



# **Quality Assurance & Performance Measurement and Management**

**CT 2022- 2023**



# Quality Assurance & Performance Measurement and Management

Care Management Operations Goal								
Standard, Domain & Objective	Indicators, & Data Source	Timeframes for Data Collection/Results	Implementation Strategies	Applied to	Person (s) Responsible	Identified Barriers	Contract Year (CT) 2022/2023	Target & Priority
<p>Families participating in the CMO will demonstrate their ability to manage their family plan.</p> <p><i>Standard 1.M.5 Results for the Persons Served (effectiveness)</i></p>	Strengths and Needs Assessments	<p>Strengths and needs (monthly)</p> <p>Caregiver Strengths from the CSA CMO Dashboard (quarterly)</p>	Care Managers to complete updated SNA 75 to 90 Days and reevaluate needs and plan strategies regularly.	Care Management	<b>Care Management Operations; Care Managers, Operation Managers, Care Manager Supervisor, Director of Operations</b>	Accurate completion of SNA's	90% of PFKF families maintained or improved their Caregiver Strengths Optimism, Family Stress and Involvement with Care.	<p>85% of families will report that they maintained or improved their Caregiver Strengths Optimism, Family Stress and Involvement with Care.</p> <p>≥ 85% =Green 79% - 84%=Yellow &lt;78% from State Avg=Red</p> <p><b>PRIORITY: HIGH</b></p>

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<p>Partners for Kids and Families' will provide quality care management services through the consistent application of the wraparound values.</p> <p align="center"><i>Standard 1.M.5 Results for the Persons Served (effectiveness)</i></p>	<p>Team Observation Measure (TOM)</p> <p>Random youth selection</p>	<p>Monthly</p>	<p>The Program Coordinators and QA Specialist will conduct random selected TOMs with the child and family team.</p>	<p>Care Management</p>	<p><b>Quality Assurance; QA Specialist, Program Coordinator and Quality Assurance Director</b></p>	<p>Scheduling of CFT's</p>	<p>93.2% average in overall wraparound fidelity.</p>	<p>100% compliance with wraparound fidelity</p> <p>≥ 100% =Green 94% - 99%=Yellow &lt;93% from Target=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>
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<p><i>Partners for Kids and Families will review trends and patterns of Formal Grievances and Complaints</i></p> <p><i>Standard 1.M.5 Results for the Persons Served (effectiveness)</i></p>	<p>Grievance and Complaint tracking spreadsheet</p>	<p>Quarterly</p>	<p>Documentation of all calls and written complaints to the Q. A Director, Executive Director, Director of Operation</p>	<p>All Programs</p>	<p><b>Executive Director, QA Director, Director of Operations</b></p>	<p>None at this time</p>	<p>6 Formal Grievances and Complaints received (Medical Care, Financial Support, Out of Home, Care Manager Communication)</p>	<p>No more than 20 grievances and complaints yearly.</p> <p><b>&lt; 13 =Green 14 - 19=Yellow &lt; 20 from Target=Red</b></p>
<p>Partners for Kids and Families is committed to family/youth voice and choice.</p> <p><i>Standard 1.M.5 Results for the Persons Served (effectiveness)</i></p>	<p>Monthly Family Quality Checks</p> <p>Family Satisfaction Surveys</p>	<p>Monthly Family Quality Checks (Monthly)</p> <p>Family Satisfaction (Yearly)</p>	<p>The Family Satisfaction survey will be sent out to families via Tiger connect, ResourceNet and Paper copy upon request. Results will be analyzed for strengths and areas that need improvements.</p>	<p>Care Management</p>	<p><b>Quality Assurance; QA Specialist, Program Coordinator</b></p>	<p>Answered phone calls</p>	<p>94% PFKF families can manage their plan and are confident that their voice/choice is being heard.</p> <p>86% PFKF families report that they are satisfied with CMO services.</p>	<p>85% of families participating in CMO will demonstrate their ability to manage their plan and feel confident that their voice and choice is included.</p> <p>85% of families will report that they are happy with CMO services.</p> <p><b>≥ 85% =Green 79% - 84%=Yellow &lt;78% from Target=Red</b></p> <p><b>PRIORITY: HIGH</b></p>

