SFY 2013 Performance Contract
With Local Management Entities
Report/Data Submission Requirements

Fourth Quarter Report
April 1, 2013 - June 30, 2013

Prepared by
Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services
August 2013
# SFY 2013 Performance Contract
## Report/Data Submission Requirements
### Fourth Quarter Report

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Introduction

This is the Third Quarter Report for SFY 2012-2013 under the Performance Contract between the LMEs and NC DHHS.

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

The tables on the following pages list the report schedule, provide the performance requirements, and show LME performance for the current quarter. Data submission/report requirements that have been met are depicted with a star (★) in the standard met column for each report. If the requirement was not met, this column will be blank, and the element that caused the standard not to be met will be shaded red.

Overall, the LMEs met 92 percent of the four report submission requirements and 73 percent of the nine data submission/report requirements measured this quarter. Items are marked "N/A" on the Summary of LME Performance to indicate reports or data that do not apply to a specific LME.

Questions or Concerns

If staff of an LME have questions about any of the individual requirements or believe that information contained in this report is in error, they should contact their LME liaison within 30 days of the report date. The LME liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.
## SFY 2013 Performance Contract Report Schedule

The table below shows which requirements will be reported by quarter*

<table>
<thead>
<tr>
<th>Requirement</th>
<th>1st Qtr</th>
<th>2nd Qtr</th>
<th>3rd Qtr</th>
<th>4th Qtr</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Incident Reporting</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2. Quarterly Fiscal Monitoring Reports</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. Work First Initiative Quarterly Reports</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5. System of Care Report</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6. Client Data Warehouse (CDW) - Screening Record</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7. Client Data Warehouse (CDW) - Admissions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>8. Client Data Warehouse (CDW) - ICD-9 Diagnosis</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>9. Client Data Warehouse (CDW) - Unknown Data (Admissions)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>10. Client Data Warehouse (CDW) - Unknown Data (Discharges)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>11. Client Data Warehouse (CDW) - Identifying and Demographic Records</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>12. Client Data Warehouse (CDW) - Drug of Choice</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>14. NC Treatment Outcomes and Program Performance System (Initial)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>15. NC Treatment Outcomes and Program Performance System (Update)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>16. NC Support Needs Assessment Profile (NC-SNAP)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>17. SAPTBG Compliance Report</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>18. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, unless otherwise specified, required reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.
## SFY 2013 Performance Contract Report/Data Submission Requirements

### Fourth Quarter Report

**April 1, 2013 - June 30, 2013**

<table>
<thead>
<tr>
<th>LME</th>
<th>Report Submission Measures</th>
<th>Data Submission Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Report Submission Measures</strong></td>
<td><strong>Total Number of Report Submission Measures</strong></td>
<td><strong>Total Number of Data Submission Measures</strong></td>
</tr>
<tr>
<td><strong>Percent of Report Submission Measures Met</strong></td>
<td><strong>Percent of Data Submission Measures Met</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Alliance Behavioral Healthcare</strong></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Cardinal Innovations Healthcare Solutions</strong></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>CenterPoint Human Services</strong></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Coastal Care</strong></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>East Carolina Behavioral Health</strong></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Eastpointe</strong></td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>MeckLINK Behavioral Healthcare</strong></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Partners Behavioral Health Management</strong></td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td><strong>Sandhills Center</strong></td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Smoky Mountain Center</strong></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Western Highlands Network</strong></td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Report Submission Measures

- 1. Quarterly Incident Report
- 2. Quarterly Fiscal Monitoring Report (Current Qtr)
- 3. SA/JJ Initiative Quarterly Report
- 4. Work First Initiative Quarterly Report
- 5. System of Care Quarterly Report
- 6. SAPTBG Compliance Semi-Annual Report
- 7. National Consents, Pre-Surveys, and Mail Surveys

### Data Submission Measures

- 6. CDW - Screening Record
- 8. CDW - ICD-9 Diagnosis
- 9. CDW - Unknown Data (Admissions)
- 10. CDW - Unknown Data (Discharges)
- 11. CDW - Identifying and Demographic Records
- 12. CDW - Drug of Choice
- 13. NC TOPPS - Initial
- 15. NC TOPPS - Update
- 16. NC-SNAP

