

FY27 Program Performance Indicators
St. Clair County CMH

Attachment I

#	Domain (Master #)	Primary Objective	Performance Indicator	Data Collection/Methodology	PI Standard	1st Quarter (Oct.-Dec.)	2nd Quarter (Jan.-March)	3rd Quarter (April-June)	4th Quarter (July-Sept.)	Annual Total/Average
1	Security M-1	Securing Access Electronic Health Record	Agency will quarterly REVIEW STAFF ACCESS to Electronic Health Record. Agency will immediately report any staff no longer employed or on leave of absence (LOA).	Agency will immediately report any staff no longer employed or on leave of absence (LOA). Agency completes the Provider Enrollment - Update or Disenrollment for OASIS, form #08-0281 and forwards to SCCCMHA Help Desk.	Staff Reviewed & Current					
2	Quality M-2	Ensure Program Quality	Agency will submit all required DOCUMENTATION OF SERVICE(S) PROVIDED at time of claim submission.	Agency submittal of a billing statement of claim for reimbursement shall constitute the agency's verification that the required service(s) and DOCUMENTATION of service(s) have been COMPLETED AND RECEIVED by SCCCMHA.	Timely Submission Doc./Claims					
3	Effectiveness M-3	Ensure Program Quality	Percentage of new hires within the quarter who have completed: a. Recipient Rights (Initial) b. "REQUIREMENTS"	Program will electronically forward the "Training/Requirement Reporting Form" to the St. Clair County CMH QI Office for every new hire within the reporting quarter. If the new hire is under the required 30 days, the scheduled training date must be noted on the worksheet. The QI Office will calculate the percentage and forward the final results to the program and request a Plan of Correction if needed.						
			a. Recipient Rights (Initial) (within 30 days of hire)		100% (# of #)					
			b. Items required to be completed prior to hire (e.g. "REQUIREMENTS": Background Check, Driver's License, etc.)		100% (# of #)					
4	Effectiveness M-4	Ensure Program Quality	Percentage of staff hired in the previous quarter who have completed all initial required trainings (required to be completed within 90 days) as specified on the "Training/Requirement Reporting Form". Staff terminated for failure to complete with required trainings within the allowed 90 days MUST be terminated on day 97 or sooner to receive "N/A".	Program will electronically forward the "Training/Requirement Reporting Form" to the St. Clair County CMH QI Office for all staff hired in the previous quarter. The QI Office will calculate the percentage and forward the results to the program and request a Plan of Correction if needed.	100% (# of #)					

EXAMPLE ONLY

5	Effectiveness M-5	Ensure Program Quality	Percentage of staff employed greater than one year who are current with ALL trainings, as specified on the "Training/Requirement Reporting Form". * ONLY report on staff once per fiscal year.	Program will electronically forward the "Training/Requirement Reporting Form" to the St. Clair County CMH QI Office for 3 staff within the reporting quarter.	100% (# of 3)						
6	Effectiveness M-7	Ensure Program Quality	Program will submit quarterly a report of Corporate Compliance Complaints received and/or investigated by the contract agency within the reporting quarter.	Agency will electronically forward the Contract Provider Compliance Complaints - Quarterly Report, form #01-0287. The quarterly report submitted will include any Corporate Compliance Complaints received and/or investigated by the contract agency within the reporting quarter.	Report Submitted						
7	Satisfaction M-8	Customer Satisfaction	Percentage of persons served, parents, family members and/or guardians who report satisfaction with services.	Customer Experience Survey to be administered by either St. Clair County CMH QI Office or contract agency at minimum annually.	Results Annually 90% (# of #)						
8	Timeliness M-30	Ensure Program Quality	Number of unsigned documents exceeding 30 days from the date of creation.	Data department will review and report on number of unsigned documents exceeding 30 days.	Zero						
9	Timeliness M-41	Meeting Required Timelines	The data department will calculate the number/percentage of Notes (i.e. Progress and/or Activity) completed within the allotted 2 Business Days, per CMH policy.	The data collection/methodology for this indicator is collected and aggregated by the data department.	100% (# of #)						
10	Timeliness M-42	Meet Required Timelines	Residential placements must be completed within timeline specified in Contract Attachment G, Group Home Residential Placement Protocol.								
			a. Number of placements completed within forty-eight (48) hours for emergency requests.	CMH Placement Coordinator will submit report quarterly.	100% (xx)						
			b. Number of placements within seven (7) days for general requests.		100% (xx)						
			c. Number of individuals acceptance within forty-eight (48) hour for HUD request.		100% (xx)						
11	Quality M-43	Ensure Program Quality	Residential program must provide each individual the opportunity to participate in a minimum of two (2) outings per week per HCBS requirements.	Program will forward Outing Logs monthly.	100% (a. of b.)						

EXAMPLE ONLY

12	Quality M-44	Ensure Program Quality	Residential program will notify SCCCMH Contract Manager when staffing levels per home(s) falls below 90% weekly.	Residential program will electronically forward staffing reports to SCCCMH Contract Manager as requested.	Staffing Report Received CM						
13	Quality M-45	Ensure Program Quality	Any non OASIS generated documentation, hard copy form(s) (i.e. M.A.R. #04-0048, HCC#04-0055 etc.) being submitted for scan/upload into the SCCCMH EHR must be submitted on current SCCCMH forms, available at www.scccmh.org .	Program will utilize SCCCMH website for current case record forms.	Compliant						

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