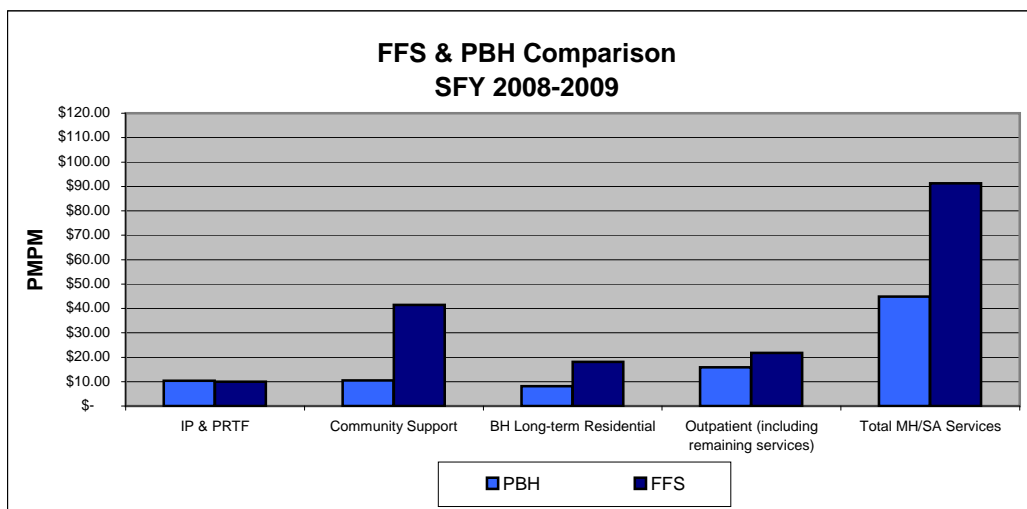
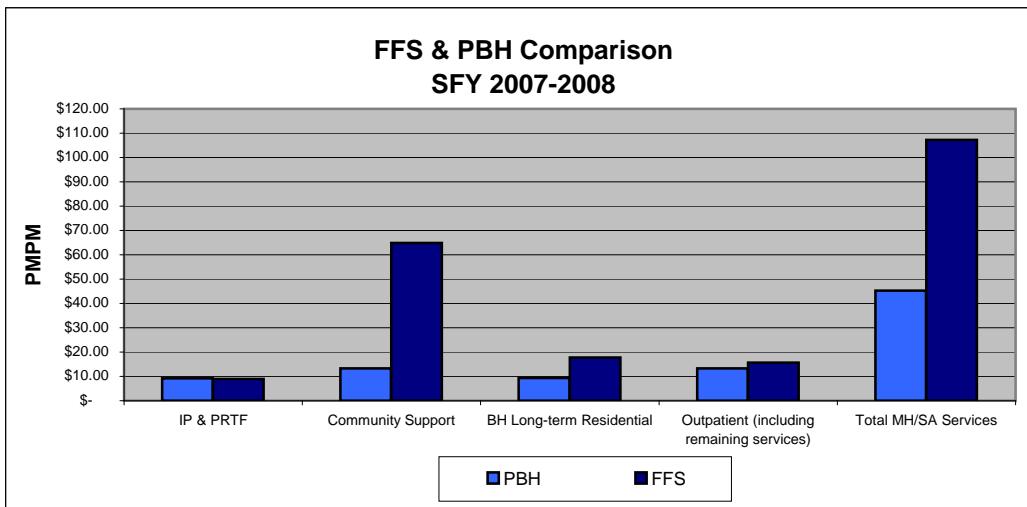
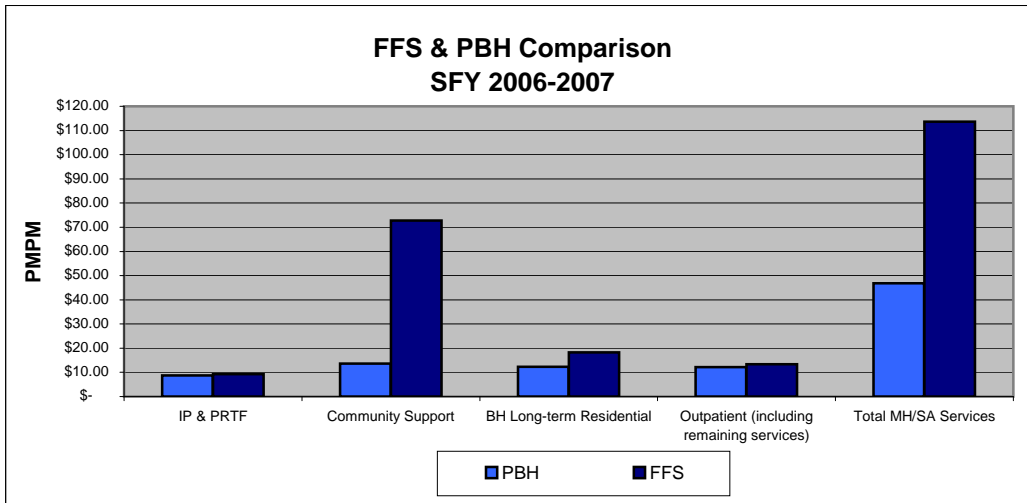
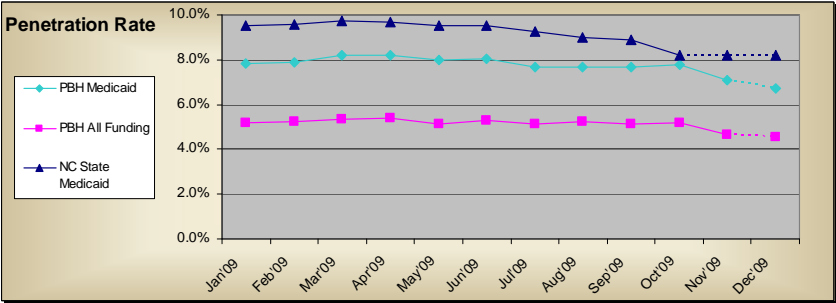


FFS & PBH PMPM Comparison Exhibit
Chart Summary



PBH Demonstration Outcomes April 2005-January 2010

Sector	Outcomes	Tools																																							
<p>1. System stability and access to care</p>	<p>Penetration rate increased.</p> <table border="1" data-bbox="410 247 1029 648"> <thead> <tr> <th>Year</th> <th>PBH Number Served</th> <th>Davidson Number Served</th> </tr> </thead> <tbody> <tr> <td>99-00</td> <td>7,563</td> <td>4,774</td> </tr> <tr> <td>00-01</td> <td>6,600</td> <td>5,027</td> </tr> <tr> <td>01-02</td> <td>10,490</td> <td>5,167</td> </tr> <tr> <td>02-03</td> <td>8,247</td> <td>4,445</td> </tr> <tr> <td colspan="3">PBH and Davidson Co Divestment occurs in 03-04. Number of people served drops.</td> </tr> <tr> <td>03-04</td> <td>14,041</td> <td>PBH + Davidson</td> </tr> <tr> <td colspan="3">Waiver begins 4-1-05. Below includes Davidson Co.</td> </tr> <tr> <td>04-05</td> <td>18,514</td> <td></td> </tr> <tr> <td>05-06</td> <td>20,568</td> <td></td> </tr> <tr> <td>06-07</td> <td>20,637</td> <td></td> </tr> <tr> <td>07-08</td> <td>21,931</td> <td></td> </tr> <tr> <td>08-09</td> <td>20,413</td> <td></td> </tr> </tbody> </table>  <p align="center">(Claims Data is incomplete for November and December 09)</p>	Year	PBH Number Served	Davidson Number Served	99-00	7,563	4,774	00-01	6,600	5,027	01-02	10,490	5,167	02-03	8,247	4,445	PBH and Davidson Co Divestment occurs in 03-04. Number of people served drops.			03-04	14,041	PBH + Davidson	Waiver begins 4-1-05. Below includes Davidson Co.			04-05	18,514		05-06	20,568		06-07	20,637		07-08	21,931		08-09	20,413		<p>PBH Call Center infrastructure and quality control monitoring.</p> <p>Easy Access: consumers may enroll through any network provider.</p> <p>Advanced Access: walk-in capacity in each county; 8am – 8pm Mon-Fri.</p> <p>PBH Call Center links consumers directly to providers via warm transfer of calls.</p> <p>Historical Notes: Instability of system operations occurred in 2003-2004, resulting in a lower rate of reported services, due to divestment of services and merger with Davidson County.</p> <p>System instability occurred again during 2005-2006 due to implementation of new service definitions and divestment of MH-SA Case Management.</p>
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<p>2. Psychiatric Hospital Utilization</p>	<p>Call Center Performance for 2007-2008: over 24,000 calls with an average speed of answer of 11 seconds.</p> <p><u>Type of calls</u> Emergent: 10,003 Urgent: 737 Routine: 7,083</p> <p>Advanced Access: over 10,000 consumers entered or re-entered the PBH system through our Advanced Access or walk in clinic operated by a Comprehensive Community Provider</p> <p>PBH is the third lowest user of State Psychiatric Hospital beds with a utilization rate of 48 per 100,000 population compared to the state average utilization of 103 per 100,000 population.</p> <p>Hospital Readmission within 30 days of Discharge:</p> <ul style="list-style-type: none"> • PBH 7% • North Carolina 12% • National Average 8% 	<p>PBH operates a sophisticated information system that allows for monitoring of calls to our 1-800 number, time to respond and disposition of call.</p> <p>Model is operated for PBH by DAYMARK Recovery Services. Comprehensive Community Provider Model makes this possible.</p> <p>Allocation of state psychiatric hospital dollars directly to PBH, allowing PBH flexibility in developing alternatives to state hospital placement.</p> <p>PBH direct control of utilization management and authorization.</p> <p>Crisis continuum established by PBH to intercede and divert to community services when appropriate. PBH has two 16 bed locked crisis-detox facilities that accept involuntary admissions; these facilities serves as a diversion for inpatient services for people that do not need hospital level of care.</p>																																							