### Statewide

- **Number of Data Submission Measures**
- **Percent of Data Submission Measures Met**

### Notes

- *This column shows the total number of report submission measures that apply this quarter. Some reports are due quarterly, one is due semi-annually, and several are due annually.*
- **Indicates the LME met the performance standard for the measure.**
- **Percentages that are highlighted green indicate the LME met the performance standards for at least 65% of the measures in the respective category (e.g. report submission and/or data submission).**
- Meeting the performance standards for at least 65% of the measures is one of the factors considered in LME monitoring decisions.
- **N/A Indicates measures that were not applicable this quarter.**

---

*This measure is under revision and the results were not reported this quarter.*

*This measure is under revision and the results were not reported this quarter.*

*The due date for the report is after the quarter. Results will be reported next quarter.*

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## 2. Quarterly Fiscal Monitoring Report

**Performance Requirement:** LME submits all required fiscal monitoring reports in acceptable format by the following due dates:
- First quarter report = Oct 20.
- Second quarter report = Feb 20.
- Third quarter report = Apr 20.

**SFY 2013 Standard:** Reports are accurate, complete, and received by the due date.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>4th Qtr Report Due 8/31/13</th>
<th>Date Received¹</th>
<th>Accurate, Complete</th>
<th>Standard Met²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CoastalCare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumberland</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastpointe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilford Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johnston</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sandhills Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Because the due date for this report is after the end of the quarter, the **Fourth Quarter**'s results will be provided in the **First Quarter** report.

Number and Percent of LMEs that met the Performance Standard: 0 (0%)

**Notes:**

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.
### 3. Substance Abuse/Juvenile Justice Initiative Reports

**SFY 2013 Standard:**
Reports are accurate, complete, and are received no later than 10 calendar days after the due date.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Juvenile Detention</th>
<th>JJSAMH Partnership</th>
<th>Multi-purpose Group Home</th>
<th>Standard Met¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Received¹</td>
<td>Accurate And Complete</td>
<td>Date Received¹</td>
<td>Accurate And Complete</td>
</tr>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>7/10/13</td>
<td>Yes</td>
<td>7/10/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>7/10/13</td>
<td>Yes</td>
<td>7/10/13</td>
<td>Yes</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>7/3/13</td>
<td>Yes</td>
<td>7/24/13</td>
<td></td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>7/2/13</td>
<td>Yes</td>
<td>7/17/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>7/9/13</td>
<td>Yes</td>
<td>7/9/13</td>
<td>Yes</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>Not Received</td>
<td>No</td>
<td>7/15/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>7/24/13</td>
<td>Yes</td>
<td>7/24/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>7/10/13</td>
<td>Yes</td>
<td>7/10/13</td>
<td></td>
</tr>
</tbody>
</table>

Number of Percent of LMEs that Met the SFY2013 Standard: 8 (88.9%)

### Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red.

   *Italicized* dates with yellow shading were received within 10 days after the due date.


3. N/A indicates the measure does not apply to a specific LME this quarter.
4. Work First Initiative Quarterly Reports

**Performance Requirement:** LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

**SFY 2013 Standard:** All reports are accurate and complete and are received no later than 10 days after the due date.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>4th Qtr Report Due 7/20/13</th>
<th>Standard Met²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>7/20/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>7/19/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>7/9/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>7/16/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>7/20/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>7/16/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>7/11/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>7/19/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>7/15/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>7/12/2013</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Western Highlands</td>
<td>7/19/2013</td>
<td>Yes ★</td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Standard: 11 (100%)

**Notes:**
1. Dates that are shaded red indicate reports received >10 days after the due date.
2. Dates with yellow shading are within 10 days after the due date.
5. System of Care

