

LME-MCO Quarterly Performance Measures: Performance Report

SFY 2024-2025

July 1 - September 30, 2024

(All Measures Reported)

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

April 9, 2025



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



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 2006¹. 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.

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 2/17/25 for the 1st Quarter SFY2025 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 3/17/25 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 3/31/25 so the DRAFT report could be finalized. The data in this revised report includes all revisions received as of 3/31/25.

Please direct any questions about the performance indicators in this report to the DMH/DD/SUS Quality Management Team at contactdmhquality@dhhs.nc.gov.

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.

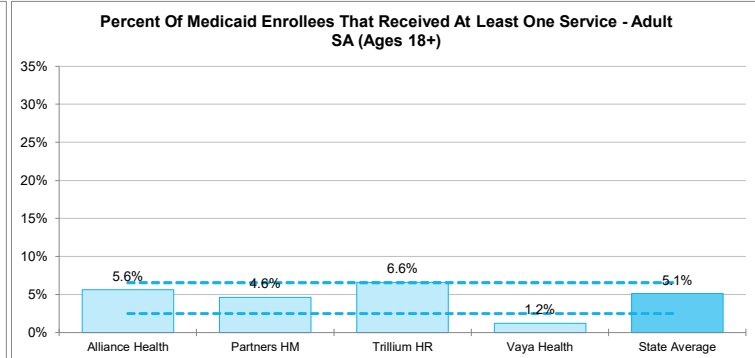
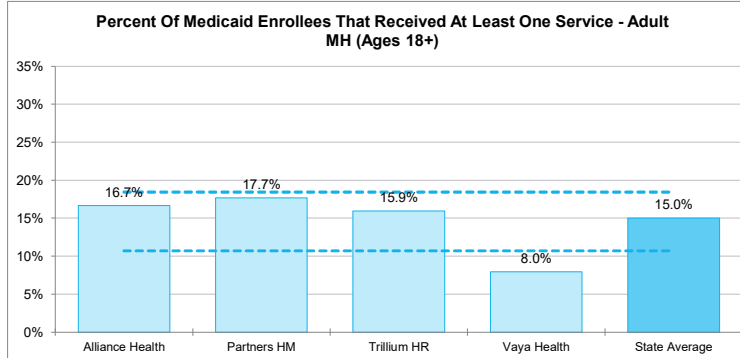
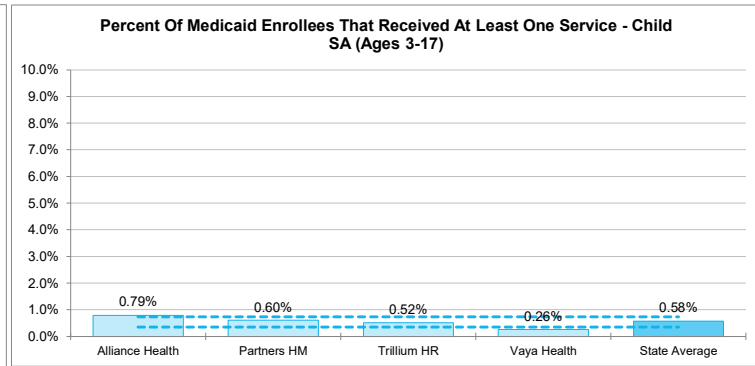
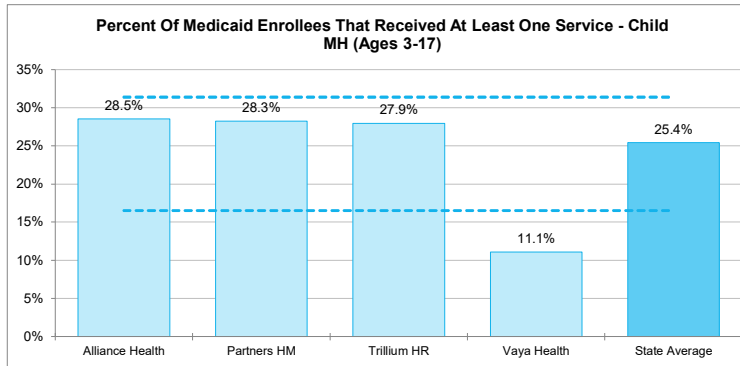
PENETRATION

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 disabilities, 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.

LME-MCO	Child MH (Ages 3-17)			Adult MH (Ages 18+)			Child SA (Ages 3-17)			Adult SA (Ages 18+)		
	Numerator Number That Received At Least One Service	Denominator Number Of Medicaid Enrollees	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Medicaid Enrollees	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Medicaid Enrollees	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Medicaid Enrollees	Rate Percent That Received At Least One Service
Alliance Health	10,024	35,145	28.5%	20,731	124,172	16.7%	279	35,145	0.79%	7,002	124,172	5.6%
Partners Health Management	4,532	16,040	28.3%	10,943	61,846	17.7%	97	16,040	0.60%	2,868	61,846	4.6%
Trillium Health Resources	11,957	42,804	27.9%	28,083	176,179	15.9%	223	42,804	0.52%	11,629	176,179	6.6%
Vaya Health	2,020	18,225	11.1%	5,927	74,506	8.0%	47	18,225	0.26%	913	74,506	1.2%
Statewide	28,533	112,214	25.4%	65,684	436,703	15.0%	646	112,214	0.58%	22,412	436,703	5.1%
Standard Deviation			7.4%			3.9%			0.19%			2.0%
LME-MCO Average			23.9%			14.6%			0.54%			4.5%



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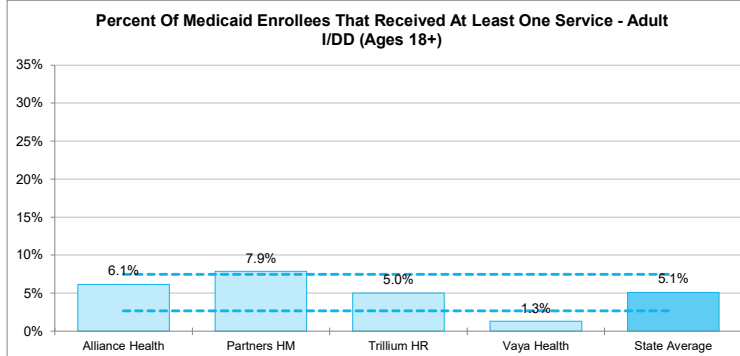
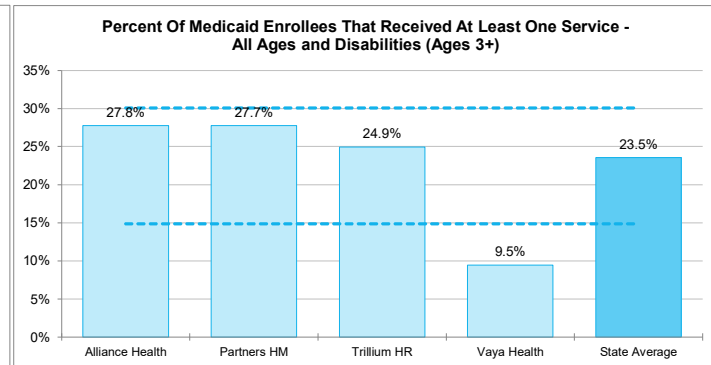
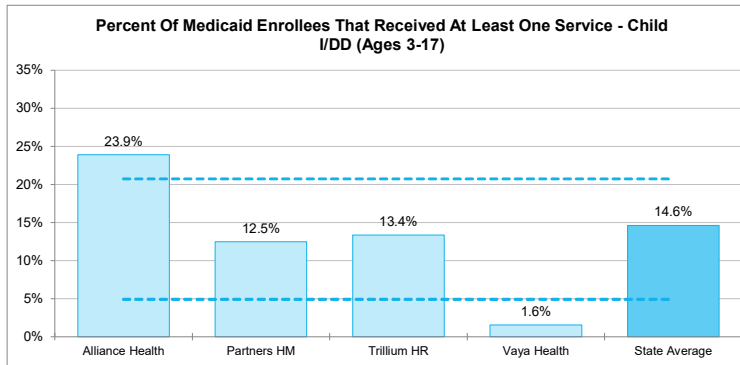
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LME-MCO	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Number That Received At Least One Service	Number Of Medicaid Enrollees	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	8,397	35,145	23.9%	7,628	124,172	6.1%	44,237	159,317	27.8%
Partners Health Management	1,999	16,040	12.5%	4,857	61,846	7.9%	21,608	77,886	27.7%
Trillium Health Resources	5,715	42,804	13.4%	8,841	176,179	5.0%	54,592	218,983	24.9%
Vaya Health	284	18,225	1.6%	964	74,506	1.3%	8,766	92,731	9.5%
Statewide	16,395	112,214	14.6%	22,290	436,703	5.1%	129,203	548,917	23.5%
Standard Deviation			7.9%			2.4%			7.6%
LME-MCO Average			12.8%			5.1%			22.5%

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
54,061	159,317
25,296	77,886
66,448	218,983
10,155	92,731

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



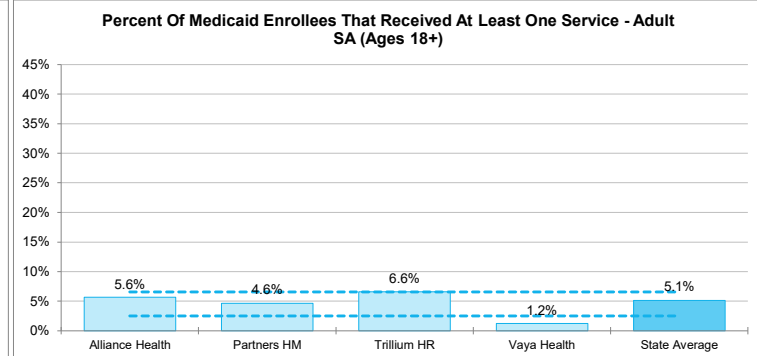
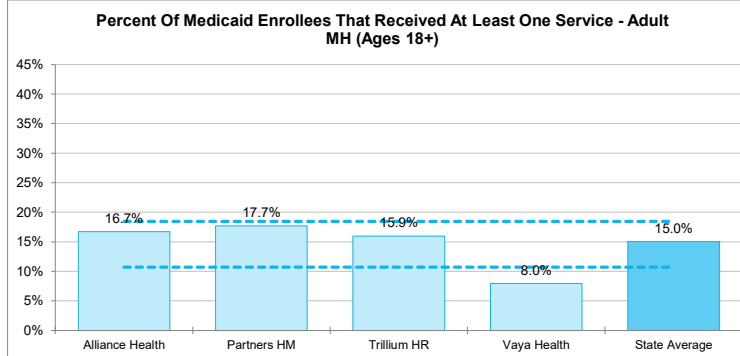
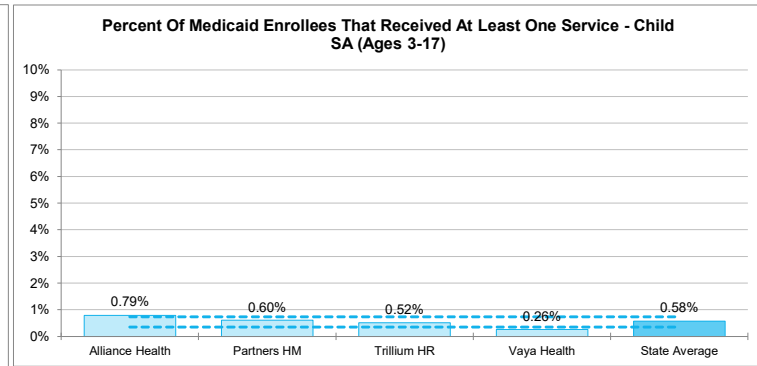
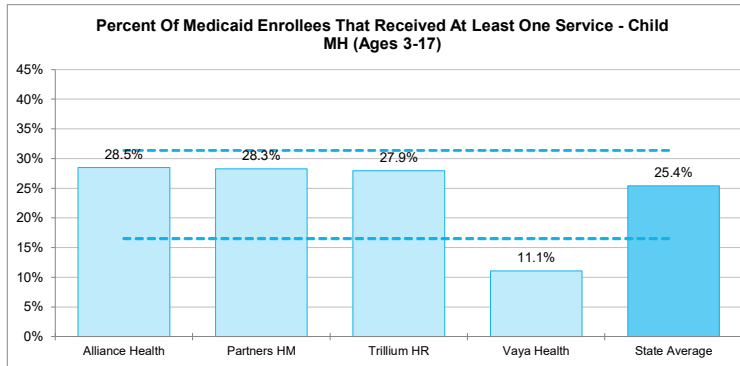
PENETRATION

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 disabilities, 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.

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Standard Deviation			7.4%			3.9%			0.2%			2.0%
LME-MCO Average			23.9%			14.6%			0.5%			4.5%



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

State Fiscal Year: 2025 Measurement Period: Jul - Sep 2024
 Report Quarter: 2nd Quarter Based On Claims Paid As Of: Jan 31, 2025

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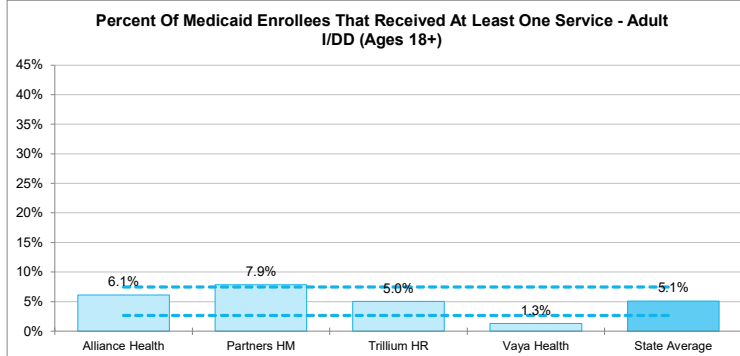
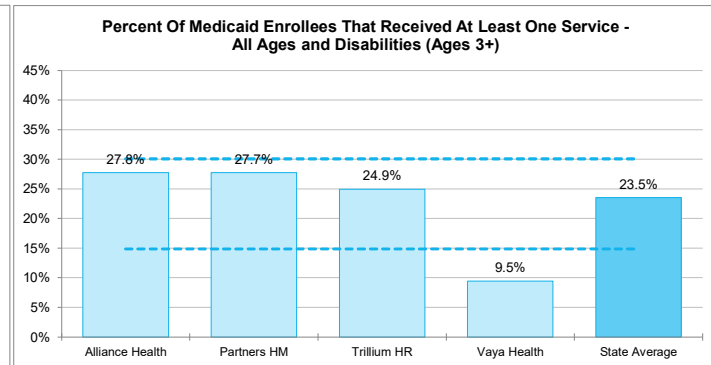
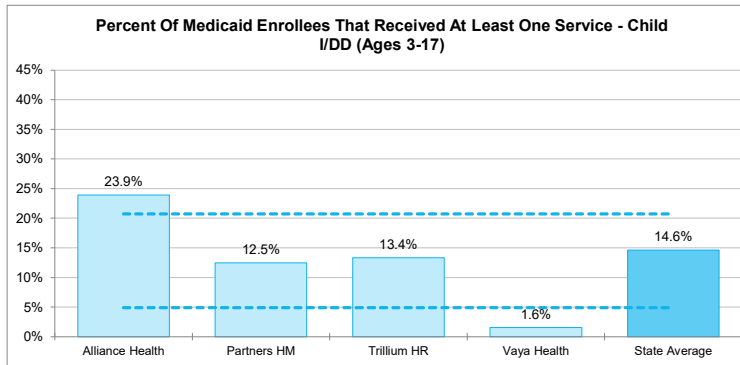
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LME-MCO	Child I/DD (Ages 3-17)			Adult I/DD (Ages 18+)			All Ages and Disabilities (Ages 3+)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Number That Received At Least One Service	Number Of Medicaid Enrollees	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	8,397	35,145	23.9%	7,628	124,172	6.1%	44,237	159,317	27.8%
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Trillium Health Resources	5,715	42,804	13.4%	8,841	176,179	5.0%	54,592	218,983	24.9%
Vaya Health	284	18,225	1.6%	964	74,506	1.3%	8,766	92,731	9.5%
Statewide	16,395	112,214	14.6%	22,290	436,703	5.1%	129,203	548,917	23.5%
Standard Deviation			7.9%			2.4%			7.6%
LME-MCO Average			12.8%			5.1%			22.5%

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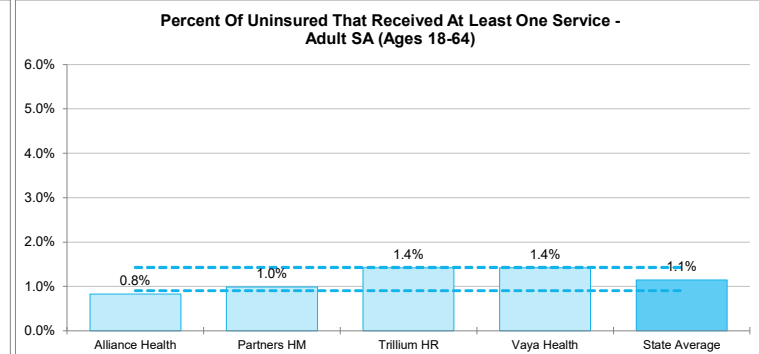
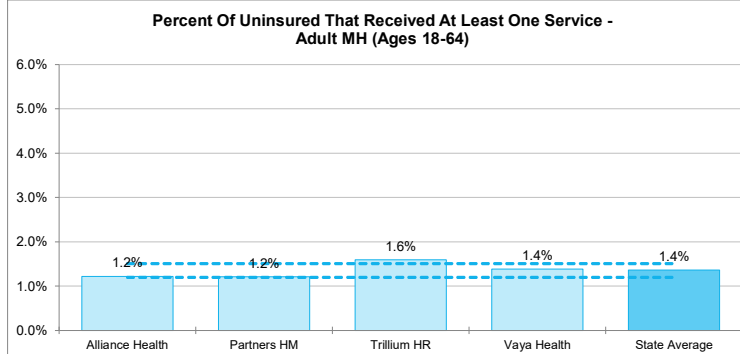
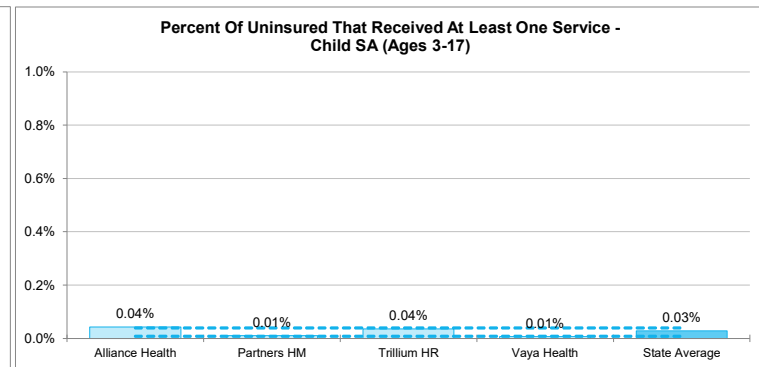
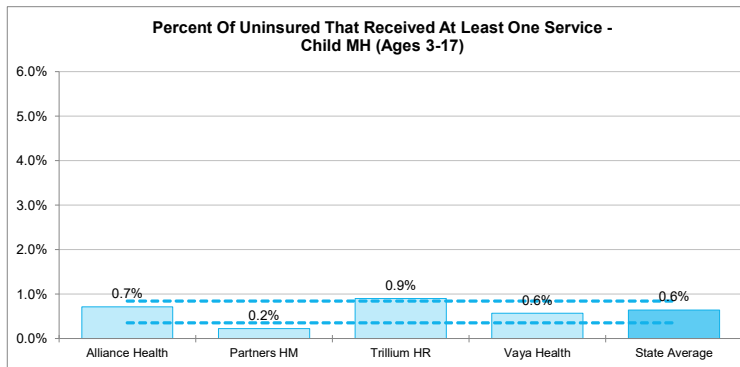
PENETRATION

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 disabilities, 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 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, IDD, 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.