PBH Demonstration Outcomes April 2005-January 2010

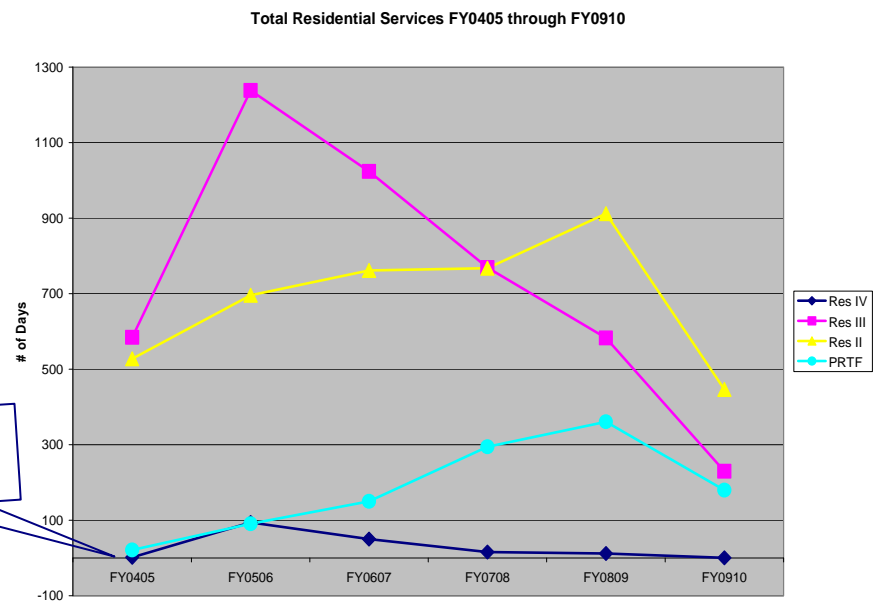
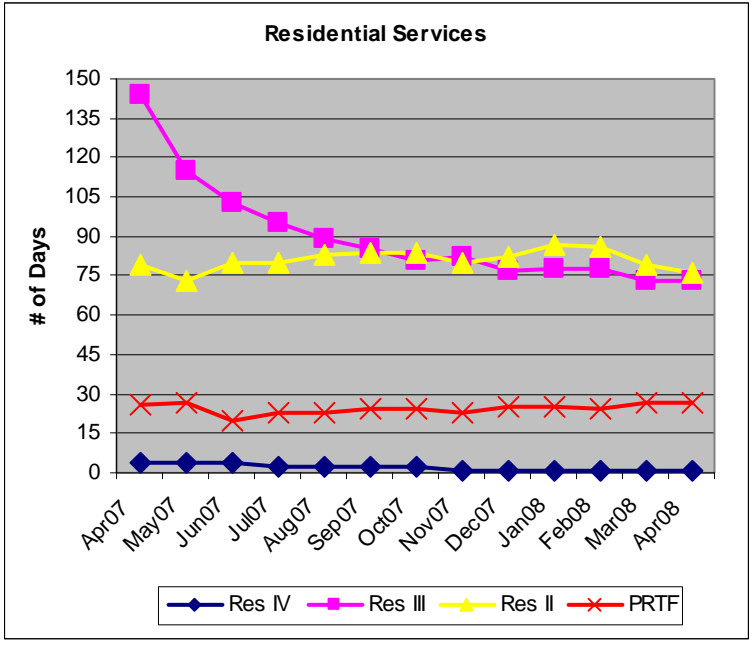
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	<div data-bbox="295 205 1117 856"> <h3 align="center">Inpatient Bed Days Utilized</h3> <table border="1"> <caption>Estimated Data for Inpatient Bed Days Utilized</caption> <thead> <tr> <th>Month</th> <th>State Hospitals</th> <th>State Allocation</th> <th>Community Hospitals</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Jan'09</td><td>1,350</td><td>1,550</td><td>850</td><td>2,150</td></tr> <tr><td>Feb'09</td><td>1,250</td><td>1,550</td><td>750</td><td>2,000</td></tr> <tr><td>Mar'09</td><td>1,400</td><td>1,550</td><td>800</td><td>2,200</td></tr> <tr><td>Apr'09</td><td>1,250</td><td>1,550</td><td>750</td><td>2,000</td></tr> <tr><td>May'09</td><td>1,500</td><td>1,550</td><td>950</td><td>2,400</td></tr> <tr><td>Jun'09</td><td>1,300</td><td>1,550</td><td>850</td><td>2,150</td></tr> <tr><td>Jul'09</td><td>1,050</td><td>1,550</td><td>1,000</td><td>2,000</td></tr> <tr><td>Aug'09</td><td>1,100</td><td>1,550</td><td>1,000</td><td>2,100</td></tr> <tr><td>Sep'09</td><td>1,300</td><td>1,550</td><td>900</td><td>2,200</td></tr> <tr><td>Oct'09</td><td>1,650</td><td>1,550</td><td>850</td><td>2,500</td></tr> <tr><td>Nov'09</td><td>1,450</td><td>1,550</td><td>900</td><td>2,350</td></tr> <tr><td>Dec'09</td><td>1,250</td><td>1,550</td><td>650</td><td>1,950</td></tr> </tbody> </table> </div> <p data-bbox="284 945 1144 1071"> <u>Community hospital capacity</u> using Medicaid and state dollars is funded through contracts with two in-catchment hospitals and 2 adjacent county hospitals, making 74 local adult acute beds available to PBH consumers. A contract in an adjacent county makes 30 child psychiatric beds available. (see utilization comparison between state and community hospitals below) </p> <div data-bbox="295 1108 1094 1759"> <h3 align="center">Inpatient Admissions</h3> <table border="1"> <caption>Estimated Data for Inpatient Admissions</caption> <thead> <tr> <th>Month</th> <th>State Hospitals</th> <th>Community Hospitals</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>Jan'09</td><td>25</td><td>150</td><td>175</td></tr> <tr><td>Feb'09</td><td>25</td><td>125</td><td>150</td></tr> <tr><td>Mar'09</td><td>30</td><td>125</td><td>155</td></tr> <tr><td>Apr'09</td><td>25</td><td>140</td><td>165</td></tr> <tr><td>May'09</td><td>30</td><td>185</td><td>210</td></tr> <tr><td>Jun'09</td><td>25</td><td>160</td><td>180</td></tr> <tr><td>Jul'09</td><td>25</td><td>200</td><td>215</td></tr> <tr><td>Aug'09</td><td>20</td><td>195</td><td>210</td></tr> <tr><td>Sep'09</td><td>30</td><td>185</td><td>210</td></tr> <tr><td>Oct'09</td><td>25</td><td>175</td><td>195</td></tr> <tr><td>Nov'09</td><td>25</td><td>190</td><td>210</td></tr> <tr><td>Dec'09</td><td>20</td><td>150</td><td>170</td></tr> </tbody> </table> </div>	Month	State Hospitals	State Allocation	Community Hospitals	Total	Jan'09	1,350	1,550	850	2,150	Feb'09	1,250	1,550	750	2,000	Mar'09	1,400	1,550	800	2,200	Apr'09	1,250	1,550	750	2,000	May'09	1,500	1,550	950	2,400	Jun'09	1,300	1,550	850	2,150	Jul'09	1,050	1,550	1,000	2,000	Aug'09	1,100	1,550	1,000	2,100	Sep'09	1,300	1,550	900	2,200	Oct'09	1,650	1,550	850	2,500	Nov'09	1,450	1,550	900	2,350	Dec'09	1,250	1,550	650	1,950	Month	State Hospitals	Community Hospitals	Total	Jan'09	25	150	175	Feb'09	25	125	150	Mar'09	30	125	155	Apr'09	25	140	165	May'09	30	185	210	Jun'09	25	160	180	Jul'09	25	200	215	Aug'09	20	195	210	Sep'09	30	185	210	Oct'09	25	175	195	Nov'09	25	190	210	Dec'09	20	150	170	
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PBH Demonstration Outcomes April 2005-January 2010

