5-Year Strategic Plan Process Documentation

FY 2014-2015 through FY 2018-2019

Agency Listing

09-300	Jefferson Parish Human Services Authority
09-301	Florida Parishes Human Services Authority
09-302	Capital Area Human Services District
09-303	Developmental Disabilities Council
09-304	Metropolitan Human Services District
09-305	Bureau of Health Services Financing (Medical Vendor Administration)
09-306	Bureau of Health Services Financing (Medical Vendor Payments)
09-307	Office of the Secretary
09-309	South Central Louisiana Human Services Authority
09-320	Office of Aging & Adult Services
09-324	Louisiana Emergency Response Network Board (LERN)
09-325	Acadiana Area Human Services District
09-326	Office of Public Health
09-330	Office of Behavioral Health
09-340	Office for Citizens with Developmental Disabilities

09-300 Jefferson Parish Human Services Authority

Jefferson Parish Human Services Authority has one program: Jefferson Parish Human Services Authority.

Principle Service Recipients

Individuals and families in Jefferson Parish affected by mental illness, addictive disorders, and/or developmental disabilities, who meet criteria for admission for services:

First Priority. Persons and families in crisis related to mental illness, addictive disorders or developmental disabilities shall have their crises resolved and a safe environment restored.

Second Priority. Persons with serious and disabling mental illness, addictive disorders or developmental disabilities shall make use of natural supports and community resources and shall participate in the community.

Third Priority. Persons with mild to moderate needs related to mental illness, addictive disorders or developmental disabilities shall make use of natural supports and community resources and shall participate in the community.

Fourth Priority. Persons not yet identified with specific serious or moderate mental illness, addictive disorders, or developmental disabilities, but who are at significant risk of such disorders due to the presence of empirically established risk factors or the absence of the empirically protective factors do not develop the problems for which they are at risk.

External Factors that May Affect the Achievement of Goals and Objectives

Jefferson Parish Human Services Authority (JPHSA) has identified primary external factors that pose threats or barriers and, in some cases, opportunities for the Authority in meeting its Mission over the span of the FY 2014-2015 through FY 2018-2019 Strategic Plan. With regard to threats and barriers, JPHSA has adopted strategies and is implementing appropriate tactics to mitigate negative impact.

External factors with potential negative impact on achieving goals and objectives include:

- Continued budget reductions from the state;
- Reduced Medicaid reimbursement rates;
- Increased privatization of service delivery;
- Potential for the insured to be siphoned off by private providers; and,
- Business barriers imposed by Louisiana Department of State Civil Service.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation. Overall responsibility for implementation and monitoring of these strategies rests with the JPHSA Executive Director along with full and ad hoc members of the Executive Management Team.

External factors may also present opportunities bringing with them a positive impact on achieving goals and objectives:

- Availability of grant dollars for integration of behavioral health and primary care;
- Research focused on improving outcomes and implemented as evidence-based or best practices and the development of protocols; and,
- Mobilization of advocacy for individuals with mental illness, addictive disorder, and/or developmental disability to address health and wellness needs.

Internal Factors that May Affect the Achievement of Goals and Objectives

As part of an ongoing process, JPHSA identifies internal opportunities for performance and quality improvement and implements actions to assure positive impact or to mitigate negative impact on achieving Goals and Objectives. Internal opportunities include:

- Enculturation of continuous performance and quality improvement;
- Reorganization of functional structure;
- Advancement of effective and efficient workflow processes;
- Accountability and productivity;
- Focus on leadership and supervision; and,
- Succession planning.

Internal factors anticipated to have a significant positive effect on JPHSA's achievement of goals and objectives include the following.

- The ability, as a Local Governing Entity, to expeditiously and continuously assess needs at the community level;
- Strong and supportive relationships with local elected officials and members of Jefferson Parish delegation;
- Position as the leading provider of community-based behavioral health and developmental disabilities services and supports;
- Provision of holistic services; and,
- Provision of a wide array of evidence-based and best practices.

Overall responsibility for leading and monitoring of Authority operations and activities rests with the Executive Director and the members of the Executive Management Team. However, input and suggestions for enhancement or improvement are actively encouraged from all levels of staff whether on an informal basis, via employee surveys, suggestion boxes, from the employee committee (Esprit de Corps), or during supervision/coaching.

Program Evaluations Used to Develop Goals, Objectives, and Strategies

JPHSA's strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Executive Management Team.

Evaluation of goals and objectives and the strategies adopted to achieve them is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of Authority staff.

JPHSA actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Additionally, JPHSA continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using Council on Accreditation standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

Methods Used to Avoid Duplication of Effort

Roles and responsibilities are defined by legislation, i.e. RS 28:831. The Board of Directors of Jefferson Parish Human Services Authority sets Mission and Priorities. The Executive Director and under her direction, other members of the Executive Management Team, are accountable for carrying out Board Priorities through integrated strategic, operational, budget, and service planning. Additionally, these individuals are accountable for ongoing collaboration with community stakeholders to assure coordination of service delivery and conservation of resources.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based and Specialty Services

OBJECTIVE: Through Behavioral Health Community-based and Specialty Services, decrease the disabling effects of mental illness and/or addictive disorders to enable adults ages 21 and older who are receiving services to live successfully in the community by the end of FY 2018-2019.

INDICATOR NAME: Percent of adults receiving community-based services who remain in the community without a hospitalization.

LaPAS PI Code: New

1. **Type and Level:** Outcome/ Key
2. **Rationale:** Research shows that community-based services, such as Supportive Housing and Assertive Community Treatment, reduce psychiatric hospitalizations.
3. **Use:** This indicator is used to measure the efficacy of services delivered by providers.
4. **Clarity:** Community tenure is defined as the absence of psychiatric hospitalizations.
5. **Accuracy, Maintenance, Support:** The Division Director monitors data on a quarterly basis and maintains the data within required retention timeframes.
6. **Data Source, Collection, and Reporting:** Data is compiled through review of monthly and quarterly reports of programs providing adult community-based services through contractual agreements.
7. **Calculating Methodology:** The total number of adults who remain in the community without a hospitalization divided by the total number of adults served through the identified Behavioral Health Community-based and Specialty Services
8. **Scope:** This is an aggregated statistic extracted from the total number of adults receiving Community-based supports through programs affiliated with Behavioral Health Community-based and Specialty Services either directly or through contractual agreement.
9. **Caveats:** There are instances in which individuals are referred and start services when currently hospitalized. These individuals are excluded from the calculation.
10. **Responsible Person:** Gay Leblanc, Director, Behavioral Health Community-based and Specialty Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: gaylebla@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based and Specialty Services

OBJECTIVE: Through Behavioral Health Community-based and Specialty Services, decrease the disabling effects of mental illness and/or addictive disorders to enable adults ages 21 and older who are receiving services to live successfully in the community by the end of FY 2018-2019.

