

319 N. GRAHAM-HOPEDALE ROAD, SUITE A, BURLINGTON, N.C. 27217

PROVIDER REPORTING REQUIREMENTS

(ADAPTED FROM THE ACR LME PROVIDER OPERATIONS MANUAL, P. 30)

<u>Report/Documentation</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Submit To:</u>
Individual consumer's level II and III incident reports	Per occurrence	Within 72 hours after incident	Barbara Docimo, QI bdocimo@acmhdds.org ext. 4010
QI Meeting Minutes	Quarterly	15 th day after quarter ends	Rhonda Long rthaxton@acmhdds.org ext. 4147
Quarterly Incident Report	Quarterly	15 th day after quarter ends	Rhonda Long rthaxton@acmhdds.org ext. 4147
HR Meeting Minutes	Quarterly	15 th day after quarter ends	Rhonda Long rthaxton@acmhdds.org ext. 4147
Provider Capacity Assessment Reports	Quarterly	15 th day after quarter ends	Rhonda Long rthaxton@acmhdds.org ext. 4147
QI Projects	Annually	July 15th	Jodi Meacham jmeacham@acmhdds.org ext. 4123
QI Annual Plan	Annually	July 15 th	Jodi Meacham jmeacham@acmhdds.org ext. 4123
HR Annual Plan	Annually	July 15 th	Ric Bruton rbruton@acmhdds.org ext. 4224
		QI Dept. contacts specific providers	MaryAnne Johnson



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Local Management Entity

UM Information	Upon Request	when information is needed	mjohnson@acmhdds.org ext. 4148
NC TOPPS (Mental Health and Substance Abuse Primary Diagnosis)	Initially, 3 months, 6 months, 12 months and every 6 months thereafter	Based on admission date	Trina Powell, QI tpowell@acmhdds.org ext. 4158
NC-SNAP (DD Primary Diagnosis)	Initially, and annually thereafter (*update needed if there is a significant change in the needs profile)	Based on admission date	JoAnne Melton jmelton@acmhdds.org ext. 4109
DHSR License	As renewed	As renewed	Jean Gibson jgibson@acmhdds.org ext. 4142
Oversight Agency Monitoring Reports (DSS,DFS,LME)	As they occur	As they occur	Bonnie Hill, QI bhill@acmhdds.org ext. 4172