis facility care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted indicator of how well a community is assisting individuals at risk for repeated Detox/Facility Based Crisis facility stays.

Description: This indicator measures the percent of persons discharged from a Detox/Facility Based Crisis facility for a principal SUD diagnosis each quarter that are readmitted to any Detox/Facility Based Crisis facility within 30 days following discharge.

Combined Medicaid and State/Block Grant Funded (Includes Cross-Overs Between Payers)

LME-MCO	Numerator: Total Number of Readmissions within 30 days	Denominator: Total Number of Discharges	Rate: Percent Readmitted Within 30 Days
Alliance Health	49	426	11.5%
Eastpointe	4	167	2.4%
Partners Health Management	66	644	10.2%
Sandhills Center	5	118	4.2%
Trillium Health Resources	29	437	6.6%
Vaya Health	12	216	5.6%
State Average	165	2,008	8.2%
Standard Deviation			3.2%
LME-MCO Average			6.8%



North Carolina LME-MCO Performance Measurement Reporting
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CONTINUITY OF CARE

6.1 Follow-Up After Discharge: State Psychiatric Hospitals

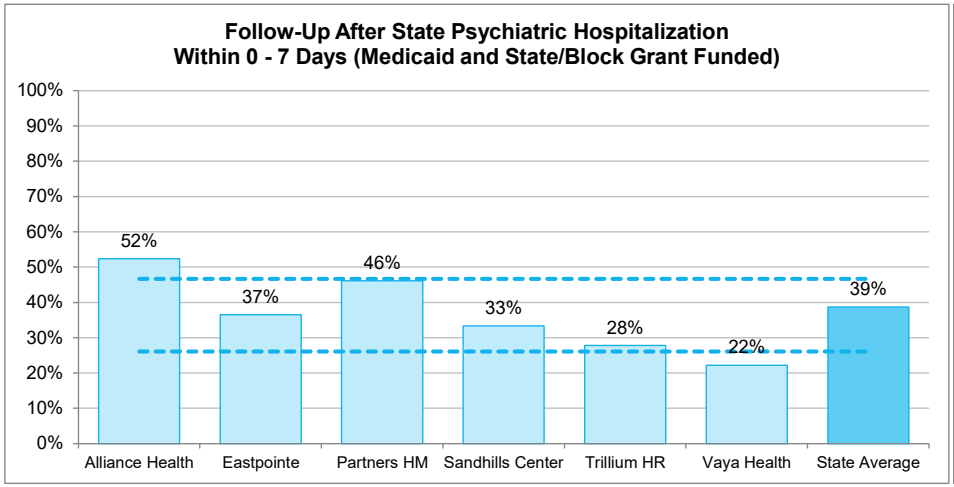
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

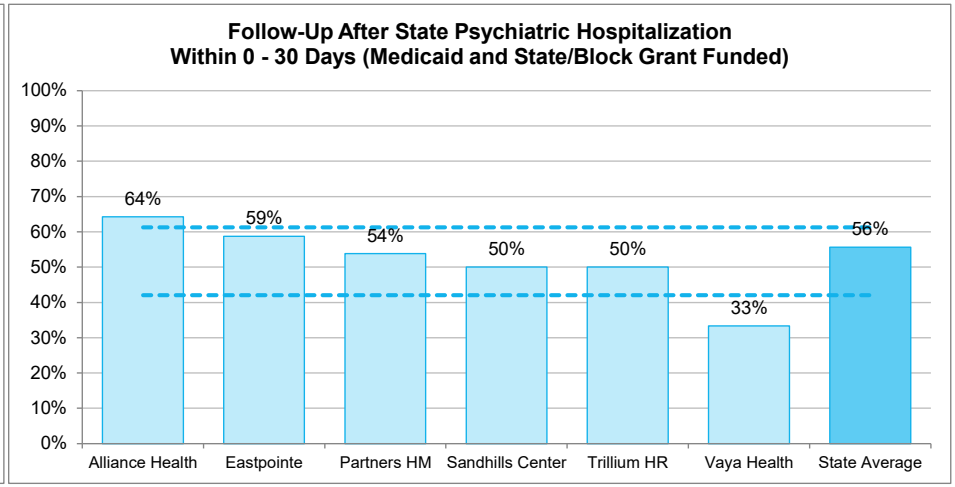
Description: This indicator measures the percent of persons discharged from a state psychiatric hospital each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After State Psychiatric Hospitalization (Medicaid and/or State/Block Grant Funded)

LME-MCO	Numerator: Total Number Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Numerator: 8 - 30 Days	Numerator: >30 Days	Numerator: Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Rate: 8 - 30 Days	Rate: >30 Days	Rate: Not Seen*
Alliance Health	22	5	4	11	42	52%	12%	10%	26%
Eastpointe	23	14	9	17	63	37%	22%	14%	27%
Partners Health Management	6	1	1	5	13	46%	8%	8%	38%
Sandhills Center	2	1	1	2	6	33%	17%	17%	33%
Trillium Health Resources	5	4	1	8	18	28%	22%	6%	44%
Vaya Health	4	2	0	12	18	22%	11%	0%	67%
State Average	62	27	16	55	160	39%	17%	10%	34%
Standard Deviation						10.3%			
LME-MCO Average						36%			

* Not Seen by the claims paid cutoff date for the measure.





State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
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CONTINUITY OF CARE

6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

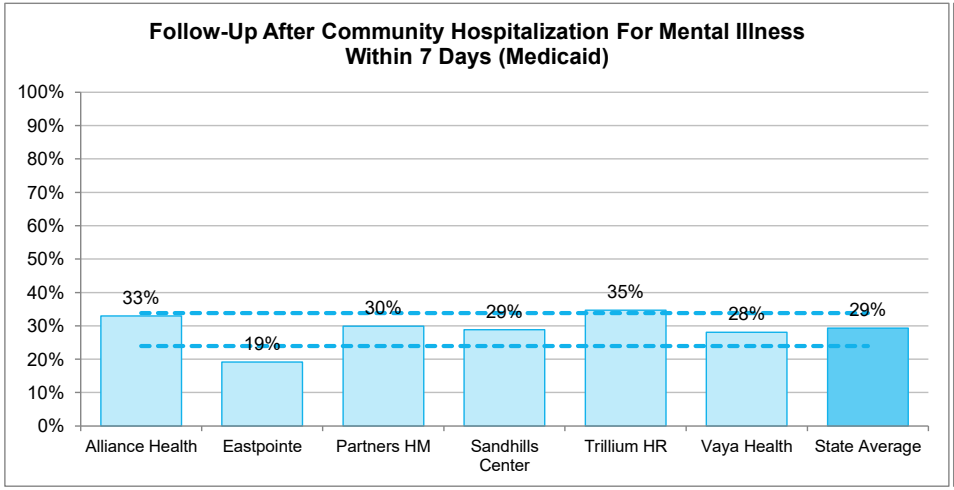
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

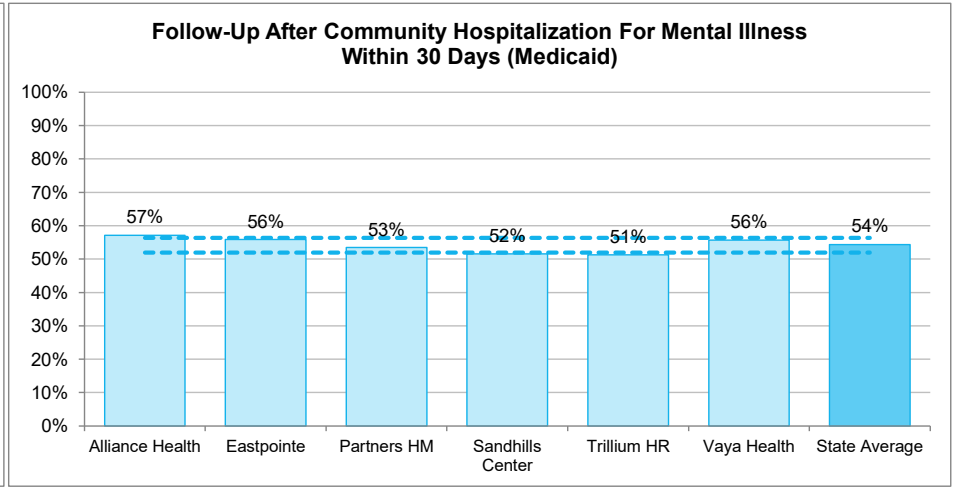
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (Medicaid Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	235	408	126	180	714	33%	57%	18%	25%
Eastpointe	98	286	140	86	512	19%	56%	27%	17%
Partners Health Management	165	295	88	169	552	30%	53%	16%	31%
Sandhills Center	121	216	35	168	419	29%	52%	8%	40%
Trillium Health Resources	210	310	77	218	605	35%	51%	13%	36%
Vaya Health	184	365	119	171	655	28%	56%	18%	26%
State Average	1,013	1,880	585	992	3,457	29%	54%	17%	29%
Standard Deviation						4.9%	2.2%		
LME-MCO Average						29%	54%	17%	29%

* Not Seen by the claims paid cutoff date for the measure.





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CONTINUITY OF CARE

6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

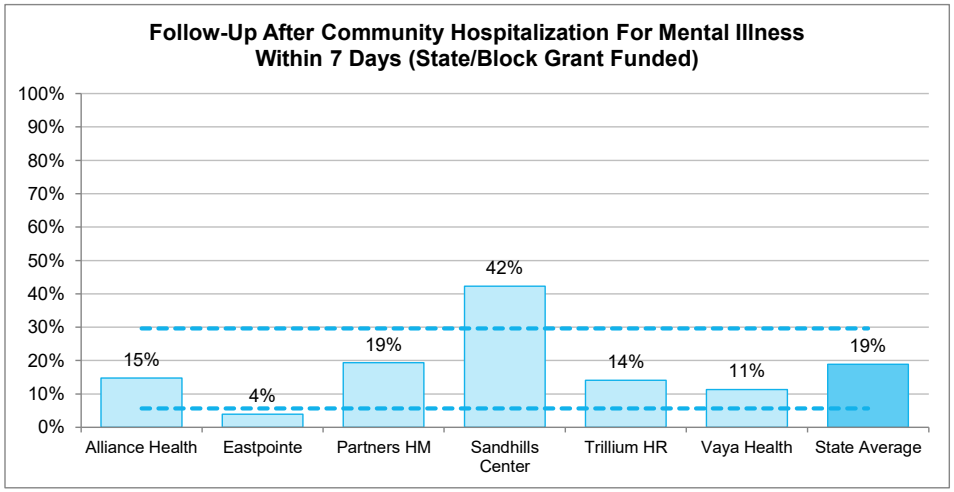
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