INDICATOR NAME: Percent of adults receiving community-based services who remain in stable housing.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Key
2. **Rationale:** Adults with Severe behavioral health issues are more likely to experience homelessness. Community-based services including: Supportive Housing, Assertive Community Treatment, increase housing stability in this population.
3. **Use:** This indicator is used to measure the efficacy of services delivered by providers.
4. **Clarity:** Housing stability is defined as the absence of episodes of homelessness.
5. **Accuracy, Maintenance, Support:** The Division Director monitors data on a quarterly basis and maintains the data within required retention timeframes.
6. **Data Source, Collection, and Reporting:** Data is compiled through review of monthly and quarterly reports of programs providing adult community-based services through contractual agreements.
7. **Calculation Methodology:** The total number of adults stably housed divided by the total number of people served through the identified Behavioral Health Community-based and Specialty Services.
8. **Scope:** This is an aggregated statistic extracted from the total number of adults receiving community based supports through a program affiliated Behavioral Health Community-based and Specialty Services either directly or through contractual agreement.
9. **Caveats:** There are instances when individuals are referred and Behavioral Health Community-based and Specialty Services while either hospitalized or homeless. These individuals are excluded from the calculation.
10. **Responsible Person:** Gay Leblanc, Director, Behavioral Health Community-based and Specialty Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: gaylebla@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based and Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based and Specialty Services, provide a continuum of best and evidence-based practices to assist children and adolescents under age 21 who are receiving services to live productive lives in the community, increase academic success, and reduce out-of-home placement and utilization of the juvenile justice system by end of FY 2018-2019.

INDICATOR NAME: Percent of individuals completing Multi-Systemic Therapy (MST) free from arrests.

LaPAS PI Code: 23818

1. **Type and Level:** Outcome/Supportive

2. **Rationale:** The indicator measures treatment effectiveness, i.e. youths without an arrest.

3. **Use:** Data is used to determine effectiveness of services.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** The Multi-Systemic Therapy Institute (MSTI) provides a web-based system for data collection and assessment and is responsible for the reliability and validity of the analysis.

6. **Data Source, Collection and Reporting:** A JPHSA discharge form is completed by therapists, supervisors, and consultants each time an individual is discharged from the program. The data is entered into the discharge summary form in the MSTI database, which auto-calculates outcomes for all youth discharged during the prescribed reporting timeframe. The database is maintained by the MSTI data analysts and verified by JPHSA Multi-Systemic Therapy services.

7. **Calculation Methodology:** The MSTI web-based system auto-calculates the statistic.

8. **Scope:** Youth discharged from Multi-Systemic Therapy during the reporting period are included.

9. **Caveats:** None

10. **Responsible Person:** Gay Leblanc, Director, Behavioral Health Community-based and Specialty Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: gaylebla@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based and Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based and Specialty Services, provide a continuum of best and evidence-based practices to assist children and adolescents under age 21 who are receiving services to live productive lives in the community, increase academic success, and reduce out-of-home placement and utilization of the juvenile justice system by end of FY 2018-2019.

INDICATOR NAME: Percent of individuals completing Multi-Systemic Therapy (MST) in school or working.

LaPAS PI Code: 23819

1. **Type and Level:** Outcome/Supportive
2. **Rationale:** The indicator measures treatment effectiveness, i.e. youths in school or working.
3. **Use:** Data is used to determine effectiveness of services.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** The Multi-Systemic Therapy Institute (MSTI) provides a web-based system for data collection and assessment and is responsible for the reliability and validity of the analysis.
6. **Data Source, Collection and Reporting:** A JPHSA discharge form is completed by therapists, supervisors, and consultants each time an individual is discharged from the program. The data is entered into the discharge summary form in the MSTI database, which auto-calculates outcomes for all youth discharged during the prescribed reporting timeframe. The database is maintained by the MSTI data analysts and verified by JPHSA Multi-Systemic Therapy services.
7. **Calculation Methodology:** The MSTI web-based system auto-calculates the statistic.
8. **Scope:** Youth discharged from Multi-Systemic Therapy during the reporting period are included.
9. **Caveats:** None
10. **Responsible Person:** Gay Leblanc, Director, Behavioral Health Community-based and Specialty Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: gaylebla@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Behavioral Health Community-based and Specialty Services

OBJECTIVE: Through the Behavioral Health Community-based and Specialty Services, provide a continuum of best and evidence-based practices to assist children and adolescents under age 21 who are receiving services to live productive lives in the community, increase academic success, and reduce out-of-home placement and utilization of the juvenile justice system by end of FY 2018-2019.

INDICATOR NAME: Percent of youth who completed Functional Family Therapy (FFT) to show improvement in behavioral problems.

LaPAS PI Code: 23821

1. **Type and Level:** Outcome/Supportive

2. **Rationale:** The indicator measures treatment effectiveness, i.e. reduction of behavioral problems.

3. **Use:** Data is used to determine effectiveness of services.

4. **Clarity:** Functional Family Therapy (FFT), an evidence-based practice, is an intensive in-home therapy program.

5. **Accuracy, Maintenance, Support:** The Behavior Assessment Scale for Children, 2nd Edition (BASC-2) parent and child instrument is used. This provides standardized measures with good psychometric properties. The instrument has internal consistency and has demonstrated validity. Completed instruments are scored on a "scantron" machine and are checked for accuracy by JPHSA Child & Adolescent Services Division staff.

6. **Data Source, Collection and Reporting:** Data is obtained from the BASC-2 pre- and post-tests. It is scored by a computer application, and results are entered into a statistical application.

7. **Calculation Methodology:** The number of post-test scores higher than or equal to pre-test scores is divided by the number of post-tests.

8. **Scope:** Youth who receive FFT and/or their parents are included.

9. **Caveats:** Data is only included for youth completing six months of treatment.