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<p>Partners for Kids and Families will ensure that families are being seen in person or virtually by family’s choice.</p> <p align="center"><i>Standard 1.M.7 Results for the Persons Served (efficiency)</i></p>	<p>Monthly Progress Note Reporting/ Analysis System (monthly).</p> <p>The Director of Operations will follow up with staff on concerns that need to be addressed.</p>	<p>Monthly</p>	<p>Every month, CMs will offer and Schedule Face to Face Meeting with Families</p>	<p>Care Management</p>	<p><b>Care Management Operations; Care Manager Supervisors, Operation Managers, Director of Operations</b></p>	<p>Family may request not to be seen for the month</p>	<p><b>87% of families seen</b></p>	<p>95% of youth and families will be seen by their assigned Care Manager at least once a month.</p> <p>≥ 95% =Green 89% - 94%=Yellow &lt;88% from Target=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>
<p>Children participating in the CMO will have Improved or Remained Stable in the Behavioral/Emotional Needs and Risk Behaviors domains.</p> <p align="center"><i>Standard 1.M.4 Results for the Persons Served (effectiveness)</i></p>	<p>Cyber SNA Outcomes data and CMO dashboard.</p>	<p>Quarterly</p>	<p>Care Mangers to update SNA every 75 to 90 Days and reevaluate needs and plan strategies regularly.</p> <p>Quality Assurance Specialist to review key areas where needs persist to identify barriers.</p>	<p>Care Management</p>	<p><b>Care Management Operations: Care Manager, Care Manager Supervisors, Operation Managers, Director of Operations</b></p> <p><b>Quality Assurance</b></p>	<p>Possible lack of resources in identified areas</p> <p>Family and environmental factors outside CM’s control</p>	<p>89% of youth improved or remained stable in Behavioral/Emotional Need.</p> <p>95% of youth improved or remained stable in Risk Behaviors.</p> <p>73% of transitions are planned and successful (Goals Met- Level of care not needed, transitioned to another service coordination entity, Moved out of State).</p>	<p>75% of our active youth between the 9 and 12-month interval will have improved or remained stable in the Behavioral/Emotional Needs domain.</p> <p>(75) 90% of our active youth between the 9- and 12-month interval will have improved or remained stable in the Risk Behaviors domain.</p> <p>At least 75% of transitions will be considered planned and successful.</p> <p>≥ 75% =Green 69% - 74%=Yellow &lt; 68% from Target=Red</p>

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<b>Care Management &amp; Operations Goal</b>								
Standard, Domain & Objective	Indicators, & Data Source	Timeframes for Data Collection/Results	Implementation Strategies	Applied to	Person (s) Responsible	Identified Barriers	Contact Year (CT) 2022/2023	Target & Priority

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<p>Youth and families who maintain stability and avoid reenrollment for 6 months following transition will be at or above state average</p> <p align="center"><i>Standard 1.M.7 (Efficiency)</i></p>	<p>Power BI &amp; Cyber CMO_Dashboard, reenrollment report</p>	<p>Quarterly</p>	<p>CMs will have regular conversations about transition with CFT to ensure families are prepared and linked to appropriate services prior to transition.</p> <p>Discussions surrounding “Readiness” will occur during supervision.</p> <p>Review of previous services will occur at the time of reenrollment.</p>	<p>Care Management</p>	<p><b>Care Management Operations; Care Managers, Care Manager Supervisors, Operation Managers, Director of Operations</b></p> <p><b>Quality Assurance</b></p>	<p>Change in family Circumstances</p> <p>Diagnoses that are cyclical in nature?</p> <p>Lack of sustainable services to link families at transition.</p>	<p>53% of PFKF transitioned youth had reenrollments occur within 6 months after transitioning.</p> <p>53% of all CMOs transitioned youth had reenrollments occur within 6 months after transitioning.</p>	<p><b>At or below the state average.</b></p> <p><b>50% =Green</b> <b>51% - 56%=Yellow</b> <b>57% -62%from Target=Red</b></p> <p align="center"><b>PRIORITY: MEDIUM</b></p>
<p>At Least 80% of youth with I/DD diagnoses will be successfully linked to DD eligibility through CSOC.</p> <p align="center"><i>Standard 1.M.8 (Service Access)</i></p> <p align="center"><b>***New for 2023</b></p>	<p>Cyber DiagTreatPlans/ CMO Dashboard; DD Eligible Population</p>	<p>Quarterly</p>	<p>Supervisors will work with the I/DD team liaison to facilitate DD eligibility application submission.</p> <p>CMs and Supervisors will work as the I/DD partner to Facilitate DD eligibility application submission.</p>	<p>Care Management</p>	<p><b>Care Management Operations: Care Managers, Care Manager Supervisors, Operations Managers, Director of Operations, I/DD Team</b></p> <p><b>Resource Department</b></p>	<p>Family choice to not apply.</p> <p>Lack of access to timely evaluations or assessments.</p>	<p>77% of youth with I/DD diagnoses have obtained DD eligibility.</p>	<p>This is a new objective for 2023.</p> <p><b>≥ 80% =Green</b> <b>74% - 79%=Yellow</b> <b>&lt; 73% from Target=Red</b></p> <p align="center"><b>PRIORITY: HIGH</b></p>