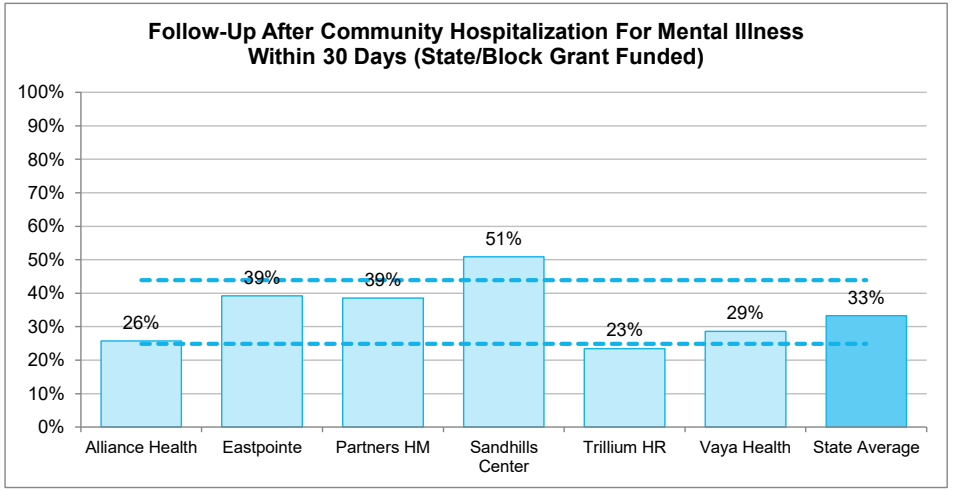
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (State/Federal Block Grant Funded)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	66	115	38	294	447	15%	26%	9%	66%
Eastpointe	2	20	6	25	51	4%	39%	12%	49%
Partners Health Management	90	179	36	249	464	19%	39%	8%	54%
Sandhills Center	93	112	9	99	220	42%	51%	4%	45%
Trillium Health Resources	30	50	8	155	213	14%	23%	4%	73%
Vaya Health	27	68	28	142	238	11%	29%	12%	60%
State Average	308	544	125	964	1,633	19%	33%	8%	59%
Standard Deviation						12.0%	9.5%		
LME-MCO Average						18%	34%	8%	58%

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
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CONTINUITY OF CARE

6.2. Follow-Up After Discharge: Community Mental Health Inpatient Treatment (Hospital, Ages 6+)

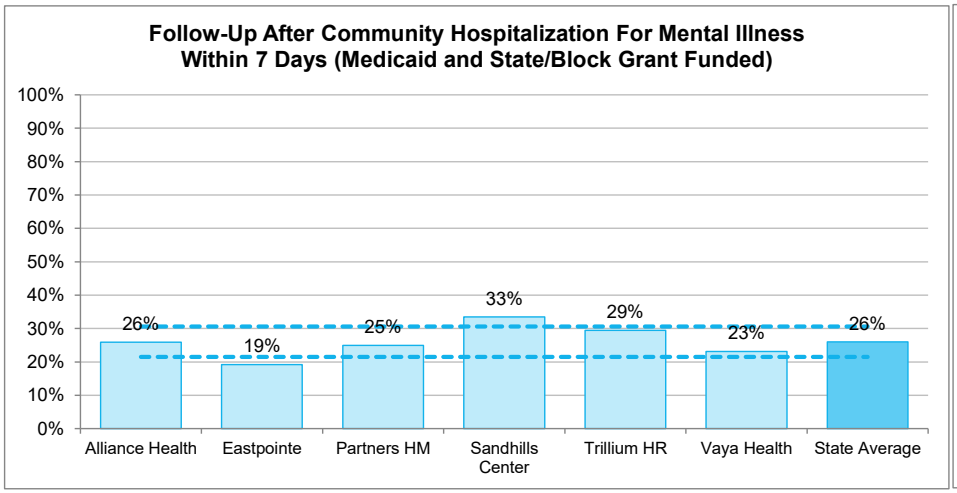
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

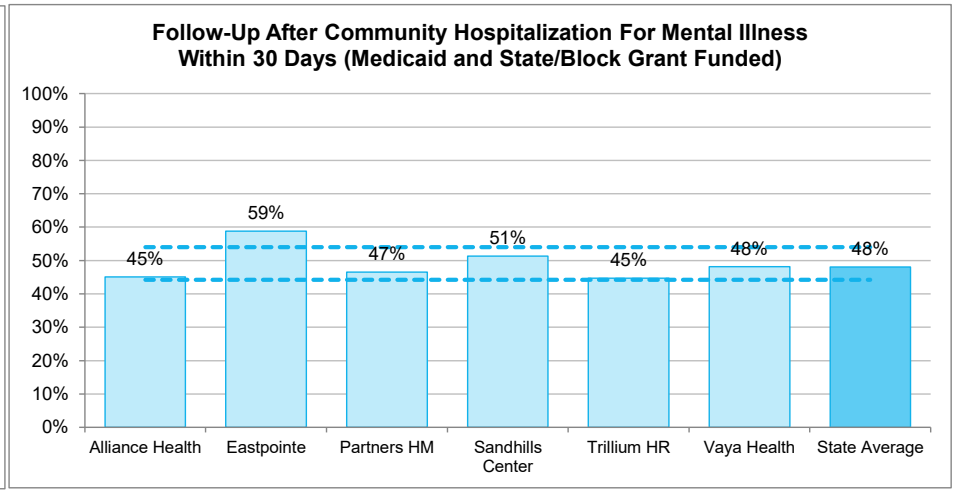
Description: This indicator measures the percent of discharges from a community hospital each quarter for persons with a principal mental health diagnosis that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	302	525	164	476	1,165	26%	45%	14%	41%
Eastpointe	100	306	146	68	520	19%	59%	28%	13%
Partners Health Management	259	483	127	428	1,038	25%	47%	12%	41%
Sandhills Center	214	328	44	267	639	33%	51%	7%	42%
Trillium Health Resources	241	366	98	354	818	29%	45%	12%	43%
Vaya Health	222	463	160	339	962	23%	48%	17%	35%
State Average	1,338	2,471	739	1,932	5,142	26%	48%	14%	38%
Standard Deviation						4.5%	4.9%		
LME-MCO Average						26%	49%	15%	36%

* Not Seen by the claims paid cutoff date for the measure.





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6.3 Follow-Up After Discharge: State Alcohol and Drug Abuse Treatment Centers (ADATCs)

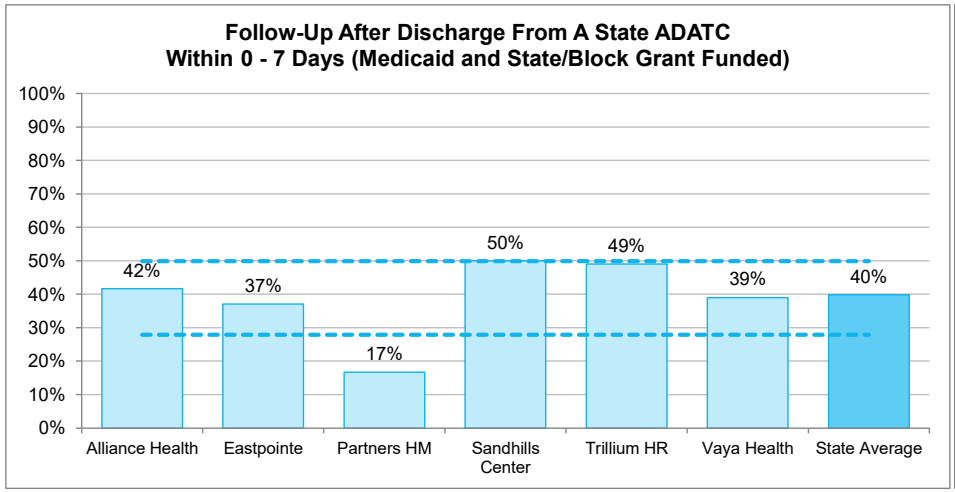
Rationale: Timely follow-up care after discharge from an inpatient facility is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-admission. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

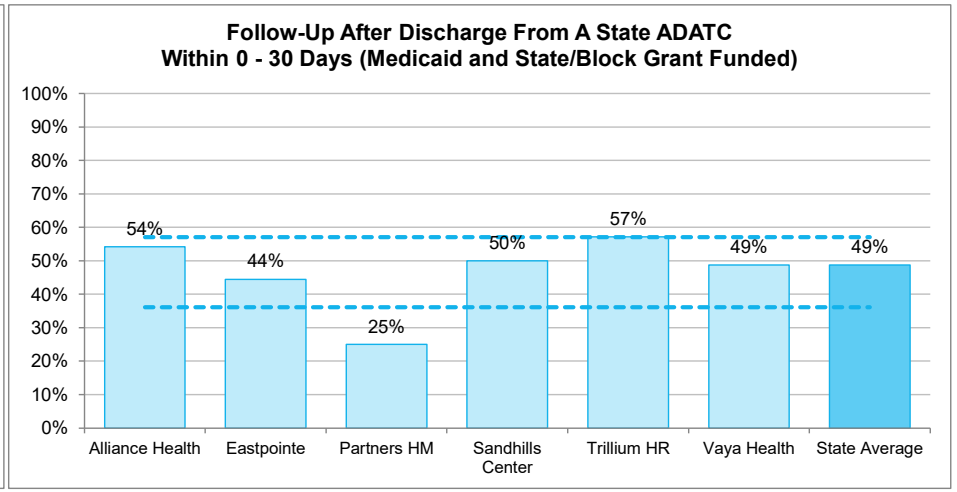
Description: This indicator measures the percent of discharges from an ADATC each quarter, that fall within the responsibility of an LME-MCO to coordinate services, that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge.

Follow-Up After Discharge From A State ADATC (Medicaid and/or State/Block Grant Funded)

LME-MCO	Numerator: Total Number Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Numerator: 8 - 30 Days	Numerator: >30 Days	Numerator: Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Behavioral Health Follow-Up Care (Other Than ED Or Mobile Crisis) 0 - 7 Days	Rate: 8 - 30 Days	Rate: >30 Days	Rate: Not Seen*
Alliance Health	10	3	1	10	24	42%	13%	4%	42%
Eastpointe	10	2	0	15	27	37%	7%	0%	56%
Partners Health Management	6	3	6	21	36	17%	8%	17%	58%
Sandhills Center	5	0	0	5	10	50%	0%	0%	50%
Trillium Health Resources	48	8	12	30	98	49%	8%	12%	31%
Vaya Health	64	16	16	68	164	39%	10%	10%	41%
State Average	143	32	35	149	359	40%	9%	10%	42%
Standard Deviation						11.0%			
LME-MCO Average						39%			

* Not Seen by the claims paid cutoff date for the measure.





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CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

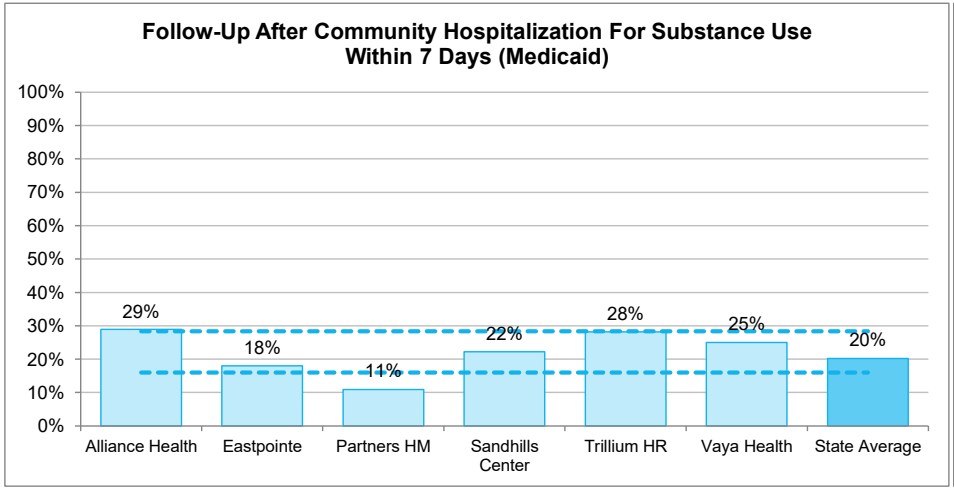
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

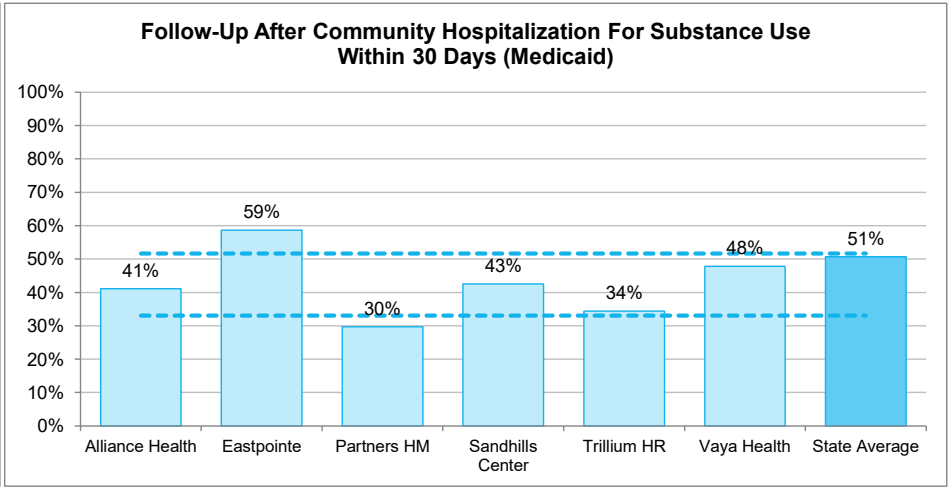
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (Medicaid Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	26	37	15	38	90	29%	41%	17%	42%
Eastpointe	78	254	110	69	433	18%	59%	25%	16%
Partners Health Management	7	19	18	27	64	11%	30%	28%	42%
Sandhills Center	12	23	4	27	54	22%	43%	7%	50%
Trillium Health Resources	9	11	3	18	32	28%	34%	9%	56%
Vaya Health	23	44	11	37	92	25%	48%	12%	40%
State Average	155	388	161	216	765	20%	51%	21%	28%
Standard Deviation						6.2%	9.3%		
LME-MCO Average						22%	42%		

* Not Seen by the claims paid cutoff date for the measure.