Sector	Outcomes	Tools																																													
<p>3. Effective Management of High Cost Medicaid Services.</p>	<p>PBH has a low rate of denials for requested services:</p> <p>Treatment Authorization Requests (TAR):</p> <hr/> <p>Completion Rate:</p> <table border="1" data-bbox="672 415 1166 932"> <thead> <tr> <th></th> <th>Sep'09</th> <th>Oct'09</th> <th>Nov'09</th> <th>Dec'09</th> </tr> </thead> <tbody> <tr> <td>Total Number of TARs Submitted</td> <td>4,094</td> <td>4,095</td> <td>3,968</td> <td>4,148</td> </tr> <tr> <td>Number Reviewed within 14 Days - Benchmark</td> <td>3,909</td> <td>3,879</td> <td>3,783</td> <td>3,954</td> </tr> <tr> <td>Compliance Rate</td> <td>95.5%</td> <td>94.7%</td> <td>95.3%</td> <td>95.3%</td> </tr> <tr> <td>Average # of Days to Review TAR</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>Total TARs Approved</td> <td>3,330</td> <td>3,327</td> <td>3,174</td> <td>3,363</td> </tr> <tr> <td>Total TARs Pended</td> <td>764</td> <td>768</td> <td>794</td> <td>785</td> </tr> <tr> <td>Total TARs Denied</td> <td>18</td> <td>11</td> <td>25</td> <td>34</td> </tr> <tr> <td>% Denied</td> <td>0.4%</td> <td>0.3%</td> <td>0.6%</td> <td>0.8%</td> </tr> </tbody> </table>		Sep'09	Oct'09	Nov'09	Dec'09	Total Number of TARs Submitted	4,094	4,095	3,968	4,148	Number Reviewed within 14 Days - Benchmark	3,909	3,879	3,783	3,954	Compliance Rate	95.5%	94.7%	95.3%	95.3%	Average # of Days to Review TAR	4	4	4	4	Total TARs Approved	3,330	3,327	3,174	3,363	Total TARs Pended	764	768	794	785	Total TARs Denied	18	11	25	34	% Denied	0.4%	0.3%	0.6%	0.8%	<p>In order to ensure that the PBH system is transparent to consumers and providers the PBH Clinical Design Plan specifies how services are organized, (from basic to enhanced) and the requirements for accessing care.</p> <p>A TAR is a Treatment Authorization Request. (request for services)</p>
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<p>4. Community Partnerships</p>	<p>As of January 2010, and in partnership with local NAMI organizations, PBH has trained 236 law enforcement officers from 11 different law enforcement agencies in Crisis Intervention Training (CIT), a crisis intervention program for law enforcement officers.</p> <p>PBH has begun Crisis Intervention Training (CIT) for 911 Operators. So, far 31 operators have been trained.</p> <p>Geriatric Specialty staff provided 321 trainings to 3,321 Geriatric Professionals in area nursing facilities.</p> <p>During CY 2009 there were 20 'Lunch and Learns' with a total of 774 attendees from the general public.</p> <p>Educational Presentations and Health Fairs: during CY 2009, there were 70 presentations with 2,804 attending from the general public</p> <p>Cultural Competency Conference was attended by over 350 consumers and professionals</p> <p>Child and Family Team Meetings: 95 people trained in 2009</p>	<p>Community outreach. County level advisory councils. Focused communication with law enforcement.</p>																																													
<p>5. Medicaid utilization: Child Residential Facility Utilization</p>	<p><u>April 07 - April 08 reduction in numbers of children placed in Level III Residential:</u></p>	<p>PBH management of utilization; control of provider network to limit number of residential providers. Care Managers facilitate discharge and access to community based services.</p>																																													

PBH Demonstration Outcomes April 2005-January 2010

Sector	Outcomes	Tools
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The PBH Waivers began on April 1, 2005

6. Excellence in Financial Management of limited public resources

PBH had **Medicaid Savings** for two consecutive years. Since **April, 2005**, **\$11.5** in Medicaid dollars have been saved. These funds were **reinvested in new services called b-3 services**, in accordance with CMS waiver requirements. **The balance of the savings was deposited into the Risk Reserve when CMS changed the requirements for payment of b-3 services (now we receive a capitation payment for b-3 services).**

PBH direct control over authorization and utilization review.
Having a limited number of providers has direct impact on demand for services (controls provider driven utilization)

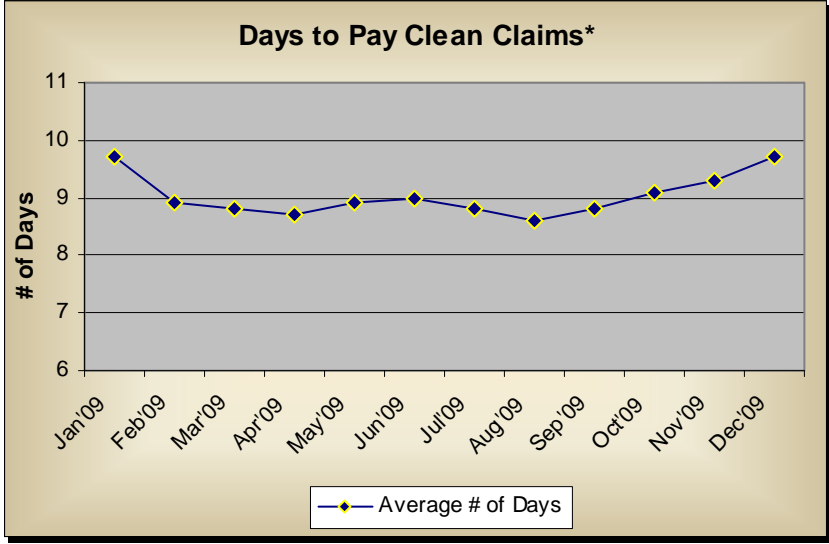
PBH Demonstration Outcomes April 2005-January 2010