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			Plans to add a 4 <sup>th</sup> I/DD Team with the hope of increasing the chances of connecting youth to the appropriate services.					
<p>PFKF will work to keep at least 90% of youth in their home and community.</p> <p align="center"><i>Standard 1.M.7 Resources used to achieve results for persons served (Efficiency)</i></p>	Cyber CMO Dashboard; OOH Population Power BI OOH Report	Quarterly	<p>When youth are in an OOH treatment facility, CMs will ensure conversations about transition home occurs at every meeting.</p> <p>CMs will ensure the plan is revised on a regular basis if progress is not being made.</p> <p>CFT will exhaust all community-based resources before moving to OOH treatment referral.</p>	Care Management	<p><b>Care Management Operations: Care Manages, Care Manager Supervisors, Operation Managers, Director of Operations</b></p> <p><b>Quality Assurance</b></p>	<p>Court Ordered OOH treatment</p> <p>Permanency Needs</p> <p>Family inability to manage youth in the home despite community-based services.</p> <p>Increasing number of I/DD youth with persistent needs requiring OOH.</p> <p>Average length of stay in a Behavioral Health or Substance Abuse OOH treatment setting is 17 months</p>	As of June 2023, 95% of youth enrolled are in the community.	<p>90 % of youth in their home and community.</p> <p>≥ 90% =Green 84% - 89%=Yellow &lt; 83% from Target=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>

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<p>At least 95% of families (active and transitioned) will indicate that they are satisfied or very satisfied with the services provided to them by PFKF.</p> <p align="center"><i>Standard 1.M.5 Feedback from persons served.</i></p>	<p>Family Satisfaction Active Youth Surveys (Question 10)</p> <p>Transition Survey</p>	<p>Yearly</p>	<p>Once a year, Surveys will be automatically sent to active families that have been enrolled for 6 months or more.</p> <p>Families are surveyed 6 months post transition.</p> <p>Families will be surveyed at the time of transition.</p> <p>Feedback (Positive and Negative will be shared to improve practice and recognize staff.</p> <p>Provider surveys are also conducted yearly.</p>	<p>Care Management</p> <p>Quality Assurance Team</p>	<p><b>Quality Assurance; QA Director, QA Specialist, Program Coordinators</b></p>	<p>CG and Youth completion of survey</p>	<p>86 % of Caregivers and 89% of Youth surveys completed had given a score of 4/5 for overall satisfaction rating with PFKF services from Family Satisfaction surveys (CG response 133, Y response 37).</p> <p>95% of the Responses that were "All of the time" and "Most of the time" were represented in the Transition Survey (2022-2023)</p> <p>Post transition survey 19 CG and 12 youth responses completed since January 2023.</p> <p><b>91% overall percentage</b></p>	<p>≥ 95% =Green 89% - 94%=Yellow &lt;88% from Target=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>
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Care Management & Operations Goal								
Standard, Domain & Objective	Indicators, & Data Source	Timeframes for Data Collection/Results	Implementation Strategies	Applied to	Person (s) Responsible	Identified Barriers	Contact Year (CT) 2022/2023	Target & Priority
<p>PFKF will score at or above the state average on benchmarked family satisfaction measures.</p> <p align="center"><i>Standard 1.M.5 Feedback from persons served.</i></p>	<p>Active and Transitioned Family Satisfaction Surveys</p> <p>State Report of Family Satisfaction Surveys</p>	Yearly	<p>Participating Care Management Organizations throughout the state will share data at regular intervals.</p> <p>State data will be compared with PFKF agency data</p>	All Programs	<b>QA Director, QA Specialist, Program Coordinators</b>	Consistent and timely collection of data among CMOs.	<p><b>CG survey</b> <b>PFKF/State</b> Question 1. 96%/96% Question 2. 97%/97% Question 3. 94%/95% Question 4. 96%/96% Question 5. 92%/93% Question 6. 91%/91%</p> <p><b>Y survey</b> <b>PFKF/State</b> Question 1. 92%/93% Question 2. 97%/95% Question 3. 95%/92% Question 4. 97%/93% Question 5. 100%/90% Question 6. 100%/90%</p>	<p>At or above the state average</p> <p><b>≥ State average =Green</b> <b>-5% State average=Yellow</b> <b>&lt; -6% from State average=Red</b></p> <p align="center"><b>PRIORITY: MEDIUM</b></p>