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6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

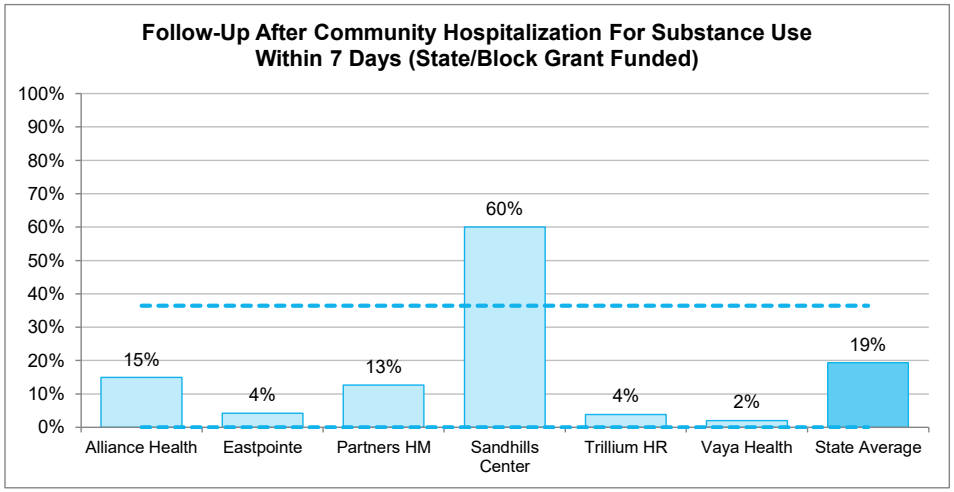
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

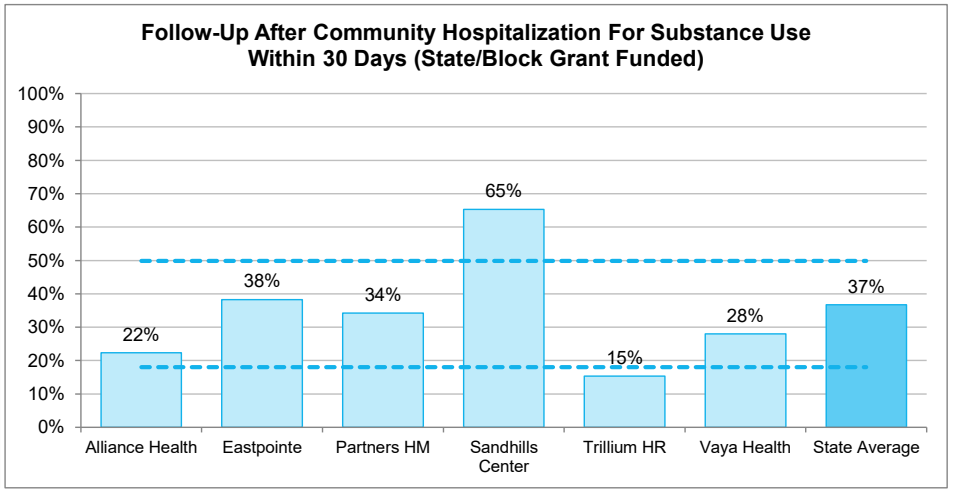
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (State/Federal Block Grant Funded)

LME-MCO	Numerator: Total Number Received Outpatient Visit 0 - 7 Days	Numerator: Total Number Received Outpatient Visit 0 - 30 Days	Numerator: Total Number Received Outpatient Visit > 30 Days	Numerator: Total Number Received Outpatient Visit Not Seen*	Denominator: Total Number of Discharges	Rate: Percent Received Outpatient Visit 0 - 7 Days	Rate: Percent Received Outpatient Visit 0 - 30 Days	Rate: Percent Received Outpatient Visit > 30 Days	Rate: Percent Received Outpatient Visit Not Seen*
Alliance Health	10	15	5	47	67	15%	22%	7%	70%
Eastpointe	2	18	4	25	47	4%	38%	9%	53%
Partners Health Management	14	38	10	63	111	13%	34%	9%	57%
Sandhills Center	45	49	3	23	75	60%	65%	4%	31%
Trillium Health Resources	1	4	0	22	26	4%	15%	0%	85%
Vaya Health	1	14	7	29	50	2%	28%	14%	58%
State Average	73	138	29	209	376	19%	37%	8%	56%
Standard Deviation						20.1%	15.9%		
LME-MCO Average						16%	34%		

* Not Seen by the claims paid cutoff date for the measure.





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6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

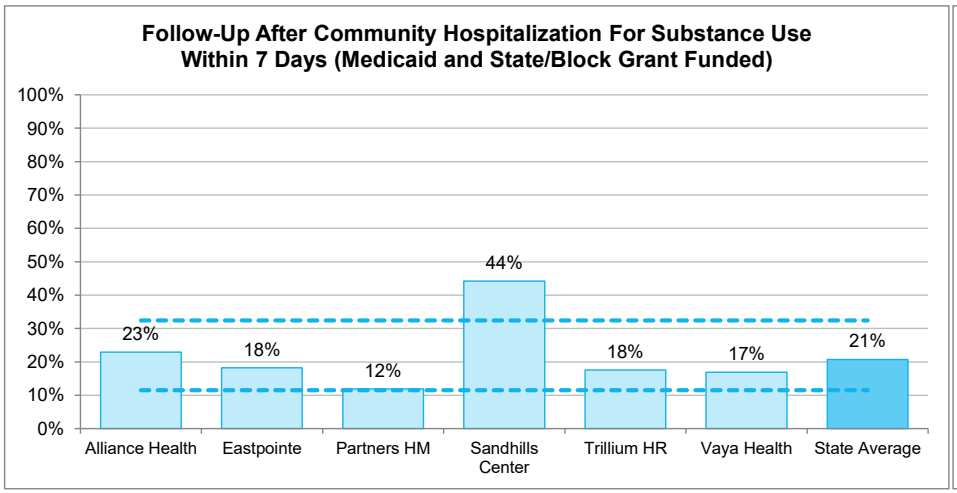
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

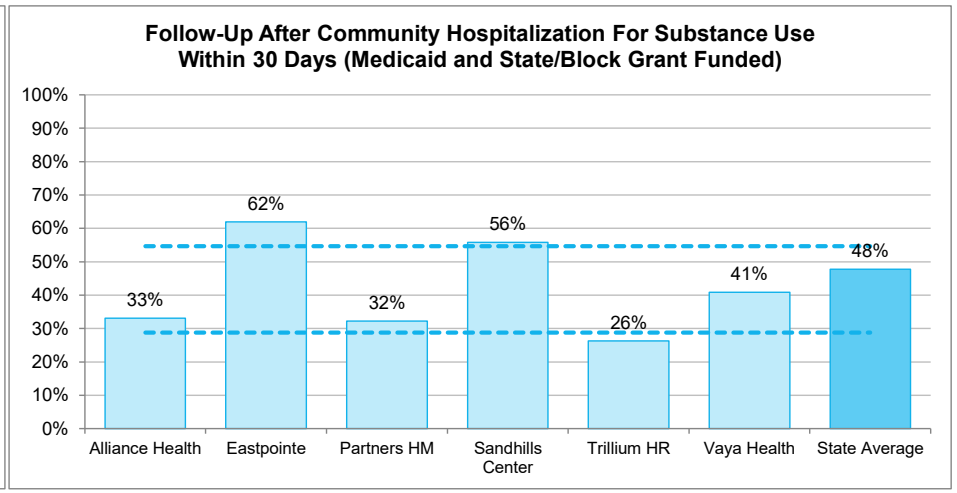
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	36	52	20	85	157	23%	33%	13%	54%
Eastpointe	80	272	114	53	439	18%	62%	26%	12%
Partners Health Management	21	57	28	92	177	12%	32%	16%	52%
Sandhills Center	57	72	7	50	129	44%	56%	5%	39%
Trillium Health Resources	10	15	4	38	57	18%	26%	7%	67%
Vaya Health	24	58	18	66	142	17%	41%	13%	46%
State Average	228	526	191	384	1,101	21%	48%	17%	35%
Standard Deviation						10.5%	13.0%		
LME-MCO Average						22%	42%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

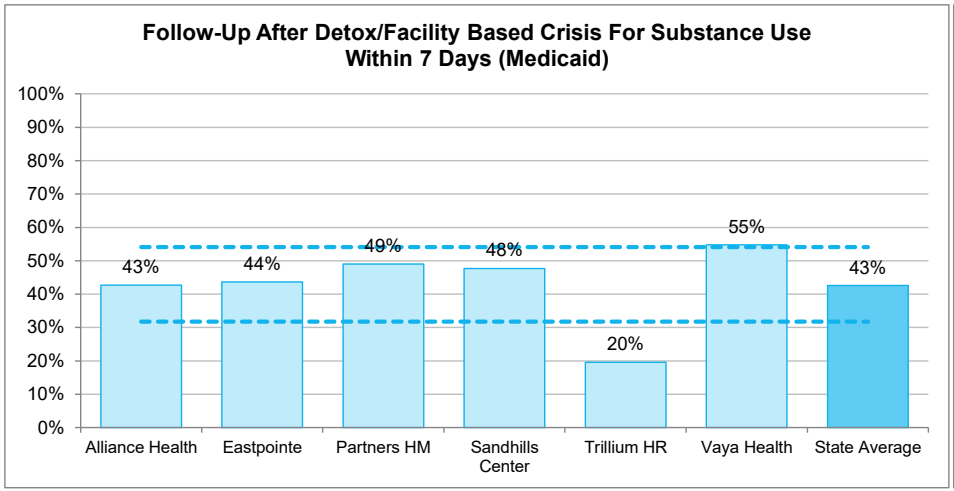
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