Sector	Outcomes	Tools																																																							
	<p>PBH Medicaid costs (capitation payments) are significantly below Medicaid fee for service costs for the rest of the state.</p> <table border="1" data-bbox="289 323 1149 600"> <thead> <tr> <th colspan="7">Comparison of historical State Fee For Service costs to PBH Capitation Payments</th> </tr> <tr> <th></th> <th colspan="2">2006-2007</th> <th colspan="2">2007-2008</th> <th colspan="2">2008-2009</th> </tr> <tr> <th></th> <th>State FFS</th> <th>PBH</th> <th>State FFS</th> <th>PBH</th> <th>State FFS</th> <th>PBH</th> </tr> </thead> <tbody> <tr> <td><u>B waiver costs only.</u></td> <td>140.66</td> <td>93.60</td> <td>157.34</td> <td>92.95</td> <td>123.72</td> <td>100.24</td> </tr> <tr> <td><u>B and C waiver costs.</u></td> <td>174.46</td> <td>132.69</td> <td>194.93</td> <td>129.72</td> <td>163.69</td> <td>137.36</td> </tr> </tbody> </table> <table border="1" data-bbox="289 651 1149 1066"> <thead> <tr> <th colspan="4">Comparison of historical State Fee For Service costs to PBH Capitation Payments</th> </tr> <tr> <th></th> <th>2006-2007</th> <th>2007-2008</th> <th>2008-2009</th> </tr> </thead> <tbody> <tr> <td align="center" colspan="4">PBH Medicaid Capitation payments are less than state fee for service Medicaid costs by the percentages shown below for three consecutive fiscal years:</td> </tr> <tr> <td><u>Not including</u> 1915 C waiver.</td> <td align="center">50.3%</td> <td align="center">69.3%</td> <td align="center">23.4%</td> </tr> <tr> <td><u>Includes</u> 1915 C state fee for service costs compared to PBH capitation payments for the Innovations waiver.</td> <td align="center">31.5%</td> <td align="center">50.3%</td> <td align="center">19.2%</td> </tr> </tbody> </table>	Comparison of historical State Fee For Service costs to PBH Capitation Payments								2006-2007		2007-2008		2008-2009			State FFS	PBH	State FFS	PBH	State FFS	PBH	<u>B waiver costs only.</u>	140.66	93.60	157.34	92.95	123.72	100.24	<u>B and C waiver costs.</u>	174.46	132.69	194.93	129.72	163.69	137.36	Comparison of historical State Fee For Service costs to PBH Capitation Payments					2006-2007	2007-2008	2008-2009	PBH Medicaid Capitation payments are less than state fee for service Medicaid costs by the percentages shown below for three consecutive fiscal years:				<u>Not including</u> 1915 C waiver.	50.3%	69.3%	23.4%	<u>Includes</u> 1915 C state fee for service costs compared to PBH capitation payments for the Innovations waiver.	31.5%	50.3%	19.2%	
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7. Crisis Services	<p>December 2007 NC Council Award for the development of a Comprehensive Crisis Continuum of Care:</p> <div data-bbox="349 1270 1096 1837" data-label="Diagram"> <p align="center">No more revolving doors.....people receive emergency intervention based on individual needs and are assisted in re-entering the service system</p> <p>The diagram illustrates a continuous cycle of care. At the center is 'pbh Care Management'. Five main service points are arranged around it: 'Inpatient Hospital' (top), 'Crisis/Detox' (right), 'Mobile Crisis' (bottom right), 'Advanced Access' (bottom left), and 'First Responders' (left). Arrows indicate the flow of care: from 'First Responders' to 'Advanced Access', then to 'Mobile Crisis', 'Crisis/Detox', and 'Inpatient Hospital'. From 'Inpatient Hospital', an arrow points to 'Discharge to community care'. From 'Crisis/Detox', an arrow points to 'Discharge and referral to services'. From 'Mobile Crisis', an arrow points to 'Crisis Intervention and referral to services'. From 'Advanced Access', an arrow points to 'Evaluation and referral to appropriate services'. From 'First Responders', an arrow points to 'Return to Community Service'. There are also feedback loops from 'Discharge to community care' and 'Return to Community Service' back to 'First Responders'.</p> </div>	<p>LME infrastructure commitment to collaborate with community stakeholders, especially local hospitals and law enforcement.</p> <p>Funding flexibility obtained through the Medicaid waiver and single stream funding.</p> <p>PBH Outreach team.</p> <p>Training of providers in First Responder skills and responsibilities; including DD Providers.</p> <p>Single provider for after hours on-call and emergency response.</p> <p>Advanced Access: walk in crisis and urgent care 8 am – 8 pm Monday through Friday.</p> <p>PBH contracts for <u>two</u> detox/crisis centers. These are 16 bed locked facilities that accept involuntary commitments. These facilities are an alternative to inpatient psychiatric care when the person's medical status does not require inpatient care.</p>																																																							
8. Psychiatric services	<p>Maintenance of psychiatric capacity.</p> <p>12/31/03: 9 Psychiatrists employed by PBH</p>	<p>PBH ability to support the community mental health center 501c-3 "spin off" agency through Medicaid waiver</p>																																																							

PBH Demonstration Outcomes April 2005-January 2010

Sector	Outcomes	Tools
	<p>12/31/06: 9 Psychiatrists employed by DAYMARK for PBH counties (PBH spin off) 12/31/07: 9 Psychiatrists employed by DAYMARK 12/31/08: 10 Psychiatrist employed by DAYMARK working in the PBH counties</p> <p>New psychiatric providers: Northeast Psychiatric Associates, RHA, Monarch and Family Services of Davidson are now options for psychiatric services</p> <p>Use of telemedicine across seven individual psychiatric practice locations across the five counties.</p>	<p>and single stream state funding. Ability to set rates for services.</p> <p><i>PBH increased psychiatric rates in October 2007 in order to better fund this essential service and maintain psychiatric capacity through retention of physicians.</i></p> <p>PBH support of Telemedicine.</p>
9. Housing	<p>Commitment to housing for people with disabilities.</p> <p>Partnership with housing agencies and interest groups across the PBH counties to form the PRCoC (Piedmont Regional Housing Continuum of Care). The following are awards that were made directly to PBH:</p> <p>2005 Competition:</p> <ul style="list-style-type: none"> • PBH Shelter Plus Care Program #1 \$160,860 • PBH Samaritan S+C Program \$110,340 <p>2006 Competition:</p> <p>Davidson Shelter Plus Care Renewal \$73,176</p> <p>2007 Competition:</p> <ul style="list-style-type: none"> • PBH Shelter Plus Care Program #2 \$368,940 • Davidson Shelter Plus Care Renewal \$75,516 <p>2008 Competition:</p> <ul style="list-style-type: none"> • Renewal \$77,436 <p>2009 Competition:</p> <ul style="list-style-type: none"> • Renewal \$84,744 • Other award announcements are pending 	<p>PBH sponsored a regional housing continuum of care that has been responsible for HUD grants for the past five years.</p>
10. Consumer empowerment	<p>Consumer collaboration in system management. Strong and supportive Consumer/Family Advisory Committee.</p> <p>Self direction-DD:</p> <ul style="list-style-type: none"> • 9 consumers/families self directing now • 3 consumers/families in planning stages <p>PCP Conferences:</p> <p>CFAC designed and sponsored Free to any consumer or family member</p> <p>2007: 326 attended 2008: 354 attended</p> <p>Consumer Empowerment Training: Skills and Pizza</p> <p>2008-2009: 275 attended 7/09-1/10: 240 attended</p> <p>Peer Support Specialists Training/Certification:</p> <p>As of January 2010, 68 consumers have been trained to support other consumers in Recovery. This is an extensive 40 hour training course.</p>	<p>PBH CFAC (Consumer Family Advisory Committee) is highly integrated into PBH planning and management.</p> <p>PBH HCBS (1915 C) waiver design.</p> <p>PBH Office of Consumer Affairs</p>
11. Provider Partnerships	<p>Real collaboration with providers through:</p> <ul style="list-style-type: none"> • Provider Network Council. The PBH Provider Council has operated since its inception in 2004 • Regular Provider Meetings; planned and chaired by Provider Council officers, not PBH • Provider focused Global Quality Improvement Committee 	<p>Provider Relations Department has assigned "personal brokers" to each provider.</p> <p>PBH quick response to provider suggestions, problems and concerns.</p>

PBH Demonstration Outcomes April 2005-January 2010

Sector	Outcomes	Tools										
	<ul style="list-style-type: none"> Providers participation in PBH operational forums: <ul style="list-style-type: none"> Clinical Advisory Committee Cultural Competency Committee Housing Continuum of Care System of Care Committee <p>Stable, healthy provider network that is responsive to the needs of consumers.</p> <table border="1" data-bbox="289 426 1143 669"> <thead> <tr> <th>Overall Provider Satisfaction</th> <th>FY 05/06</th> <th>FY 06/07</th> <th>FY 07/08</th> <th>FY 08/09</th> </tr> </thead> <tbody> <tr> <td>Please rate your overall satisfaction in regard to your interactions with PBH</td> <td>43.4%</td> <td>56.3%</td> <td>77%</td> <td>83%</td> </tr> </tbody> </table>	Overall Provider Satisfaction	FY 05/06	FY 06/07	FY 07/08	FY 08/09	Please rate your overall satisfaction in regard to your interactions with PBH	43.4%	56.3%	77%	83%	<p>PBH robust educational support of providers across all operational areas: claims, encounter reporting, enrollment, authorization requests, service definition implementation, crisis response, clinical documentation, etc.</p>
Overall Provider Satisfaction	FY 05/06	FY 06/07	FY 07/08	FY 08/09								
Please rate your overall satisfaction in regard to your interactions with PBH	43.4%	56.3%	77%	83%								
12. PBH Information System	<p>Efficient and data informed operations:</p> <ul style="list-style-type: none"> Access to care: call center, referrals, admissions PBH processes over 50,000 claim lines per month PBH has a high claims volume: PBH pays \$11 million dollars per month in claims PBH pays clean claims in less than 10 days  <p align="center">Days to Pay Clean Claims*</p> <p align="center">Average # of Days</p>	<p>Information System capacity. PBH has designed and engineered an in-house managed care information system that has the capacity to support operations across a wide continuum of essential functions that require automation.</p> <p>Provider collaboration in Network Management and Quality Improvement Activities.</p> <ul style="list-style-type: none"> Electronic connectivity with providers through HIPAA transactions or through a web based system (for smaller providers). This connectivity supports provider business by providing: <ul style="list-style-type: none"> Eligibility and enrollment information Paid claims status and remittance advices Billing and re-billing 										
13. Quality of Care	<ul style="list-style-type: none"> Quality Management activities include tracking and analysis of key indicators such as incidents, restrictive interventions and rights violations. Quality Management staff conduct on-site investigations of complaints and to respond to reports of abuse, neglect, exploitation and rights violations. PBH on site provider audits ensure provider accountability, provide education to providers and promote provider responsibility. Provider training is provided in order to support quality performance of providers 	<p><u>Data availability</u> supports informed decision making, appropriate care for consumers, and connectivity with providers.</p> <p><u>Investigative team</u> is available to quickly respond to complaints and threats to consumer health and safety.</p>										
14. Satisfaction	Consumer responses from the 2009 PBH Consumer Satisfaction survey (highest	PBH is committed to responding to										

