



**NC COUNCIL OF  
COMMUNITY PROGRAMS**  
*...Building Stronger Communities*

# Who Are Local Management Entities?

A Brief Description of the Role of County Mental Health Authorities in NC

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North Carolina's system to care for mental illness, developmental disabilities and substance abuse includes twenty-three Local Management Entities (LMEs) designed to link the statewide vision of **appropriate** and **coordinated** behavioral health care with the **specific** and **unique** needs of **communities** and **individuals**. LMEs ensure that each consumer has access to **all appropriate services** while keeping them as **close to their home as possible**. The

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NC General Assembly assigned the following eight primary functions to the LMEs.<sup>1</sup>

**24/7 Access to Care:** Each LME has a specified phone number with licensed clinicians available to perform screening, triage, and referral for consumers 24 hours a day, every day of the year. This centralized point of entry into care **expedites assessments, fosters therapeutic relationships** and enables the capture of information to help **manage consumer care from the initial contact**.

**Provider Development, Endorsement & Support:** The LME **recruits new providers** into local communities and endorses provider programs to ensure that citizens have **meaningful consumer choice**. Training, technical assistance and quality control activities continually strengthen the quality of local services.

**Utilization Review & Utilization Management:** The LME provides **individualized** authorization and oversight for care. UR & UM activities **ensure that State service dollars are well spent where they are most needed**.

**Management of State Facility Services and CAP-MR/DD:** The LME **authorizes usage** by local consumers of State facility services, including State psychiatric hospitals, ensuring appropriate care for consumers and managing utilization of public resources. The LME also **determines eligibility for recipients in the CAP-MR/DD waiver** for people with developmental disabilities.

**Care coordination and quality management:** The LME works to achieve **cost effectiveness** by monitoring person-centered plans and reviewing outcomes data. Quality management activities help our providers maintain the highest levels of quality through monitoring, oversight, consultation and measurement to continuously improve their organizations and **enhance the quality, availability, and diversity of services**.

**Community Collaboration & Consumer Services:** The LME **partners with law enforcement, local governments and local hospitals** to **reduce barriers to care** and enable access to other community resources through advocacy, awareness, prevention, housing, and transportation programs. Through formal and informal complaints and appeals processes and the **Consumer and Family Advisory Committee (CFAC)** customers have direct input into the behavioral healthcare system.

**Financial Management & Accountability:** The finance staff **carefully manages tax dollars and community contributions**. Claims staff **keep state, federal, and other resources flowing to local communities** for valuable services.

**Information Management & Analysis:** LMEs use **innovative information technology systems** to manage service and billing data and communications efficiently, accurately, and securely. Quality data and systems enable us to **identify needs and close gaps in community services quickly and effectively**.

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<sup>1</sup> § 122C-115.4. Functions of local management entities.

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