LME-MCO	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service
Alliance Health	233	32,794	0.7%	3,458	283,651	1.2%	14	32,794	0.04%	2,353	283,651	0.8%
Partners Health Management	44	19,371	0.2%	2,270	187,659	1.2%	2	19,371	0.01%	1,850	187,659	1.0%
Trillium Health Resources	253	28,234	0.9%	4,305	270,142	1.6%	10	28,234	0.04%	3,841	270,142	1.4%
Vaya Health	88	15,498	0.6%	2,312	166,634	1.4%	1	15,498	0.01%	2,364	166,634	1.4%
Statewide	618	95,897	0.6%	12,345	908,086	1.4%	27	95,897	0.03%	10,408	908,086	1.1%
Standard Deviation			0.2%			0.2%			0.02%			0.3%
LME-MCO Average			0.6%			1.4%			0.02%			1.2%



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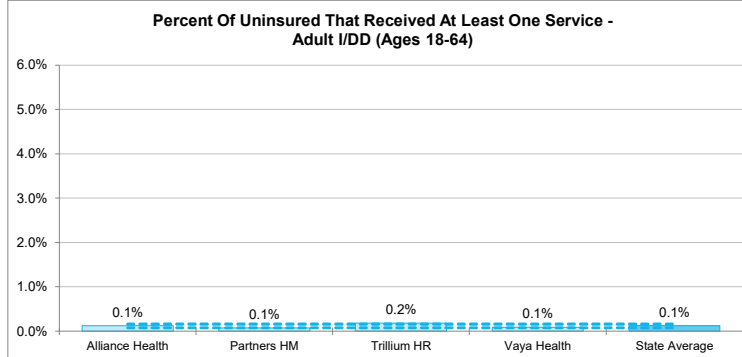
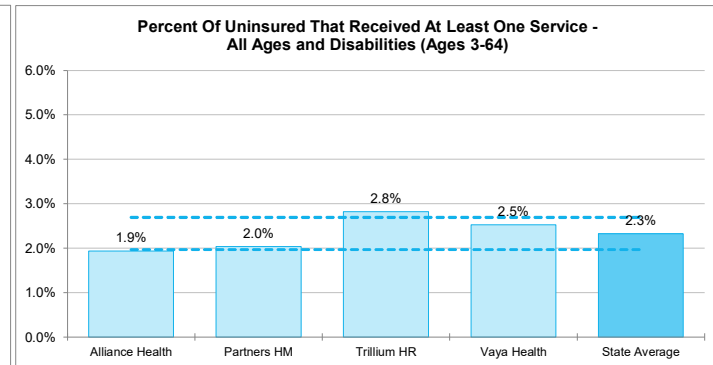
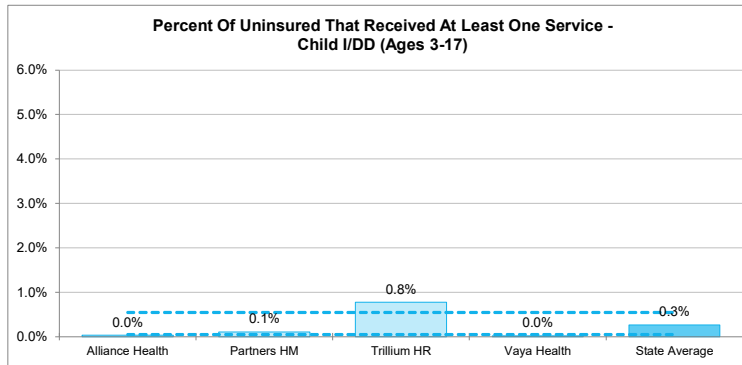
LME-MCO	Child IDD (Ages 3-17)			Adult IDD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	Number That Received At Least One Service	Number Of Uninsured Population	Percent That Received At Least One Service	Number 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	10	32,794	0.0%	357	283,651	0.1%	5,911	306,032	1.9%
Partners Health Management	21	19,371	0.1%	140	187,659	0.1%	4,046	198,740	2.0%
Trillium Health Resources	218	28,234	0.8%	495	270,142	0.2%	8,138	288,335	2.8%
Vaya Health	4	15,498	0.0%	145	166,634	0.1%	4,457	176,254	2.5%
Statewide	253	95,897	0.3%	1,137	908,086	0.1%	22,552	969,361	2.3%
Standard Deviation			0.3%			0.0%			0.4%
LME-MCO Average			0.2%			0.1%			2.3%

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

6,425
4,327
9,122
4,914

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



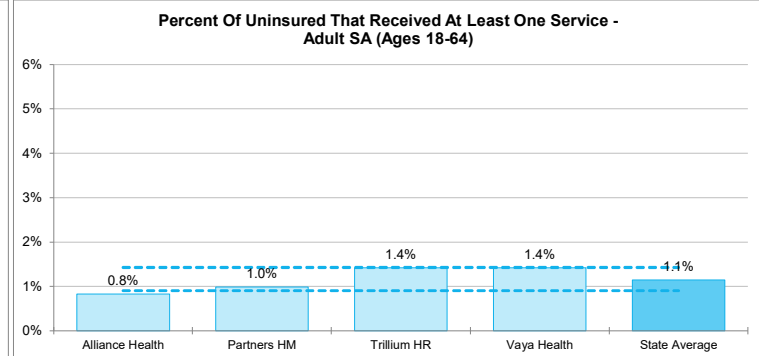
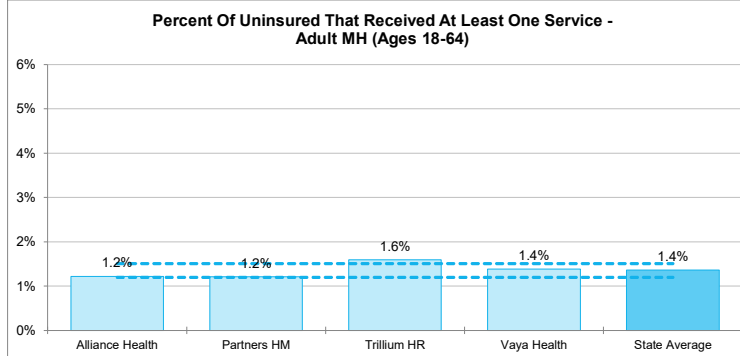
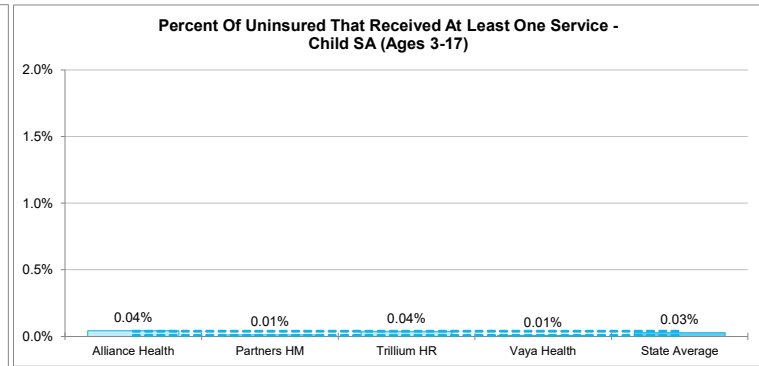
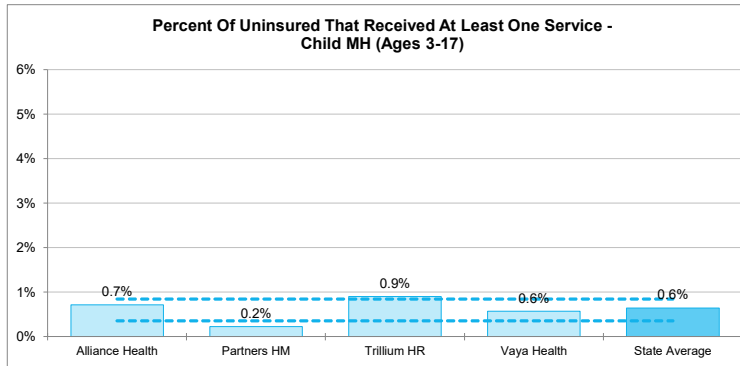
PENETRATION

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 disabilities, 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 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, IDD, 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.

LME-MCO	Child MH (Ages 3-17)			Adult MH (Ages 18-64)			Child SA (Ages 3-17)			Adult SA (Ages 18-64)		
	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service	Numerator Number That Received At Least One Service	Denominator Number Of Uninsured Population	Rate Percent That Received At Least One Service
Alliance Health	233	32,794	0.7%	3,458	283,651	1.2%	14	32,794	0.04%	2,353	283,651	0.8%
Partners Health Management	44	19,371	0.2%	2,270	187,659	1.2%	2	19,371	0.01%	1,850	187,659	1.0%
Trillium Health Resources	253	28,234	0.9%	4,305	270,142	1.6%	10	28,234	0.04%	3,841	270,142	1.4%
Vaya Health	88	15,498	0.6%	2,312	166,634	1.4%	1	15,498	0.01%	2,364	166,634	1.4%
Statewide	618	95,897	0.6%	12,345	908,086	1.4%	27	95,897	0.03%	10,408	908,086	1.1%
Standard Deviation			0.2%			0.2%			0.02%			0.3%
LME-MCO Average			0.6%			1.4%			0.02%			1.2%



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

State Fiscal Year: 2025 Measurement Period: Jul - Sep 2024
Report Quarter: 2nd Quarter Based On Claims Paid As Of: Jan 31, 2025

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 disabilities, 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 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, IDD, 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.

LME-MCO	Child IDD (Ages 3-17)			Adult IDD (Ages 18-64)			All Ages and Disabilities (Ages 3-64)		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
	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	10	32,794	0.0%	357	283,651	0.1%	5,911	306,032	1.9%
Partners Health Management	21	19,371	0.1%	140	187,659	0.1%	4,046	198,740	2.0%
Trillium Health Resources	218	28,234	0.8%	495	270,142	0.2%	8,138	288,335	2.8%
Vaya Health	4	15,498	0.0%	145	166,634	0.1%	4,457	176,254	2.5%
Statewide	253	95,897	0.3%	1,137	908,086	0.1%	22,552	969,361	2.3%
Standard Deviation			0.3%			0.0%			0.4%
LME-MCO Average			0.2%			0.1%			2.3%

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

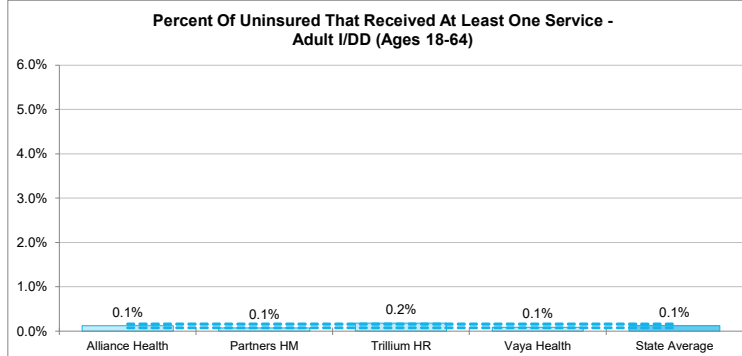
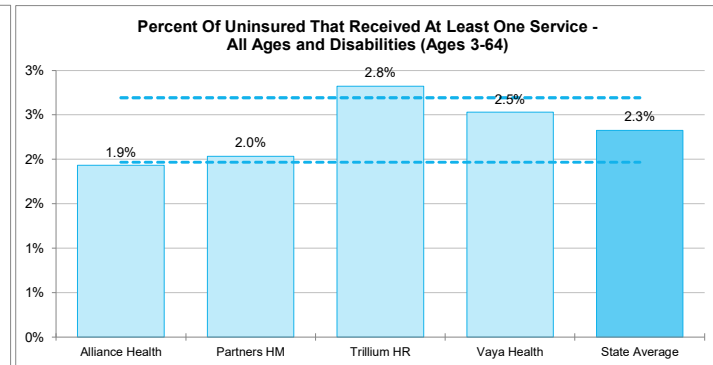
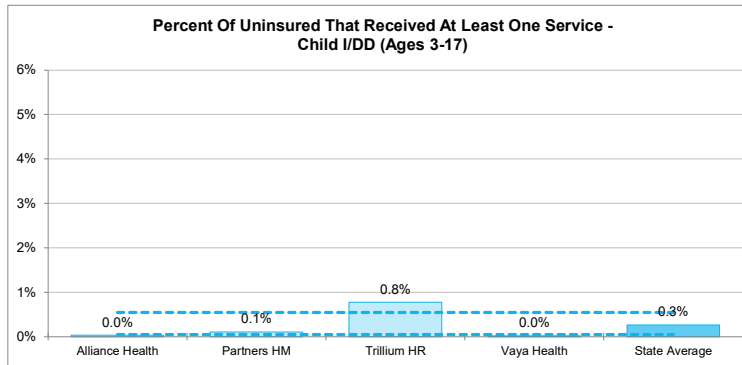
6,425

4,327

9,122

4,914

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



Report Year: 2025
Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
Based On Claims Paid As Of: Jan 31, 2025

INITIATION AND ENGAGEMENT

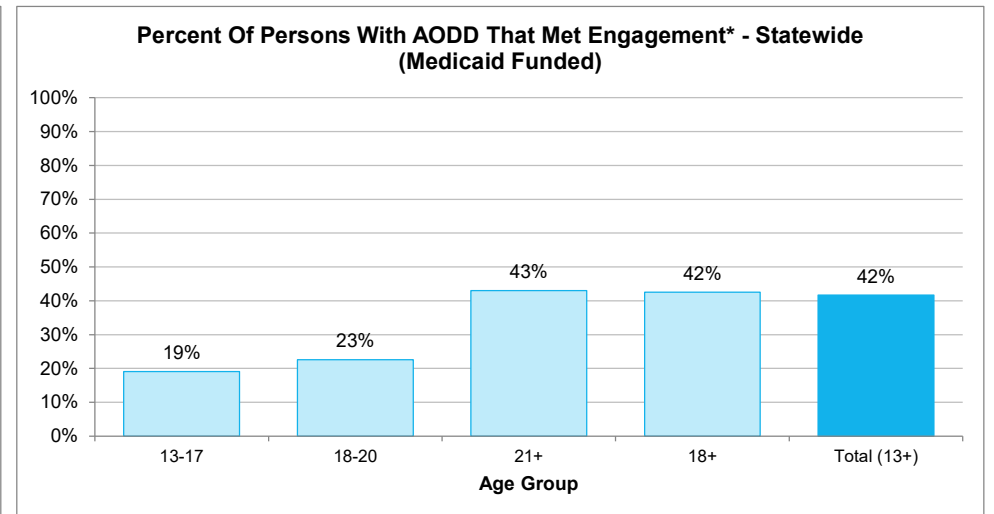
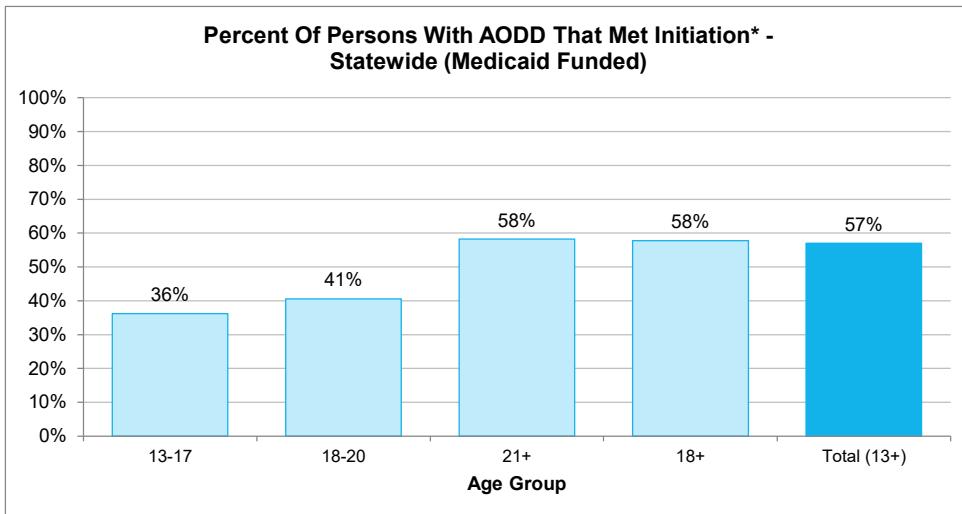
4.1. Initiation and Engagement of Substance Abuse Treatment (By Age Group)

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

Age Groups	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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	110	42	152	58	304	36%	14%	50%	19%	
18-20	97	34	108	54	239	41%	14%	45%	23%	
21+	4,831	1,106	2,359	3,571	8,296	58%	13%	28%	43%	
18+	4,928	1,140	2,467	3,625	8,535	58%	13%	29%	42%	
Total (13+)	5,038	1,182	2,619	3,683	8,839	57%	13%	30%	42%	



* 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: 2025
Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
Based On Claims Paid As Of: Jan 31, 2025