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<p>Partners for Kids and Families will ensure that all ISP's (FCPs, Initial ISPs, 90 Day ISPs, and TISPs) are submitted at or above the state average timeframe.</p> <p align="center"><i>Standard 1.M.8 (Service access)</i></p>	<p>Cyber CMO Dashboard Service Plan Report.</p> <p>Power BI</p>	<p>Monthly</p>	<p>Care Managers will schedule CFT meetings at the 75-day mark to ensure that meetings can occur within 90 days.</p> <p>Initial family crisis plans will be completed ideally in person or remotely with the family immediately if the initial meeting cannot occur within 72 hours.</p> <p>Supervisors will review plans within 48 hours or receipt and submit to PerformCare for approval.</p>	<p>Care Management</p>	<p><b>Care Management Operations: Care Managers, Care Manager Supervisors, Operation Managers, Director of Operations</b></p> <p><b>Quality Assurance</b></p>	<p>Family requesting delay in scheduling CFT meeting (family choice).</p>	<p>PFKF average service plan compliance rate: 75%</p> <p>Statewide CMO average service plan compliance rate: 72%</p>	<p>At or above the state average</p> <p>≥ 74% =Green 68% - 73%=Yellow &lt;67% from Target=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>
<p>PFKF will ensure specifically that TISP's are submitted at or above the state average timeframe.</p>	<p>Cyber CMO Dashboard Service Plan Report.</p>	<p>Monthly</p>	<p>TISPs will be submitted to the Operation Managers for Review and Immediately forwarded to the Quality Assurance Specialist.</p>	<p>Care Management</p>	<p><b>Care Management Operation; Care Managers, Care Manager Supervisor, Operations Managers, Director of Operations</b></p>	<p>Multiple layers of processing required for review, tracking and billing safeguard for monthly transitions youth.</p>	<p>PFKF average TISP submission rate: 79%</p> <p>Statewide average TISP submission rate: 78%</p>	<p>At or above the state average</p> <p>≥ 78% =Green 72% - 77%=Yellow &lt;71% from Target=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>

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<p><i>Standard 1.M.8 (Service access)</i></p>					<p><b>Quality Assurance</b></p>	<p>Family requesting delay in scheduling CFT meeting (Family Choice).</p>		
<p>PFKF will show improvement in its Monthly Record Analysis audit 'Score'.</p> <p><i>Standard 1.M.7 Resources used to achieve results for the people served (Efficiency)</i></p>	<p>Record Reviews; Monthly Record Analysis</p>	<p>Monthly</p>	<p>Quality Assurance Team to complete the Monthly Record Review.</p> <p>The Quality Assurance Director and the Director of Operation will implement agreed upon improvement strategies for areas identified.</p>	<p>Care Management.</p>	<p><b>Care Management Operations: Care Managers, Care manager Supervisor, Operation Managers, Director of Operations</b></p> <p><b>Quality Assurance</b></p>	<p>Consistency in Reviews and rating.</p>	<p>61% of Chart audits reviewed met the goal of 75% or above record completion.</p> <p>Top areas that need improvement found in the Record Reviews for Cyber and Global Search include: 53% of CFT's are held within 75 days of each other with ISP's submitted to the CSA within 7 days.</p> <p>51% of youth are seen within 72 hours of enrollment.</p>	<p>Goal of 75% of chart audits reviewed meet the goal of 75% record completion</p> <p>≥ 75% =Green 69% - 74%=Yellow &lt;68% from Target=Red</p> <p><b>(PRIORITY: HIGH)</b></p>