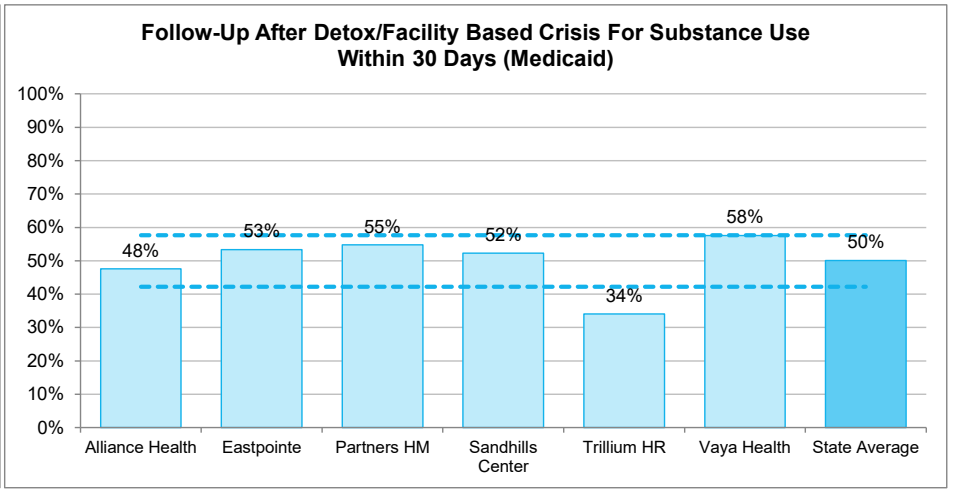
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Detox/Facility Based Crisis Services (Medicaid Funded)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	35	39	11	32	82	43%	48%	13%	39%
Eastpointe	72	88	26	51	165	44%	53%	16%	31%
Partners Health Management	51	57	17	30	104	49%	55%	16%	29%
Sandhills Center	42	46	3	39	88	48%	52%	3%	44%
Trillium Health Resources	19	33	18	46	97	20%	34%	19%	47%
Vaya Health	40	42	8	23	73	55%	58%	11%	32%
State Average	259	305	83	221	609	43%	50%	14%	36%
Standard Deviation						11.2%	7.7%		
LME-MCO Average						43%	50%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
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State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

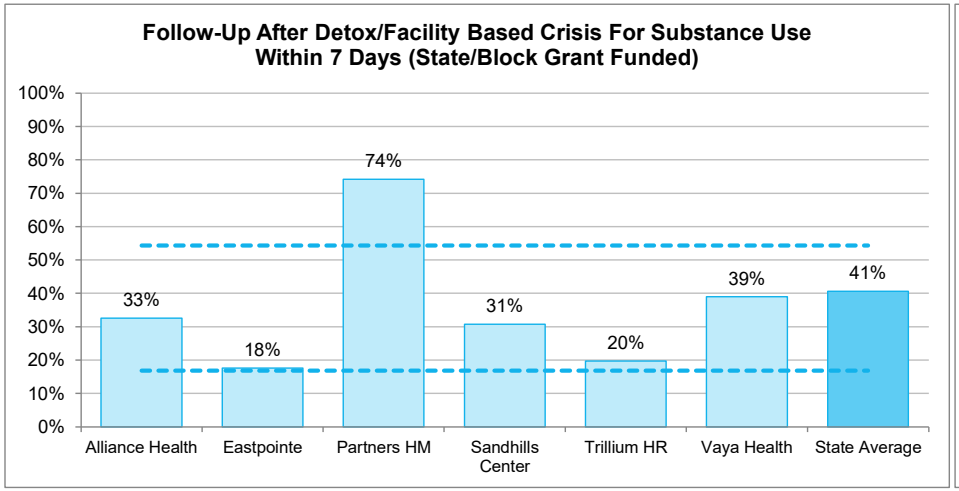
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

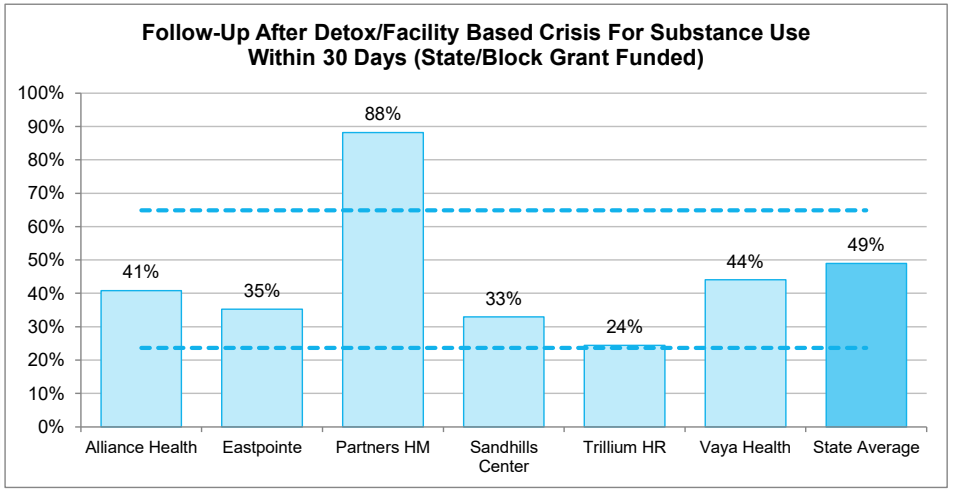
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Detox/Facility Based Crisis Services (State/Federal Block Grant Funded)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	71	89	23	106	218	33%	41%	11%	49%
Eastpointe	12	24	20	24	68	18%	35%	29%	35%
Partners Health Management	264	314	8	34	356	74%	88%	2%	10%
Sandhills Center	56	60	15	107	182	31%	33%	8%	59%
Trillium Health Resources	62	77	21	217	315	20%	24%	7%	69%
Vaya Health	46	52	10	56	118	39%	44%	8%	47%
State Average	511	616	97	544	1,257	41%	49%	8%	43%
Standard Deviation						18.7%	20.6%		
LME-MCO Average						36%	44%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
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State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

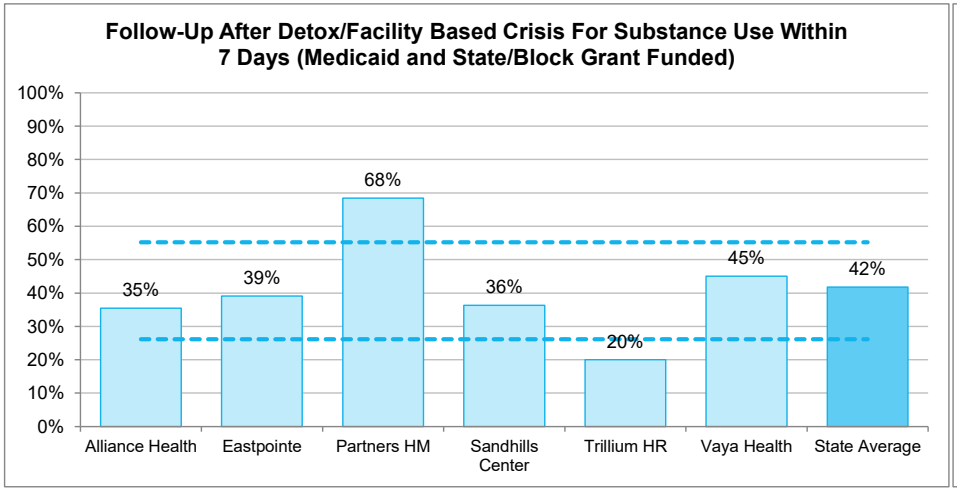
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

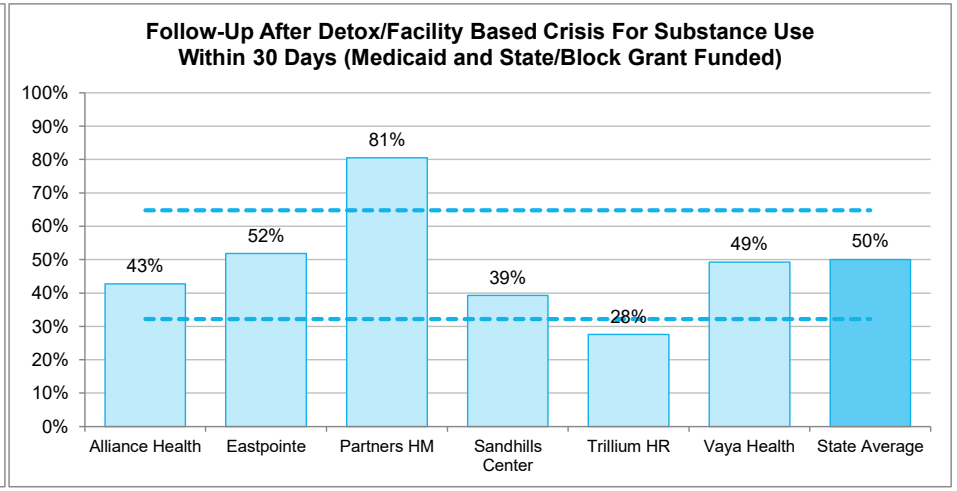
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Detox/Facility Based Crisis Services (Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	107	129	34	139	302	35%	43%	11%	46%
Eastpointe	86	114	46	60	220	39%	52%	21%	27%
Partners Health Management	316	372	25	65	462	68%	81%	5%	14%
Sandhills Center	98	106	18	146	270	36%	39%	7%	54%
Trillium Health Resources	82	113	54	243	410	20%	28%	13%	59%
Vaya Health	86	94	18	79	191	45%	49%	9%	41%
State Average	775	928	195	732	1,855	42%	50%	11%	39%
Standard Deviation						14.5%	16.3%		
LME-MCO Average						41%	49%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
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6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

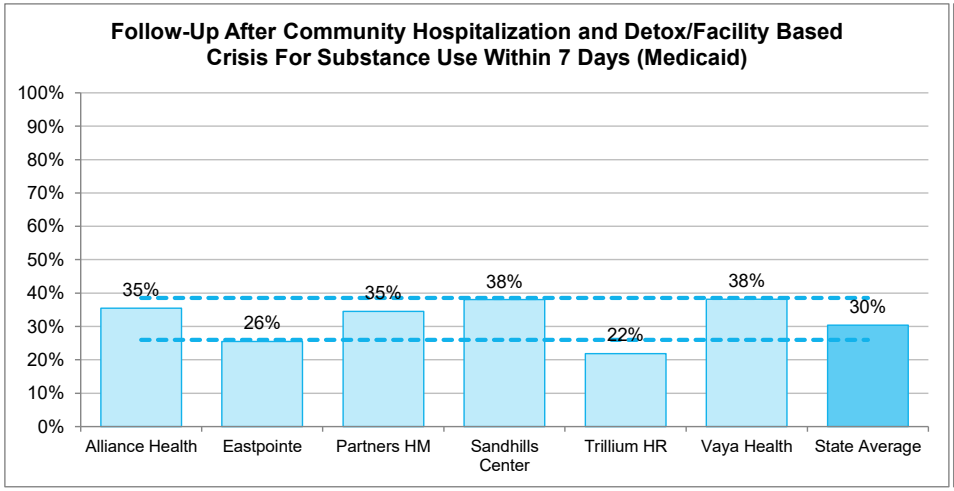
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