Performance Requirement: LME submits a quarterly System of Care Report by the 15th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2013 Standard: All reports are accurate and complete and are received no later than 7 days after the due date.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>4th Qtr Report Due 7/15/13</th>
<th>Standard Met²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>7/9/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>7/11/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>7/12/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>7/1/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Cumberland</td>
<td>7/15/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>7/9/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>7/9/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Guilford Center</td>
<td>7/12/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Johnston</td>
<td>7/15/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>7/15/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>7/15/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>7/14/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>7/15/13</td>
<td>Yes ★</td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>7/12/13</td>
<td>Yes ★</td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Standard: 14 (100%)

Notes:
1. Dates that are shaded red indicate reports received >7 days after the due date.
   Dates with yellow shading are within 7 days after the due date.
3. An extension was granted to CenterPoint LME.
# 6. Client Data Warehouse (CDW)
## Screening Records

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LME's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of consumers screened by the LME's Access Unit during the prior quarter (January 1, 2013 - March 31, 2013) with a cross-reference to the CNDS completed within 30 days of initial contact.

**SFY 2013 Standard:** 90% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Number Screened With A MH/DD/SA Problem</th>
<th>Number Missing CNDS Cross-reference</th>
<th>Number Completed within 30 days</th>
<th>Percent With Records Completed Within 30 Days</th>
<th>Standard Met²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>417</td>
<td>16</td>
<td>401</td>
<td>96%</td>
<td>★</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>2,264</td>
<td>52</td>
<td>2,212</td>
<td>98%</td>
<td>★</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>1,037</td>
<td>2</td>
<td>1,035</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>966</td>
<td>6</td>
<td>960</td>
<td>99%</td>
<td>★</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>1,325</td>
<td>13</td>
<td>1,312</td>
<td>99%</td>
<td>★</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>6,587</td>
<td>283</td>
<td>6,304</td>
<td>96%</td>
<td>★</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>122</td>
<td>0</td>
<td>122</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>19</td>
<td>0</td>
<td>19</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>1,254</td>
<td>5</td>
<td>1,249</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>486</td>
<td>49</td>
<td>437</td>
<td>90%</td>
<td>★</td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>2,587</td>
<td>2</td>
<td>2,585</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>17,064</strong></td>
<td><strong>428</strong></td>
<td><strong>16,636</strong></td>
<td><strong>97%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Performance Standard: 11 (100%)

**Notes:**
1. Percentages less than 90% are shaded red.
7. Client Data Warehouse (CDW)
Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of July 31, 2013.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>23141</td>
<td>331</td>
<td>297</td>
<td>231</td>
<td>859</td>
<td>2,720</td>
<td>286</td>
<td>907</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>23021</td>
<td>390</td>
<td>317</td>
<td>280</td>
<td>987</td>
<td>1,528</td>
<td>329</td>
<td>509</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>43141</td>
<td>253</td>
<td>188</td>
<td>154</td>
<td>595</td>
<td>969</td>
<td>198</td>
<td>323</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>43071</td>
<td>1,334</td>
<td>1,142</td>
<td>686</td>
<td>3,162</td>
<td>4,281</td>
<td>1,054</td>
<td>1,427</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>43081</td>
<td>1,138</td>
<td>1,040</td>
<td>820</td>
<td>2,998</td>
<td>1,969</td>
<td>999</td>
<td>656</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>13102</td>
<td>115</td>
<td>44</td>
<td>5</td>
<td>164</td>
<td>867</td>
<td>55</td>
<td>289</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>13114</td>
<td>62</td>
<td>0</td>
<td>32</td>
<td>94</td>
<td>1,879</td>
<td>31</td>
<td>626</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>13121</td>
<td>2,176</td>
<td>1,481</td>
<td>804</td>
<td>4,461</td>
<td>5,879</td>
<td>1,487</td>
<td>1,960</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>33031</td>
<td>1,595</td>
<td>444</td>
<td>1,005</td>
<td>3,044</td>
<td>2,475</td>
<td>1,015</td>
<td>825</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>13010</td>
<td>303</td>
<td>216</td>
<td>175</td>
<td>694</td>
<td>157</td>
<td>231</td>
<td>52</td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>13131</td>
<td>684</td>
<td>671</td>
<td>553</td>
<td>1,908</td>
<td>2,336</td>
<td>636</td>
<td>779</td>
</tr>
<tr>
<td><strong>TOTAL ADMISSIONS</strong></td>
<td><strong>8,381</strong></td>
<td><strong>5,840</strong></td>
<td><strong>4,745</strong></td>
<td><strong>18,966</strong></td>
<td><strong>25,060</strong></td>
<td><strong>6,322</strong></td>
<td><strong>8,353</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2013 - March 31, 2013) with a diagnosis completed within 30 days of beginning date of service.