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<p>Initial consent forms will be signed and uploaded into global no later than 7 days of receiving the referral.</p> <p><b>New: September 2023</b></p> <p><i>Standard I.M.7 Resources used to achieve results for the people served (Efficiency)</i></p>	<p>Record Reviews; Monthly Record Analysis and Power Bi</p>	<p>Monthly</p>	<p>Training during orientation</p> <p>Consent forms review will be included in the Care Manager Supervisor Supervision form.</p> <p>Care Managers have the option of using eform, tablets and paper copy for families to sign off on documents.</p> <p>During the initial call to a new family Care Manager will talk about the consent forms and send it to families. Follow-ups will happen during initial meeting with family.</p>	<p>Care Management.</p>	<p><b>Care Management Operations: Care Managers, Care manager Supervisor, Operation Managers, Director of Operations</b></p> <p><b>Quality Assurance</b></p>	<p>Consistency in Communication from orientation to individual supervision</p>	<p>• Email and Text- 77%</p> <p>• ROI- 49% (new), Missing and old- 51%</p> <p>• Rights of Children Served- 24%</p> <p>• HIPAA- 40%</p> <p>September 1, 2023</p> <p>• <u>Email/Text</u> - 89%</p> <p>• <u>ROI</u>- 79% (new form), 21% (old form/missing)</p> <p>• <u>Rights of Children and Families</u></p>	<p>Goal of 90% initial consent forms will be signed and uploaded into global.</p> <p>≥ 95% =Green 80% - 94%=Yellow &lt;80% from Target=Red</p> <p><b>(PRIORITY: HIGH)</b></p>
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							Served- <b>66%</b> • <u>HIPAA</u> <u>consent-</u> <b>83%</b>	
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Compliance Goals								
Standard, Domain & Objective	Indicators, & Data Source	Timeframes for Data Collection/Results	Implementation Strategies	Applied to	Person (s) Responsible	Identified Barriers	Contract Year (CT) 2022/2023	Target & Priority
Ensure PFKF’s policies and procedures are up to date and in compliance with appropriate standards.  <i>Standard I.M.9 (Business Functions)</i>	Yearly Policy and Procedure Review	Annually	A yearly review of policies and procedures will occur to ensure all are up to date.  <i>New strategies for 2023: Recommending starting in January 2024</i> Policies will be reviewed, and staff will sign the employee handbook. Extra lines will be added to policies to account for the last reviewed date and	All Programs	<b>Executive Director, Corporate Compliance Officer &amp; Human Resource Director</b>	System changes that impact internal procedures and policies.  Finalizing date to have all employees sign off on handbooks in Paychex yearly. (Recommendation October November)	Significant progress was made in this area. A procedure for annual review of policies and procedures is already in motion.	All policies and procedure reviewed and signed yearly.  <b>Completed=Green</b> <b>In Progress=Yellow</b> <b>Not Completed=Red</b>  <b>PRIORITY: HIGH</b>