10. **Responsible Person:** Gay Leblanc, Director, Behavioral Health Community-based and Specialty Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: gaylebla@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Integrated Primary Care and Behavioral Health Clinic-based Services

OBJECTIVE: Through Integrated Primary Care and Behavioral Health Clinic-based Services, increase access to integrated services among adult individuals age 21 and older with serious mental illness and/or addictive disorders and foster recovery and wellness behaviors of goal setting, symptom control, and personal responsibility by the end of FY 2018-2019.

INDICATOR NAME: Number of adults who receive primary care services.

LaPAS PI Code: New

1. **Type and Level:** Output/Key

2. **Rationale:** The indicator supports demand for and utilization of primary care services. Research supports 1 in 4 people do not have a primary care provider or health center where he/she receives regular medical services.

3. **Use:** The data is used to determine current capacity for primary care services as well as to assist in determining future staffing needs to increase capacity.

4. **Clarity**: None

5. **Accuracy, Maintenance Support:** Data is monitored by the Program Director and designee, and by the Management Services Division and maintained in accordance with retention schedules.

6. **Data Source, Collection and Reporting:** Data is extracted from the primary care electronic health record.

7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of adults who receive primary care services during the reporting period.

8. **Scope:** Only adults who receive at least one primary care service from a primary care provider.

9. **Caveats**: None

10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, Director, Integrated Primary Care and Behavioral Health Clinic-based Services. Telephone: 504-349-8825. Fax: 504-349-8703. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Integrated Primary Care and Behavioral Health Clinic-based Services

OBJECTIVE: Through Integrated Primary Care and Behavioral Health Clinic-based Services, increase access to integrated services among adult individuals age 21 and older with serious mental illness and/or addictive disorders and foster recovery and wellness behaviors of goal setting, symptom control, and personal responsibility by the end of FY 2018-2019.

INDICATOR NAME: Number of adults who receive behavioral health services.

LaPAS PI Code: New

1. **Type and Level:** Output/Key

2. **Rationale:** The indicator supports demand for and utilization of behavioral health services.

3. **Use:** The data is used to determine current capacity for behavioral health services as well as to assist in determining future staffing needs to increase capacity.

4. **Clarity**: None

5. **Accuracy, Maintenance, Support:** Data is monitored by the Program Director and designee, and by the Management Services Division and maintained in accordance with retention schedules.

6. **Data Source, Collection and Reporting:** Data is extracted from the electronic health record.

7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of adults who receive behavioral health services during the reporting period.

8. **Scope:** Only adults who receive at least one behavioral health service from a behavioral health provider.

9. **Caveats**: None

10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, Director, Integrated Primary Care and Behavioral Health Clinic-based Services. Telephone: 504-349-8825. Fax: 504-349-8703. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Integrated Primary Care and Behavioral Health Clinic-based Services

OBJECTIVE: Through Integrated Primary Care and Behavioral Health Clinic-based Services, increase access to integrated services among adult individuals age 21 and older with serious mental illness and/or addictive disorders and foster recovery and wellness behaviors of goal setting, symptom control, and personal responsibility by the end of FY 2018-2019.

INDICATOR NAME: Number of adults who have documented contact with a care manager.

LAPAS PI CODE: New

1. **Type and Level:** Output/Key

2. **Rationale:** The indicator supports demand for and utilization of care management services. Research supports that "many patients often see multiple physicians and care providers a year, which can lead to more harm, disease burden, and overuse of services than if care were coordinated." National Quality Forum (NQF), Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination: A Consensus Report, Washington, DC: NQF; 2010.

3. **Use:** The data is used to determine current capacity for care management services as well as assist in determining future staffing needs to increase capacity.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** Data is monitored by the Program Director and designee, and by the Management Services Division and maintained in accordance with retention schedules.

6. **Data Source, Collection and Reporting:** Data is extracted from the primary care electronic health record.

7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of adult patients who have a contact with a case manager during the reporting period.

8. **Scope:** Only adults who have contact at least once with a care manager.

9. **Caveats:** None

10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, Director, Integrated Primary Care and Behavioral Health Clinic-based Services. Telephone: 504-349-8825. Fax: 504-349-8703. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Integrated Primary Care and Behavioral Health Clinic-based Services

OBJECTIVE: Through Integrated Primary Care and Behavioral Health Clinic-based Services, increase access to integrated services among adult individuals age 21 and older with serious mental illness and/or addictive disorders and foster recovery and wellness behaviors of goal setting, symptom control, and personal responsibility by the end of FY 2018-2019.

INDICATOR NAME: Percent of adults who report improvement in or maintenance of depressive symptoms.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Key

2. **Rationale:** Depressive symptoms or actual depressive disorder impairs physical, cognitive, social, and occupational functioning to an extent comparable to chronic illness such as diabetes and coronary heart disease (Wells et al., 1989). Literature has consistently shown that appropriate treatment for depression improves client outcomes.

3. **Use:** The indicator is used to gauge the effectiveness of treatment of depression, the most prevalent diagnosis of persons served in the Adult Clinic-based Behavioral Health Services.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** The Telesage Outcome Measures System (TOMS) is an evidenced based instrument backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability.

6. **Data Source, Collection and Reporting:** Data is extracted from the depression domain of the TOMS for existing clients and reported in the quarterly Report Card.

7. **Calculation Methodology:** Numerator = Total number of existing persons surveyed who rate "doing well" on the TOMS depression domain. Denominator = Total number of persons with available data on the depression domain.

8. **Scope:** Only adult patients who complete the TOMS are included in the aggregate count.

9. **Caveats**: None

10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, Director, Integrated Primary Care and Behavioral Health Clinic-based Services. Telephone: 504-349-8825. Fax: 504-349-8703. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Integrated Primary Care and Behavioral Health Clinic-based Services

OBJECTIVE: Through Integrated Primary Care and Behavioral Health Clinic-based Services, increase access to integrated services among adult individuals age 21 and older with serious mental illness and/or addictive disorders and foster recovery and wellness behaviors of goal setting, symptom control, and personal responsibility by the end of FY 2018-2019.

