State law requires that Local Management Entities-Managed Care Organizations (LME-MCOs) meet a minimum population requirement by July 1, 2012. To meet this requirement, some area authorities and county programs are merging prior to transitioning to LME-MCOs while others are transitioning to LME-MCOs and then merging to meet population requirements.

House Bill 916 states:

“Beginning July 1, 2012, the catchment area of an area authority or a county program shall contain a minimum population of at least 300,000. Beginning July 1, 2013, the catchment area of an area authority or a county program shall contain a minimum population of at least 500,000.”

After area authorities and county programs merge, the state-wide landscape will include 11 LME-MCOs with the following configurations and populations.

### Western Region

- **PBH** which, as of April 2012 includes Alamance, Cabarrus, Caswell, Chatham, Davidson, Franklin, Granville, Halifax, Orange, Person, Rowan, Stanly, Union, Vance and Warren counties with a combined population of 1,390,537 residents.
- **Western Highlands Network** became an LME-MCO in January 2012 and began administering services in Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania and Yancey counties with a combined population of 511,122 residents.
- **Partners Behavioral Health Management** intends to merge in July 2012 and will include Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry and Yadkin counties with a combined population of 906,746 residents. The area intends to begin operation as an LME-MCO in January 2013.
- **Smoky Mountain Center** plans to become an LME-MCO in July 2012 and administer services to a 15 county area that includes Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, Macon, McDowell, Swain, Watauga and Wilkes counties with a combined population of 525,754 residents.
- **Mecklenburg** intends to begin operation as an LME-MCO in January 2013 with a population of 909,493 residents.
Central Region

- **Sandhills Center** plans to begin operation as an LME-MCO in October 2012 and intends to merge with Guilford County in January 2013. The combined area will include Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph and Richmond counties with a population of **1,039,175 residents**.

- **Alliance Behavioral Healthcare** will be formed by a planned merger between the Durham Center and Wake County in July 2012. The new organization intends to sign an interlocal agreement with Cumberland and Johnston counties in January 2013. The combined area intends to begin operation as an LME-MCO in January 2013 with a population of **1,670,677 residents**.

- **CenterPoint Human Services** plans to transition to an LME-MCO in January 2013 and administer services in a four county area that includes Davie, Forsyth, Rockingham and Stokes counties with a combined population of **542,942 residents**.

Eastern Region

- **East Carolina Behavioral Health** transitioned to an LME-MCO and began administering services in April 2012 in a 19-county area that includes Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell and Washington counties with a combined population of **593,300 residents**.

- **CoastalCare** will be formed in July 2012 with the planned merger of Brunswick, Carteret, New Hanover, Onslow and Pender counties. The combined area intends to begin operation as an LME-MCO in January 2013 with a population of **608,215 residents**.

- **Eastpointe** plans to merge in July 2012 and will administer a region that includes Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne and Wilson counties. The combined area intends to begin operation as an LME-MCO in January 2013 with a population of **802,055 residents**.

Legislation passed in 2011 requires the N. C. Department of Health and Human Services (DHHS) to restructure the management responsibilities for the delivery of services to individuals with mental illness, intellectual and developmental disabilities, and substance abuse disorders through the 1915 (b)/(c) Medicaid Waiver.