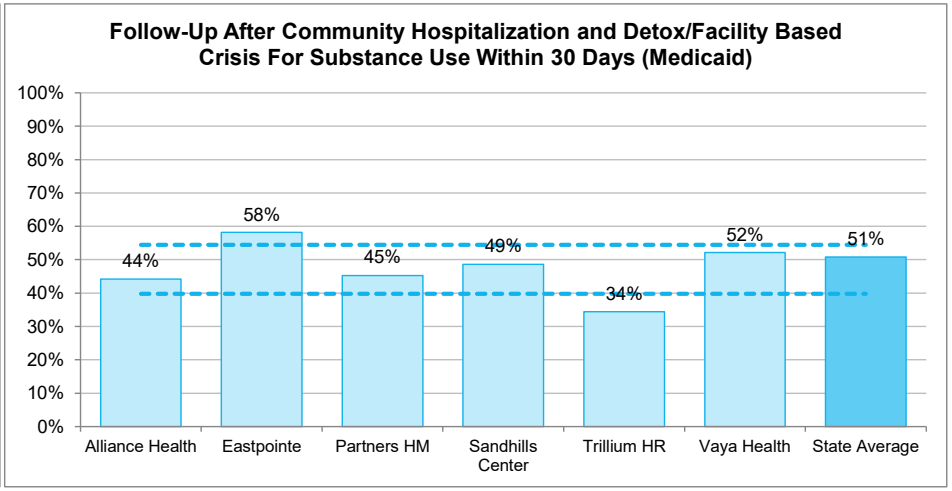
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Medicaid Funded)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	61	76	26	70	172	35%	44%	15%	41%
Eastpointe	150	342	136	110	588	26%	58%	23%	19%
Partners Health Management	58	76	35	57	168	35%	45%	21%	34%
Sandhills Center	54	69	7	66	142	38%	49%	5%	46%
Trillium Health Resources	28	44	21	63	128	22%	34%	16%	49%
Vaya Health	63	86	19	60	165	38%	52%	12%	36%
State Average	414	693	244	426	1,363	30%	51%	18%	31%
Standard Deviation						6.3%	7.3%		
LME-MCO Average						32%	47%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
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State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
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6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

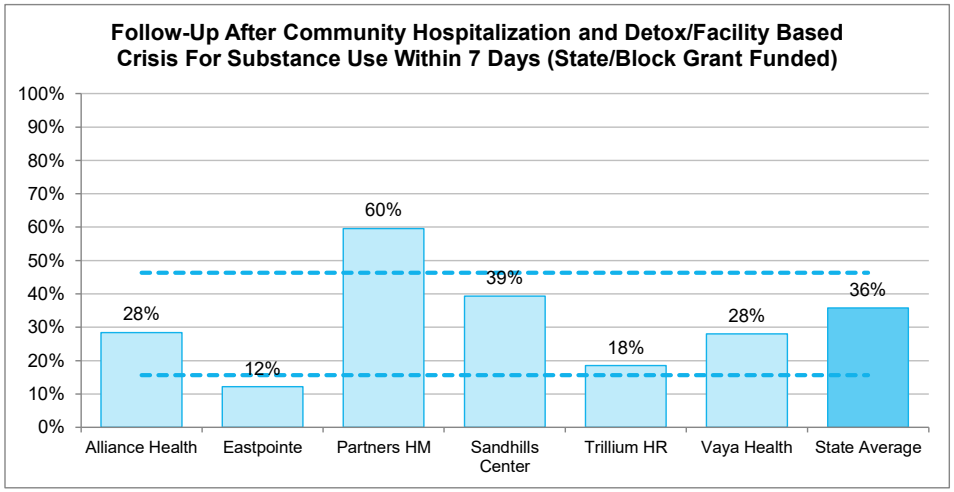
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

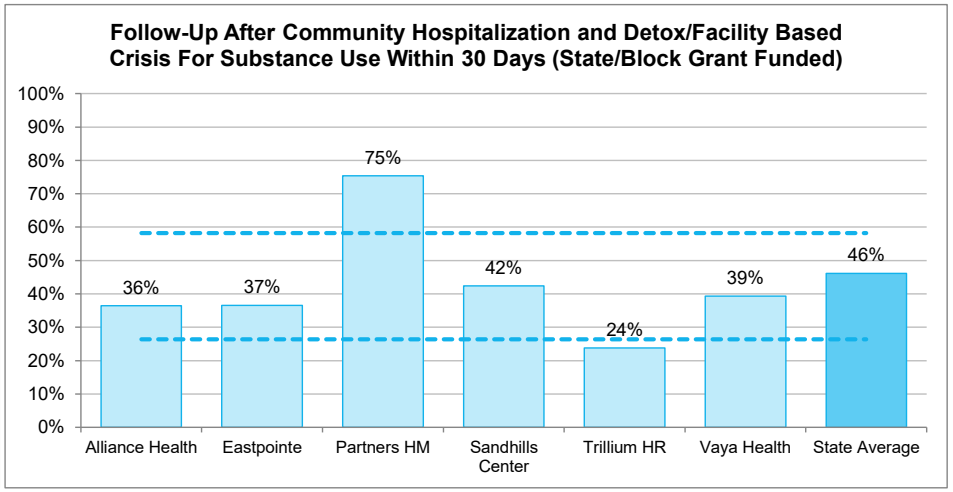
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (State/Federal Block Grant Funded)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	81	104	28	153	285	28%	36%	10%	54%
Eastpointe	14	42	24	49	115	12%	37%	21%	43%
Partners Health Management	278	352	18	97	467	60%	75%	4%	21%
Sandhills Center	101	109	18	130	257	39%	42%	7%	51%
Trillium Health Resources	63	81	21	239	341	18%	24%	6%	70%
Vaya Health	47	66	17	85	168	28%	39%	10%	51%
State Average	584	754	126	753	1,633	36%	46%	8%	46%
Standard Deviation						15.3%	15.9%		
LME-MCO Average						31%	42%		

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
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CONTINUITY OF CARE

6.4. Follow-Up After Discharge: Community Substance Abuse Inpatient Treatment (Ages 6+)

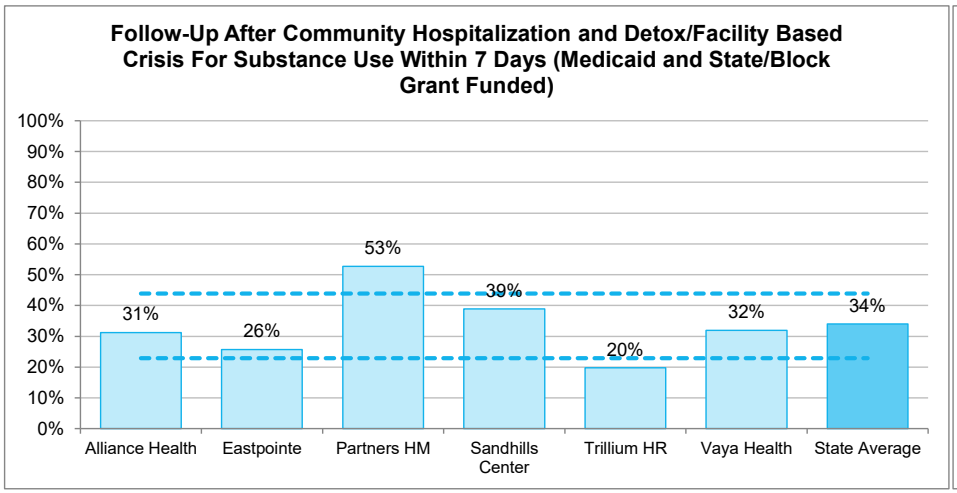
Rationale: Timely follow-up care after discharge from an inpatient facility or crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary re-hospitalization and reuse of crisis services. Receiving a community-based service within 7 days and within 30 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

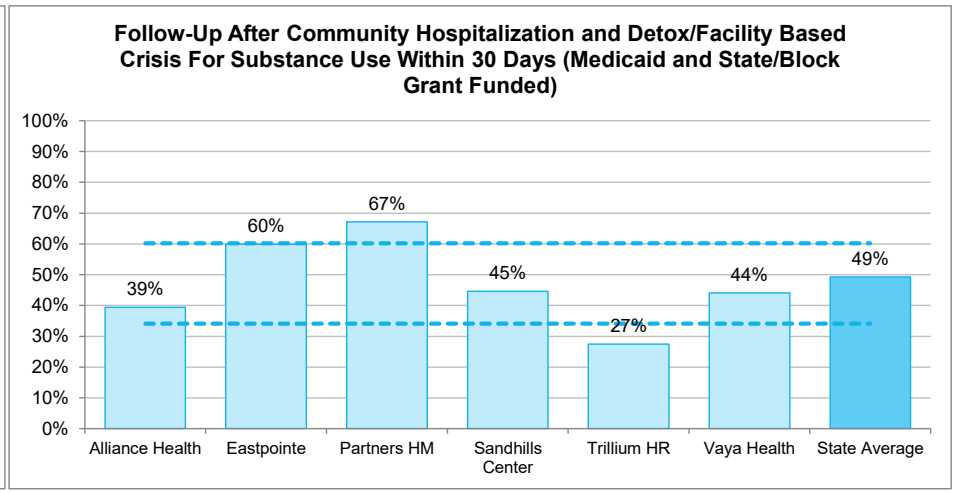
Description: This indicator measures the percent of discharges for persons who received treatment for a substance use disorder in a community hospital or detox/facility based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner within 7 days and within 30 days after discharge .

Follow-Up After Community Hospitalization and Detox/Facility Based Crisis Services Combined (Combined Medicaid and State/Block Grant Funded)

	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Outpatient Visit**				**Total Number of Discharges**	**Percent Received Outpatient Visit**			
	0 - 7 Days	**0 - 30 Days**	**> 30 Days**	**Not Seen***		**0 - 7 Days**	**0 - 30 Days**	**> 30 Days**	**Not Seen***
Alliance Health	143	181	54	224	459	31%	39%	11.8%	48.8%
Eastpointe	166	386	160	99	645	26%	60%	25%	15%
Partners Health Management	337	429	53	157	639	53%	67%	8%	25%
Sandhills Center	155	178	25	196	399	39%	45%	6%	49%
Trillium Health Resources	92	128	58	280	466	20%	27%	12%	60%
Vaya Health	110	152	36	157	345	32%	44%	10%	46%
State Average	1,003	1,454	386	1,113	2,953	34%	49%	13%	38%
Standard Deviation						10.5%	13.1%		
LME-MCO Average						33%	47%		

* Not Seen by the claims paid cutoff date for the measure.