INITIATION AND ENGAGEMENT

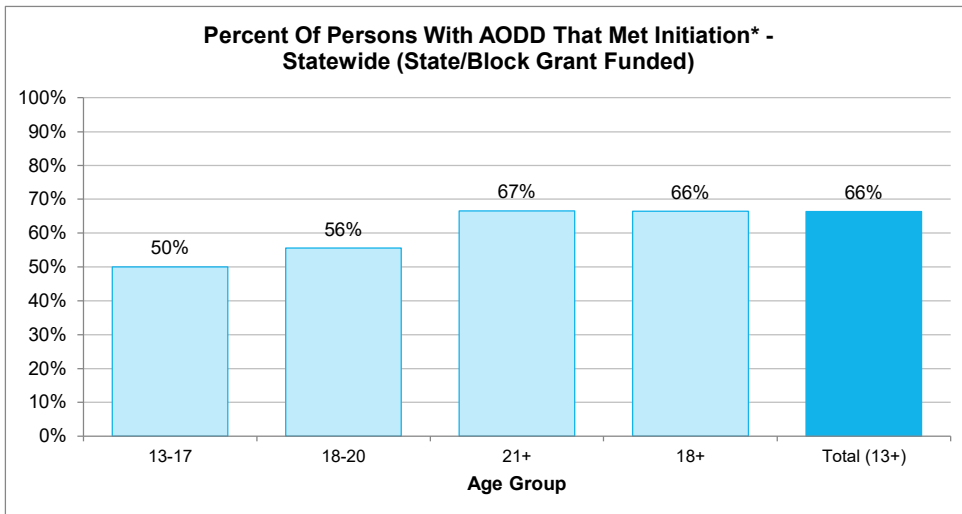
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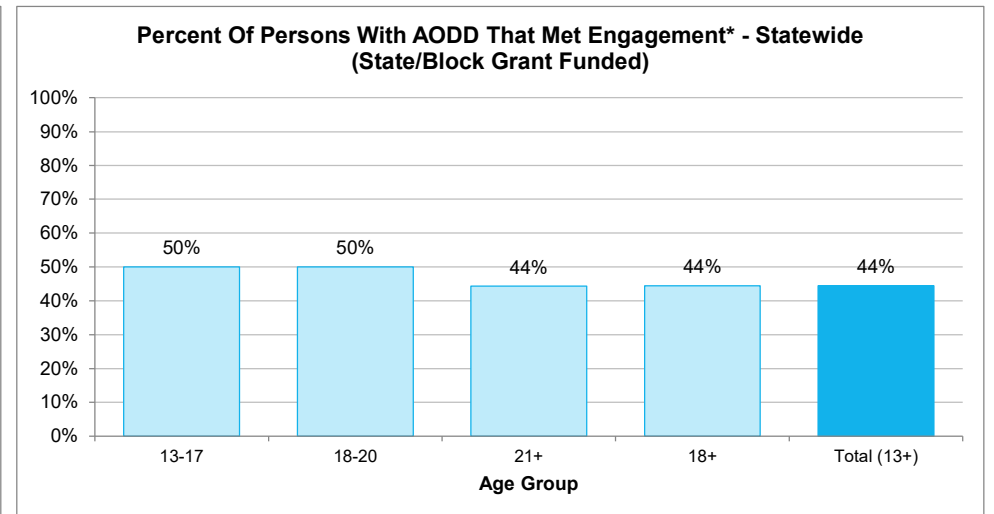
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State/Block Grant Funded

Age Groups	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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	3	0	3	3	6	50%	0%	50%	50%	
18-20	10	3	5	9	18	56%	17%	28%	50%	
21+	1,123	145	419	748	1,687	67%	9%	25%	44%	
18+	1,133	148	424	757	1,705	66%	9%	25%	44%	
Total (13+)	1,136	148	427	760	1,711	66%	9%	25%	44%	



* 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: 2025
Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
Based On Claims Paid As Of: Jan 31, 2025

INITIATION AND ENGAGEMENT

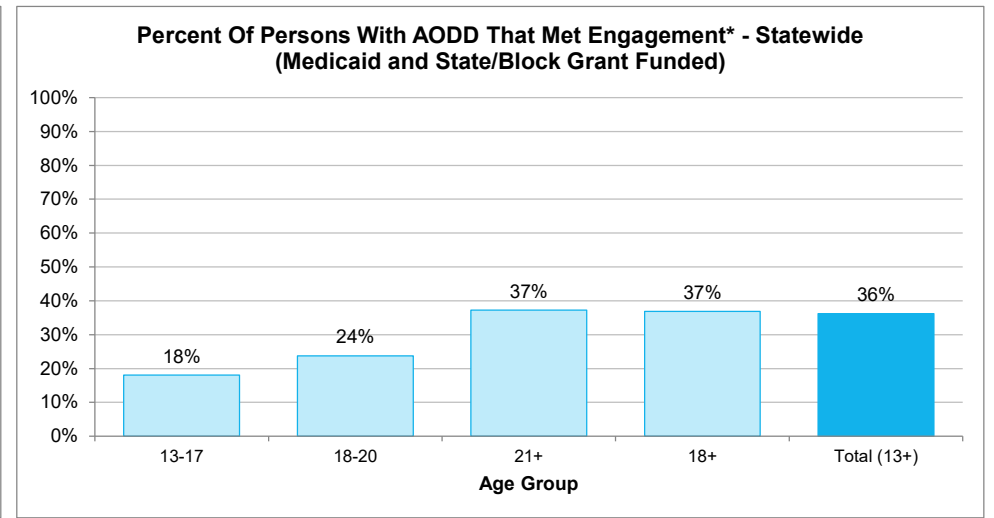
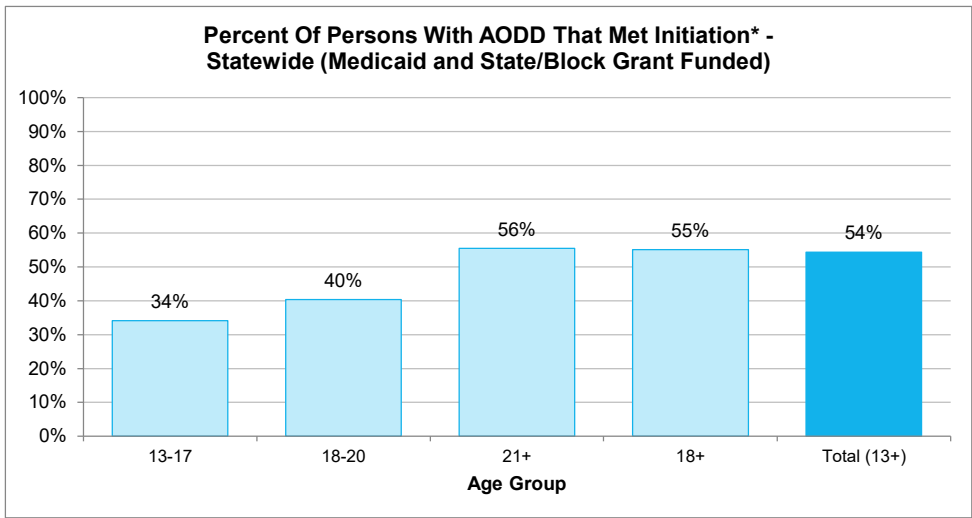
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Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence 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

Age Groups	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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	110	49	163	58	322	34%	15%	51%	18%	
18-20	102	38	113	60	253	40%	15%	45%	24%	
21+	4,818	1,151	2,705	3,230	8,674	56%	13%	31%	37%	
18+	4,920	1,189	2,818	3,290	8,927	55%	13%	32%	37%	
Total (13+)	5,030	1,238	2,981	3,348	9,249	54%	13%	32%	36%	



* 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)

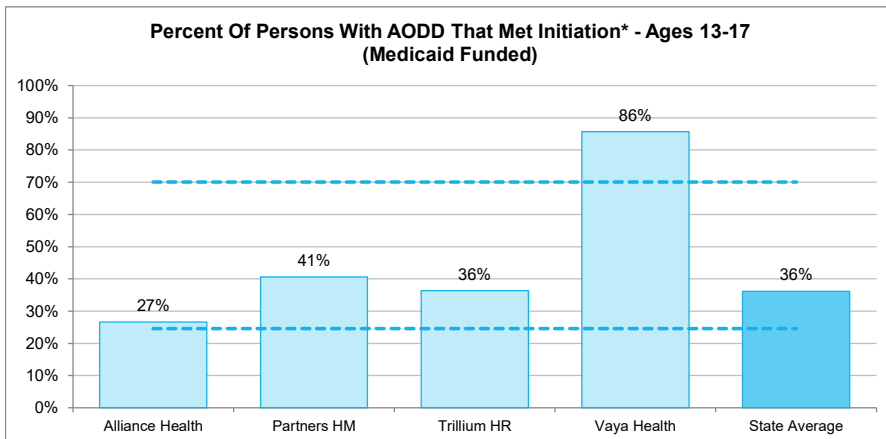
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+).

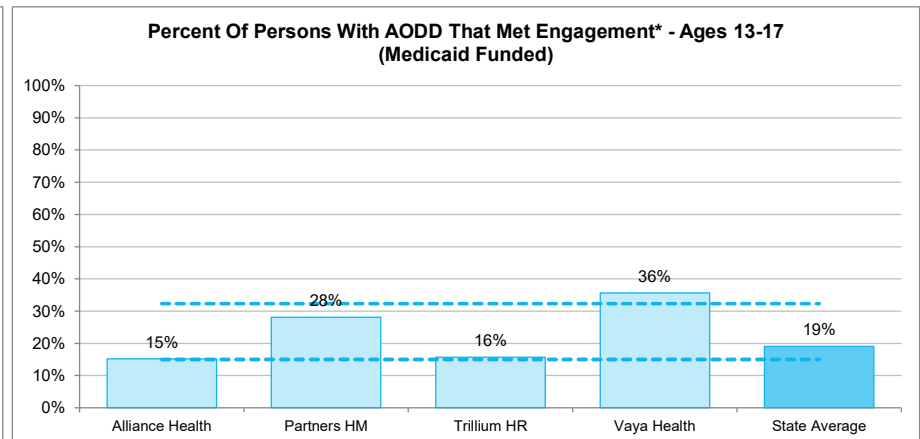
LME-MCO	Numerator1			Numerator2		Denominator	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days	Number With No 2nd Visit	Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	Total Number with an 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	28	15	62	16	105	27%	14%	59%	15%
Partners Health Management	26	7	31	18	64	41%	11%	48%	28%
Trillium Health Resources	44	19	58	19	121	36%	16%	48%	16%
Vaya Health	12	1	1	5	14	86%	7%	7%	36%
State Average	110	42	152	58	304	36%	14%	50%	19%
Standard Deviation						22.7%	3.3%	19.8%	8.7%
LME-MCO Average						47%	12%	41%	24%



* 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.

Report Year: 2025
 Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
 Based On Claims Paid As Of: Jan 31, 2025

INITIATION AND ENGAGEMENT

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

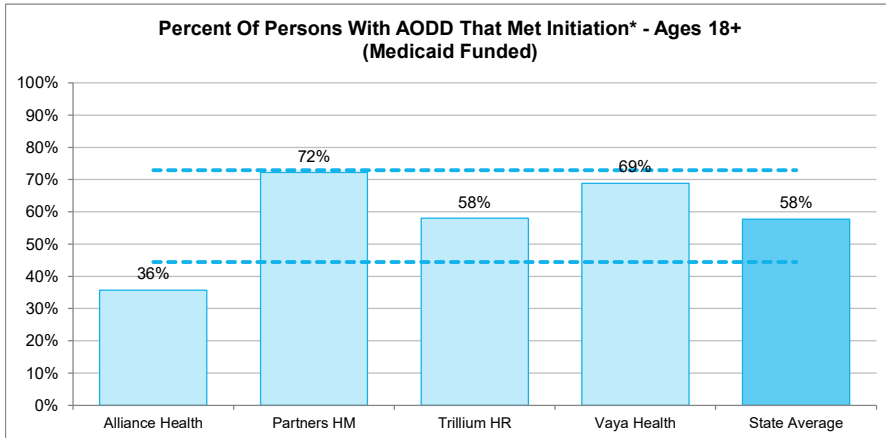
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+).

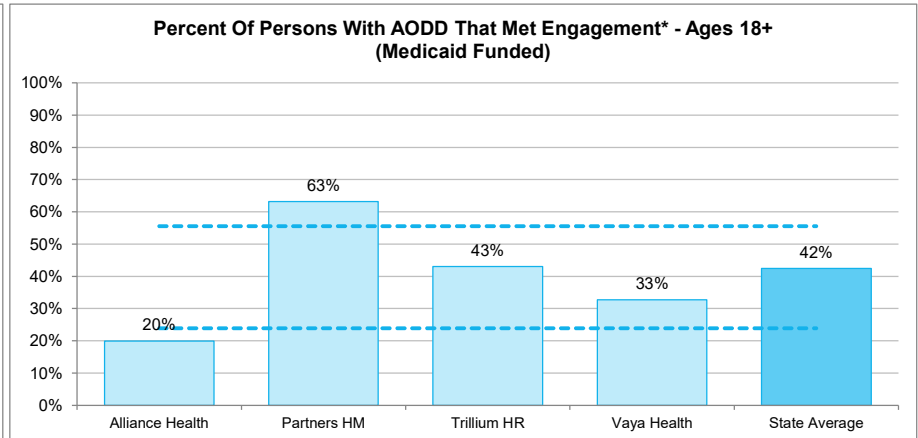
LME-MCO	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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	668	301	901	372	1,870	36%	16%	48%	20%
Partners Health Management	1,627	210	416	1,423	2,253	72%	9%	18%	63%
Trillium Health Resources	2,162	485	1,081	1,606	3,728	58%	13%	29%	43%
Vaya Health	471	144	69	224	684	69%	21%	10%	33%
State Average	4,928	1,140	2,467	3,625	8,535	58%	13%	29%	42%
Standard Deviation						14.3%	4.3%	14.2%	15.8%
LME-MCO Average						59%	15%	26%	40%



* 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)

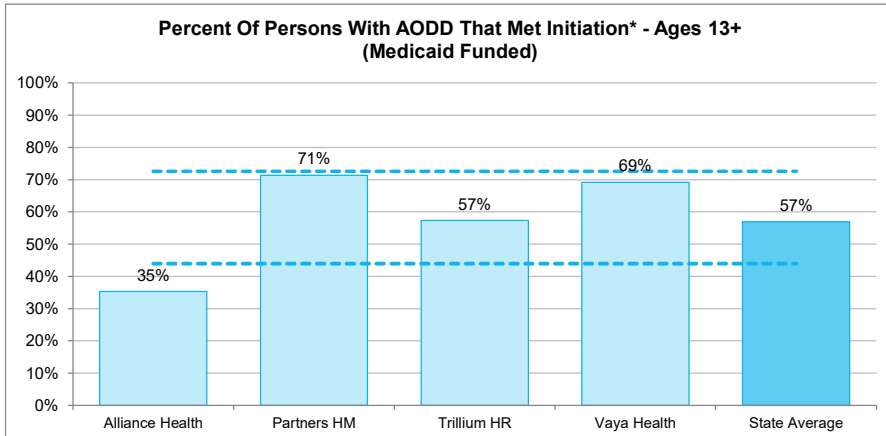
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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.

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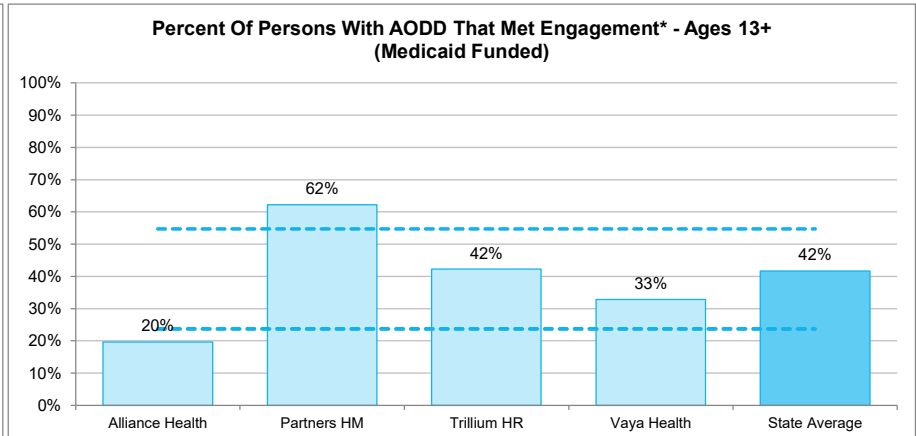
LME-MCO	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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 Funded)

Alliance Health	696	316	963	388	1,975	35%	16%	49%	20%
Partners Health Management	1,653	217	447	1,441	2,317	71%	9%	19%	62%
Trillium Health Resources	2,206	504	1,139	1,625	3,849	57%	13%	30%	42%
Vaya Health	483	145	70	229	698	69%	21%	10%	33%
State Average	5,038	1,182	2,619	3,683	8,839	57%	13%	30%	42%
Standard Deviation						14.3%	4.2%	14.4%	15.5%
LME-MCO Average						58%	15%	27%	39%



* 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)

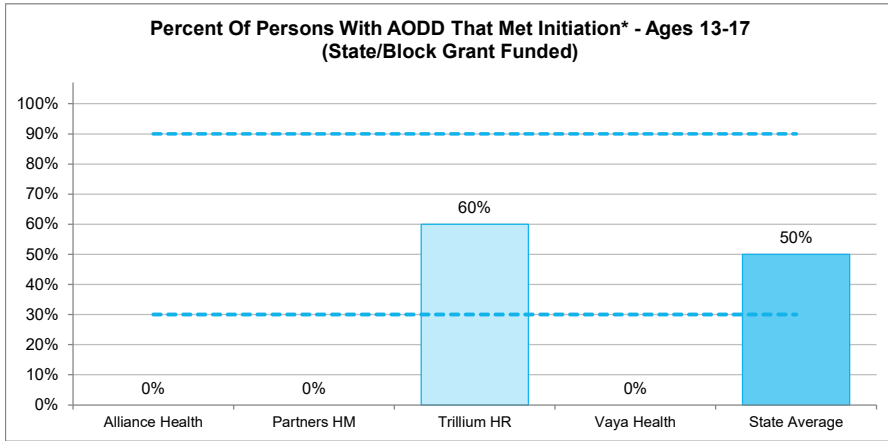
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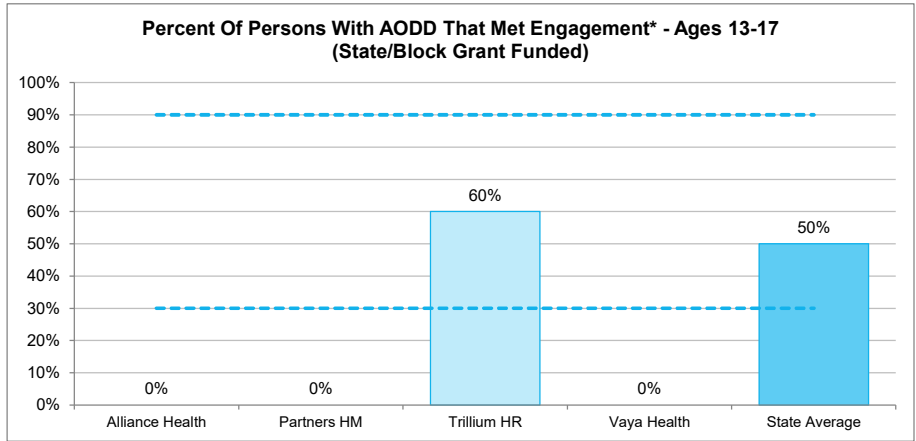
LME-MCO	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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 (State/Block Grant Funded)

Alliance Health	0	0	1	0	1	0%	0%	100%	0%
Partners Health Management	0	0	0	0	0				
Trillium Health Resources	3	0	2	3	5	60%	0%	40%	60%
Vaya Health	0	0	0	0	0				
State Average	3	0	3	3	6	50%	0%	50%	50%
Standard Deviation						30.0%	0.0%	30.0%	30.0%
LME-MCO Average	[Alliance, Partners, and Vaya reported no individuals in this age group beginning a new episode of care this quarter.]					30%	0%	70%	30%



* 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)

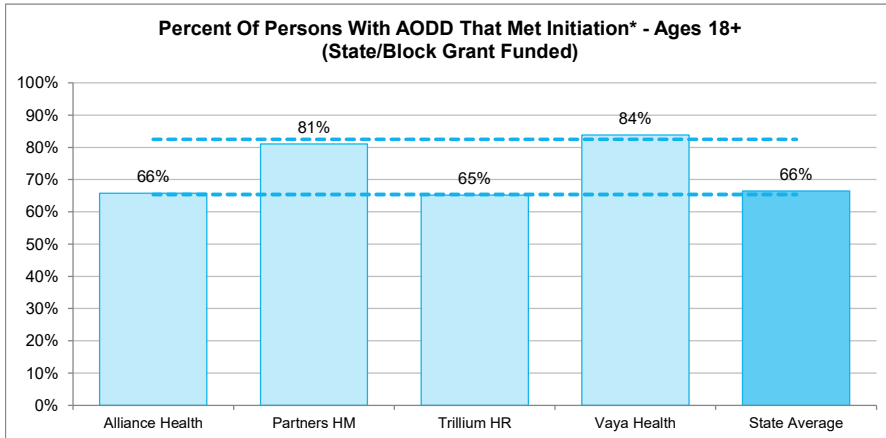
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+).