PBH Demonstration Outcomes April 2005-January 2010

Sector	Outcomes	Tools																																							
	<p>rated questions):</p> <ul style="list-style-type: none"> 89%: overall satisfied with services from PBH providers 91%: service plan meets their needs 96%: services meet needs of consumers' racial/ethnic background 97%: privacy is respected 94%: receive services within 1 hour of appointment 90%: services provided assisted in achieving independence 92%: translation services were available <p>PBH takes complaints seriously and is quick to respond.</p> <div data-bbox="293 512 1063 1054" style="border: 1px solid black; padding: 5px;"> <p align="center">Avg. Calendar Days to Resolve a Grievance</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <caption>Data for Avg. Calendar Days to Resolve a Grievance</caption> <thead> <tr> <th>Month</th> <th>Actual Avg. (Days)</th> <th>Goal (Days)</th> </tr> </thead> <tbody> <tr><td>Jan '09</td><td>23</td><td>30</td></tr> <tr><td>Feb '09</td><td>17</td><td>30</td></tr> <tr><td>Mar '09</td><td>27</td><td>30</td></tr> <tr><td>Apr '09</td><td>19</td><td>30</td></tr> <tr><td>May '09</td><td>20</td><td>30</td></tr> <tr><td>Jun '09</td><td>20</td><td>30</td></tr> <tr><td>Jul '09</td><td>22</td><td>30</td></tr> <tr><td>Aug '09</td><td>24</td><td>30</td></tr> <tr><td>Sep '09</td><td>21</td><td>30</td></tr> <tr><td>Oct '09</td><td>22</td><td>30</td></tr> <tr><td>Nov '09</td><td>19</td><td>30</td></tr> <tr><td>Dec '09</td><td>12</td><td>30</td></tr> </tbody> </table> </div>	Month	Actual Avg. (Days)	Goal (Days)	Jan '09	23	30	Feb '09	17	30	Mar '09	27	30	Apr '09	19	30	May '09	20	30	Jun '09	20	30	Jul '09	22	30	Aug '09	24	30	Sep '09	21	30	Oct '09	22	30	Nov '09	19	30	Dec '09	12	30	<p>consumer needs.</p> <p>PBH tracks all consumer complaints and feedback and uses this information for quality improvement initiatives.</p>
Month	Actual Avg. (Days)	Goal (Days)																																							
Jan '09	23	30																																							
Feb '09	17	30																																							
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Critical Measures at a Glance: SFY 2010 2nd Quarter LME Performance

	Emergent			Urgent			Routine			Adult MH			Child/Adolescent MH			Adult DD			Child/Adolescent DD			Adult SA			Adolescent SA			MH: 2 Visits In 14 Days			MH: 4 Visits In 45 Days			DD: 2 Visits In 14 Days			DD: 4 Visits In 45 Days			SA: 2 Visits In 14 Days			SA: 4 Visits In 45 Days			1-7 Days of Care			30-day Readmissions			180-day Readmissions			AD/TTCs Seen in 1-7 Days			State Psych Hospitals: Seen in 1-7 Days			Met Single Stream Minimum Requirement ²
	Timely Access To Care			Services to Persons in Need									Timely Initiation & Engagement in Services									Effective Use of State Psychiatric Hospitals			State Psychiatric Hospital Readmissions			Timely Follow-Up After Inpatient Care			Child Services in Non-Family Settings																														
SFY2010 Statewide Goal	100%	88%	88%	40%	40%	38%	20%	10%	9%	42%	30%	72%	61%	71%	56%	44%	10%	22%	70%	70%	4%																																								
SFY2010 Performance Standard³	81%	70%	63%	37%	40%	33%	18%	8%	6%	34%	23%	55%	44%	52%	39%	46%	10%	23%	27%	41%	4%																																								
Statewide Average	98%	86%	80%	48%	49%	41%	21%	10%	8%	42%	27%	65%	52%	58%	43%	38%	10%	20%	34%	49%	4%			✓																																					
Alamance-Caswell	100%	100%	60%	49%	38%	38%	12%	9%	5%	39%	25%	77%	62%	81%	63%	36%	10%	13%	45%	57%	5%			✓																																					
Albemarle	100%	80%	82%	44%	62%	46%	20%	8%	6%	49%	32%	90%	90%	61%	41%	33%	21%	32%	0%	24%	3%			✓																																					
Beacon Center	100%	38%	61%	46%	65%	49%	29%	7%	6%	37%	21%	53%	39%	50%	38%	50%	11%	20%	9%	32%	5%																																								
CenterPoint	100%	90%	76%	44%	38%	37%	16%	10%	13%	41%	25%	72%	63%	54%	41%	33%	13%	23%	50%	57%	7%			✓																																					
Crossroads	100%	81%	80%	52%	36%	36%	16%	10%	9%	40%	20%	68%	68%	57%	36%	22%	8%	21%	50%	50%	4%			✓																																					
Cumberland	100%	86%	80%	43%	44%	31%	17%	6%	8%	36%	24%	65%	53%	64%	48%	44%	10%	15%	17%	55%	4%			✓																																					
Durham Center	100%	81%	92%	52%	61%	39%	27%	11%	13%	53%	38%	56%	33%	72%	47%	36%	10%	20%	56%	58%	3%			✓																																					
ECBH	100%	90%	79%	47%	74%	50%	31%	10%	12%	46%	33%	54%	35%	63%	45%	40%	9%	19%	21%	52%	4%			✓																																					
Eastpointe	100%	88%	92%	51%	60%	57%	24%	8%	8%	43%	26%	73%	50%	55%	33%	36%	12%	22%	38%	58%	3%			✓																																					
Five County	100%	100%	77%	70%	54%	48%	19%	14%	10%	38%	26%	24%	14%	46%	34%	23%	11%	26%	75%	67%	2%			✓																																					
Guilford Center	100%	100%	83%	45%	44%	38%	16%	10%	7%	46%	31%	75%	62%	78%	64%	19%	6%	19%	48%	62%	5%			✓																																					
Johnston	100%	99%	60%	54%	41%	25%	16%	12%	4%	43%	27%	65%	45%	64%	43%	75%	14%	14%	63%	53%	4%			✓																																					
Mecklenburg	100%	83%	94%	30%	37%	35%	20%	9%	6%	40%	31%	69%	52%	55%	43%	19%	9%	14%	19%	47%	3%			✓																																					
Mental Health Partners	100%	96%	55%	56%	50%	41%	17%	11%	8%	40%	23%	77%	46%	55%	43%	16%	2%	9%	35%	51%	5%			✓																																					
Onslow-Carteret	100%	85%	81%	43%	32%	25%	15%	5%	4%	34%	18%	33%	17%	42%	31%	73%	9%	14%	33%	45%	5%																																								
Orange-Person-Chatham	100%	92%	77%	31%	43%	38%	26%	6%	12%	43%	27%	70%	59%	66%	40%	36%	3%	3%	58%	59%	4%			✓																																					
Pathways	98%	99%	71%	69%	57%	54%	31%	14%	10%	33%	22%	56%	42%	59%	46%	29%	15%	23%	28%	43%	4%			✓																																					
Piedmont ¹	88%	85%	96%	72%	61%	56%	27%	15%	12%							16%	8%	16%	50%	76%	1%			✓																																					
Sandhills Center	100%	81%	85%	49%	48%	36%	18%	8%	9%	41%	24%	64%	53%	63%	43%	53%	7%	16%	60%	53%	5%			✓																																					
Smoky Mountain Center	99%	86%	76%	59%	60%	42%	19%	12%	7%	42%	24%	70%	60%	58%	47%	23%	11%	25%	22%	54%	3%			✓																																					
Southeastern Center	100%	82%	76%	37%	61%	36%	35%	9%	8%	42%	29%	72%	61%	37%	27%	69%	6%	16%	29%	43%	4%			✓																																					
Southeastern Regional	100%	98%	91%	65%	80%	58%	27%	11%	7%	48%	37%	62%	51%	59%	46%	33%	9%	24%	30%	55%	3%			✓																																					
Wake	100%	84%	55%	24%	30%	24%	14%	5%	5%	40%	29%	67%	57%	54%	44%	49%	14%	29%	24%	34%	5%																																								
Western Highlands Network	100%	96%	94%	54%	54%	47%	29%	12%	6%	50%	35%	60%	54%	69%	56%	33%	12%	17%	36%	46%	3%			✓																																					