SFY 2013 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Number of Admissions</th>
<th>Number Missing Diagnosis</th>
<th>Number Completed within 30 days</th>
<th>Percent With Records Completed Within 30 Days</th>
<th>Standard Met²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>1,544</td>
<td>254</td>
<td>1,290</td>
<td>84%</td>
<td>✧</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>7,429</td>
<td>13</td>
<td>7,416</td>
<td>100%</td>
<td>✧</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>1,229</td>
<td>7</td>
<td>1,222</td>
<td>99%</td>
<td>✧</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>1,312</td>
<td>47</td>
<td>1,265</td>
<td>96%</td>
<td>✧</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>3,770</td>
<td>8</td>
<td>3,762</td>
<td>100%</td>
<td>✧</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>17,427</td>
<td>6,056</td>
<td>11,371</td>
<td>65%</td>
<td>✧</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>365</td>
<td>24</td>
<td>341</td>
<td>93%</td>
<td>✧</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>942</td>
<td>110</td>
<td>832</td>
<td>88%</td>
<td>✧</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>2,783</td>
<td>71</td>
<td>2,712</td>
<td>97%</td>
<td>✧</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>1,209</td>
<td>200</td>
<td>1,009</td>
<td>83%</td>
<td>✧</td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>1,893</td>
<td>9</td>
<td>1,884</td>
<td>100%</td>
<td>✧</td>
</tr>
<tr>
<td>TOTAL</td>
<td>39,903</td>
<td>6,799</td>
<td>33,104</td>
<td>83%</td>
<td>✧</td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Standard: 7 (63.6%)

Notes:
1. Percentages less than 90% are shaded red.
### 9. Client Data Warehouse (CDW)

**"Unknown" Value In Mandatory Fields (Admissions)**

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2013 - March 31, 2013) where all mandatory data fields contain a value other than 'unknown'.

**SFY 2013 Standard:** 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Admission Records</th>
<th>County</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Employment</th>
<th>Education</th>
<th>Veteran Status</th>
<th>Family Income</th>
<th>Family Size</th>
<th>Arrests 30 Days</th>
<th>Attention Self Help</th>
<th>Standard Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>1,544</td>
<td>97%</td>
<td>94%</td>
<td>99%</td>
<td>100%</td>
<td>96%</td>
<td>100%</td>
<td>98%</td>
<td>93%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>7,429</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td><strong>84%</strong></td>
<td><strong>100%</strong></td>
<td><strong>84%</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>1,229</td>
<td>99%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>96%</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>1,312</td>
<td>93%</td>
<td>99%</td>
<td>98%</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>96%</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>3,770</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>17,427</td>
<td>93%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>365</td>
<td>96%</td>
<td>98%</td>
<td>98%</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>942</td>
<td>96%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>94%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>2,783</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>1,209</td>
<td>95%</td>
<td>99%</td>
<td>96%</td>
<td>100%</td>
<td>97%</td>
<td>100%</td>
<td>90%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>1,893</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>39,903</strong></td>
<td><strong>96%</strong></td>
<td><strong>99%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>97%</strong></td>
<td><strong>100%</strong></td>
<td><strong>94%</strong></td>
<td><strong>99%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td>★</td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Standard: 10 (90.9%)

**Notes:**
1. Percentages less than 90% are shaded red.
**SFY 2013 Performance Contract Data/Report Submission Requirements**  
**Fourth Quarter Report**  
April 1, 2013 - June 30, 2013

### 10. Client Data Warehouse (CDW)  
"Unknown" Value In Mandatory Fields (Discharges)

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients discharged during the prior quarter (January 1, 2013 - March 31, 2013) where all mandatory data fields contain a value other than 'unknown'.