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			the person who reviewed it.					
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<p>On average, PFKF will bill for at least 95% of enrolled youth.</p> <p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>	<p>Progress Note Data; SharePoint, Monthly Record Analysis, Billing Analysis, Progress Note Data.</p>	<p>Monthly</p>	<p>Program Coordinators and Compliance Team reviews monthly Care Management Activities as a safeguard for billing errors and to determine billing for the previous month.</p>	<p>Care Management</p>	<p><b>Care Manager, Quality Assurance; QA Director, QA Specialist Program Coordinators &amp; Accounting Administrator Finance Director</b></p>	<p>Reasons unable to bill: Timeframe, Note type, Note Content, Missing Contact and Duration No Documentation Youth Incarcerated</p> <p>Delays due to Extenuating circumstances with families.</p> <p>Family declines completing the Medicaid Application.</p> <p>No Authorization Number</p>	<p>Billed for 93% of youth</p>	<p>Billing goal: 95% of youth</p> <p>≥ 95% =Green 89% - 94%=Yellow &lt;88% from Target=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>
<p>PFKF will ensure compliance in Medicaid billing procedures.</p> <p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>	<p>Cyber Report, Gobar, Power BI</p>	<p>Monthly</p>	<p>Program Coordinators and Quality Assurance Specialist completes monthly record and billing audits.</p> <p>Sometimes the Program Coordinator meets with the Quality Assurance Director and or the Executive Director and</p>	<p>All Programs</p>	<p><b>Quality Assurance; QA Director Program Coordinator Finance Director; Accounting Administrator</b></p>	<p>None identified</p>	<p>Quarterly and Annual audits complete with no issues</p>	<p>No identified issues and/or identified issues rectified</p> <p>Completed=Green In Progress=Yellow Not Completed=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>

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			<p>Operation Director before billing is submitted.</p> <p>PFKF will complete an annual attestation to NJ Medicaid certifying its compliance with Section 6032 of the Deficit Reduction Act. It states PFKF has policies and procedures to prevent, detect, and report fraud, waste, and abuse.</p>					
<p>PFKF will ensure compliance in completion of DCF Unusual Incident Reports within the identified time frame.</p> <p>Standard 1.M.7 Resources used to achieve results for the persons served (Efficiency)</p>	SharePoint UIR data tracking	Ongoing & Quarterly	<p>Care Managers and Supervisors will receive ongoing training on the UIR process.</p> <p>Care Managers or designee submits the UIR in a form on SharePoint.</p>	Care Management Operations Quality Assurance (Q.A Director QA Specialist)	<p><b>Quality Assurance; QA Director QA Specialist</b></p> <p><b>Care Management Operations Manager; Care Managers &amp; CM Supervisors</b></p>	Continuous training on UIR codes	<p>There were 78 UIRs submitted during FY22.</p> <p>37 PFKF employees submitted UIRs</p> <p>Avg. # of days UIRs were submitted after being notified of incident was 1.8 days.</p>	<p>Level A+ Incident UIR form <u>immediately</u>.</p> <p>Level A Incident from <u>workday</u></p> <p>Level B Incident the end of the next <u>workday</u>.</p> <p><b>UIRs submitted within 5 days or less</b></p> <p>&gt;5 days = Green 6-11 days = Yellow &lt;12 days = Red <b>PRIORITY: HIGH</b></p>

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<p>PFKF will review UIR submission trends and patterns quarterly to inform training curriculum.</p>	<p>SharePoint UIR data tracking  State UIR report</p>	<p>Ongoing &amp; Quarterly</p>	<p>Quality Assurance Director and Quality Assurance Specialist will review internal UIR submission.</p>	<p>Care Management Operations Quality Assurance (Q.A Director  QA Specialist)</p>	<p><b>Quality Assurance; Q.A Director QA Specialist &amp; Care Management Operations; Care Managers &amp; CM Supervisors</b></p>	<p>None at this time</p>	<p>The most common Incident Types reported were Elopement (30 Incidents), Injury (22 incidents), Suicide Attempts (19 incidents).  Of the Levels reported, 42 were A+ Levels (the highest level), 30</p>	<p><b>New 2023</b> UIR reviewed and utilized training curriculum</p> <p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p>
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<p align="center">Standard 1.M.7 Resources used to achieve results for the persons served (Efficiency)</p>							<p>were A Levels and 43 were B Levels. (*Note – for some UIRs there were more than one Incident Types reported.).</p> <p>There were ‘8’ youth that required more than 2 UIRs during the period reviewed.</p>	<p align="center"><b>PRIORITY: HIGH</b></p>
<p>PFKF will conduct a HIPAA annual security risk assessment to identify opportunities for security enhancement.</p> <p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>	<p>Risk Assessment Plan</p>	<p>Yearly</p>	<p>Review of recommendations will occur at the leadership level for changes to be implemented.</p> <p>An Annual HIPAA security Risk Assessment will be conducted.</p> <p>Additional assessments may occur based upon need.</p>	<p>All programs</p>	<p><b>Executive Director Director of Office Administration/IT &amp; HIPAA Privacy Officer</b></p>	<p>None identified</p>	<p>Date of last Update: January 25, 2023</p>	<p>An annual risk assessment is conducted with the management team and safety committee. PFKF is determined to be at “Moderate” for HIPAA breach.</p> <p>In addition to HIPAA security assessment, PFKF conducted a training on not downloading PHI on personal equipment.</p> <p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p>