INDICATOR NAME: Percent of adults who report improvement in or maintenance of recovery behaviors of goal setting, knowledge of symptom control, and responsibility for recovery.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Key

2. **Rationale:** This indicator provides a valid measurement of recovery behaviors. Recovery is promoted as the "single most important goal" for the mental health service delivery system and includes 10 fundamental components, three of which are empowerment, self-direction and responsibility. (National Consensus Statement on Mental Health Recovery. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; Substance Abuse and Mental Health Services Administration; Center for Mental Health Services. www.samhsa.gov)

3. **Use**: The indicator is used to gauge the progress of adults towards achieving and maintaining Recovery as well as the effectiveness of clinical staff in promoting Recovery.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** The Telesage Outcome Measures System (TOMS) is an evidenced based instrument backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability.

6. **Data Source, Collection and Reporting**: Data is extracted from the recovery domain of the TOMS for existing clients and reported in the quarterly report card.

7. **Calculation Methodology**: Numerator = Total number of persons surveyed who rate a "doing well" on the TOMS recovery domain. Denominator = Total number of persons with available data on the recovery domain.

8. **Scope:** Only adults who complete the TOMS are included in the aggregate count.

9. **Caveats:** None

10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, Director, Integrated Primary Care and Behavioral Health Clinic-based Services. Telephone: 504-349-8825. Fax: 504-349-8703. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Integrated Primary Care and Behavioral Health Clinic-based Services

OBJECTIVE: Through Integrated Primary Care and Behavioral Health Clinic-Based Services, provide a continuum of best and evidence-based practices to assist children and adolescents under age 21 to better quality of life by improving emotional well-being, improving family functioning, improving academic success, reducing suspensions and expulsions, reducing out-of-home placement, and reducing involvement with the juvenile justice system by the end of FY2018-2019.

INDICATOR NAME: Number of children and adolescents who receive primary care services.

LaPAS PI Code: New

1. **Type and Level:** Output/Key

2. **Rationale:** The indicator supports demand for and utilization of primary care services. Research supports 1 in 4 people do not have a primary care provider or health center where he/she receives regular medical services.

3. **Use**: The data is used to determine current capacity for primary care services as well as assist in determining future staffing needs to increase capacity.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** Data is monitored by the Program Director and designee, and by the Management Services Division and maintained in compliance with retention schedules.

6. **Data Source, Collection and Reporting:** Data is extracted from the primary care electronic health record.

7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of child and adolescent patients who receive primary care services during the reporting period.

8. **Scope:** Only children and adolescents who receive at least one primary care service from a primary care provider.

9. **Caveats:** None

10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, Director, Integrated Primary Care and Behavioral Health Clinic-based Services. Telephone: 504-349-8825. Fax: 504-349-8703. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Integrated Primary Care and Behavioral Health Clinic-based Services

OBJECTIVE: Through Integrated Primary Care and Behavioral Health Clinic-Based Services, provide a continuum of best and evidence-based practices to assist children and adolescents under age 21 to better quality of life by improving emotional well-being, improving family functioning, improving academic success, reducing suspensions and expulsions, reducing out-of-home placement, and reducing involvement with the juvenile justice system by the end of FY 2018-2019.

INDICATOR NAME: Number of children and adolescents who receive behavioral health services.

LaPAS PI Code: New

1. **Type and Level**: Output/Key

2. **Rationale:** The indicator supports demand for and utilization of behavioral health services.

3. **Use:** The data is used to determine current capacity for behavioral health services as well as assist in determining future staffing needs to increase capacity.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** Data is monitored by the Program Director and designee, and by the Management Services Division per required retention timeframes.

6. **Data Source, Collection and Reporting:** Data is extracted from the electronic health record.

7. **Calculation Methodology:** This is a cumulative count of the unduplicated number of children and adolescents who receive behavioral health services during the reporting period.

8. **Scope:** Only children and adolescents who receive at least one behavioral health service from a behavioral health care provider.

9. **Caveats:** None

10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, Director, Integrated Primary Care and Behavioral Health Clinic-based Services. Telephone: 504-349-8825. Fax: 504-349-8703. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Integrated Primary Care and Behavioral Health Clinic-based Services

OBJECTIVE: Through Integrated Primary Care and Behavioral Health Clinic-Based Services, provide a continuum of best and evidence-based practices to assist children and adolescents under age 21 to better quality of life by improving emotional well-being, improving family functioning, improving academic success, reducing suspensions and expulsions, reducing out-of-home placement, and reducing involvement with the juvenile justice system by the end of fiscal year 2018-2019.

INDICATOR NAME: Percent of children and adolescents who report improvement in or maintenance of depressive symptoms.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Key

2. **Rationale:** The indicator measures treatment outcomes for children and adolescents reporting depressive symptoms.

3. **Use:** The indicator is used to gauge the effectiveness of treatment of depression.

4. **Clarity:** None

5. **Accuracy, Support, Maintenance:** The TOMS is an evidenced based instrument backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability.

6. **Data Source, Collection and Reporting:** Data is extracted from the depression domain of the Telesage Outcome Measures System (TOMS) for existing clients and reported in the quarterly Report Card.

7. **Calculation Methodology:** Numerator = Total number of existing persons surveyed who rate "doing well" on the TOMS depression domain. Denominator= Total number of persons with available data on the depression domain.

8. **Scope:** Only data on child and adolescents with completed TOMS are included in the aggregate count.

9. **Caveats:** Data collection includes parents or guardians surveyed on children.

10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, Director, Integrated Primary Care and Behavioral Health Clinic-based Services. Telephone: 504-349-8825. Fax: 504-349-8703. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Integrated Primary Care and Behavioral Health Clinic-based Services

OBJECTIVE: Through Integrated Primary Care and Behavioral Health Clinic-Based Services, provide a continuum of best and evidence-based practices to assist children and adolescents under age 21 to better quality of life by improving emotional well-being, improving family functioning, improving academic success, reducing suspensions and expulsions, reducing out-of-home placement, and reducing involvement with the juvenile justice system by the end of FY 2018-2019.

INDICATOR NAME: Percent of children and adolescents who report improvement in or maintenance of attention deficit symptoms.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Key

2. **Rationale:** The indicator measures treatment outcomes for children and adolescents reporting attention deficit symptoms.

3. **Use:** The indicator is used to gauge the effectiveness of treatment of attention deficit disorder.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** The Telesage Outcome Measures System (TOMS) is an evidenced based instrument backed by psychometric studies that indicate the instrument has high clinical relevance, high validity, and high reliability.