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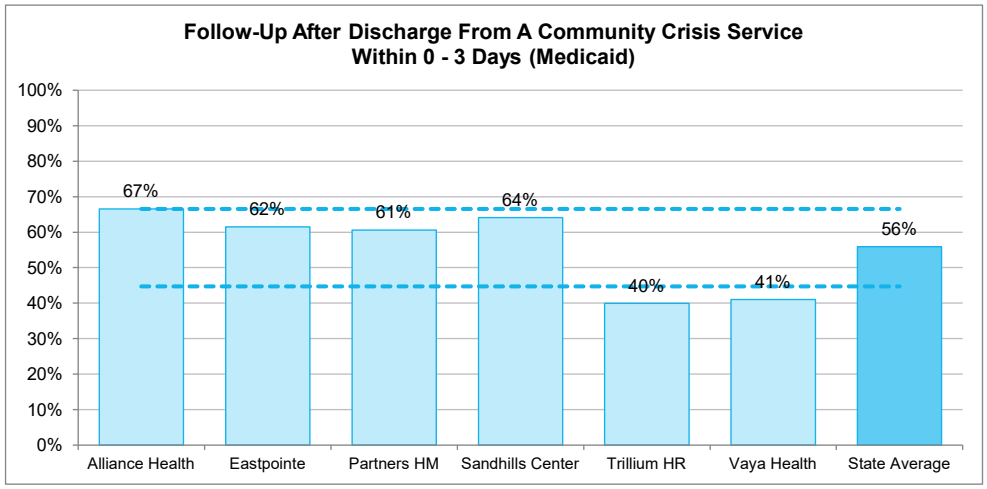
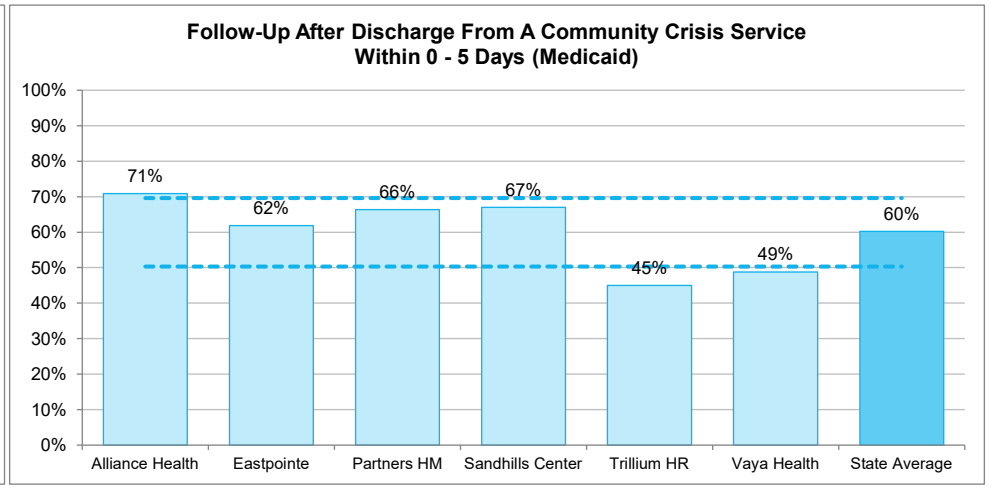
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Non-Crisis Follow-Up Care**					**Total Number of Discharges**	**Percent Received Non-Crisis Follow-Up Care**				
	0 - 3 Days	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***		**0 - 3 Days**	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***
Medicaid Funded											
Alliance Health	2,067	134	230	452	223	3,106	67%	4%	7%	15%	7%
Eastpointe	815	4	6	10	490	1,325	62%	0%	0%	1%	37%
Partners Health Management	234	22	39	51	40	386	61%	6%	10%	13%	10%
Sandhills Center	893	40	89	152	218	1,392	64%	3%	6%	11%	16%
Trillium Health Resources	741	95	201	354	466	1,857	40%	5%	11%	19%	25%
Vaya Health	667	126	229	241	362	1,625	41%	8%	14%	15%	22%
State Average	5,417	421	794	1,260	1,799	9,691	56%	4%	8%	13%	19%
Standard Deviation	* Not Seen by the claims paid cutoff date for the measure.						10.9%	2.3%			
LME-MCO Average							56%	4%			





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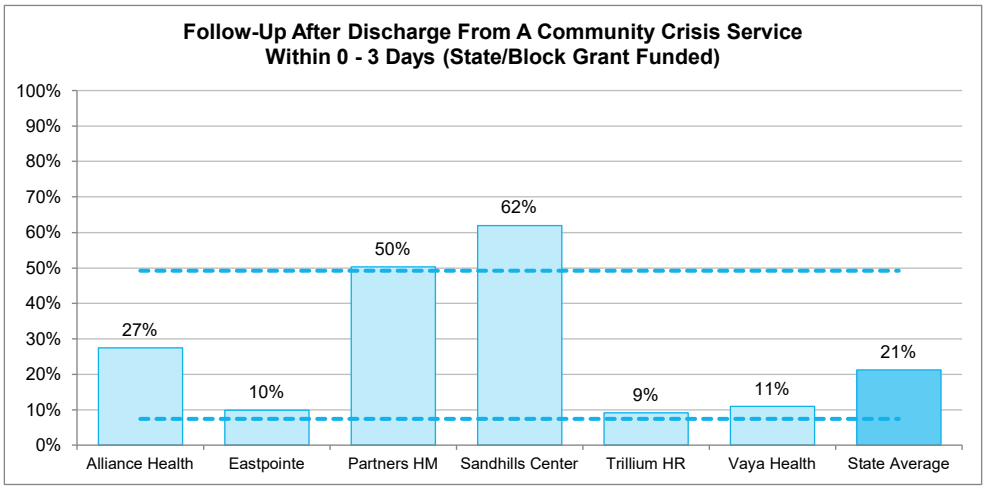
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

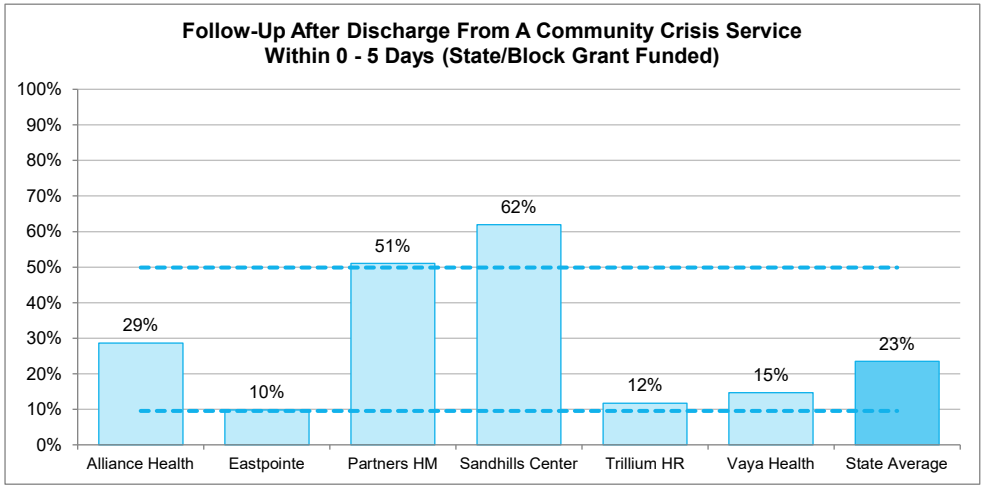
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Non-Crisis Follow-Up Care**					**Total Number of Discharges**	**Percent Received Non-Crisis Follow-Up Care**				
	0 - 3 Days	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***		**0 - 3 Days**	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***
State/Federal Block Grant Funded											
Alliance Health	159	7	23	49	341	579	27%	1%	4%	8%	59%
Eastpointe	17	0	0	1	154	172	10%	0%	0%	1%	90%
Partners Health Management	255	4	20	31	197	507	50%	1%	4%	6%	39%
Sandhills Center	168	0	11	10	82	271	62%	0%	4%	4%	30%
Trillium Health Resources	120	34	42	129	988	1,313	9%	3%	3%	10%	75%
Vaya Health	122	43	119	116	718	1,118	11%	4%	11%	10%	64%
State Average	841	88	215	336	2,480	3,960	21%	2%	5%	8%	63%
Standard Deviation							20.9%	1.4%			
LME-MCO Average							28%	1%			

* Not Seen by the claims paid cutoff date for the measure.





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Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures

State Fiscal Year:	2024	**Measurement Period:**	Oct - Dec 2023
Report Quarter:	3rd Quarter	**Based On Claims Paid As Of:**	Apr 30, 2024

CONTINUITY OF CARE

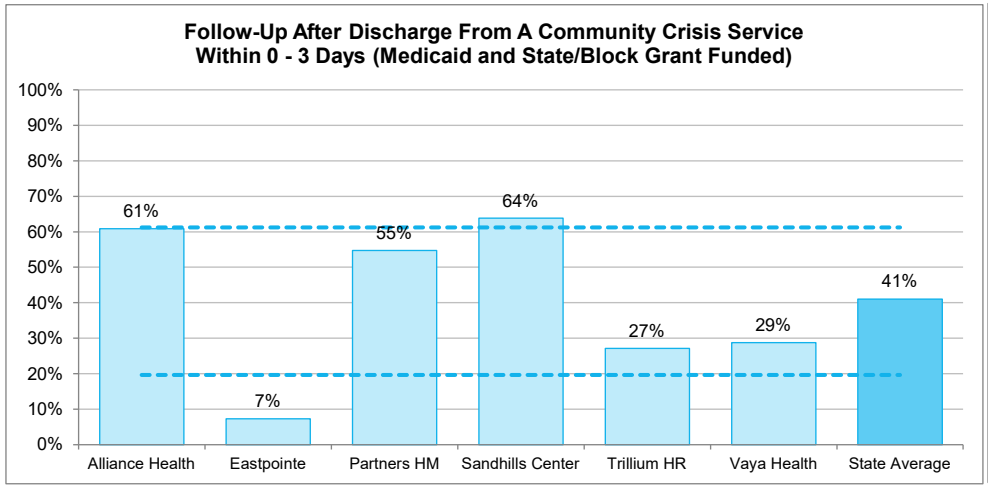
6.5. Follow-Up After Discharge From A Community Crisis Service (Ages 6+)

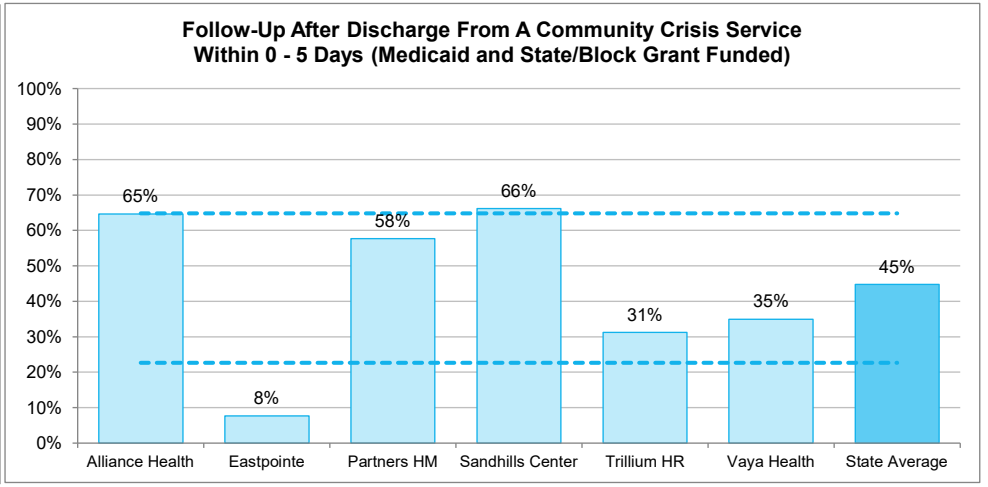
Rationale: Timely follow-up care after discharge from a crisis service is critical to promoting recovery and successful living in one's community, minimizing adverse outcomes, and preventing unnecessary reuse of crisis services or hospitalization. Receiving a community-based service within 7 days of discharge is a nationally accepted standard of care that also indicates the local system's community service capacity and extent of coordination across levels of care.

Description: This indicator measures the percent of discharges for persons who received treatment in a community-based crisis service each quarter that receive a follow-up visit with a behavioral health practitioner or a state facility service within 3 days and within 5 days after discharge .

	Numerator	Numerator	Numerator	Numerator	Numerator	Denominator	Rate	Rate	Rate	Rate	Rate
LME-MCO	**Total Number Received Non-Crisis Follow-Up Care**					**Total Number of Discharges**	**Percent Received Non-Crisis Follow-Up Care**				
	0 - 3 Days	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***		**0 - 3 Days**	**4 - 5 Days**	**6 - 14 Days**	**> 14 Days**	**Not Seen***
Combined Medicaid and State/Block Grant Funded -- Includes Cross-Overs Between Payers											
Alliance Health	2,244	137	259	504	541	3,685	61%	4%	7%	14%	15%
Eastpointe	99	6	14	22	1,226	1,367	7%	0%	1%	2%	90%
Partners Health Management	489	26	59	82	237	893	55%	3%	7%	9%	27%
Sandhills Center	1,061	40	100	162	300	1,663	64%	2%	6%	10%	18%
Trillium Health Resources	859	129	242	481	1,452	3,163	27%	4%	8%	15%	46%
Vaya Health	789	169	348	357	1,080	2,743	29%	6%	13%	13%	39%
State Average	5,541	507	1,022	1,608	4,836	13,514	41%	4%	8%	12%	36%
Standard Deviation							20.8%				
LME-MCO Average							40%	3%			

* Not Seen by the claims paid cutoff date for the measure.