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								<b>Not Completed=Red</b>
								<b>PRIORITY: HIGH</b>
<p>PFKF will maintain compliance with HIPAA privacy and security and investigate any/all reports of potential breaches.</p> <p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>	<p>HIPAA Log; Audits</p> <p>A log is kept of any potential HIPAA violations, report sent to Privacy Officer/ Legal Specialist Office of legal Affairs DCF</p>	<p>Ongoing &amp; Quarterly</p>	<p>The HIPAA Privacy Officer keeps a log of HIPAA violations and conducts random audits.</p> <p>Breaches will be addressed and reported as per guidelines.</p>	<p>All programs</p>	<p><b>HIPAA Privacy Officer</b></p>	<p>None identified</p>	<p>There were 3 HIPAA and security incidents during the Contract Year. All incidents were deemed a “low risk” HIPAA breach. Incidents included email errors and plans sent to the wrong family.</p> <p>All violations were rectified.</p>	<p>Last Contract Year 14 HIPAA violations occurred.</p> <p><b>No Identified Issues and/or Identified Issues Rectified= Green</b></p> <p><b>Issues identified and pending= Yellow</b></p> <p><b>Issues identified and not rectified= Red</b></p> <p align="right"><b>PRIORITY: HIGH</b></p>

**Workforce Goal**

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Standard, Domain & Objective	Indicators, & Data Source	Timeframes for Data Collection/Results	Implementation Strategies	Applied to	Person (s) Responsible	Identified Barriers	Contract Year (CT) 2022/2023	Target & Priority
<p>PFKF aims to have the youth to Care Manager at a ratio of 1:14 /15</p> <p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>	<p>Power Bi</p> <p>Finance Director Report</p> <p>Cyber</p>	Ongoing & Monthly	<p>Daily Youth assignment meeting</p> <p>Continuous hiring of Care Managers and support staff.</p>	All Programs	<p><b>Director Of Operation</b></p> <p><b>Finance Director</b></p> <p><b>Quality Assurance Director</b></p>	<p>Staff being on leave</p> <p>Staff Turnover</p>	<p>1:16/17</p> <p>*Recruitment is ongoing, we have hired 24 Care Mangers to during the 2022 – 2023 contract year.</p>	<p>1:14/15 ratio for youth</p> <p><b>14/15=Green</b></p> <p><b>16/17=Yellow</b></p> <p><b>&lt;18=Red</b></p> <p align="right"><b>PRIORITY: HIGH</b></p>
<p>100% of staff will complete the required annual training.</p> <p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>	<p>Relias Training Report</p> <p>Paychex Acknowledgement</p>	Annually	<p>The annual Training curriculum will be housed on SharePoint and in Relais.</p> <p>Relias and Paychex reminders</p>	All Programs	<b>Human Resources Directors</b>	<p>Competing priorities when youth assignments are high.</p> <p>Collecting attendance sheet after training.</p>	<p>Significant progress has been made in training. The Human Resources Director is following up with reminders to staff and supervisors if training is not completed by the due date.</p>	<p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p> <p align="right"><b>PRIORITY: HIGH</b></p>
<p>100% of new staff will complete orientation within 90 days of hire and a copy will be provided of the orientation and training plans to HR.</p>	Square 9 Filing system	Ongoing, Annually	<p>Orientation and Job Specific training plans were created in March of 2022 for all incoming staff.</p> <p>Copies of Orientation &amp; training plans will be submitted by</p>	All Programs	<b>Supervisors, Human Resources Director</b>	<p>Collecting all Signature sheets during orientation</p> <p>Prioritizing training curriculum for 90</p>	<p>100% completion of new staff orientation within 90 days of hire.</p>	<p>New curriculum created in March 2022</p> <p><b>≥ 100% =Green</b></p> <p><b>94% - 99%=Yellow</b></p> <p><b>&lt;93% from Target=Red</b></p>