6. **Data Source, Collection and Reporting:** Data is extracted from the attention deficit domain of the TOMS for existing clients and reported in the quarterly Report Card.

7. **Calculation Methodology:** Numerator = Total number of existing persons surveyed who rate "doing well" on the TOMS attention deficit domain. Denominator= Total number of persons with available data on the attention deficit domain.

8. **Scope:** Only data on child and adolescents with completed TOMS are included in the aggregate count.

9. **Caveats:** Data collection includes parents or guardians of children.

10. **Responsible Person:** Julie M. Shaw, LCSW-BACS, Director, Integrated Primary Care and Behavioral Health Clinic-based Services. Telephone: 504-349-8825. Fax: 504-349-8703. E-mail: jshaw@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through Developmental Disabilities Community Services, promote independence, participation, employment and productivity, personal responsibility, and quality of life in the community, thus preventing institutionalization and assuring individuals and families receiving family and support services remain in their communities by end of FY 2018-2019.

INDICATOR NAME: Percent of Individual and Family Support recipients who remain in the community vs. institution.

LaPAS PI Code: 22936

1. **Type and Level:** Outcome/Key

2. **Rationale:** Individual and Family Support services enhance the successful functioning of families that have children with severe disabilities and adults with disabilities who live with their families or in their own homes. This indicator measures the quality and effectiveness of the service.

3. **Use:** Data is used to monitor program quality and effectiveness in achieving the outcome of family and child preservation and the successful functioning of adults in the community.

4. **Clarity:** Individual and Family Support services comprise: financial assistance for disability-related expenses; respite care; personal companion assistance; supportive living services; and, psychological services.

5. **Accuracy, Maintenance, Support:** The JPHSA Developmental Disabilities Administrative Team and Personal Support Coordinators monitor data on a monthly basis.

6. **Data Source, Collection and Reporting:** Data extracted from the Participant Services Data System for all persons receiving state-funded developmental disabilities community-based services is the source for data along with an internally managed database for Individual and Family Support funds. The Administrative Team, Support Coordinators, and Participant Services Data System Coordinator are responsible for entering accurate and timely information.

7. **Calculation Methodology:** The total number of children and adults who receive Individual and Family Support **and** who remain in the community is divided by the total number of children and adults who receive Individual and Family Support.

8. **Scope:** Only children and adults who receive Individual and Family Support funds from JPHSA are included in the calculation.

9. **Caveats:** Children who receive only Flexible Family Funds are not included in the count nor are adults who receive only Vocational Services.

10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC. Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through Developmental Disabilities Community Services, promote independence, participation, employment and productivity, personal responsibility, and quality of life in the community, thus preventing institutionalization and assuring individuals and families receiving family and support services remain in their communities by end of FY 2018-2019.

INDICATOR NAME: Percent of persons with a developmental disability employed in community-based employment.

LaPAS PI Code: 15784

1. **Type and Level:** Outcome/Key

2. **Rationale:** Adults with developmental disabilities both want and need regular employment in the community, the same as other citizens.

3. **Use:** The frequency data is used in planning and implementing services to better meet demand of adults with developmental disabilities for paid employment at a level comparable to other citizens working in the community.

4. **Clarity:** Community-based employment is defined as paid employment for minimum wage or higher in community settings where other citizens are employed. Community-based employment does not include work performed in facility-based programs operated by service provider agencies.

5. **Accuracy, Maintenance, Support:** Reliability is established through monthly monitoring of the vocational program progress report and contract invoice submitted by community service provider agencies.

6. **Data Source, Collection and Reporting:** Data extracted from the Participant Services Data System for all persons receiving state-funded developmental disabilities community-based services is the source for data along with an internally managed database. The Administrative Team, Personal Support Coordinators, and Participant Services Data System Coordinator are responsible for entering accurate and timely information.

7. **Calculation Methodology:** The total number of adults employed in community-based employment is divided by the total number of adults served in vocational/habilitation programs.

8. **Scope:** Only adults with developmental disabilities who receive state-funded vocational services from JPHSA are included in the calculation.

9. **Caveats:** None

10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC. Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through Developmental Disabilities Community Services, promote independence, participation, employment and productivity, personal responsibility, and quality of life in the community, thus preventing institutionalization and assuring individuals and families receiving family and support services remain in their communities by end of FY 2018-2019.

INDICATOR NAME: Number of people (unduplicated) receiving state-funded developmental disabilities community-based services.

LaPAS PI Code: 15892

1. **Type and Level:** Output/Key

2. **Rationale:** Individuals with developmental disabilities and their families need community-based services to live, be educated, recreate, work, and participate productively in community life. Developmental disabilities community-based services are provided from birth through the lifespan to individuals who meet state eligibility criteria. Frequency data provides a measure of service utilization and an indication of need.

3. **Use:** The frequency measure, in conjunction with other indicators, is used in planning and implementing services to best meet demand.

4. **Clarity:** This indicator does not include the provision of eligibility determination or information/referral activities.

5. **Accuracy, Maintenance, Support:** The JPHSA Developmental Disabilities Administrative Team and Personal Support Coordinators monitor data on a monthly basis.

6. **Data Source, Collection and Reporting:** Data extracted from the Participant Services Data System for all persons receiving state-funded developmental disabilities community-based services is the source for data along with an internally managed database. The Administrative Team, Personal Support Coordinators, and Participant Services Data System Coordinator are responsible for entering accurate and timely information.

7. **Calculation Methodology:** Data extracted from the Participant Services Data System and the internally managed database are extracted, de-duped, and counted.

8. **Scope:** Only children and adults who receive developmental disabilities community-based services from JPHSA are included in the calculation.

9. **Caveats:** None

10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC. Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through Developmental Disabilities Community Services, promote independence, participation, employment and productivity, personal responsibility, and quality of life in the community, thus preventing institutionalization and assuring individuals and families receiving family and support services remain in their communities by end of FY 2018-2019.

INDICATOR NAME: Percent of available home and community-based waiver slots utilized

LaPAS PI Code: New

1. **Type and Level:** Output/Key

2. **Rationale:** Home and community-based waiver services (New Opportunities Waiver, Supports Waiver, Residential Options Waiver, and Children's Choice Waiver) allow flexibility for individuals to choose where they live and use supports that promote personal goals and productivity in community life.

