Performance Indicators:

Area of Compliance	Outcome	Performance Indicator	Bench- mark	Responsible to Collect Data	How Often Collected
Supports and Services	The Provider will provide services as defined in the Individual Plan of Service (IPOS)/ Treatment Plan.	The Provider will report successful implementation of the planned supports/services as electronically documented in an electronic MIS.	Per IPOS/ Treatment Plan	Provider	Annually
Quality Management	The Provider will document services provided to individual(s) in a manner that meets Medicaid standards, as monitored by the CMHSP and LRE.	Score achieved in annual Clinical Chart Review.	95% or better	LRE	Annually
MMBPIS	The Provider will demonstrate compliance with the MMBPIS Key Performance Indicators as defined in the MDHHS/PIHP Contract	Refer to the Michigan's Mission-Based Performance Indicator System, Codebook for detailed descriptions of key performance indicator standards	Refer to the Michigan' s Mission Based Performa nce Indicator System, Codebook	CMHSP	Quarterly
Recipient Rights	The Provider will take appropriate remedial action whenever investigations/reviews conducted by CMHSP Recipient Rights Office or LRE.	Written plan(s) for improvement from reviews or investigations will be submitted within the indicated time frame	100%	CMHSP	Ongoing
Credentialing Requirements	The Provider will demonstrate qualifications and assurances to perform contracted services.	The Provider will meet all credentialing requirements within 30 calendar days of notice of non-compliance.	100%	CMHSP or LRE	Monthly
Training Requirements	The Provider will ensure staff are trained on all required trainings as specified in Attachment I: Training Grid.	New hires and annually as specified in Attachment I	100%	CMHSP or LRE	Monthly

				Responsible	How
Area of		Performance	Bench-	to Collect	Often
Compliance	Outcome	Indicator	mark	Data	Collected
Financial	The Provider will	80% of PROFESSIONAL	See	CMHSP and	Monthly
Management	electronically submit	claims submitted within 60	Performa	LRE	
	clean claims in a timely	days, and 90% within 90	nce		
	manner for processing in	days.	Indicator		
	accordance with the	60% of INSTITUTIONAL	column		
	requirements set forth in	claims submitted within 90			
	the Provider Service	days, and 80% within 120			
	Agreement Section 3.03	days.			
Customer	Individuals receiving the	Individuals receiving services	85% or	CMHSP	Quarterly
Satisfaction	service will report their	will indicate an overall score	greater		
	assessment with the	ranging from "strongly			
	services received.	agree" to "strongly disagree"			
		with the services they have			
		received as evidenced by the			
		results of the completed			
		Regional Customer			
		Satisfaction Survey			