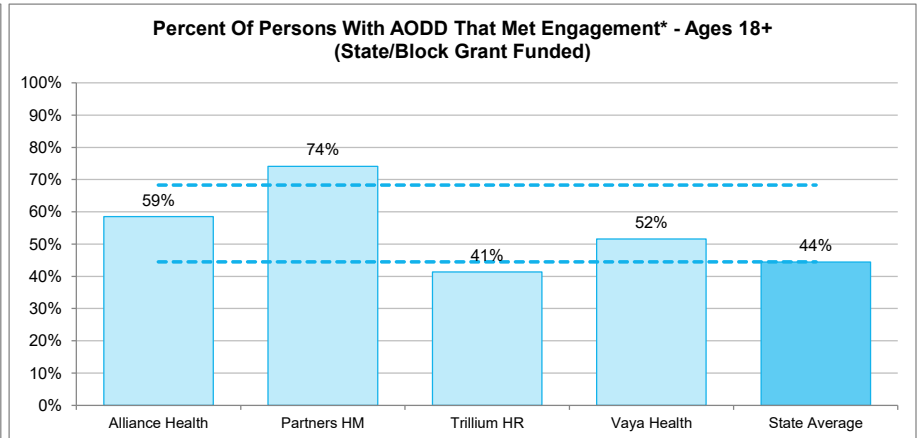
LME-MCO	Numerator1		Number With No 2nd Visit	Numerator2		Denominator	Rate1		Percent With No 2nd Service	Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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 2 Or More Services Or Visits Within 30 Days After Initiation (Engagement)			

Persons Ages 18+ (State/Block Grant Funded)

Alliance Health	100	6	46	89	152	66%	4%	30%	59%
Partners Health Management	47	0	11	43	58	81%	0%	19%	74%
Trillium Health Resources	934	138	361	593	1,433	65%	10%	25%	41%
Vaya Health	52	4	6	32	62	84%	6%	10%	52%
State Average	1,133	148	424	757	1,705	66%	9%	25%	44%
Standard Deviation						8.5%	3.5%	7.7%	11.9%
LME-MCO Average						74%	5%	21%	56%



* 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)

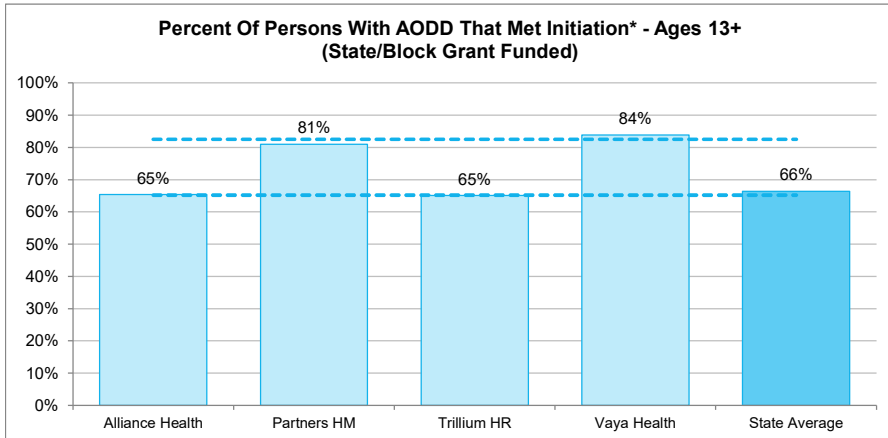
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+).

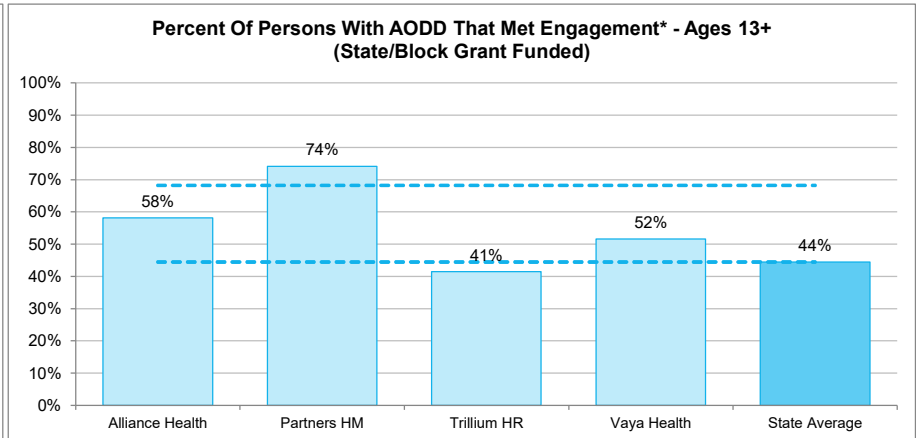
LME-MCO	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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+ (State/Block Grant Funded)

Alliance Health	100	6	47	89	153	65%	4%	31%	58%
Partners Health Management	47	0	11	43	58	81%	0%	19%	74%
Trillium Health Resources	937	138	363	596	1,438	65%	10%	25%	41%
Vaya Health	52	4	6	32	62	84%	6%	10%	52%
State Average	1,136	148	427	760	1,711	66%	9%	25%	44%
Standard Deviation						8.7%	3.5%	7.8%	11.9%
LME-MCO Average						74%	5%	21%	56%



* 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)

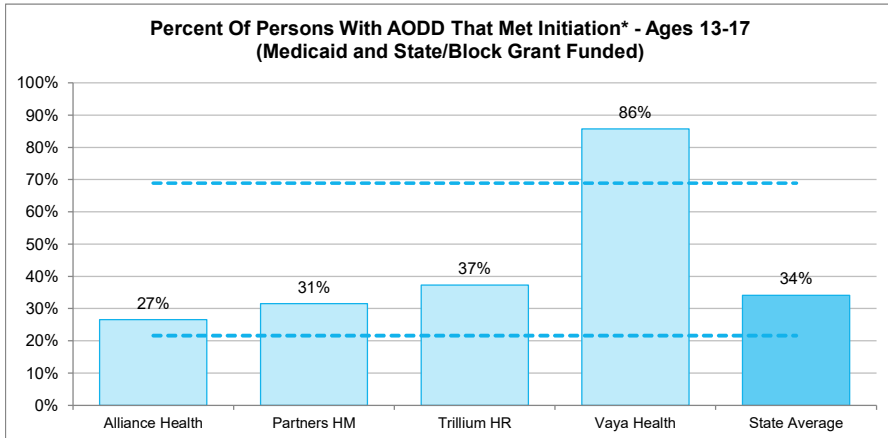
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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.

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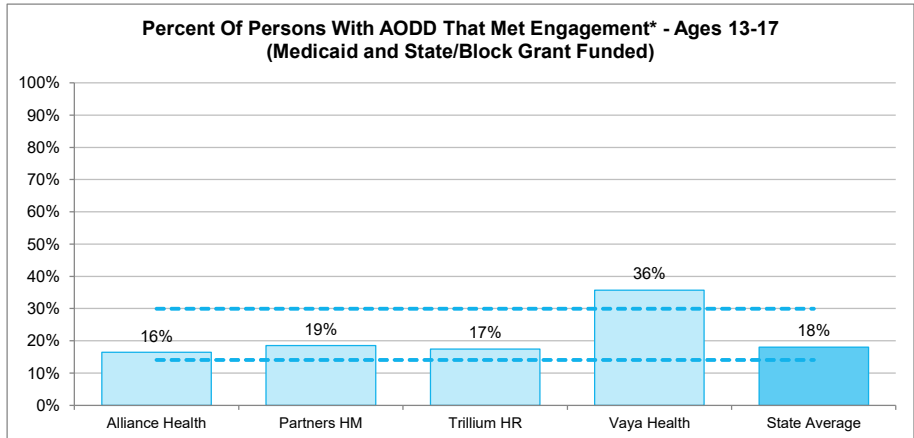
LME-MCO	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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 and State/Block Grant Funded)

Alliance Health	34	23	71	21	128	27%	18%	55%	16%
Partners Health Management	17	6	31	10	54	31%	11%	57%	19%
Trillium Health Resources	47	19	60	22	126	37%	15%	48%	17%
Vaya Health	12	1	1	5	14	86%	7%	7%	36%
State Average	110	49	163	58	322	34%	15%	51%	18%
Standard Deviation						23.7%	4.1%	20.4%	7.9%
LME-MCO Average						45%	13%	42%	22%



* 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)

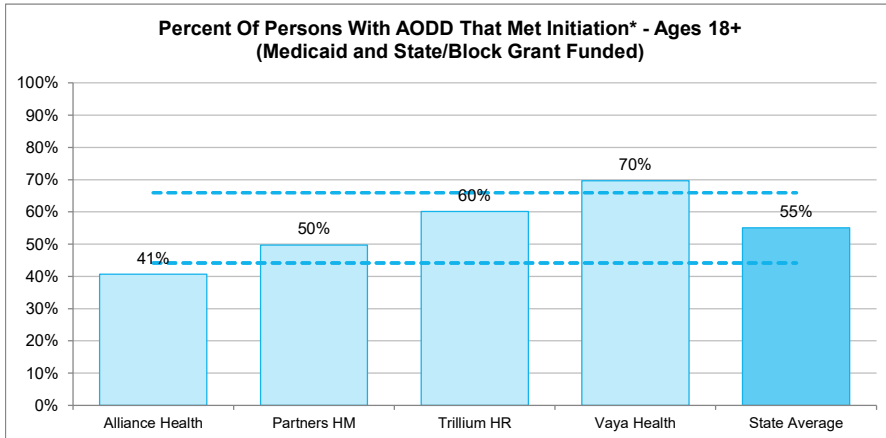
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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.

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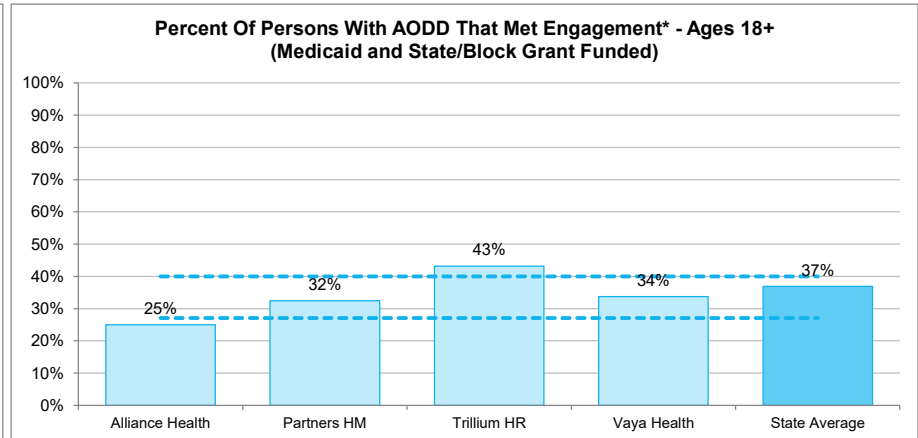
LME-MCO	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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	894	326	981	550	2,201	41%	15%	45%	25%
Partners Health Management	428	81	352	279	861	50%	9%	41%	32%
Trillium Health Resources	3,089	634	1,411	2,215	5,134	60%	12%	27%	43%
Vaya Health	509	148	74	246	731	70%	20%	10%	34%
State Average	4,920	1,189	2,818	3,290	8,927	55%	13%	32%	37%
Standard Deviation						10.9%	4.0%	13.5%	6.5%
LME-MCO Average						55%	14%	31%	34%



* 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)

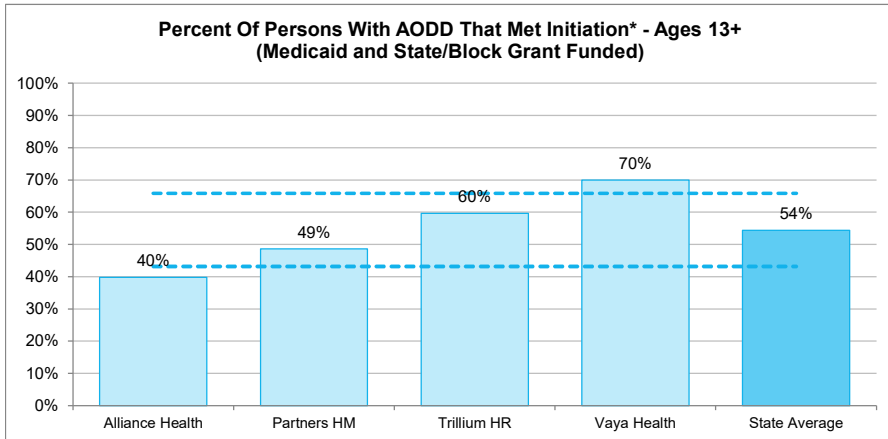
Rationale: For persons with substance use disorders to recover control over their lives and maintain stability, they need to fully initiate and become engaged in treatment services and supports. Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes. 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+).

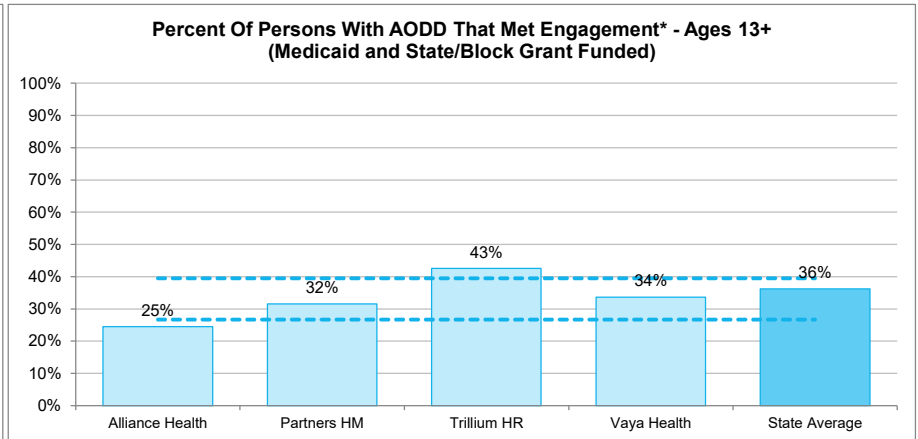
LME-MCO	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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	928	349	1,052	571	2,329	40%	15%	45%	25%
Partners Health Management	445	87	383	289	915	49%	10%	42%	32%
Trillium Health Resources	3,136	653	1,471	2,237	5,260	60%	12%	28%	43%
Vaya Health	521	149	75	251	745	70%	20%	10%	34%
State Average	5,030	1,238	2,981	3,348	9,249	54%	13%	32%	36%
Standard Deviation						11.3%	3.9%	13.8%	6.4%
LME-MCO Average						55%	14%	31%	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: 2025
 Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
 Based On Claims Paid As Of: Jan 31, 2025

INITIATION AND ENGAGEMENT

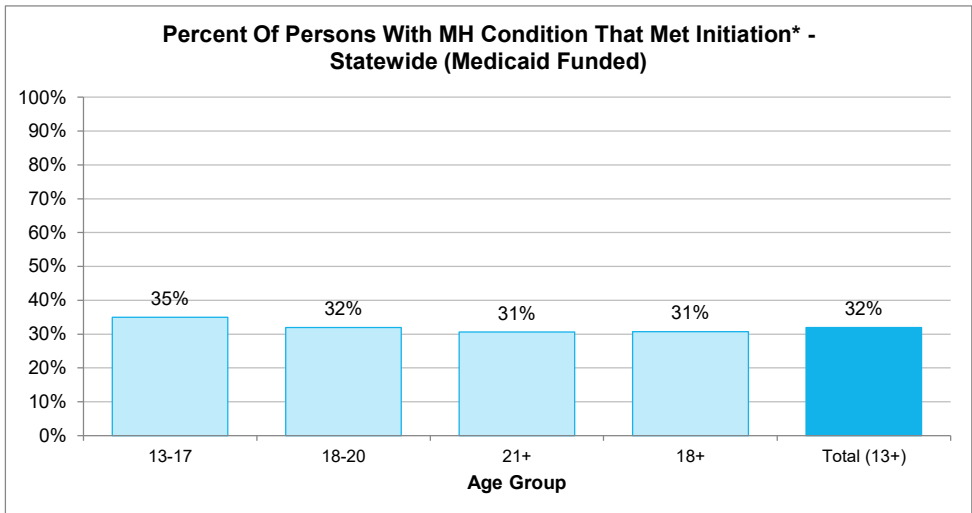
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

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.

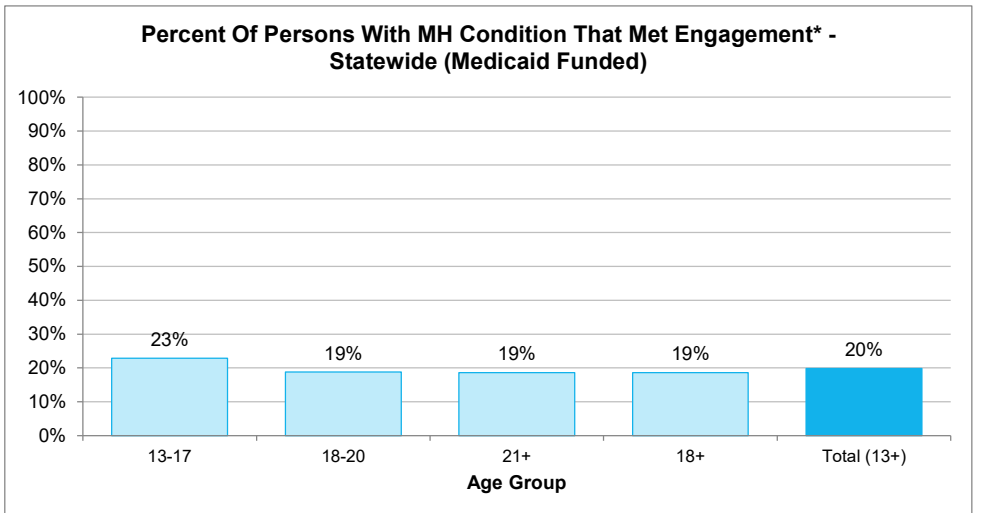
Description: *Initiation* is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first 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

Age Groups	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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	2,217	1,624	2,500	1,450	6,341	35%	26%	39%	23%	
18-20	402	317	541	237	1,260	32%	25%	43%	19%	
21+	4,473	3,024	7,124	2,720	14,621	31%	21%	49%	19%	
18+	4,875	3,341	7,665	2,957	15,881	31%	21%	48%	19%	
Total (13+)	7,092	4,965	10,165	4,407	22,222	32%	22%	46%	20%	



* 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: 2025
Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
Based On Claims Paid As Of: Jan 31, 2025

INITIATION AND ENGAGEMENT

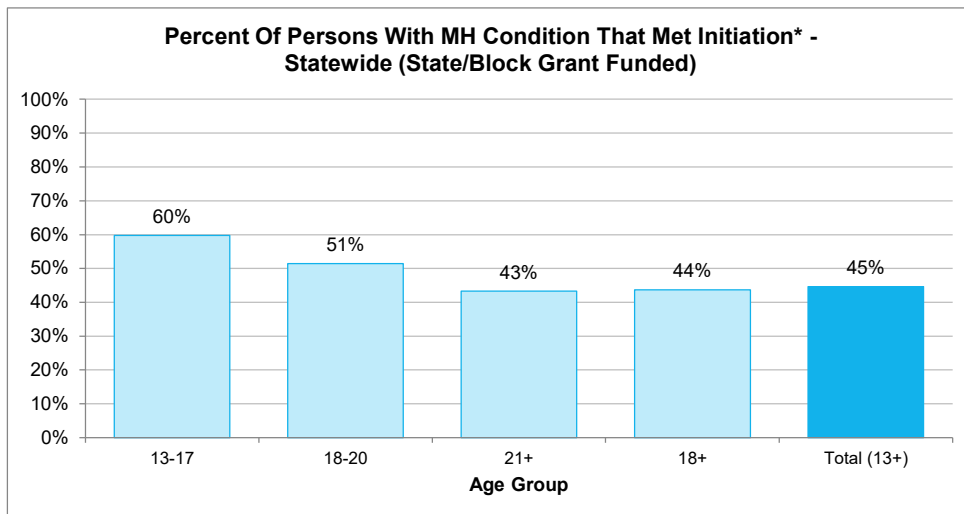
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

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.