3. **Use:** The indicator provides management with programmatic information and helps determine resource allocation, health and safety factors, and achievement for personal goals.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** The JPHSA Developmental Disabilities Administrative Team monitors data on a quarterly basis.

6. **Data Source, Collection and Reporting:** Data extracted from the Louisiana Waiver Registry and Recipient Information System (LAWRRIS) for all persons receiving home and community-based waiver services is the source for data along with an internally managed database.

7. **Calculation Methodology:** The total number of individuals who receive home and community-based waiver services and who utilize their home and community-based waiver services divided by the total number of individuals who receive a home and community- based waiver.

8. **Scope:** Only individuals who receive developmental disabilities home and community-based waiver services in Jefferson Parish are included in the calculation.

9. **Caveats:** None

10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC. Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through Developmental Disabilities Community Services, promote independence, participation, employment and productivity, personal responsibility, and quality of life in the community, thus preventing institutionalization and assuring individuals and families receiving family and support services remain in their communities by end of FY 2018-2019.

INDICATOR NAME: Percent of individuals participating in home- and community-based waivers utilizing self-direction.

LaPAS PI Code: New

1. **Type and Level:** Output/Key

2. **Rationale:** Self-direction option of home and community-based waiver services promotes individuals and families' ability decisions and advances responsibility, personal goals, autonym, community participation and valued community roles.

3. **Use:** The indicator provides management with programmatic information and helps determine resource allocation, health and safety factors, and achievement for personal goals.

4. **Clarity:** Home and community-based waiver self-direction option was implemented in 2009 and FY 2009-2010 will be used as a baseline measure.

5. **Accuracy, Maintenance, Support:** The JPHSA Developmental Disabilities Administrative Team monitors data on a quarterly basis.

6. **Data Source, Collection and Reporting:** Data extracted from the Louisiana Waiver Registry and Recipient Information System (LAWRRIS) for all persons receiving home and community-based waiver services is the source for data along with an internally managed database.

7. **Calculation Methodology:** Numerator = the difference between the number of home and community-based waiver recipients utilizing the self-direction between the baseline year and FY 2018-2019. Denominator = the number of home and community-based waiver recipients utilizing the self-direction during the baseline year.

8. **Scope:** Only children and adults who receive developmental disabilities home and community-based services in Jefferson Parish are included in the calculation.

9. **Caveats:** None

10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC. Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Developmental Disabilities Community Services

OBJECTIVE: Through Developmental Disabilities Community Services, promote independence, participation, employment and productivity, personal responsibility, and quality of life in the community, thus preventing institutionalization and assuring individuals and families receiving family and support services remain in their communities by end of FY 2018-2019.

INDICATOR NAME: Percent of individuals with a developmental disability surveyed who reported overall satisfaction with the services they received.

LaPAS PI Code: 15890

1. **Type and Level:** Quality/Key

2. **Rationale:** The Overall satisfaction with services received by individuals with developmental disabilities is a key component of quality improvement and meaningful changes in service delivery.

3. **Use:** The indicator is used to gauge the outcomes and quality and effectiveness of supports and services to individuals and families.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** Data is extracted National Core Indicator (NCI) annual survey of individuals and families utilizing developmental disability services

6. **Data Source, Collection and Reporting:** Data is collected by a random sample of individuals and families utilizing developmental disability services through a standardized face-to-face interview.

7. **Calculation Methodology:** Numerator = the number of people reporting that they had overall satisfaction with the supports and services received. Denominator = the number of people responding to the survey.

8. **Scope:** Only individuals who completed surveys and reside in Jefferson Parish are included in the calculation.

9. **Caveats:** Data is obtained from face-to-face interviews.

10. **Responsible Person:** Nicole Sullivan-Green, M.A., LPC. Director, Developmental Disabilities Community Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: ngreen@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Business Management /Performance & Quality Improvement

OBJECTIVE: Through the Business Management/Performance & Quality Improvement Services activity, optimize resources through leadership, direction and increased operational efficiency while maintaining the highest level of performance and accountability through FY 2018-2019.

INDICATOR NAME: Average number of days from date of service to claim submission.

LaPAS PI Code: New

1. **Type and Level:** Outcome/Key

2. **Rationale:** Performance and continuous quality improvement are an integral part of JPHSA's culture, and decision support via data forms infrastructure for monitoring, analysis, and constructive change focused on increased efficiency and effectiveness. Per the Accountable Care Model, endorsed by the National Council for Community Behavioral Healthcare, a "shift to a revenue focus" and "proactive collection" of fees is a "predictive core" indicator.

3. **Use:** Data reports are provided on a monthly basis to members of the Executive Management Team to measure. Performance and continuous quality improvement strategies are utilized to achieve improvement, if needed.

4. **Clarity:** Behavioral Health Services provided to individuals funded by Louisiana Medicaid, including those whose Medicaid benefits are managed by another entity on behalf of the state, are included in data collection.

5. **Accuracy, Maintenance and Support:** A query with refined parameters is used to extract data from any and all billing systems used by JPHSA during the reporting period. Information is maintained per record retention requirements.

6. **Data Source, Collection and Reporting:** Service delivery data is input into the electronic health record by clinical staff and billing staff submit claims that meet submission requirements. Supervisory and quality management staff monitors accuracy on an ongoing basis and identifies any performance improvement activities needed for claim submission.

7. **Calculation Methodology:** Numerator: Sum of the number of days from the service delivery date to the claim submission date for each claim submitted. Denominator: Total number of claims submitted.

8. **Scope:** Only clients with clinic-based appointments are included in the calculation.

9. **Caveats:** Only individuals with Louisiana Medicaid as their primary guarantor are included in this calculation.

10. **Responsible Person:** Gwen Doherty, Director, Management Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: gdoherty@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Business Management /Performance & Quality Improvement

OBJECTIVE: Through the Business Management/Performance & Quality Improvement Services activity, optimize resources through leadership, direction and increased operational efficiency while maintaining the highest level of performance and accountability through FY 2018-2019.

INDICATOR NAME: Percent compliance with Performance Evaluation System (PES) evaluations completed within required timeframe.

LaPAS PI Code: New

1. **Type and Level:** Outcome/General

2. **Rationale:** Performance and continuous quality improvement are an integral part of JPHSA's culture, and decision support via data forms infrastructure for monitoring, analysis, and constructive change focused on increased efficiency and effectiveness. Research shows that a high percentage of staff turnover is due to poor supervision.