¹ Data for Piedmont was not available for the measures shaded gray.

² A checkmark in the column indicates the LME has met the performance standards for at least 65% of the critical measures, which is one of the requirements for consideration to receive single stream funding.

³ The SFY2010 Performance Standard was revised in the second quarter to reflect the anticipated impact of budget reductions. It will continue to be monitored each quarter.

NOTE: Percentages in **green font** have met or exceeded the SFY2010 performance standard for the measure.

Critical Measures at a Glance

Introduction

This matrix was developed in response to S.L. 2008-107 (HB2436) to provide a quarterly summary of the Local Management Entities' status on critical measures that are included in the annual *DHHS-LME Performance Contract*. An LME is required to meet the Performance Standard on at least 65% of these measures to be eligible for single stream funding. The detailed information that generates this chart is presented each quarter in the *Community Systems Progress Report*, which is published on the DMH/DD/SAS website at <http://www.ncdhhs.gov/mhddsas/statspublications/reports/index.htm>.

How To Read the Chart

The **21 critical measures** are presented across the top of the chart and grouped by type of measure. They include:

- > Timely Access to Care: This is a measure of **how long it takes an individual to enter care**. Persons with emergent needs are expected to be provided access to care within 2 hours of requesting it. Those with urgent needs should be seen within 48 hours. Persons with routine needs are expected to be seen within 14 days.
- > Services to Persons In Need: This measures **how many people that are estimated to have MH/DD/SA problems each year receive publicly-funded MH/DD/SAS services**. This measure is often called "treated prevalence" or "penetration rate."
- > Timely Initiation and Engagement In Services: Initiation measures **how quickly a person receives treatment or supports** after entering care. Engagement measures whether they begin to receive **enough services** to reduce the occurrence of crises and to improve chances for recovery and stability.
- > Effective Use of State Psychiatric Hospitals: This is a measure of **how many people are entering the state hospitals for crisis stabilization**. An effective community crisis service system, good person-centered planning, and adequate community services are expected to reduce short-term stays in the state hospitals, keeping them available for persons with very complex needs.
- > State Psychiatric Hospital Readmissions: This measures the effectiveness of **coordination between the state hospitals and community services**. Good hospital-LME communication, thorough person-centered planning, and adequate community services after individuals are discharged from the hospitals are expected to reduce the need for readmissions.
- > Timely Follow-Up After Inpatient Care: This measures the **continuity of care** after a person is discharged from the hospital. Each person is expected to receive a follow-up service in the community within 7 days of being discharged from a state facility to ensure adequate medications and engagement in continuing care.
- > Child Services in Non-Family Settings: This measures the percent of **children (ages 0-18) who are placed in non-family residential service settings**. Effective supports for families and sufficient alternative family settings, such as therapeutic foster care, are expected to reduce the need for residential child services.

The "**SFY Statewide Goals**" are shown in the first row of the chart. The Division sets statewide goals for the service system at the beginning of the year to reflect current needs, priorities, available resources, and what it believes to be an achievable improvement for the year. Some goals may remain the same from one year to the next while others may increase to reflect where the Division wants community systems to focus their efforts.

The "**SFY Performance Standards**" of the *DHHS-LME Performance Contract* for the indicators are presented in the second row of the chart. The standards are based on recent statewide averages for each indicator and anticipated resource constraints at the time the annual Contract is put into place. Beginning in SFY2010, the performance standards are being reviewed quarterly and adjusted as necessary to reflect changes in available resources.

The "**Statewide Average**" is the performance of the entire state on the critical measures for the quarter being reported.

The 24 **Local Management Entities (LMEs)** are listed in the first column, with their performance on each measure in the rows across the chart. The **green numbers** indicate that the LME met or exceeded the current SFY Performance Standard. Note that a number equal to or lower than the Performance Standard is desirable for "Effective Use of State Psychiatric Hospitals," "Hospital Readmissions," and "Child Services in Non-Family Settings." A number equal to or higher than the Performance Standard is desired for all other measures. The greyed cells indicate measures for which no data was available.

The "**Met Single Stream Minimum Requirement**" column indicates whether each LME met the Performance Standard for at least 65% of the measures (14 out of 21). This is a requirement to be eligible for single stream funding.

Evaluation of PBH Performance Under a 1915 b/c Medicaid Waiver

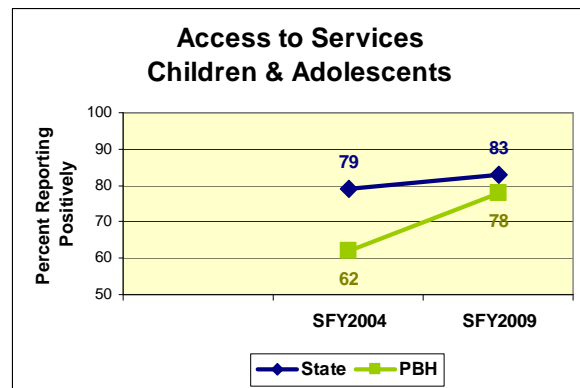
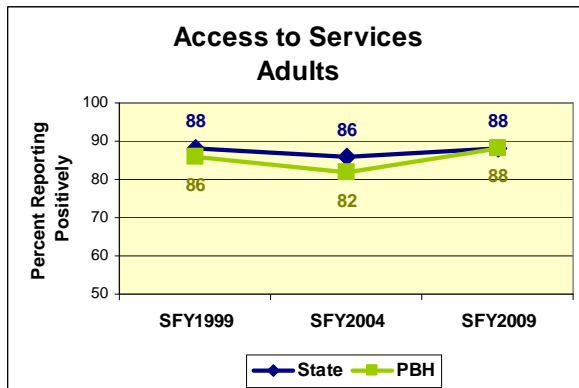
The goals of DHHS for the waiver project are to create easier access to services for consumers, improve quality of services and achieve positive outcomes for the consumer, providers, LMEs and the State. PBH has demonstrated positive performance in all of these areas through their waiver pilot project.