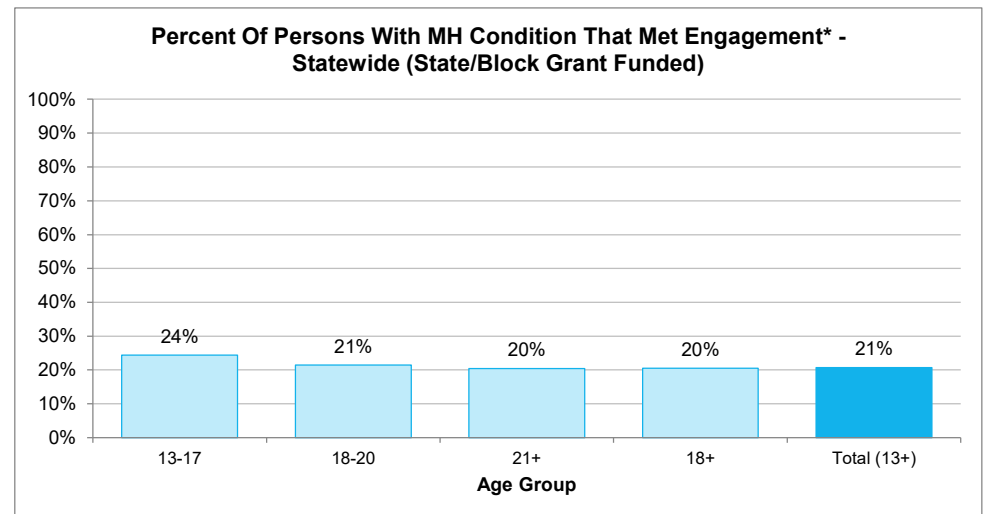
Description: *Initiation* is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first 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

Age Groups	Numerator1			Numerator2		Denominator	Rate1		Rate2	
	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	49	10	23	20	82	60%	12%	28%	24%	
18-20	36	10	24	15	70	51%	14%	34%	21%	
21+	583	243	520	275	1,346	43%	18%	39%	20%	
18+	619	253	544	290	1,416	44%	18%	38%	20%	
Total (13+)	668	263	567	310	1,498	45%	18%	38%	21%	



* 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: 2025
Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
Based On Claims Paid As Of: Jan 31, 2025

INITIATION AND ENGAGEMENT

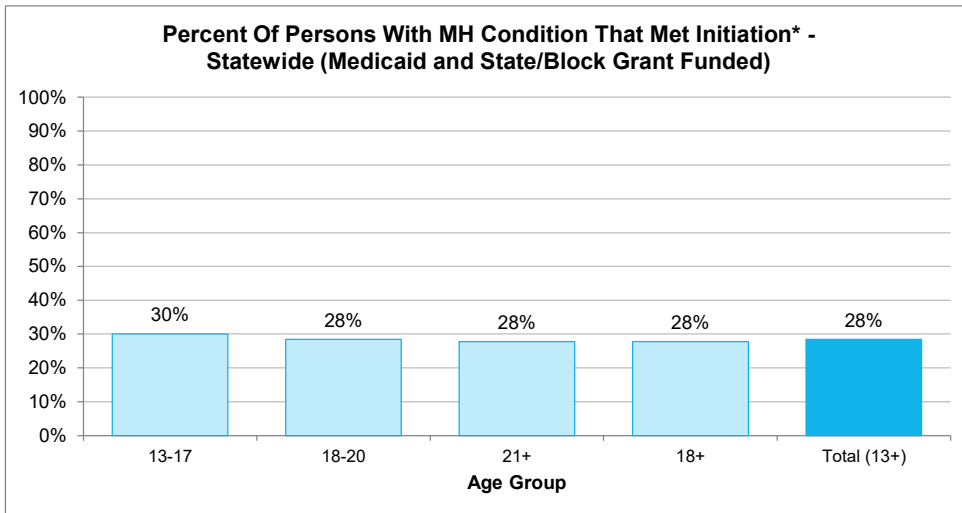
4.2. Initiation and Engagement of Mental Health Treatment (By Age Group)

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.

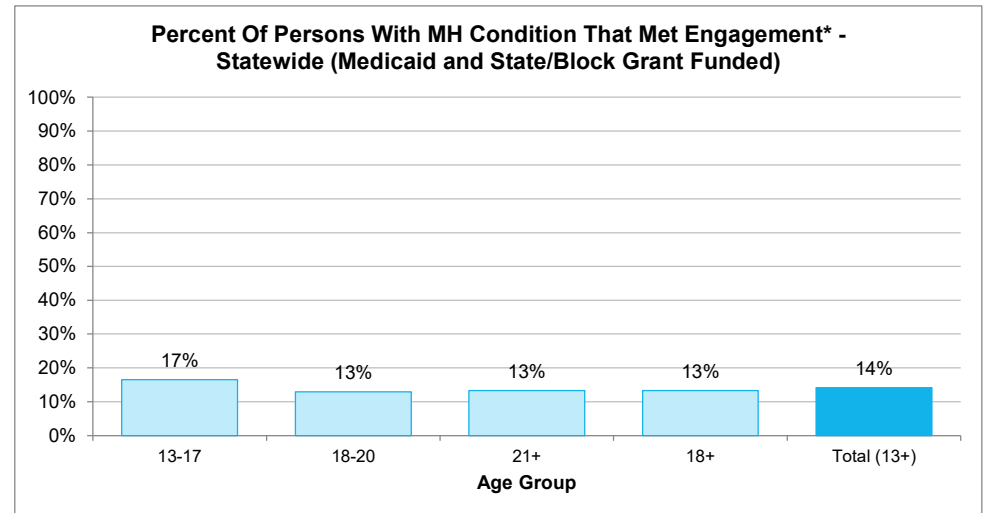
Description: *Initiation* is measured as the percent of persons starting a new episode of care for a mental illness (defined as having no prior Medicaid or state-funded mh/dd/su service for an MH diagnosis for at least 180 days) who receive a 2nd service for an MH diagnosis within 14 days of the first 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

Age Groups	Numerator1		Number With No 2nd Visit	Numerator2		Denominator Total Number with an Initial Visit (New Episode of Care)	Rate1		Rate2	
	Number With 2nd Service Or Visit Within 14 Days (Initiation)	Number With 2nd Service Or Visit More Than 14 Days		Number With 2 Or More Services/ Visits Within 30 Days After Initiation (Engagement)	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	1,747	1,339	2,729	962	5,815	30%	23%	47%	17%	
18-20	324	248	567	147	1,139	28%	22%	50%	13%	
21+	4,084	2,799	7,831	1,967	14,714	28%	19%	53%	13%	
18+	4,408	3,047	8,398	2,114	15,853	28%	19%	53%	13%	
Total (13+)	6,155	4,386	11,127	3,076	21,668	28%	20%	51%	14%	



* 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: 2025
 Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
 Based On Claims Paid As Of: Jan 31, 2025

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+).

LME-MCO	Numerator1			Numerator2		Denominator	Rate1		Rate2	
	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)	

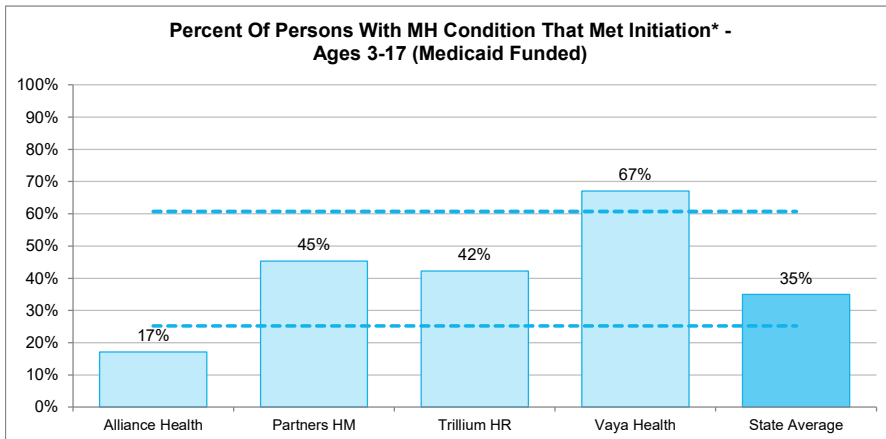
Persons Ages 3-17 (Medicaid Funded)

Alliance Health	457	569	1,654	241	2,680	17%	21%	62%	9%
Partners Health Management	1,123	728	626	929	2,477	45%	29%	25%	38%
Trillium Health Resources	268	195	171	184	634	42%	31%	27%	29%
Vaya Health	369	132	49	96	550	67%	24%	9%	17%
State Average	2,217	1,624	2,500	1,450	6,341	35%	26%	39%	23%

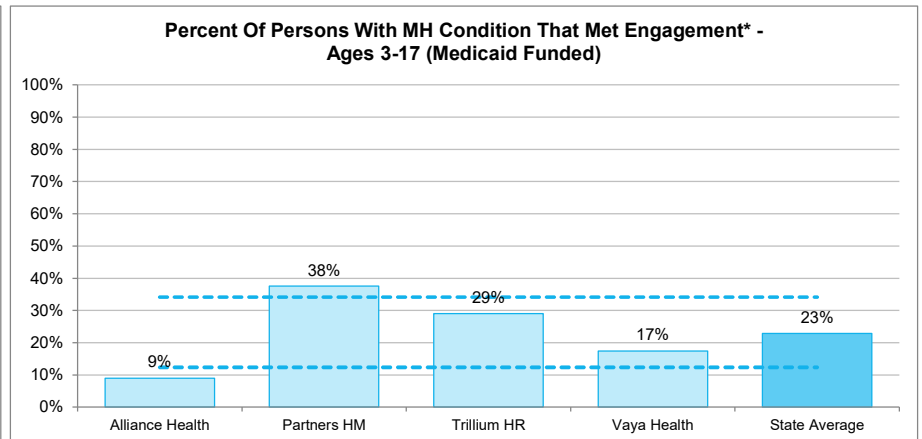
Standard Deviation -----

LME-MCO Average

17.7% 3.9% 19.2% 10.9%
 43% 26% 31% 23%



* 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: 2025
 Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
 Based On Claims Paid As Of: Jan 31, 2025

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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LME-MCO	Numerator1			Numerator2		Denominator	Rate1		Rate2	
	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)	

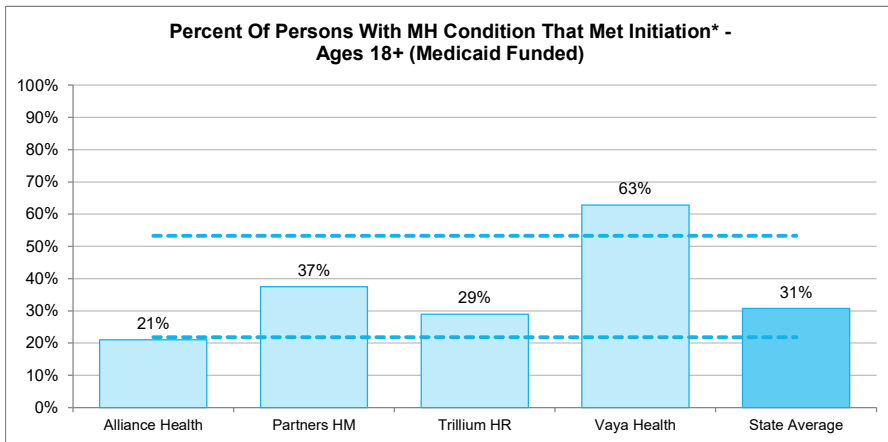
Persons Ages 18+ (Medicaid Funded)

Alliance Health	1,226	1,066	3,555	554	5,847	21%	18%	61%	9%
Partners Health Management	2,123	1,296	2,243	1,622	5,662	37%	23%	40%	29%
Trillium Health Resources	1,042	796	1,764	577	3,602	29%	22%	49%	16%
Vaya Health	484	183	103	204	770	63%	24%	13%	26%
State Average	4,875	3,341	7,665	2,957	15,881	31%	21%	48%	19%

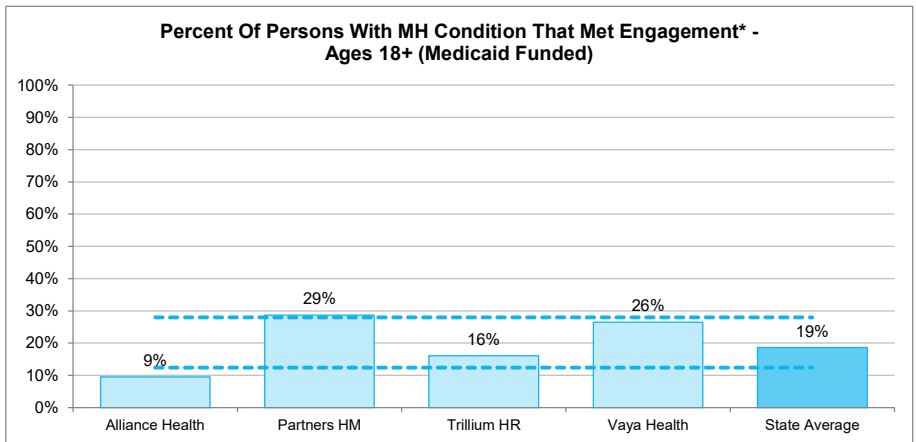
Standard Deviation -----

LME-MCO Average

15.7% 2.1% 17.5% 7.8%
 38% 22% 41% 20%



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INITIATION AND ENGAGEMENT

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

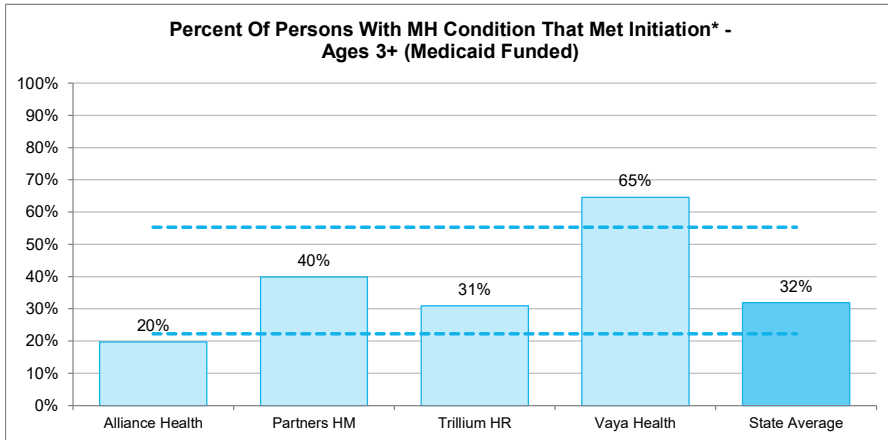
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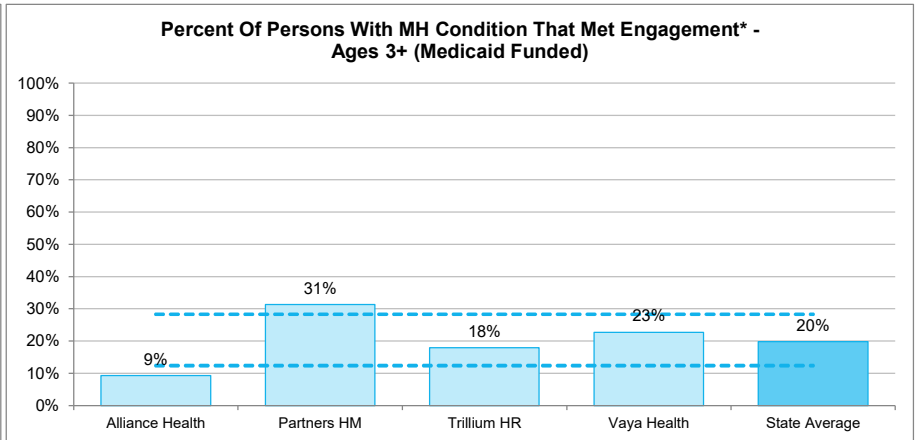
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Persons Ages 3+ (Medicaid Funded)

Alliance Health	1,683	1,635	5,209	795	8,527	20%	19%	61%	9%
Partners Health Management	3,246	2,024	2,869	2,551	8,139	40%	25%	35%	31%
Trillium Health Resources	1,310	991	1,935	761	4,236	31%	23%	46%	18%
Vaya Health	853	315	152	300	1,320	65%	24%	12%	23%
State Average	7,092	4,965	10,165	4,407	22,222	32%	22%	46%	20%
Standard Deviation						16.5%			8.0%
LME-MCO Average						39%	23%	38%	20%



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

Report Year: 2025
 Report Quarter: 2nd Quarter

Measurement Period: Jul - Sep 2024
 Based On Claims Paid As Of: Jan 31, 2025

INITIATION AND ENGAGEMENT

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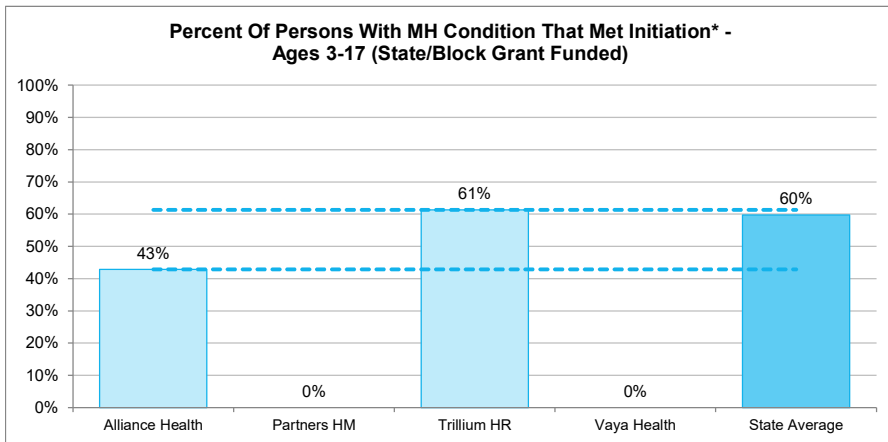
Persons Ages 3-17 (State/Block Grant Funded)