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<p align="center"><i>Standard 1.M.9 (Business Functions)</i></p> <p align="center"><b>*** New 2023</b></p>			<p>supervisor with an employee's 90day performance Appraisal.</p>			<p>day and yearly appraisal</p>		<p align="center"><b>PRIORITY: HIGH</b></p>
<p>PFKF will monitor the effectiveness and efficiency of the newly revised and updated Performance Evaluations.</p> <p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>	<p>Performance Appraisal</p>	<p>Ongoing</p>	<p>All supervisors have been trained on the new form.</p> <p>Performance Appraisal must be reviewed and approved before being reviewed by the employee.</p>	<p>All Programs</p>	<p><b>All Supervisors</b></p>	<p>Learning curve</p>	<p>Partners new Performance Appraisal / Evaluation system has been developed and is being used currently we have made some suggestions for revisions for the 2024 PA as of <b>July of 2023.</b></p>	<p>All Supervisors will utilize the newly developed form for their employees' Performance Appraisal</p> <p><b>Completed=Green</b></p> <p><b>In Progress=Yellow</b></p> <p><b>Not Completed=Red</b></p> <p align="center"><b>PRIORITY: HIGH</b></p>
<p>100% of active employees will have current performance reviews completed according to agency timelines (90 day and Annual).</p>	<p>Square 9 Filing system HR reports</p>	<p>Ongoing &amp; Annually</p>	<p>90 day and yearly performance appraisal will be completed by Supervisors.</p> <p>H.R Director will send out reminders prior to due dates.</p>	<p>All Programs</p>	<p><b>All Supervisors Human Resources Director</b></p>	<p>Staff on Leave Scheduling conflict</p>	<p>From July 2022 – July 2023, Partners is at an 89% for timely completed 2022 -2023 Annual and 90-day Performance Appraisals.</p>	<p>All staff will have a yearly Performance Appraisal completed.</p> <p><b>≥ 100% =Green</b></p> <p><b>94% - 99%=Yellow</b></p> <p><b>&lt;93% from Target=Red</b></p> <p align="center"><b>PRIORITY: HIGH</b></p>

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<p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>								
<p>PFKF will maintain a 90% or above employee retention rate.</p> <p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>	<p>HR Reports Paychex</p>	<p>Ongoing &amp; Annually</p>	<p>Continue review of Employee Satisfaction Survey.</p> <p>Exit interviews will be shared with the corresponding team(s). A debrief will be done if necessary.</p> <p>The Finance Director, Executive Director and Board will continue to review the Benefits package.</p> <p>Feedback from Quality Assurance Committee.</p> <p>Open door policy</p>	<p>All Programs</p>	<p><b>Management Team Human Resources Director</b></p>	<p>None Identified</p>	<p>To date the retention rate for Partners is 94.9%</p>	<p>90% or Above</p> <p>≥ 90% =Green 84% - 89%=Yellow &lt;83% from Target=Red</p> <p align="center"><b>PRIORITY: HIGH</b></p>
<p>PFKF will maintain a Health and Safety committee to spearhead wellness and safety initiatives for the agency.</p> <p align="center"><i>Standard 1.M.9 (Business Functions)</i></p>	<p>Health and Safety Committee Meeting Minutes</p>	<p>ongoing</p>	<p>PFKF will provide training on safety in the workplace.</p> <p>External Health/Safety Inspections will occur based upon regulatory requirements.</p>	<p>All Programs</p>	<p><b>Health and Safety committee  Office Managers and Director of Administration/IT</b></p>	<p>None Identified</p>	<p>The Health and Safety Committee has already been established</p>	<p>Monthly meeting from January till October.</p> <p>Yearly Trainings.</p> <p>Completed=Green In Progress=Yellow Not Completed=Red</p>



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**PRIORITY: HIGH**