Access

- PBH meets the DHHS Performance Standards for timely access to emergent, urgent and routine services (Source: *Critical Measures at a Glance*)
 - PBH is exemplary in the percent of persons with routine needs who receive care within 14 days of request: **PBH = 96%; State average = 80%**
- PBH meets the DHHS Performance Standards and exceeds the statewide average for the percent of persons in need who receive services for all age-disability groups (Source: *Critical Measures at a Glance*)

ADULT	PBH	State Avg	CHILD	PBH	State Avg
Mental Health	72%	48%	Mental Health	61%	49%
Developmental Disabilities	56%	41%	Developmental Disabilities	27%	21%
Substance Abuse	15%	10%	Substance Abuse	12%	8%

- 95-97% of MH and SA consumers report that services were provided that met their timeframes, similar to statewide averages (Source: *NC-TOPPS*)
- MH and SA consumers' perceptions of access have improved more in PBH in the past 5-10 years than the statewide average (Source: *Annual MH/SA Consumer Perception of Care Survey*)



- I/DD consumers' perceptions of **access** are higher than the statewide average, even though perceptions of **choice** are lower (Source: *National Core Indicators SFY 2009*)

	PBH	State Avg		PBH	State Avg
Got all services I needed	77%	64%	Have adequate transportation	90%	82%
Chose where I live	53%	41%	Choose my daily activities	52%	54%
Chose my job	86%	72%	Chose daily schedule	67%	78%
Chose staff who help at work	43%	59%	Chose how to spend free time	70%	86%

Evaluation of PBH Performance Under a 1915 b/c Medicaid Waiver

Better Quality

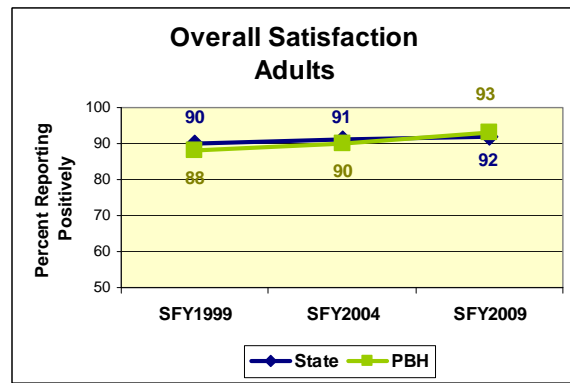
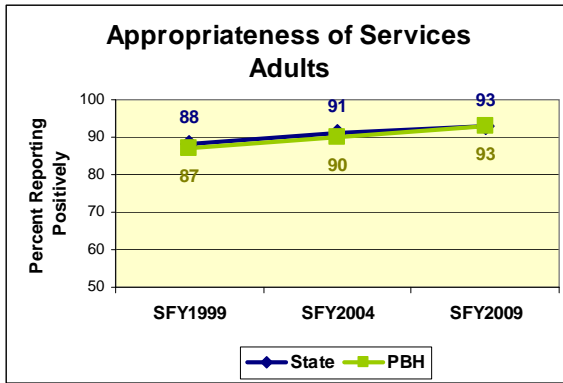
- PBH meets the DHHS Performance Standards for use of state hospitals and exceeds the state averages in:

- Managing crises
- Care coordination
- Keeping children in family settings

	PBH	State Avg	Goal
Short term hospital stays	16%	38%	↓
30-Day Readmissions	8%	10%	↓
180-Day Readmissions	16%	20%	↓
Children in Non-Family Settings	1%	4%	↓
ADATC Follow-up in 7 Days	50%	34%	↑
Hospital Follow-up in 7 Days	76%	49%	↑

Source: *Critical Measures at a Glance, SFY 2010, 2nd Qtr*

- MH and SA consumers' perceptions of services have improved more in PBH in the past 5 years than the statewide average (Source: *Annual MH/SA Consumer Perception of Care Survey*)



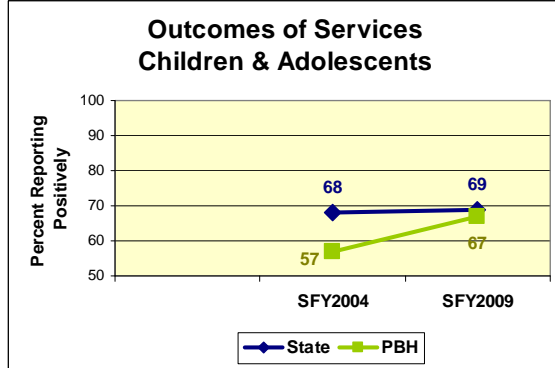
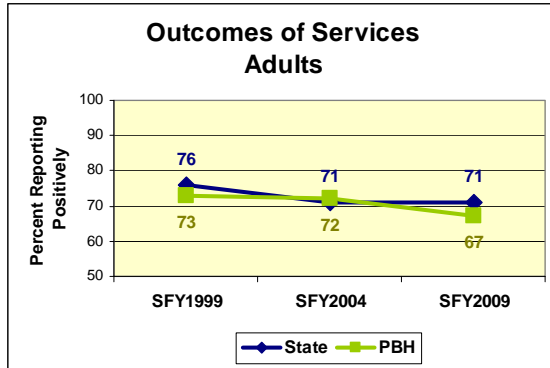
- I/DD consumers' perceptions of service quality are higher than the state average in:
 - Service coordination (higher on 3 out of 4 measures)
 - Rights protection (higher on 2 out of 3 measures)
 - Consumer safety (higher on 3 out of 3 measures)
 - Primary health care (higher on physical exams, dentist visits, and vaccinations; lower on mammograms, pap smears, and prostate exams)

Source: *National Core Indicators SFY 2008-2009*

Outcomes

- Statewide, MH and SA adults' perceptions of outcomes have worsened over the past 10 years. The decrease is slightly higher in PBH than in the rest of the state (Source: *Annual MH/SA Consumer Perception of Care Survey*)
- Statewide, MH and SA children and adolescents' perceptions of outcomes have increased marginally over the past 5 years. Those perceptions in PBH have improved to a much greater degree than in the rest of the state

Evaluation of PBH Performance Under a 1915 b/c Medicaid Waiver



- I/DD consumers' perceptions of service quality are higher than the state average in:
 - Community inclusion (higher on 7 out of 7 measures)
 - Relationships (higher on 5 out of 5 measures)
 - Overall satisfaction with services (higher on 6 out of 6 measures)

Source: National Core Indicators SFY 2008-2009

- Financially, PBH's performance over the past three fiscal years has demonstrated that these results have been achieved at a cost that is much less than would have been experienced in a fee-for-service system. See attached for detail.

PBH exceeds state expectations for consumer penetration in all disability groups:

	Adult		Child	
	PBH	State	PBH	State
MH	78%	48%	61%	49%
DD	56%	41%	27%	21%
SA	15%	10%	12%	8%

National Core Indicators—DD

Green: PBH score is higher

Categories where PBH performed better than other LME's				
DOMAIN: CONSUMER OUTCOMES	Overview: Consumer outcome indicators concern how well the public system aids adults with developmental disabilities to work, participate in their communities, have friends and sustain relationships and exercise choice and self-determination. Other indicators in this domain probe how satisfied individuals are with services and supports			
SUBDOMAIN	CONCERN	INDICATOR	LME	All other LMEs ¹
Community Inclusion (Section II)	<i>People have support to participate in everyday community activities</i>	The proportion of people who go shopping	96.7 (29/30)	84.8 (799/942)
		The proportion of people who go out on errands or appointments	86.2 (25/29)	79.6 (747/939)
		The proportion of people who go out for entertainment	73.3 (22/30)	66.0 (622/943)
		The proportion of people who go out to eat	100.0 (29/29)	84.2 (796/945)
		The proportion of people who go to religious services	83.3 (25/30)	64.6 (607/940)
		The proportion of people who exercise or play integrated sports	66.7 (20/30)	56.0 (528/943)
		The proportion of people who go on vacation	53.6 (15/28)	49.1 (460/937)

National Core Indicators—DD

Green: PBH score is higher

SUBDOMAIN	CONCERN	INDICATOR	LME	All other LMEs ¹
Choice and Decision-Making (Section II)	<i>People make choices about their lives and are actively engaged in planning their services and supports</i>	The proportion of people who chose(or had input in choosing) the place where they live	53.3 (16/30)	41.4 (376/908)
		The proportion of people who chose(or had input in choosing) their roommates	30.0 (9/30)	38.4 (349/910)
		The proportion of people who chose (or had input in choosing) the staff to help them at home	45.0 (9/20)	56.9 (406/713)
		The proportion of people who chose (or had input) in choosing their job	85.7 (6/7)	72.3 (154/213)
		The proportion of people who chose (or had input in choosing) the staff who help them at work	42.9 (3/7)	59.2 (106/179)
		The proportion of people who chose (or had input) in choosing their day activity	52.2 (12/23)	53.6 (352/659)
		The proportion of people who chose (or had input in choosing) the staff who help them at their day activity	30.4 (7/23)	59.1 (390/660)
		The proportion of people who chose their case manager/service coordinator	42.1 (8/19)	64.2 (560/872)
		The proportion of people who choose their daily schedule	66.7 (20/30)	77.5 (729/941)
		The proportion of people who choose how to spend their free time	70.0 (21/30)	86.3 (814/943)
		The proportion of people who choose what to buy with their spending money	76.7 (23/30)	84.6 (560/872)