Alliance Health	3	1	3	1	7	43%	14%	43%	14%
Partners Health Management	0	0	0	0	0				
Trillium Health Resources	46	9	20	19	75	61%	12%	27%	25%
Vaya Health	0	0	0	0	0				
State Average	49	10	23	20	82	60%	12%	28%	24%

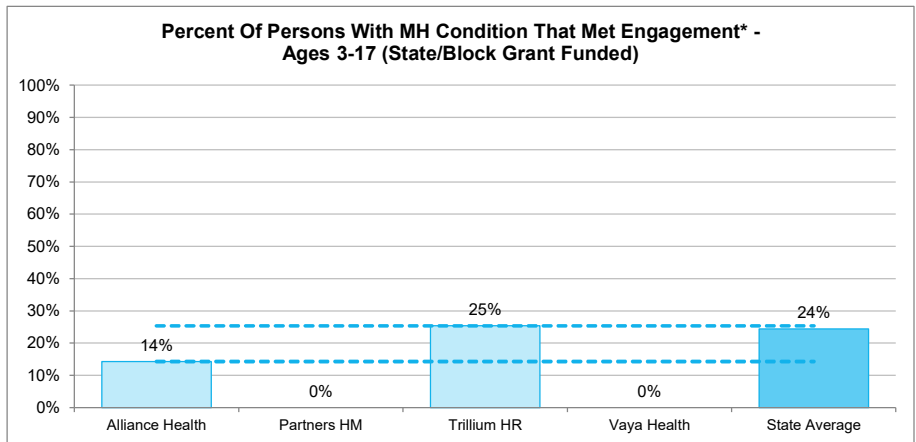
Standard Deviation -----

LME-MCO Average

9.2% 1.1% 8.1% 5.5%
 52% 13% 35% 20%



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



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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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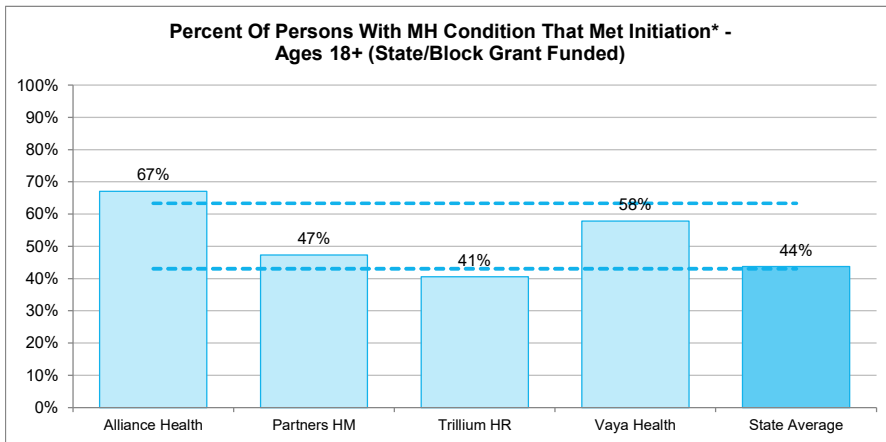
Persons Ages 18+ (State/Block Grant Funded)

Alliance Health	96	14	33	76	143	67%	10%	23%	53%
Partners Health Management	26	2	27	10	55	47%	4%	49%	18%
Trillium Health Resources	486	232	481	198	1,199	41%	19%	40%	17%
Vaya Health	11	5	3	6	19	58%	26%	16%	32%
State Average	619	253	544	290	1,416	44%	18%	38%	20%

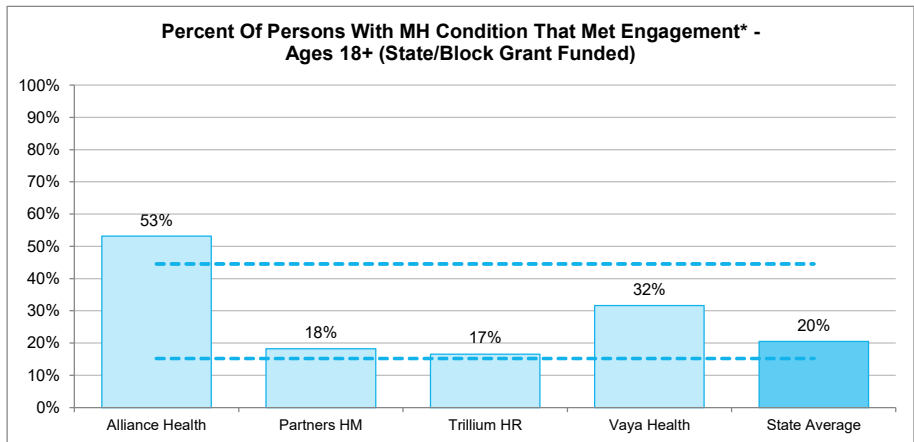
Standard Deviation -----

LME-MCO Average

10.1% 8.7% 13.2% 14.7%
 53% 15% 32% 30%



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



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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.

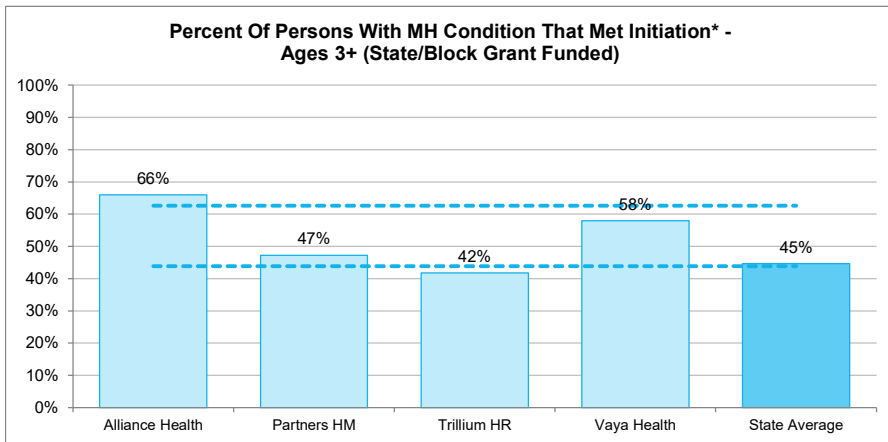
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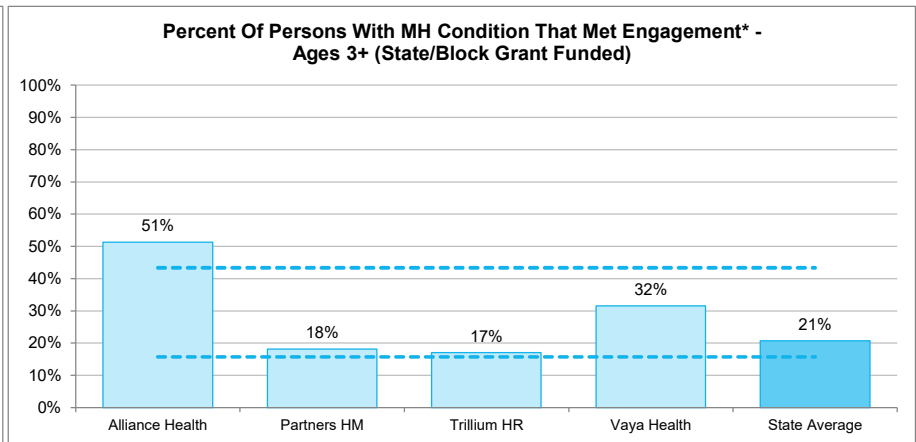
Persons Ages 3+ (State/Block Grant Funded)

Alliance Health	99	15	36	77	150	66%	10%	24%	51%
Partners Health Management	26	2	27	10	55	47%	4%	49%	18%
Trillium Health Resources	532	241	501	217	1,274	42%	19%	39%	17%
Vaya Health	11	5	3	6	19	58%	26%	16%	32%
State Average	668	263	567	310	1,498	45%	18%	38%	21%

Standard Deviation						9.4%	8.6%	13.0%	13.8%
LME-MCO Average						53%	15%	32%	30%



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INITIATION AND ENGAGEMENT

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

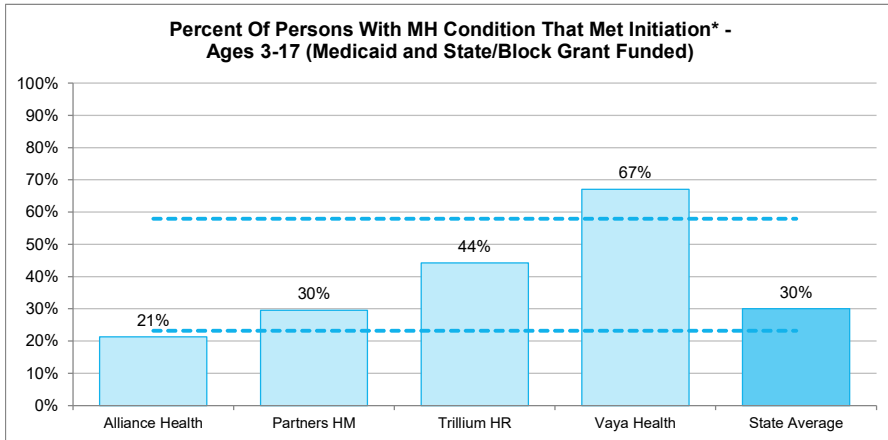
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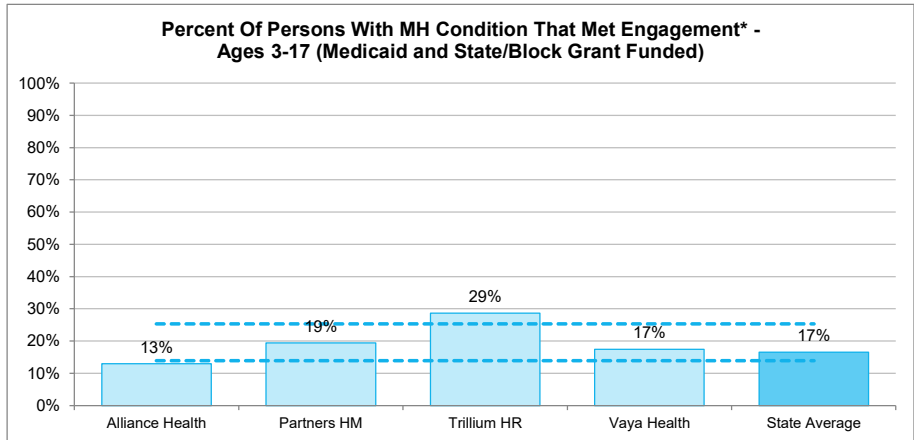
LME-MCO	Numerator1			Numerator2		Denominator	Rate1		Rate2	
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Persons Ages 3-17 (Medicaid and State/Block Grant Funded)

Alliance Health	732	732	1,969	445	3,433	21%	21%	57%	13%
Partners Health Management	332	271	520	218	1,123	30%	24%	46%	19%
Trillium Health Resources	314	204	191	203	709	44%	29%	27%	29%
Vaya Health	369	132	49	96	550	67%	24%	9%	17%
State Average	1,747	1,339	2,729	962	5,815	30%	23%	47%	17%
Standard Deviation						17.4%	2.7%	18.5%	5.7%
LME-MCO Average						41%	25%	35%	20%



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INITIATION AND ENGAGEMENT

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

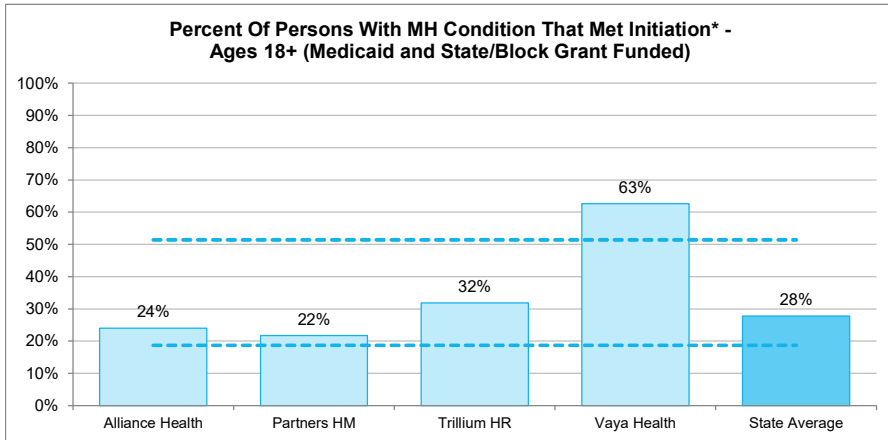
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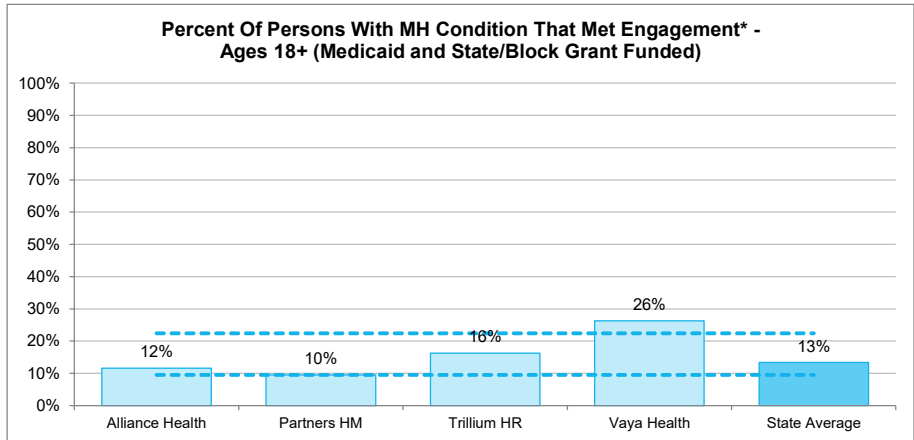
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Persons Ages 18+ (Medicaid and State/Block Grant Funded)

Alliance Health	1,698	1,327	4,055	824	7,080	24%	19%	57%	12%
Partners Health Management	693	492	2,008	305	3,193	22%	15%	63%	10%
Trillium Health Resources	1,526	1,041	2,229	779	4,796	32%	22%	46%	16%
Vaya Health	491	187	106	206	784	63%	24%	14%	26%
State Average	4,408	3,047	8,398	2,114	15,853	28%	19%	53%	13%
Standard Deviation						16.4%	3.2%	19.1%	6.4%
LME-MCO Average						35%	20%	45%	16%



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INITIATION AND ENGAGEMENT

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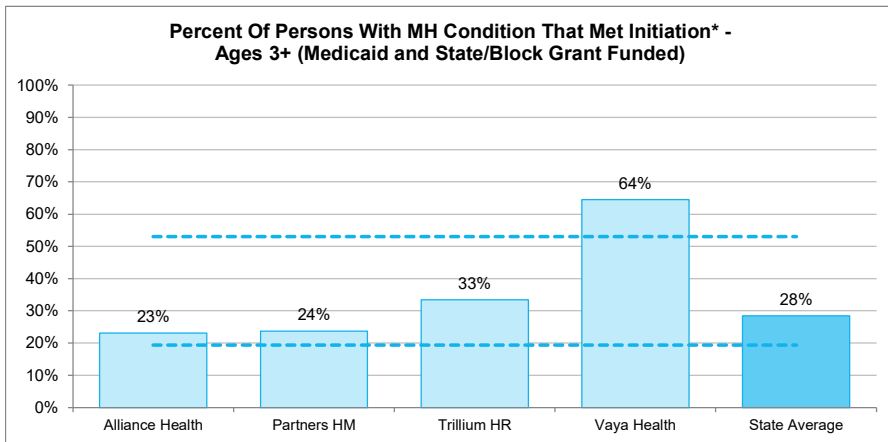
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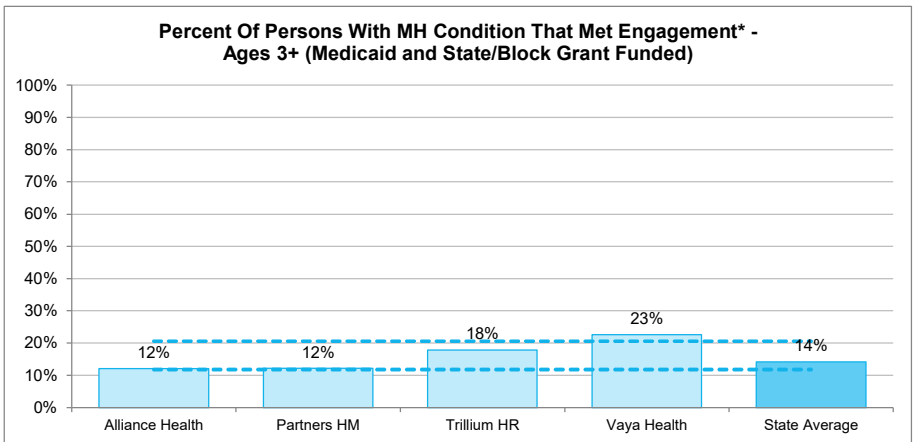
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Persons Ages 3+ (Medicaid and State/Block Grant Funded)

Alliance Health	2,430	2,059	6,024	1,269	10,513	23%	20%	57%	12%
Partners Health Management	1,025	763	2,528	523	4,316	24%	18%	59%	12%
Trillium Health Resources	1,840	1,245	2,420	982	5,505	33%	23%	44%	18%
Vaya Health	860	319	155	302	1,334	64%	24%	12%	23%
State Average	6,155	4,386	11,127	3,076	21,668	28%	20%	51%	14%
Standard Deviation						16.8%	2.5%	18.9%	4.4%
LME-MCO Average						36%	21%	43%	16%



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



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CRISIS AND INPATIENT SERVICES

5.1 Short-Term Care In State Psychiatric Hospitals

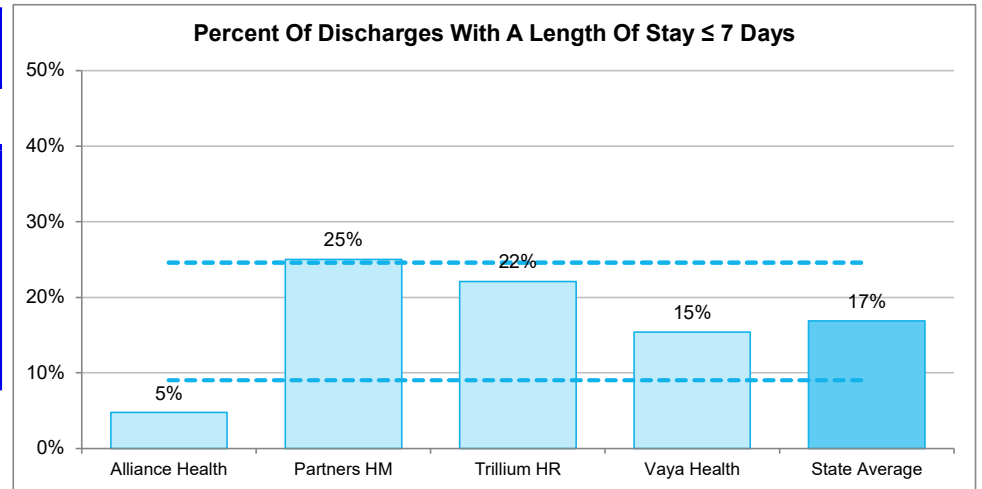
Rationale: Serving individuals in crisis in the least restrictive setting as appropriate and as close to home as possible helps families stay in touch and participate in the individual's recovery.