North Carolina LME-MCO Performance Measurement Reporting
Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 3rd Quarter
Measurement Period: Jan 2023 - Dec 2023

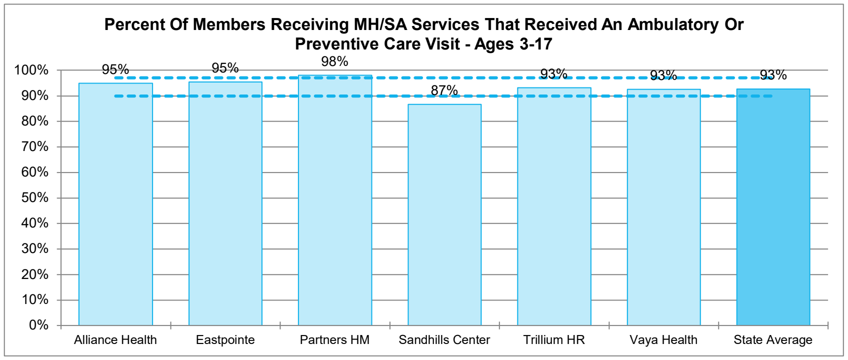
CONTINUITY OF CARE

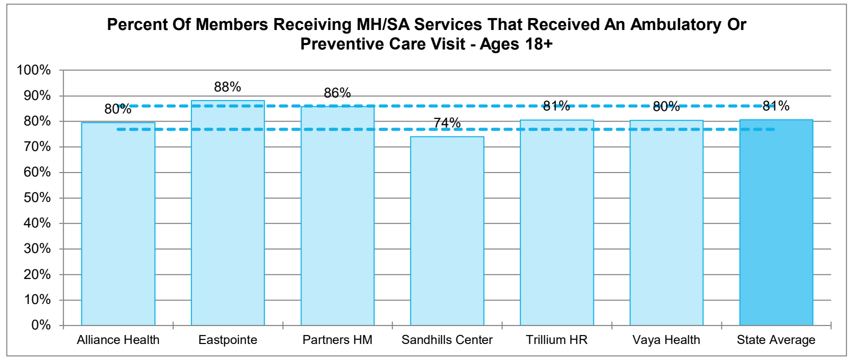
6.6 Medical Care Coordination (Medicaid Only)

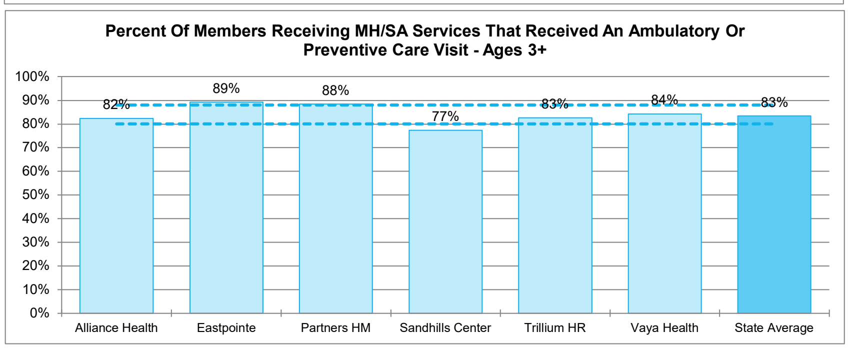
Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

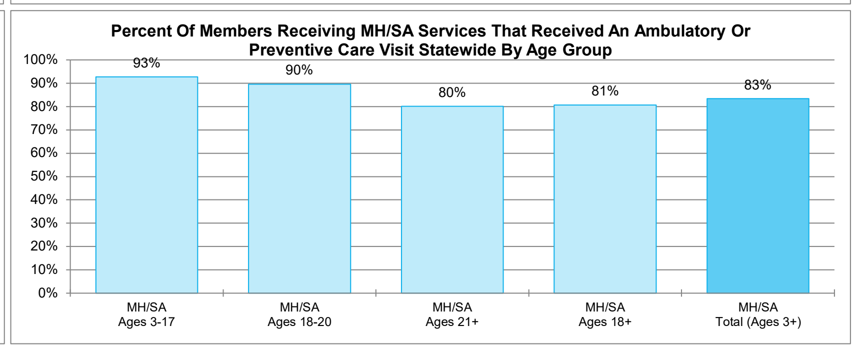
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	MH/SA Ages 3-17			MH/SA Ages 18+			MH/SA Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period	Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period	Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period	Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit
Alliance Health	4,346	4,579	95%	15,970	20,086	80%	20,316	24,665	82%
Eastpointe	1,302	1,364	95%	7,368	8,353	88%	8,670	9,717	89%
Partners Health Management	3,283	3,347	98%	10,288	11,993	86%	13,571	15,340	88%
Sandhills Center	4,622	5,333	87%	11,026	14,889	74%	15,648	20,222	77%
Trillium Health Resources	2,417	2,595	93%	10,882	13,502	81%	13,299	16,097	83%
Vaya Health	7,776	8,396	93%	14,802	18,419	80%	22,578	26,815	84%
Statewide	23,746	25,614	93%	70,336	87,242	81%	94,082	112,856	83%
Standard Deviation			3.5%			4.6%			4.0%
LME-MCO Average			93%			81%			84%









North Carolina LME-MCO Performance Measurement Reporting
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State Fiscal Year: 2024
Report Quarter: 3rd Quarter
Measurement Period: Jan 2023 - Dec 2023

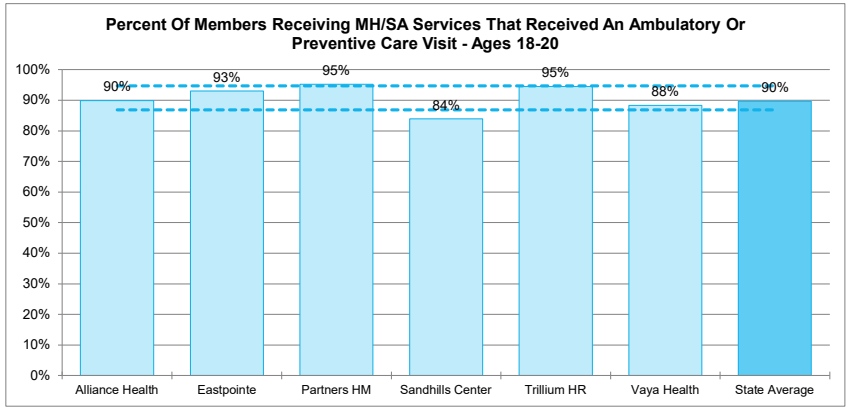
CONTINUITY OF CARE

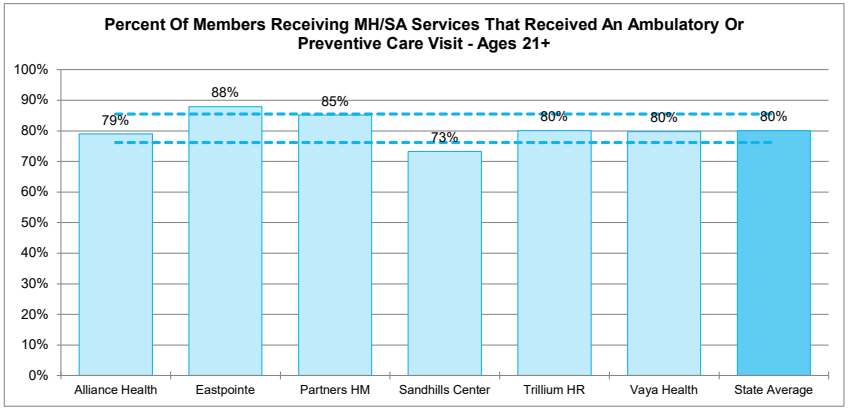
6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	MH/SA Ages 18-20			MH/SA Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/SA Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	875	973	90%	15,095	19,113	79%
Eastpointe	412	443	93%	6,956	7,910	88%
Partners Health Management	704	739	95%	9,584	11,254	85%
Sandhills Center	949	1,130	84%	10,077	13,759	73%
Trillium Health Resources	451	477	95%	10,431	13,025	80%
Vaya Health	1,186	1,343	88%	13,616	17,076	80%
Statewide	4,577	5,105	90%	65,759	82,137	80%
Standard Deviation			3.9%			4.7%
LME-MCO Average			91%			81%





State Fiscal Year: 2024
Report Quarter: 3rd Quarter
Measurement Period: Jan 2023 - Dec 2023

CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

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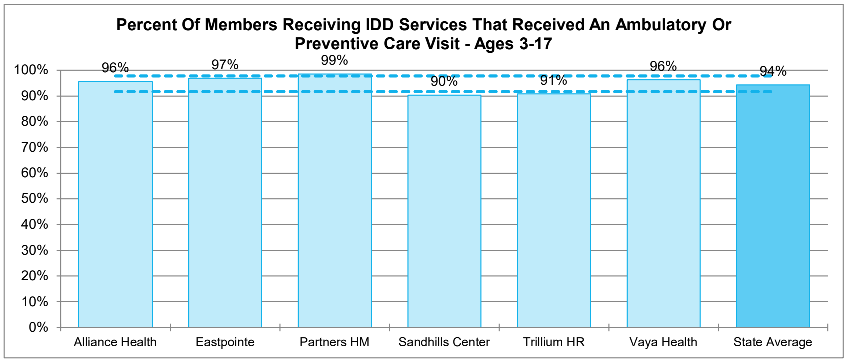
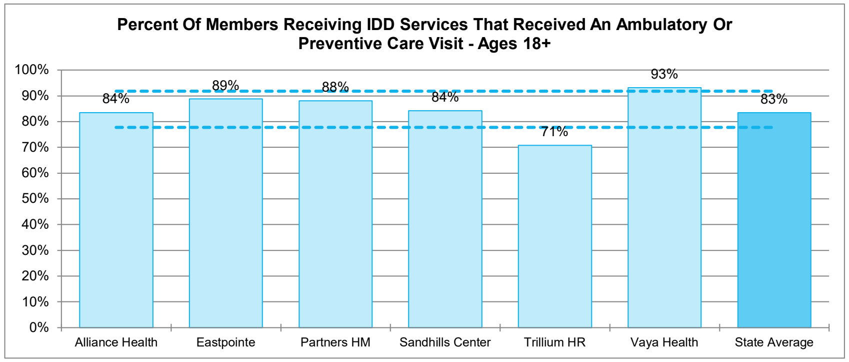
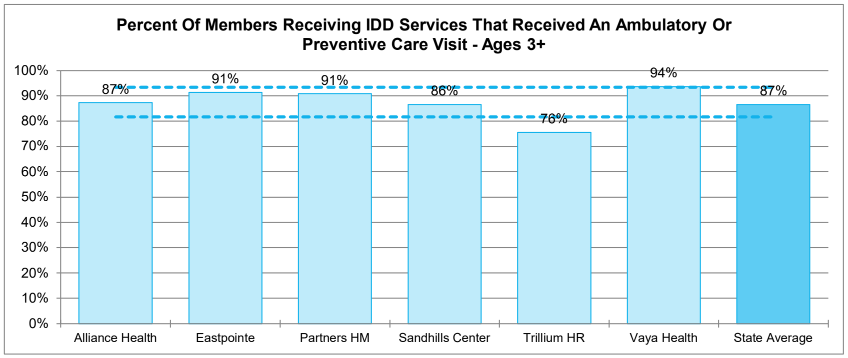
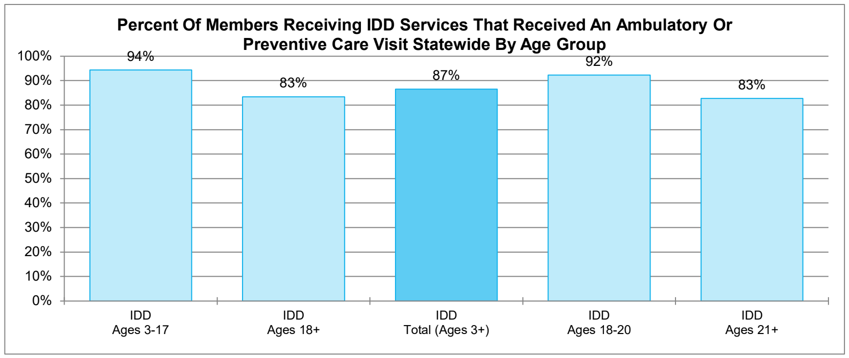
Description: This indicator measures the percentage of continuously enrolled Medicaid recipients under the 1915 b/c waiver who received a behavioral health (MH, I/DD, SUD) service during a rolling one-year period that also had at least one primary care or preventive health visit during that period. For persons ages 7-20, the measure looks for a primary care or preventive health service over the last two years.