**SFY 2013 Standard:** 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Discharge Records</th>
<th>Discharge Reason</th>
<th>Referral To</th>
<th>Living Arrangement</th>
<th>Employment Status</th>
<th>Arrests Prior 30 Days</th>
<th>Attention Self Help</th>
<th>Standard Met¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>209</td>
<td>61%</td>
<td>61%</td>
<td>61%</td>
<td>61%</td>
<td>61%</td>
<td>61%</td>
<td></td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>1,710</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>125</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>★</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>196</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>493</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>15</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>364</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>198</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>532</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>157</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>89%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>1,447</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,446</strong></td>
<td><strong>98%</strong></td>
<td><strong>98%</strong></td>
<td><strong>98%</strong></td>
<td><strong>98%</strong></td>
<td><strong>98%</strong></td>
<td><strong>98%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Number and Pct of LMEs that met the SFY 2013 Standard: 9 (81.8%)

**Notes:**
1. Percentages less than 90% are shaded red.
11. Client Data Warehouse (CDW)  
Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (January 1, 2013 - March 31, 2013) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2013 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Number of Claims³</th>
<th>Number Missing Records</th>
<th>Number Completed within 30 days</th>
<th>Percent With Records Completed Within 30 Days</th>
<th>Standard Met²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>4,869</td>
<td>635</td>
<td>4,234</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>3,529</td>
<td>142</td>
<td>3,387</td>
<td>96%</td>
<td>★</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>2,793</td>
<td>188</td>
<td>2,605</td>
<td>93%</td>
<td>★</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>3,162</td>
<td>370</td>
<td>2,792</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>2,961</td>
<td>252</td>
<td>2,709</td>
<td>91%</td>
<td>★</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>3,246</td>
<td>202</td>
<td>3,044</td>
<td>94%</td>
<td>★</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>1,853</td>
<td>0</td>
<td>1,853</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>4,141</td>
<td>851</td>
<td>3,290</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>2,385</td>
<td>195</td>
<td>2,190</td>
<td>92%</td>
<td>★</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>3,049</td>
<td>591</td>
<td>2,458</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>2,032</td>
<td>8</td>
<td>2,024</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>TOTAL</td>
<td>34,020</td>
<td>3,434</td>
<td>30,586</td>
<td>90%</td>
<td>★</td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Standard: 7 (63.6%)

Notes:
1. Percentages less than 90% are shaded red.
3. Only includes IPRS claims.
12. Client Data Warehouse (CDW)
Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASCDR, ASCJO, ASCS, ASDSS, ASTNC, CSTNC, ASTER, ASWOM, CSCS, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (January 1, 2013 - March 31, 2013) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2013 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Number of Claims 3</th>
<th>Number Missing Records</th>
<th>Number Completed within 60 days</th>
<th>Percent With Records Completed Within 60 Days</th>
<th>Standard Met 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>1,161</td>
<td>146</td>
<td>1,015</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>1,221</td>
<td>120</td>
<td>1,101</td>
<td>90%</td>
<td>★</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>614</td>
<td>37</td>
<td>577</td>
<td>94%</td>
<td>★</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>662</td>
<td>132</td>
<td>530</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>1,238</td>
<td>25</td>
<td>1,213</td>
<td>98%</td>
<td>★</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>657</td>
<td>5</td>
<td>652</td>
<td>99%</td>
<td>★</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>306</td>
<td>14</td>
<td>292</td>
<td>95%</td>
<td>★</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>19</td>
<td>0</td>
<td>19</td>
<td>100%</td>
<td>★</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>780</td>
<td>11</td>
<td>769</td>
<td>99%</td>
<td>★</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>498</td>
<td>254</td>
<td>244</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>492</td>
<td>8</td>
<td>484</td>
<td>98%</td>
<td>★</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>7,648</strong></td>
<td><strong>752</strong></td>
<td><strong>6,896</strong></td>
<td><strong>90%</strong></td>
<td><strong>8 (72.7%)</strong></td>
</tr>
</tbody>
</table>