National Core Indicators—DD

Green: PBH score is higher

SUBDOMAIN	CONCERN	INDICATOR	LME	All other LMEs ¹
Choice and Decision-Making (continued)		The proportion of people who looked at more than one home.	26.9 (7/26)	24.8 (97/793)
		The proportion of people who looked at more than one job.	50.0 (3/6)	51.7 (92/178)
Relationships (Section I – Restricted Sample)	<i>People have friends and relationships</i>	The proportion of people who have friends and caring relationships with people other than support staff and family members	100.0 (22/22)	77.4 (459/593)
		The proportion of people who have a close friend, someone they can talk to about personal things.	95.5 (21/22)	78.9 (442/560)
		The proportion of people who are able to see their families when they want.	90.0 (18/20)	79.4 (444/559)
		The proportion of people who are able to see their friends when they want.	81.0 (17/21)	76.8 (401/522)
			50.0 (10/20)	40.1 (224/558)
		The proportion of people who feel lonely.		
Satisfaction (Section I – Restricted Sample)	<i>People are satisfied with the services and supports they receive</i>	The proportion of people who are satisfied with where they live	100.0 (22/22)	94.3 (566/600)
		The proportion of people who are satisfied with their home staff	100.0 (15/15)	98.6 (412/418)
		The proportion of people who are satisfied with their neighborhood	95.2 (20/21)	93.3 (540/579)
		The proportion of people who are satisfied with their job	100.0 (7/7)	97.3 (145/149)
		The proportion of people who are satisfied with their day activity	100.0 (18/18)	96.0 (388/404)
		The proportion of people who are satisfied with their day activity staff	100.0 (15/15)	98.9 (376/380)

National Core Indicators—DD

Green: PBH score is higher

DOMAIN: SYSTEM PERFORMANC E	Overview: The system performance indicators address the following topics: (a) service coordination; (b) family and individual participation in provider-level decisions; (c) the utilization of and outlays for various types of services and supports; (d) cultural competency; and (e) access to services. Information on (b), (c), and (d) come from data sources other than the consumer survey.			
SUBDOMAIN	CONCERN	INDICATOR	LME	All other LMEs¹
Service Coordination (Section I – Restricted Sample)	<i>Service coordinators are accessible, responsive, and support the person’s participation in service planning</i>	The proportion of people who report that they have met their case manager	100.0 (11/11)	97.0 (558/575)
		The proportion of people reporting that service coordinators help them get what they need	100.0 (13/13)	88.0 (449/510)
		The proportion of people who report that their service coordinators asked about their preferences	100.0 (8/8)	80.8 (287/355)
		The proportion of people who report participating in their Person-Centered plan	78.9 (15/19)	81.8 (419/512)
Access (Section I – Restricted Sample)	<i>Publicly-funded services are readily available to individuals who need and qualify for them</i>	The proportion of people who report having adequate transportation when they want to go somewhere	90.0 (18/20)	81.6 (461/565)
		The proportion of people who report that they do not get the services they need	22.7 (5/22)	36.2 (210/580)

National Core Indicators—DD

Green: PBH score is higher

SUBDOMAIN (Data Source)	CONCERN	INDICATOR	LME	All other LMEs ¹
Medications (Background Information)	Medications are managed effectively and appropriately	The proportion of people taking medications for mood, anxiety, behavior problems, or psychotic disorders	43.8 (14/32)	50.3 (549/1091)
Wellness (Background Information)	People are supported to maintain healthy habits	The proportion of people for whom weight is a concern (underweight or overweight)	Underweight = 4.2 (1/24) Overweight = 33.3 (8/24) Obese = 54.2 (13/24)	Underweight = 9.7 (93/941) Overweight = 26.6 (250/941) Obese = 30.7 (250/941)
		The proportion of people who smoke or chew tobacco	20.7 (6/29)	9.4 (102/1081)
		The proportion of people who are physically inactive	36.7 (11/30)	45.8 (486/1061)
Respect/Rights	People receive the same respect and protections as others in the community	The proportion of people reporting that they read their mail or e-mail and that others can read them only with their permission	100.0 (26/26)	88.8 (698/786)
		The proportion of people reporting that they can be alone with friends or visitors at home	74.1 (20/27)	85.0 (676/795)
		The proportion of people reporting that they are allowed to use the phone or internet when they want to	96.2 (25/26)	90.9 (650/715)

National Core Indicators—DD

Green: PBH score is higher

SUBDOMAIN	CONCERN	INDICATOR	LME	All other LMEs ¹
Choice and Decision-Making (Section II)	<i>People make choices about their lives and are actively engaged in planning their services and supports</i>	The proportion of people who chose(or had input in choosing) the place where they live	53.3 (16/30)	41.4 (376/908)
		The proportion of people who chose(or had input in choosing) their roommates	30.0 (9/30)	38.4 (349/910)
		The proportion of people who chose (or had input in choosing) the staff to help them at home	45.0 (9/20)	56.9 (406/713)
		The proportion of people who chose (or had input) in choosing their job	85.7 (6/7)	72.3 (154/213)
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		The proportion of people who chose (or had input) in choosing their day activity	52.2 (12/23)	53.6 (352/659)
		The proportion of people who chose (or had input in choosing) the staff who help them at their day activity	30.4 (7/23)	59.1 (390/660)
		The proportion of people who chose their case manager/service coordinator	42.1 (8/19)	64.2 (560/872)
		The proportion of people who choose their daily schedule	66.7 (20/30)	77.5 (729/941)
		The proportion of people who choose how to spend their free time	70.0 (21/30)	86.3 (814/943)
		The proportion of people who choose what to buy with their spending money	76.7 (23/30)	84.6 (560/872)

National Core Indicators—DD

Green: PBH score is higher

DOMAIN: HEALTH, WELFARE, AND RIGHTS		Overview: These indicators concern the following topics: (a) safety and personal security; (b) health and wellness; and (c) protection of and respect for individual rights		
SUBDOMAIN	CONCERN	INDICATOR	LME	All other LMEs¹
Safety	<i>People are safe from abuse, neglect, and injury</i>	The proportion of people who report that they feel safe at home	95.5 (21/22)	77.6 (447/576)
		The proportion of people who report that they feel safe in their neighborhood	90.5 (19/21)	81.6 (456/559)
		The proportion of people who report that they feel safe at their work or day activity	95.2 (20/21)	85.5 (400/468)
Health (Source: Background Information)	<i>People secure needed health services</i>	The proportion of people who had a physical exam in the past year	96.4 (27/28)	90.8 (918/1011)
		The proportion of women who had a pap test in the past year	30.0 (3/10)	49.6 (170/343)
		The proportion of men who had a prostate specific antigen test in the past year	22.2 (2/9)	27.4 (104/380)
		The proportion of people who saw their dentist in the past six months	52.0 (13/25)	53.6 (514/959)
		The proportion of people who had a flu vaccination within the past year	70.0 (21/30)	65.2 (543/833)
		The proportion of women over 40 who have had a mammogram ever	50.0 (4/8)	63.8 (104/163)

As a waiver manager our Goal is to make sure consumers receive appropriate care, that no one is over-served, and more importantly that no one is underserved. We must provide these assurances to the State.

PBH Medicaid costs (capitation payments) are **significantly below** Medicaid fee for service costs for the rest of the state.

Comparison of historical State Fee For Service costs to PBH Capitation Payments						
	2006-2007		2007-2008		2008-2009	
	State FFS	PBH	State FFS	PBH	State FFS	PBH
<u>B waiver costs only.</u>	140.66	93.60	157.34	92.95	123.72	100.24
<u>B and C waiver costs.</u>	174.46	132.69	194.93	129.72	163.69	137.36

The Savings illustrated here are a by-product of our effort to do the right thing for consumers, and demonstrate the impact of appropriate management against unmanaged services.

Comparison of historical State Fee For Service costs to PBH Capitation Payments			
	2006-2007	2007-2008	2008-2009
PBH Medicaid Capitation payments are <u>less than</u> state fee for service Medicaid costs by the percentages shown below for three consecutive fiscal years:			
<u>Not</u> including 1915 C waiver.	50.3%	69.3%	23.4%
<u>Includes</u> 1915 C state fee for service costs compared to PBH capitation payments for the Innovations waiver.	31.5%	50.3%	19.2%

The last four years, PBH operated a Medicaid Managed Care Waiver. PBH offered the same Medicaid services as the rest of the state, but PBH services were provided under Managed Care, and State Services were provided under a Fee for Services system.

Services under the State's Fee for Service System were managed by Value Options, but Value Options did not have use of managed care tools.

Note that PBH costs grow only a small amount over the six year period. This is a depiction of "bending the cost curve".

North Carolina Behavioral Health Medicaid Service Costs