	IDD Ages 3-17			IDD Ages 18+			IDD Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period	Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period	Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period	Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit
Alliance Health	2,602	2,723	96%	5,019	6,010	84%	7,621	8,733	87%
Eastpointe	782	807	97%	1,602	1,804	89%	2,384	2,611	91%
Partners Health Management	1,675	1,700	99%	4,153	4,718	88%	5,828	6,418	91%
Sandhills Center	1,839	2,036	90%	2,895	3,437	84%	4,734	5,473	86%
Trillium Health Resources	1,236	1,361	91%	3,121	4,408	71%	4,357	5,769	76%
Vaya Health	337	350	96%	2,033	2,181	93%	2,370	2,531	94%
Statewide	8,471	8,977	94%	18,823	22,558	83%	27,294	31,535	87%
Standard Deviation			3.1%			7.0%			5.9%
LME-MCO Average			95%			85%			88%









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Part II. DMH/DD/SUS LME-MCO Quarterly Performance Measures
State Fiscal Year: 2024
Report Quarter: 3rd Quarter
Measurement Period: Jan 2023 - Dec 2023

CONTINUITY OF CARE

6.6 Medical Care Coordination (Medicaid Only)

Rationale: Designing programs to integrate the delivery and management of behavioral health and physical health services provides a critical opportunity to achieve better health outcomes as well as control spending. This measure was adapted from two Healthcare Enterprise Data Information System (HEDIS ©) measures -- Adults' Access to Preventive/Ambulatory Health Services and Children and Adolescents' Access to Primary Care Practitioners.

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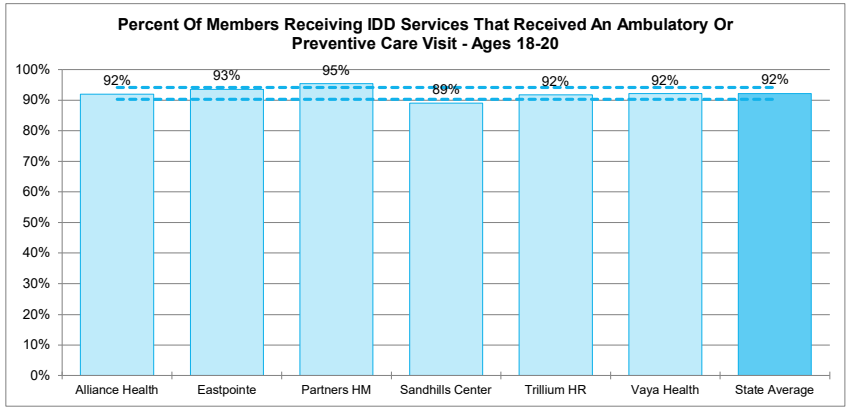
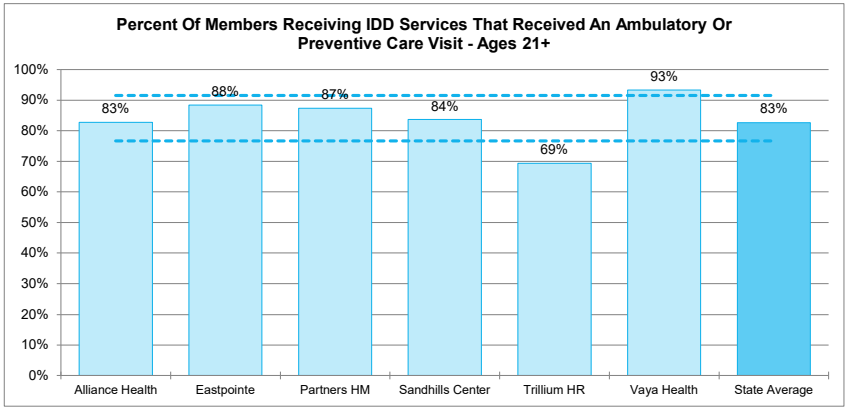
	IDD Ages 18-20			IDD Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period**	**Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 IDD Service During The Measurement Period**	**Percent Of Members Receiving IDD Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	436	474	92%	4,583	5,536	83%
Eastpointe	129	138	93%	1,473	1,666	88%
Partners Health Management	370	388	95%	3,783	4,330	87%
Sandhills Center	316	355	89%	2,579	3,082	84%
Trillium Health Resources	266	290	92%	2,855	4,118	69%
Vaya Health	105	114	92%	1,928	2,067	93%
Statewide	1,622	1,759	92%	17,201	20,799	83%
Standard Deviation			1.9%			7.5%
LME-MCO Average			92%			84%





CONTINUITY OF CARE

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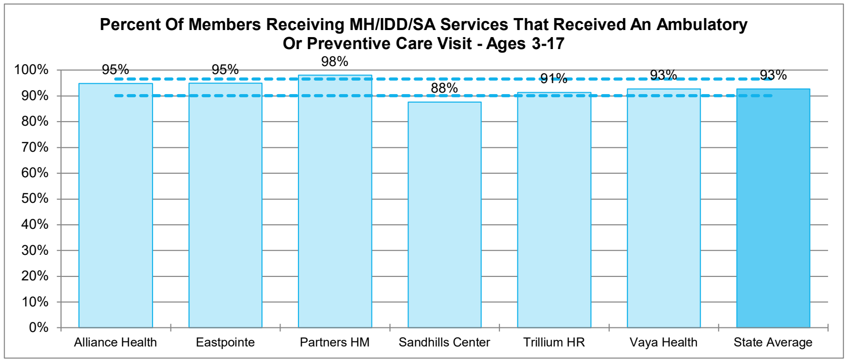
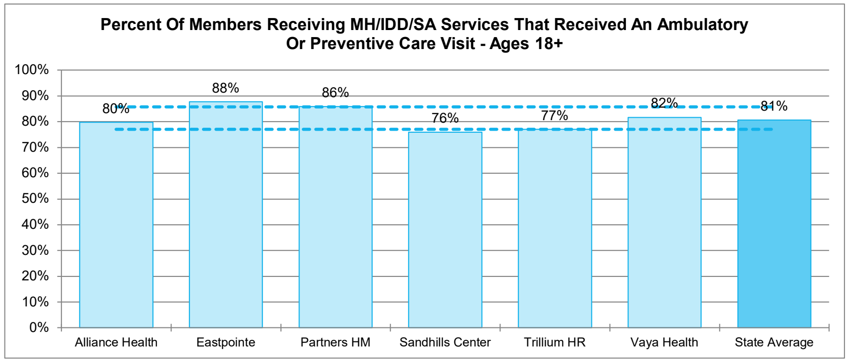
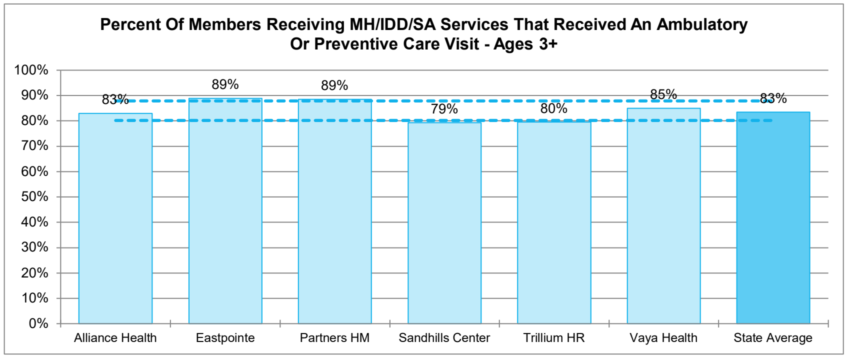
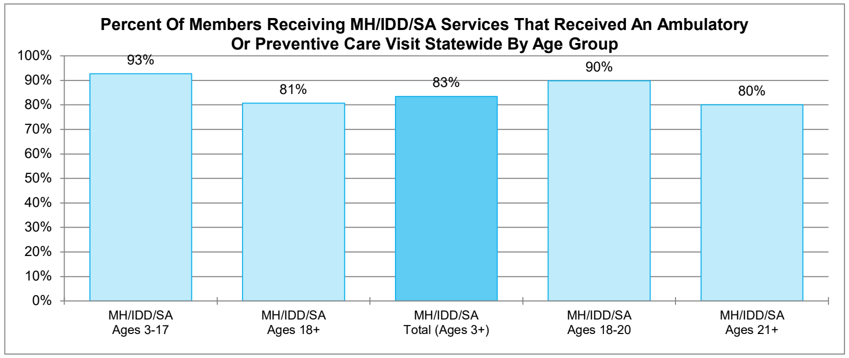
	MH/IDD/SA Ages 3-17			MH/IDD/SA Ages 18+			MH/IDD/SA Total (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period	Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period	Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit	Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits	Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period	Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit
Alliance Health	6,220	6,553	95%	19,460	24,397	80%	25,680	30,950	83%
Eastpointe	1,518	1,599	95%	7,905	9,002	88%	9,423	10,601	89%
Partners Health Management	4,048	4,126	98%	12,766	14,865	86%	16,814	18,991	89%
Sandhills Center	6,461	7,369	88%	13,921	18,326	76%	20,382	25,695	79%
Trillium Health Resources	2,965	3,243	91%	12,101	15,705	77%	15,066	18,948	80%
Vaya Health	8,113	8,746	93%	16,835	20,600	82%	24,948	29,346	85%
Statewide	29,325	31,636	93%	82,988	102,895	81%	112,313	134,531	83%
Standard Deviation			3.3%			4.3%			3.8%
LME-MCO Average			93%			81%			84%









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State Fiscal Year: 2024
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CONTINUITY OF CARE

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	MH/IDD/SA Ages 18-20			MH/IDD/SA Ages 21+		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
LME-MCO	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit**	**Number In The Denominator With ≥1 Ambulatory Or Preventive Care Visits**	**Number Continuously Enrolled Persons That Received ≥1 MH/IDD/SA Service During The Measurement Period**	**Percent Of Members Receiving MH/IDD/SA Services That Received An Ambulatory Or Preventive Care Visit**
Alliance Health	1,162	1,289	90%	18,298	23,108	79%
Eastpointe	440	475	93%	7,465	8,527	88%
Partners Health Management	870	911	95%	11,896	13,954	85%
Sandhills Center	1,265	1,485	85%	12,656	16,841	75%
Trillium Health Resources	551	595	93%	11,550	15,110	76%
Vaya Health	1,291	1,457	89%	15,544	19,143	81%
Statewide	5,579	6,212	90%	77,409	96,683	80%
Standard Deviation			3.3%			4.5%
LME-MCO Average			91%			81%