Number and Pct of LMEs that met the SFY 2013 Standard: 8 (72.7%)

Notes:
1. Percentages less than 90% are shaded red.
3. Only includes IPRS claims.
### 13. Client Data Warehouse (CDW)
**Episode Completion (Discharge) Record - Substance Abuse Clients**

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service for at least 60 days. This report separately focuses on **SA clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of SA clients admitted since October 1, 2006, when this measure began, who during the prior quarter (January 1, 2013 - March 31, 2013) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

**SFY 2013 Standard:** 90% of SA clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population</th>
<th>Number without Appropriate Activity or an Episode Completion Record&lt;sup&gt;3&lt;/sup&gt;</th>
<th>Number with Appropriate Activity or an Episode Completion Record&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Percent with Appropriate Activity or an Episode Completion Record</th>
<th>Standard Met&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>433</td>
<td>230</td>
<td>203</td>
<td>47%</td>
<td>★</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>646</td>
<td>168</td>
<td>478</td>
<td>74%</td>
<td>★</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>183</td>
<td>4</td>
<td>179</td>
<td>98%</td>
<td>★</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>290</td>
<td>21</td>
<td>269</td>
<td>93%</td>
<td>★</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>532</td>
<td>382</td>
<td>150</td>
<td>28%</td>
<td>★</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>647</td>
<td>26</td>
<td>621</td>
<td>96%</td>
<td>★</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>81</td>
<td>1</td>
<td>80</td>
<td>99%</td>
<td>★</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>271</td>
<td>4</td>
<td>267</td>
<td>99%</td>
<td>★</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>556</td>
<td>28</td>
<td>528</td>
<td>95%</td>
<td>★</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>212</td>
<td>6</td>
<td>206</td>
<td>97%</td>
<td>★</td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>226</td>
<td>97</td>
<td>129</td>
<td>57%</td>
<td>★</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4,077</strong></td>
<td><strong>967</strong></td>
<td><strong>3,110</strong></td>
<td><strong>76%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Number and Pct of LMEs that met the SFY 2013 Standard: 7 (63.6%)

**Notes:**
1. Percentages less than 90% are shaded red.
3. Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
4. Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.
**15. NC Treatment Outcomes and Program Performance System (NC-TOPPS) Update Assessments**

**Performance Requirement:** The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g., 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

**SFY 2013 Standard:** 90% of the expected update forms are received and are timely.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Expected # of Update Instruments</th>
<th># of Update Assessments Received</th>
<th>% of Expected Assessments Received</th>
<th># of Update Assessments Received On-Time</th>
<th>% of Expected Assessments Received On-Time</th>
<th>Standard Met²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>1,662</td>
<td>1,505</td>
<td>90.6%</td>
<td>1,349</td>
<td>81.2%</td>
<td></td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>1,156</td>
<td>1,123</td>
<td>97.1%</td>
<td>1,062</td>
<td>91.9%</td>
<td>★</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>592</td>
<td>586</td>
<td>99.0%</td>
<td>572</td>
<td>96.6%</td>
<td>★</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>705</td>
<td>705</td>
<td>100.0%</td>
<td>703</td>
<td>99.7%</td>
<td>★</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>498</td>
<td>498</td>
<td>100.0%</td>
<td>485</td>
<td>97.4%</td>
<td>★</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>1,507</td>
<td>1,505</td>
<td>99.9%</td>
<td>1,470</td>
<td>97.5%</td>
<td>★</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>1,169</td>
<td>1,102</td>
<td>94.3%</td>
<td>877</td>
<td>75.0%</td>
<td></td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>1,351</td>
<td>1,324</td>
<td>98.0%</td>
<td>1,110</td>
<td>82.2%</td>
<td></td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>1,604</td>
<td>1,441</td>
<td>89.8%</td>
<td>1,255</td>
<td>78.2%</td>
<td></td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>616</td>
<td>540</td>
<td>87.7%</td>
<td>456</td>
<td>74.0%</td>
<td></td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>713</td>
<td>625</td>
<td>87.7%</td>
<td>521</td>
<td>73.1%</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>11,573</td>
<td>10,954</td>
<td>94.7%</td>
<td>9,860</td>
<td>85.2%</td>
<td></td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Standard: 5 (45.5%)