3. **Use:** Monitoring completion percentages of evaluations by supervisors identify supervisors in need of additional training.

4. **Clarity:** All annual evaluations required by Civil Service will be included.

5. **Accuracy, Maintenance and Support:** The Louisiana Department of State Civil Service defines performance evaluation dates. All classified employees shall be included. Reported data will be maintained electronically in accordance with state retention guidelines.

6. **Data Source, Collection and Reporting:** Supervisors submit completed evaluation forms to Human Resources. Human Resources staff identifies any supervisors who do not submit forms by stated deadline. Division Directors and Executive Director are notified of individuals who do not submit forms by stated deadlines.

7. **Calculation Methodology:** Numerator = Number of PES submitted during reported period. Denominator = Number of required evaluations.

8. **Scope:** All employees required to have annual performance evaluation completed are included.

9. **Caveats:** Unclassified employees are not included.

10. **Responsible Person:** Gwen Doherty, Director, Management Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: gdoherty@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Business Management /Performance & Quality Improvement

OBJECTIVE: Through the Business Management/Performance & Quality Improvement Services activity, optimize resources through leadership, direction and increased operational efficiency while maintaining the highest level of performance and accountability through FY 2018-2019.

INDICATOR NAME: Percent of Behavioral Health Clinic service recipients surveyed who reported they had overall satisfaction with the services they received**.**

LaPAS PI Code: New

1. **Type and Level:** Outcome/General

2. **Rationale:** Per David R. Lloyd's How to Delivery Accountable Care**,** in order to substantiate quality of care provided, consumer satisfaction survey data is needed.

3. **Use:** Results are tallied and distributed to senior management staff and clinic managers. Performance and continuous quality improvement strategies are utilized to achieve improvement, if needed.

4. **Clarity:** Only individuals receiving services provided within the clinic are interviewed.

5. **Accuracy, Maintenance, Support:** All surveys obtained are forwarded in a confidential manner to the Management Services Division. Management Services is responsible tallying responses and maintaining all copies of surveys in accordance with State and JPHSA retention requirements.

6. **Data Source, Collection and Reporting:** Individuals and/or a parent or guardian of children and adolescents currently receiving services are interviewed by trained Peer Specialists. These responses are recorded on the survey tool by the peer specialists. Individuals selected to be surveyed are selected randomly.

7. **Calculation Methodology:** Survey forms are forwarded to Management Services who then tallies the response recorded for each question answered. Numerator = Number of individuals who responded with "Agree" or "Strongly Agree". Denominator = Number of individuals who responded.

8. **Scope:** A representative number of adults and child and adolescent individuals from each clinic is selected for the survey.

9. **Caveats:** The identities of the individuals surveyed remain confidential.

10. **Responsible Person:** Gwen Doherty, Director, Management Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: gdoherty@jphsa.org.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Jefferson Parish Human Services Authority

ACTIVITY: Business Management /Performance & Quality Improvement

OBJECTIVE: Through the Business Management/Performance & Quality Improvement Services activity, optimize resources through leadership, direction and increased operational efficiency while maintaining the highest level of performance and accountability through FY 2018-2019.

INDICATOR NAME: Percent of JPHSA Annual Performance & Quality Improvement Initiatives achieved.

LaPAS PI Code: New

Type and Level: Outcome/General

1. **Rationale:** "Quality improvement in public health is the use of a deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community." (Riley et al, "Defining Quality Improvement in Public Health", JPHMP, 2010, 16(10), 5-7.) This indicator will ensure that performance and quality improvement activities remain ongoing.

2. **Use:** The Performance & Quality Improvement (PQI) Committee meets on a regular basis to review activities and to identify other areas in need of performance & quality improvement. Documentation of performance and quality improvement activities are shared with accreditation and licensing organizations as needed.

3. **Clarity:** None

4. **Accuracy, Maintenance, Support:** Results of this performance indicator complies with or exceeds record retention requirements defined by the State and/or JPHSA.

5. **Data Source, Collection and Reporting:** All PQI activities are results are documented by each workgroup and forwarded to the PQI Committee for review. The results are distributed to the senior management and supervisory staff.

6. **Calculation Methodology:** Numerator: Number of activities achieved during reporting period. Denominator: Number of activities implemented during reporting period.

7. **Scope:** Activities fully implemented prior to the end of the reporting fiscal year.

8. **Caveats:** None

9. **Responsible Person:** Gwen Doherty, Director, Management Services. Telephone: 504-838-5215. Fax: 504-838-5714. E-mail: gdoherty@jphsa.org.

09-301 FLORIDA PARISHES HUMAN SERVICES AUTHORITY

09-301 PROGRAM A: FLORIDA PARISHES HUMAN SERVICES AUTHORITY

Principle Customers/Users of the Program and Benefits: Persons with serious and persistent addictive disorders, developmental disabilities, and/or mental illness, and their families, who live in the five-parish area served by Florida Parishes Human Services Authority (FPHSA) as well as the general communities of each parish.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: Potential internal factors that could significantly affect the achievement of this program include:

(1) The majority of revenue for FPHSA comes from the Department of Health and Hospitals (DHH). FPHSA is therefore significantly impacted by DHH Program initiatives, as well as restrictions, coming from each DHH Program Office.
(2) Changes in Medicaid regulations, which has an impact on the Self-Generated revenue source.
(3) Reductions of federal block grant dollars.
(4) Legislative action or gubernatorial executive orders reducing appropriation levels.
(5) Budget constraints can have an effect on positions, which can impact the wait time for services and increased staff caseloads.

Potential external factors include:

(1) Environmental crisis impact FPHSA's broad geographical area.
(2) Population shifts.
(3) Economic conditions.
(4) Unemployment rate.
(5) Service recipients' reaction to economic conditions.
(6) Technological changes.
(7) Federal health care reform initiatives.

Method Used to Avoid Duplication of Effort: One of the most significantly beneficial aspects of the design of FPHSA is its ability to provide services in an integrated fashion, thereby enhancing efficiency while providing more comprehensive services to clients. All service areas (Addictive Disorders Services, Developmental Disabilities Services, Executive Administration, and Mental Health Services) report to one position-the Executive Director. There is a single appropriation, which fosters an integrated service effort, while allowing for the individuality of each service area. There is also cross-training of staff, which facilitates the planning and development of programs from a unified philosophy and perspective and provides for ease of transition when one employee's duties need to transition to another employee. FPHSA committees include representatives of each service area, facilitating the sharing of knowledge, information, and ideas, and stressing the importance of a broader perspective to client care.