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.

LME-MCO	Numerator Number of Discharges with a LOS ≤ 7 Days	Denominator Total Discharges	Rate Percent with a Length Of Stay ≤ 7 Days
Consumers Discharged With A Length Of Stay Of 7 Days Or Less			
Alliance Health	2	42	5%
Partners Health Management	4	16	25%
Trillium Health Resources	17	77	22%
Vaya Health	2	13	15%
State Average	25	148	17%
Standard Deviation	-----		7.8%
LME-MCO Average			17%



Data Source: State Psychiatric Hospital data in CDW as of 7/15/24. 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: 2025 Measurement Period: Jul - Sep 2024
 Report Quarter: 2nd Quarter Based On Claims Paid As Of: Jan 31, 2025

CRISIS AND INPATIENT SERVICES

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

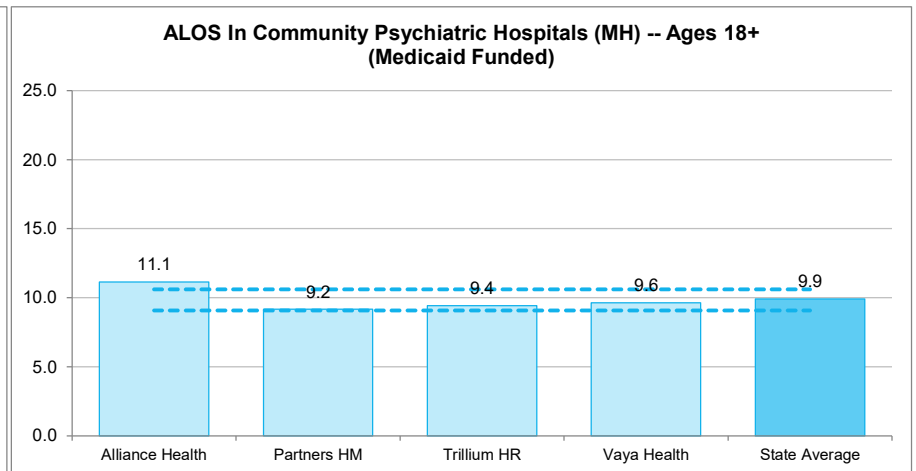
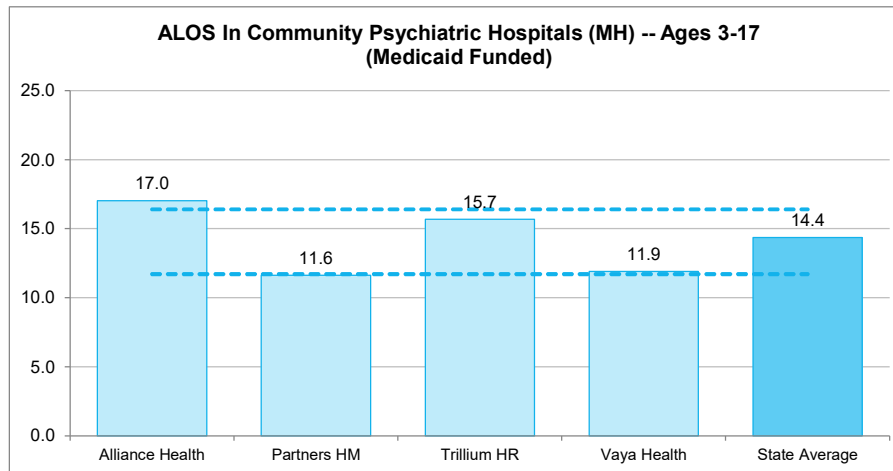
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

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

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

Alliance Health	2,333	137	17.0	12,391	1,113	11.1	14,724	1,250	11.8
Partners Health Management	1,036	89	11.6	4,359	475	9.2	5,395	564	9.6
Trillium Health Resources	4,749	303	15.7	14,117	1,497	9.4	18,866	1,800	10.5
Vaya Health	2,486	209	11.9	8,255	857	9.6	10,741	1,066	10.1
State Average	10,604	738	14.4	39,122	3,942	9.9	49,726	4,680	10.6
Standard Deviation	-----		2.3			0.8			0.8
LME-MCO Average			14.1			9.8			10.5



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

State Fiscal Year: 2025 Measurement Period: Jul - Sep 2024
 Report Quarter: 2nd Quarter Based On Claims Paid As Of: Jan 31, 2025

CRISIS AND INPATIENT SERVICES

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

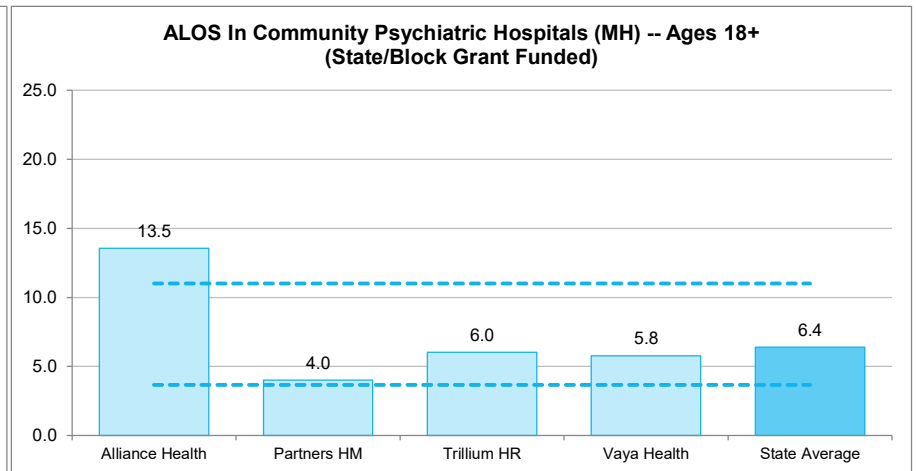
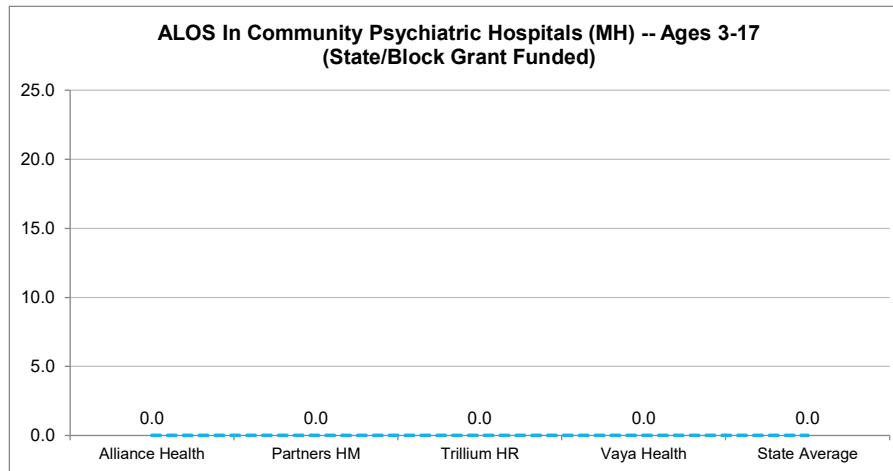
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

LME-MCO	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Numerator Total Number Inpatient Days	Denominator Total Number Discharges	Rate Average LOS	Numerator Total Number Inpatient Days	Denominator Total Number Discharges	Rate Average LOS	Numerator Total Number Inpatient Days	Denominator Total Number Discharges	Rate Average LOS

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

Alliance Health	0	0		149	11	13.5	149	11	13.5
Partners Health Management	0	0		4	1	4.0	4	1	4.0
Trillium Health Resources	0	0		1,094	182	6.0	1,094	182	6.0
Vaya Health	0	0		75	13	5.8	75	13	5.8
State Average	0	0		1,322	207	6.4	1,322	207	6.4
Standard Deviation	-----		0.0			3.7			3.7
LME-MCO Average			0.0			7.3			7.3



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

State Fiscal Year: 2025 Measurement Period: Jul - Sep 2024
 Report Quarter: 2nd Quarter Based On Claims Paid As Of: Jan 31, 2025

CRISIS AND INPATIENT SERVICES

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

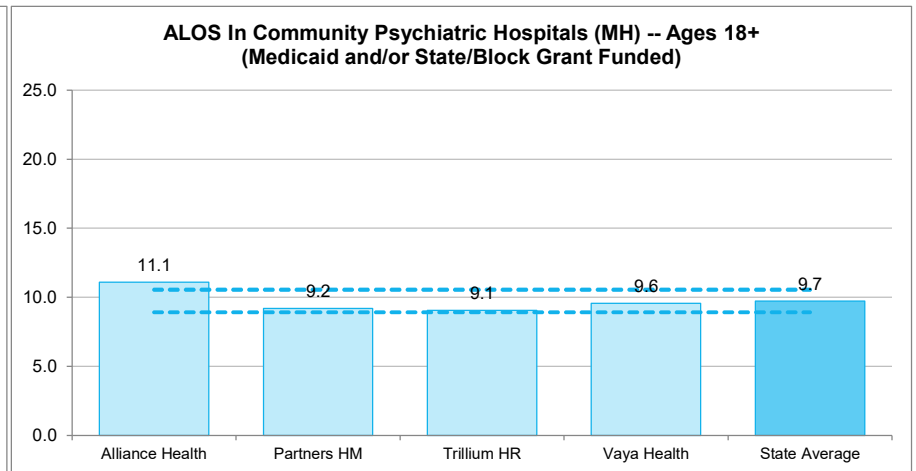
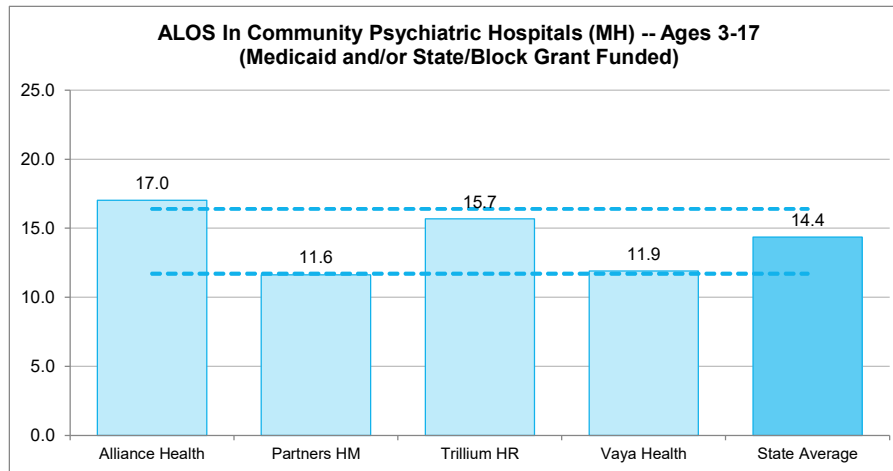
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

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

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

Alliance Health	2,333	137	17.0	12,242	1,102	11.1	14,575	1,239	11.8
Partners Health Management	1,036	89	11.6	4,355	474	9.2	5,391	563	9.6
Trillium Health Resources	4,749	303	15.7	15,211	1,679	9.1	19,960	1,982	10.1
Vaya Health	2,486	209	11.9	8,330	870	9.6	10,816	1,079	10.0
State Average	10,604	738	14.4	40,138	4,125	9.7	50,742	4,863	10.4
Standard Deviation	-----		2.3			0.8			0.8
LME-MCO Average			14.1			9.7			10.4



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

State Fiscal Year: 2025 **Measurement Period:** Jul - Sep 2024
Report Quarter: 2nd Quarter **Based On Claims Paid As Of:** Jan 31, 2025

CRISIS AND INPATIENT SERVICES

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

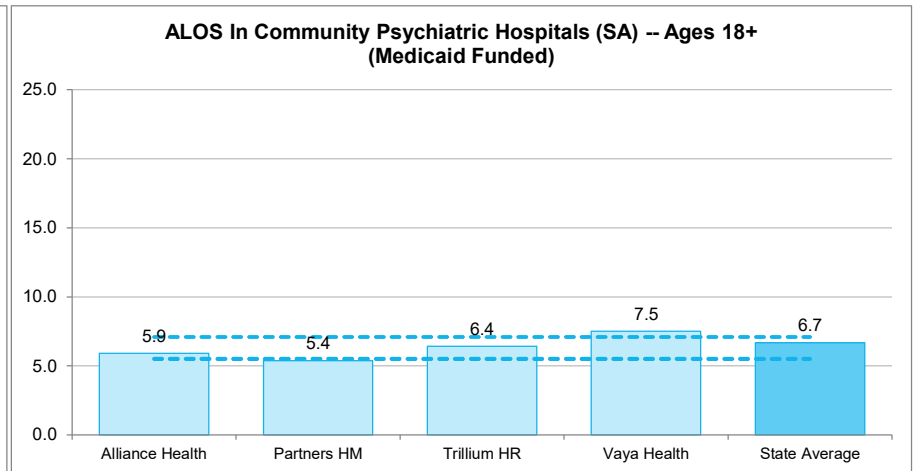
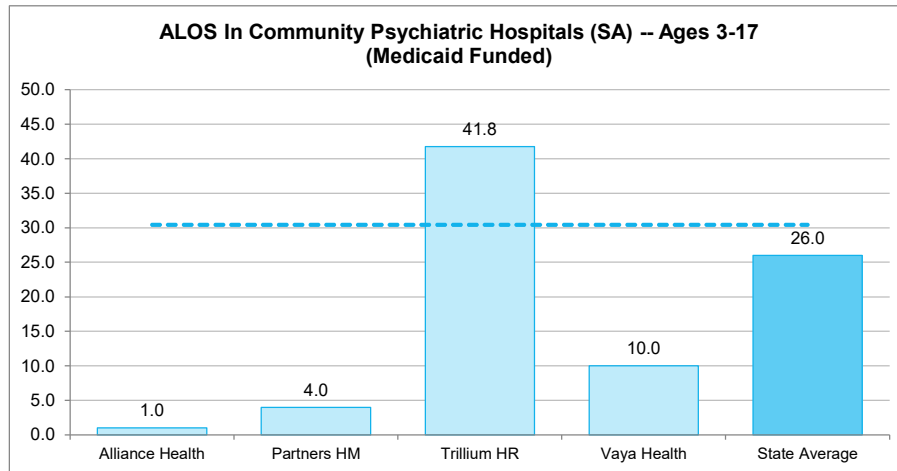
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

LME-MCO	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Numerator Total Number Inpatient Days	Denominator Total Number Discharges	Rate Average LOS	Numerator Total Number Inpatient Days	Denominator Total Number Discharges	Rate Average LOS	Numerator Total Number Inpatient Days	Denominator Total Number Discharges	Rate Average LOS

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

Alliance Health	1	1	1.0	1,325	225	5.9	1,326	226	5.9
Partners Health Management	4	1	4.0	349	65	5.4	353	66	5.3
Trillium Health Resources	167	4	41.8	1,141	178	6.4	1,308	182	7.2
Vaya Health	10	1	10.0	2,817	375	7.5	2,827	376	7.5
State Average	182	7	26.0	5,632	843	6.7	5,814	850	6.8
Standard Deviation	-----		16.2			0.8			0.9
LME-MCO Average			14.2			6.3			6.5



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

State Fiscal Year: 2025 Measurement Period: Jul - Sep 2024
 Report Quarter: 2nd Quarter Based On Claims Paid As Of: Jan 31, 2025

CRISIS AND INPATIENT SERVICES

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

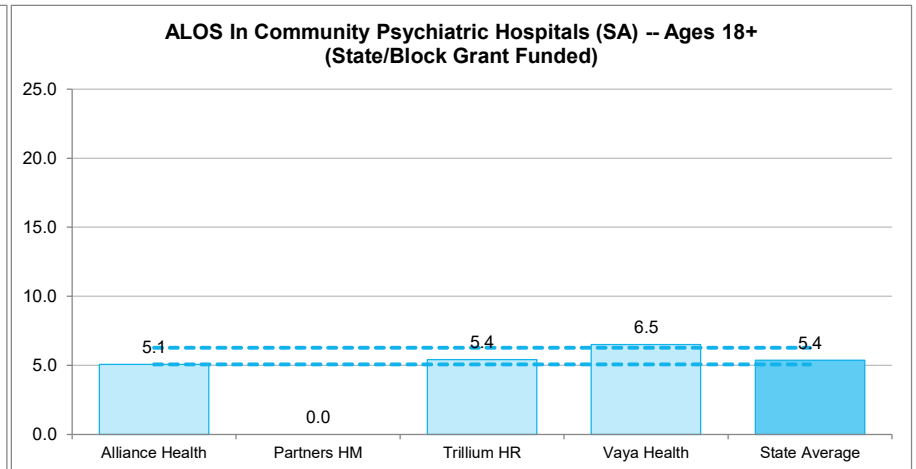
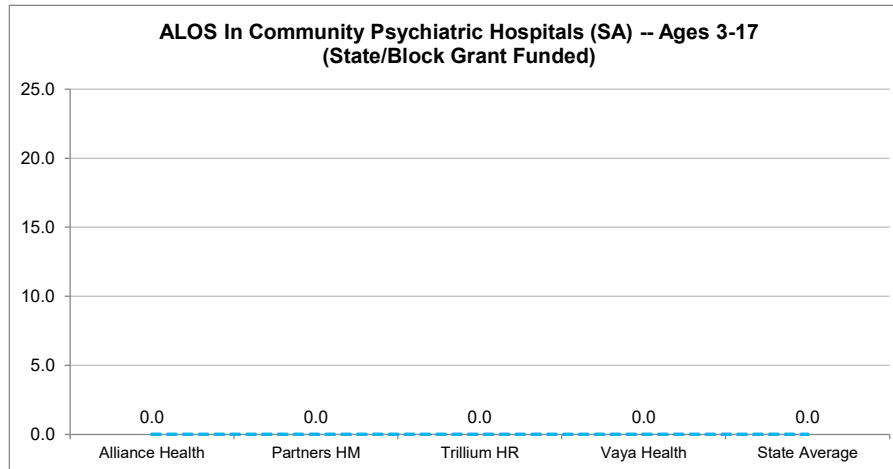
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

LME-MCO	Ages 3-17			Ages 18+			Total (Ages 3+)		
	Numerator Total Number Inpatient Days	Denominator Total Number Discharges	Rate Average LOS	Numerator Total Number Inpatient Days	Denominator Total Number Discharges	Rate Average LOS	Numerator Total Number Inpatient Days	Denominator Total Number Discharges	Rate Average LOS