**Notes:**

1. Percentages less than 90% are shaded red.
16. NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

SFY 2013 Standard: 90% of current assessments are no more than 15 months old.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Currency Of Assessments</th>
<th></th>
<th>Standard Met²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Received</td>
<td># No More Than 15 Months Old</td>
<td>% No More Than 15 Months Old¹</td>
</tr>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>3,733</td>
<td>2,426</td>
<td>65.0%</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>1,163</td>
<td>1,163</td>
<td>100.0%</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>1,299</td>
<td>1,299</td>
<td>100.0%</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>1,468</td>
<td>1,442</td>
<td>98.2%</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>2,130</td>
<td>2,130</td>
<td>100.0%</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>1,825</td>
<td>1,712</td>
<td>93.8%</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>2,222</td>
<td>2,193</td>
<td>98.7%</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>1,718</td>
<td>1,709</td>
<td>99.5%</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>1,206</td>
<td>995</td>
<td>82.5%</td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>1,470</td>
<td>1,462</td>
<td>99.5%</td>
</tr>
<tr>
<td>Totals</td>
<td>18,234</td>
<td>16,531</td>
<td>90.7%</td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Standard: 8 (72.7%)

Notes:
1. Percentages less than 90% are shaded red.
## 17. SAPTBG Compliance Report

**Performance Requirement:** The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month (or next business day if on a holiday or weekend) following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

**SFY 2013 Standard:**

All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>End Of Year Report (Due 7/22/13)</th>
<th>Standard Met²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Received¹</td>
<td>Accurate and Complete</td>
</tr>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>7/22/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>7/19/13</td>
<td>Yes</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>7/18/13</td>
<td>Yes</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>7/22/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Cumberland</td>
<td>7/22/13</td>
<td>Yes</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>7/22/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>7/18/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Guilford Center</td>
<td>7/16/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Johnston</td>
<td>7/22/13</td>
<td>Yes</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>7/19/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>7/22/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Sandhills Center</td>
<td>7/16/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>7/22/13</td>
<td>Yes</td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>7/19/13</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Standard: 14 (100%)

**Notes:**

1. Dates that are highlighted red indicate reports received more than 10 days after the due date.
   - Dates that are highlighted yellow indicate reports received within 10 days after the due date.

18. National Core Indicators (NCI) Consents And Pre-Surveys

**Performance Requirement:** The LME, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. The LME will also submit information needed for the mailed survey. All submissions are complete.

**SFY 2013 Standard:** 75% of the pre-surveys, consents, and mail survey information are received by the due date and complete.

<table>
<thead>
<tr>
<th>Local Management Entity</th>
<th>Timeliness of Submission</th>
<th>Completeness (# Forms Received / # Expected)</th>
<th>Standard Met¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Surveys &amp; Consents</td>
<td>Mailed Surveys</td>
<td></td>
</tr>
<tr>
<td>Alliance Behavioral Healthcare</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>Cardinal Innovations Healthcare Solutions</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>CenterPoint Human Services</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>CoastalCare</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>East Carolina Behavioral Health</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>Eastpointe</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>Guilford Center</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>Johnston</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>MeckLINK Behavioral Healthcare</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>Partners Behavioral Health Management</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>Sandhills Behavioral Health Management</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>Smoky Mountain Center</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td>Western Highlands Network</td>
<td>Received On-Time</td>
<td>Received On-Time</td>
<td>✔</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td>889 / 955</td>
<td>93.1%</td>
</tr>
</tbody>
</table>

Number and Percent of LMEs that met the SFY 2013 Standard: 13 (92.9%)

**Notes:**
1. Percentages less than 75% are shaded red.
Please give us feedback so we can improve these reports by making them more informative and more useful to you!

Community Policy Management Section
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
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Raleigh, North Carolina 27699-3004

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Email: ContactDMHQuality@dhhs.nc.gov

Division's Web Page ---

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