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

Alliance Health	0	0		66	13	5.1	66	13	5.1
Partners Health Management	0	0		0	0				
Trillium Health Resources	0	0		125	23	5.4	125	23	5.4
Vaya Health	0	0		13	2	6.5	13	2	6.5
State Average	0	0		204	38	5.4	204	38	5.4
Standard Deviation						0.6			
LME-MCO Average						5.7			



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

State Fiscal Year: 2025 Measurement Period: Jul - Sep 2024
 Report Quarter: 2nd Quarter Based On Claims Paid As Of: Jan 31, 2025

CRISIS AND INPATIENT SERVICES

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

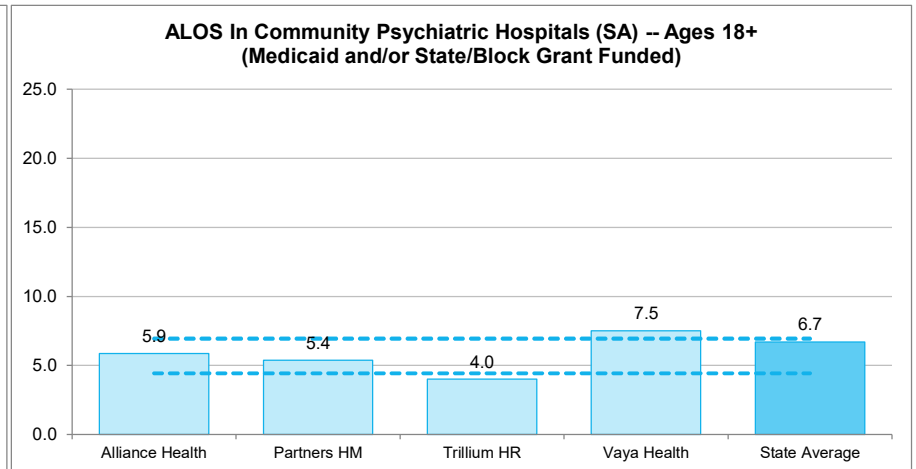
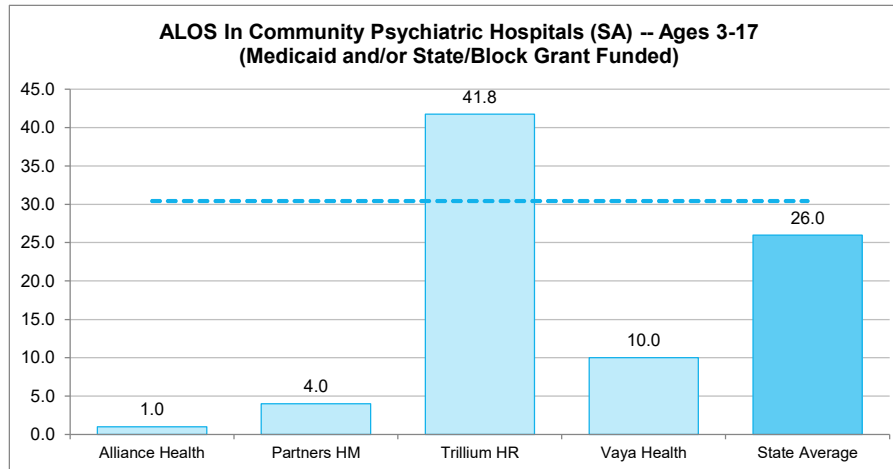
Rationale: Length of stay is commonly used as a quality metric. The average length of stay (ALOS) refers to the average number of days that patients stay in the hospital. ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge 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.

LME-MCO	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

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

Alliance Health	1	1	1.0	1,388	237	5.9	1,389	238	5.8
Partners Health Management	4	1	4.0	349	65	5.4	353	66	5.3
Trillium Health Resources	167	4	41.8	40	10	4.0	207	14	14.8
Vaya Health	10	1	10.0	2,830	377	7.5	2,840	378	7.5
State Average	182	7	26.0	4,607	689	6.7	4,789	696	6.9
Standard Deviation			16.2			1.3			3.8
LME-MCO Average			14.2			5.7			8.4



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

State Fiscal Year:
 Report Quarter:

2025
 2nd Quarter

30-Day Readmission Measurement Period: Jul - Sep 2024
 180-Day Readmission Measurement Period: Apr - Jun 2024

CRISIS AND INPATIENT SERVICES

5.6 State Psychiatric Hospital Readmissions within 30 Days and 180 Days

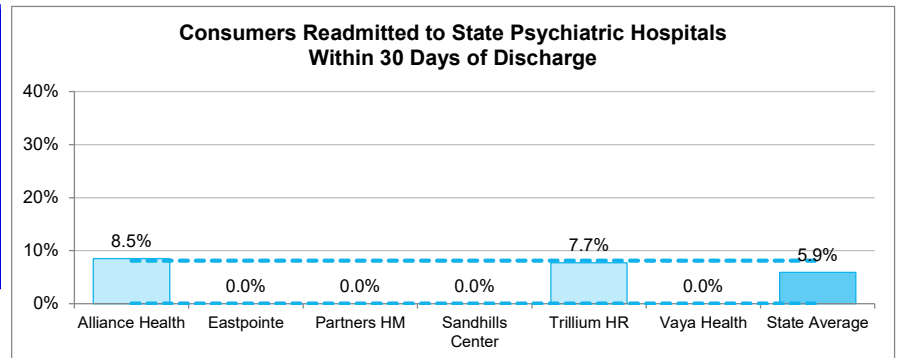
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low psychiatric hospital readmission rate is a nationally accepted indicator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

LME-MCO	Numerator	Denominator	Rate
	Number Readmissions	Total Discharges	Percent Readmitted

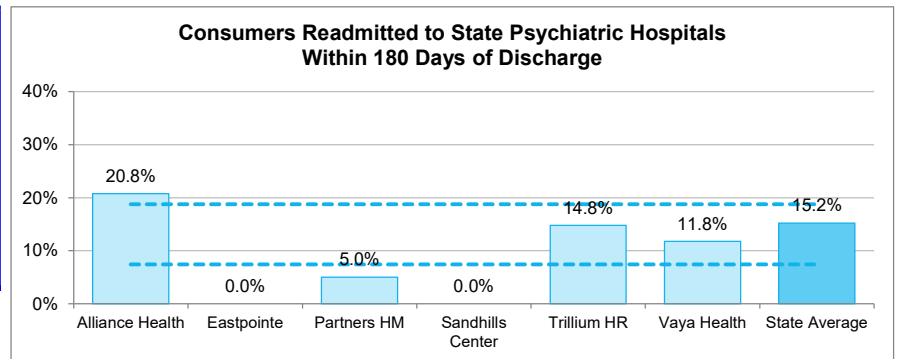
Readmitted within 30 Days (Discharges Jul - Sep 2024)

Alliance Health	4	47	8.5%
Eastpointe			
Partners Health Management	0	11	0.0%
Sandhills Center			
Trillium Health Resources	5	65	7.7%
Vaya Health	0	29	0.0%
State Average	9	152	5.9%
Standard Deviation			4.1%
LME-MCO Average			4.1%



Readmitted within 180 Days (Discharges Apr - Jun 2024)

Alliance Health	11	53	20.8%
Eastpointe			
Partners Health Management	1	20	5.0%
Sandhills Center			
Trillium Health Resources	12	81	14.8%
Vaya Health	2	17	11.8%
State Average	26	171	15.2%
Standard Deviation			5.7%
LME-MCO Average			13.1%



Data Source: State Hospital data in CDW as of 10/16/24. 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.

CRISIS AND INPATIENT SERVICES

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

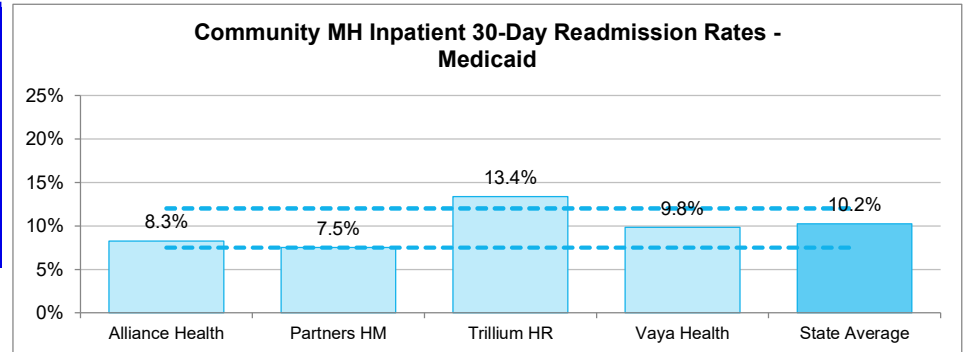
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how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

LME-MCO	Numerator Total Number of Readmissions within 30 days	Denominator Total Number of Discharges	Rate Percent Readmitted Within 30 Days
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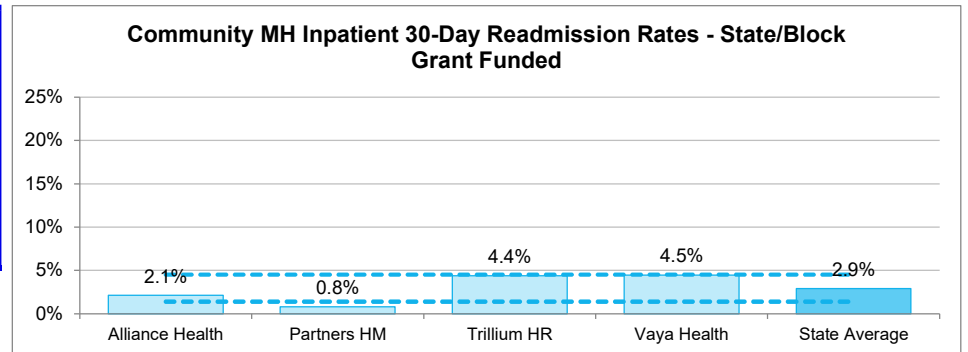
Medicaid Funded

Alliance Health	108	1,303	8.3%
Partners Health Management	75	998	7.5%
Trillium Health Resources	241	1,800	13.4%
Vaya Health	89	904	9.8%
State Average	513	5,005	10.2%
Standard Deviation			2.3%
LME-MCO Average			9.8%



State/Block Grant Funded

Alliance Health	5	236	2.1%
Partners Health Management	1	124	0.8%
Trillium Health Resources	8	182	4.4%
Vaya Health	5	112	4.5%
State Average	19	654	2.9%
Standard Deviation			1.6%
LME-MCO Average			2.9%



CRISIS AND INPATIENT SERVICES

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

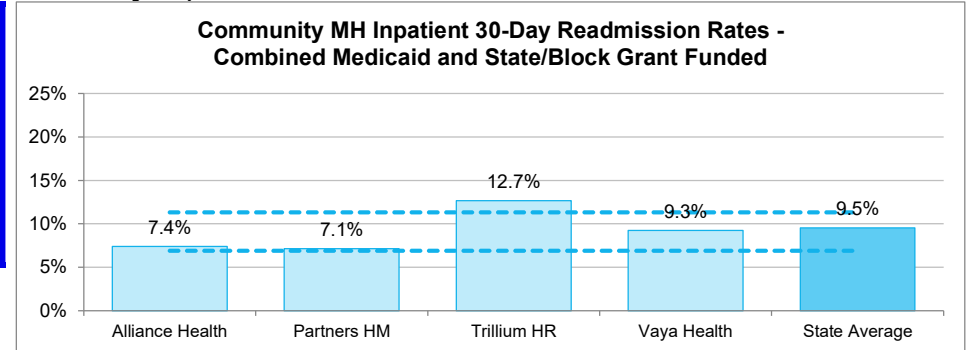
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how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

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

Alliance Health	114	1,541	7.4%
Partners Health Management	80	1,122	7.1%
Trillium Health Resources	251	1,982	12.7%
Vaya Health	94	1,016	9.3%
State Average	539	5,661	9.5%
Standard Deviation			2.2%
LME-MCO Average			9.1%



CRISIS AND INPATIENT SERVICES

5.8 State ADATC Readmissions within 30 Days and 180 Days

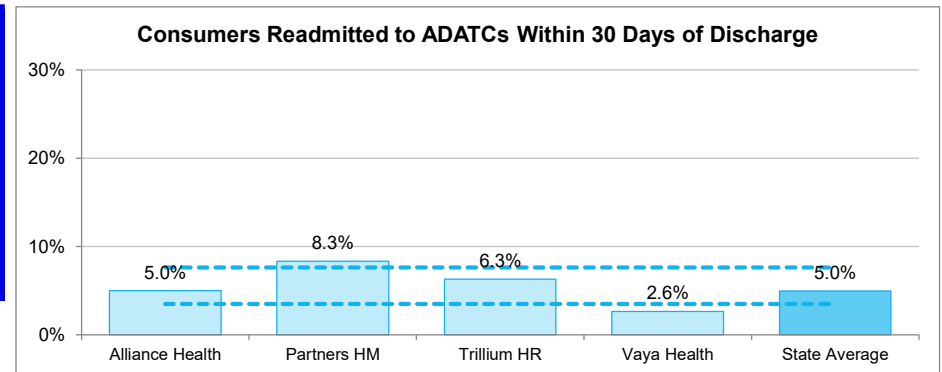
Rationale: Successful community living following care in a State Alcohol and Drug Abuse Treatment Center (ADATC), without repeated admissions, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low readmission rate is a nationally accepted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

	Numerator	Denominator	Rate
LME-MCO	Number Readmissions	Total Discharges	Percent Readmitted

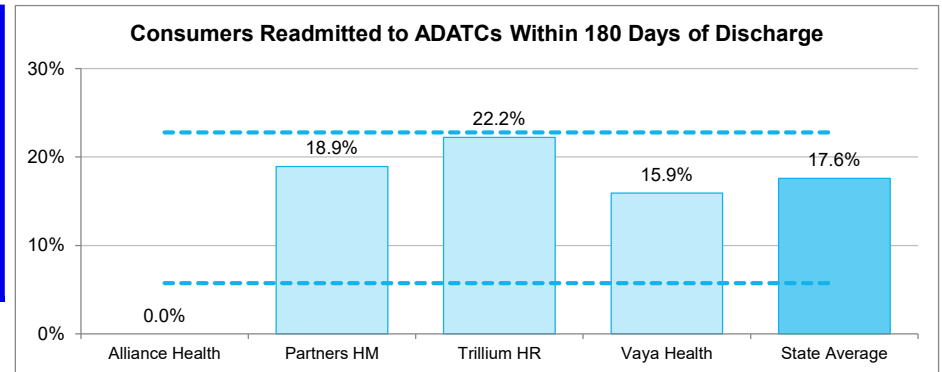
Readmitted within 30 Days (Discharges Jul - Sep 2024)

Alliance Health	1	20	5.0%
Eastpointe			
Partners Health Management	5	60	8.3%
Sandhills Center			
Trillium Health Resources	11	175	6.3%
Vaya Health	5	189	2.6%
State Average	22	444	5.0%
Standard Deviation			2.1%
LME-MCO Average			5.6%



Readmitted within 180 Days (Discharges Apr - Jun 2024)

Alliance Health	0	33	0.0%
Eastpointe			
Partners Health Management	7	37	18.9%
Sandhills Center			
Trillium Health Resources	40	180	22.2%
Vaya Health	29	182	15.9%
State Average	76	432	17.6%
Standard Deviation			8.5%
LME-MCO Average			14.3%



Data Source: State ADATC data in CDW as of 10/16/24. 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.

CRISIS AND INPATIENT SERVICES

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

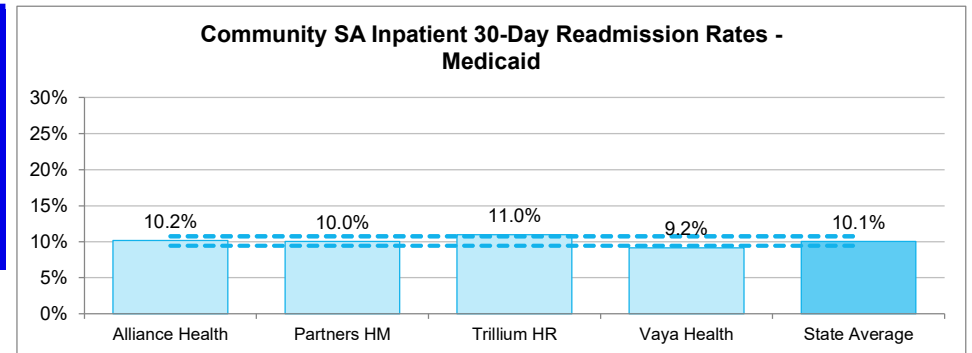
Rationale: Successful community living following hospitalization, without repeated admissions to inpatient care, requires effective treatment planning, coordination, and ongoing appropriate levels of community care and supports. A low hospital readmission rate is a nationally accepted indicator of how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

	Numerator	Denominator	Rate
LME-MCO	Total Number of Readmissions within 30 days	Total Number of Discharges	Percent Readmitted Within 30 Days

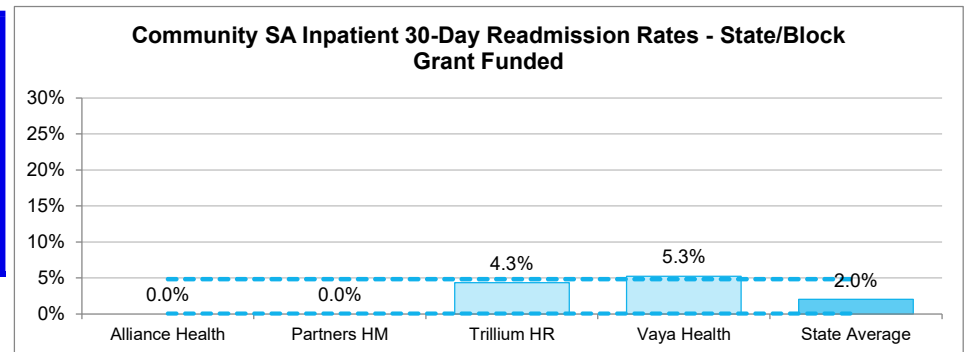
Medicaid Funded

Alliance Health	28	275	10.2%
Partners Health Management	21	209	10.0%
Trillium Health Resources	20	182	11.0%
Vaya Health	21	229	9.2%
State Average	90	895	10.1%
Standard Deviation	-----		0.6%
LME-MCO Average			10.1%



State/Block Grant Funded

Alliance Health	0	16	0.0%
Partners Health Management	0	41	0.0%
Trillium Health Resources	1	23	4.3%
Vaya Health	1	19	5.3%
State Average	2	99	2.0%
Standard Deviation	-----		2.4%
LME-MCO Average			2.4%



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.

	Numerator	Denominator	Rate
LME-MCO	Total Number of Readmissions within 30 days	Total Number of Discharges	Percent Readmitted Within 30 Days

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

Alliance Health	28	291	9.6%
Partners Health Management	22	250	8.8%
Trillium Health Resources	21	205	10.2%
Vaya Health	22	248	8.9%
State Average	93	994	9.4%
Standard Deviation	-----		0.6%
LME-MCO Average			9.4%