Additionally, as an agency governed by representatives of parishes it serves, FPHSA is more community-focused than public agencies that are managed from a distance. Therefore, it has the advantage of greater knowledge of and integration with local resources/services, thereby minimizing community duplication of effort.

Program Evaluations Used to Develop Goals, Objectives, and Strategies: FPHSA's program area advisory boards; customer surveys; community forums; provider meetings; review of management data; and the Governing Board, whose membership is a result of recommendations from each parish governing body in the Authority's catchment area, were drawn upon to develop goals, objectives, and strategies.

Program Goal I: To assure comprehensive services and supports which improve the quality of life and community participation for persons with a serious and persistent addictive disorder, developmental disability, and/or mental illness, while providing effective limited intervention to individuals with less severe needs.

Program Goal II: To improve the quality and effectiveness of services and/or treatment through the implementation of best practices and use of data-based decision-making.

Program Goal III: To promote healthy and safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

Statutory Authority for Goals: FPHSA is a special authority/district created by Act 594 of the 2003 Louisiana Legislative Session.

Objective I: Florida Parishes Human Services Authority/Addictive Disorders Services (ADS) will provide quality treatment services to individuals with addictive disorders and prevention services in a cost effective manner.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Persons with addictive disorders, their families, and the communities they live in.

Objective II: Each year through June 30, 2019, Florida Parishes Human Services Authority/Developmental Disabilities Services (DDS) will provide services that emphasize person-centered individual and family supports to people with developmental disabilities. Delivery of services will result in an increased percentage of people within the FPHSA catchment area that remain in the community rather than being institutionalized.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Persons with developmental disabilities, their families, and the communities they live in.

Objective III: Each year through June 30, 2019, Florida Parishes Human Services Authority/Executive Administration will increase the efficiency of the operation and management of public, community-based services related to addictive disorders, developmental disabilities, and mental health in the parishes of Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Persons with addictive disorders, developmental disabilities, and/or mental illness, their families, and the communities they live in.

Objective IV: Florida Parishes Human Services Authority/Mental Health Services (MHS) will maintain the quality of community-based mental health services while providing them in a more cost effective manner in state fiscal year 2019 as compared to 2015.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Persons with mental illness, their families, and the communities they live in.

Maintenance of Records and Monitoring/Evaluating Processes

Each FPHSA program director monitors and evaluates data relevant to performance indicators pertaining to their service area at least quarterly for those indicators for which quarterly reporting is appropriate. Each program director determines if performance related to the indicator is on track and adjusts the target for future quarters if appropriate. Program directors may also modify action steps so that attainability of future targets is increased. As well, if actual performance related to an indicator differs +/- 5 percent from the target, the program director analyzes and provides a written explanation for the deviation. Summary data for each performance indicator is submitted to FPHSA's fiscal department, where it is consolidated for reporting. Program directors are responsible for the maintenance of source documentation related to each performance indicator. FPHSA's fiscal department maintains summary data. All documentation is retained per FPHSA's "Record Retention Schedule."

Human resource policies that are helpful and beneficial to women and families: Florida Parishes Human Services Authority, through its Human Resource's Office, will develop and implement policies that are helpful and beneficial to women and families, using such resources as federal, state, and/or local laws, guidelines, and procedures, as well as provide a mechanism for internal feedback. As a part of the implementation process, continued monitoring of all applicable resources will ensure that these policies are regularly maintained and updated for accuracy.

09-302 PROGRAM A: CAPITAL AREA HUMAN SERVICES DISTRICT

Principle Customers/Users of the Program and Benefits: Persons with serious mental/emotional disorders, addictions, and developmental disabilities, and their families, who live in the seven (7) parish area, served by the Capital Area Human Services District, and the broader communities of each parish.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: The majority of revenue for Capital Area Human Services District comes from the Department of Health and Hospitals through a Memorandum of Understanding. We are therefore significantly impacted by DHH Program initiatives, as well as restrictions, coming from each DHH Program Office, in regards to funding and utilization of staff time. Negative changes in Medicaid regulations, or reduction to the state in federal block grant dollars, as well as legislative action or gubernatorial executive order reducing appropriation levels in future years, could also impact achievement of goals and objectives.

Methods Used to Avoid Duplication of Effort: One of the most significant aspects of the design of CAHSD is the ability to provide services in an integrated fashion, thereby enhancing efficiency while providing more comprehensive services to clients. All CAHSD (DHH-comparable) Programs report to the same administrative position, and there is a single appropriation, resulting in an integrated service effort, while allowing for the individuality of each program area. It also results in cross-training and exposure of staff across program areas, and facilitates the planning and development of programs from a unified philosophy and perspective. CAHSD committees include representatives of all Program service areas, facilitating the sharing of knowledge, information, and ideas, and stressing the importance of a broader perspective to client care.

Additionally, as an agency governed by representatives of the parishes it serves, CAHSD is more community-focused than many public agencies, and has the advantage of closer knowledge of and integration with local resources/services, thereby minimizing overall community duplication of effort.

Program Evaluations Used to Develop Goals, Objectives and Strategies: There have been a wide variety of input sources into Plan development. In 1997, an extensive period of communication with and survey of consumers, providers, community organizations, and staff resulted in the identification of priority issues, and the barriers to our ability to deliver care and supports in the most efficient manner. There was remarkable similarity in responses across groups, and this initial information still guides much of our annual program development. CAHSD continues to obtain feedback on progress and future goals on an annual basis through our program area advisory boards, consumer surveys, employee surveys, community forums, provider meetings, review of management data, and our own Governing Board whose membership is a result of recommendations from each parish governing body in the District.

Goal I. To provide mental health, addiction recovery and developmental disabilities services that consumers, their families and communities want; in a manner that provides them quick and convenient entry into services.

Goal II. To ensure that services provided are responsive to consumer concerns, integrated in service delivery methods, representative of best practice, and consistent with the goals of the Department of Health and Hospitals and its Program Offices.

Goal III. To promote healthy, safe lives for people by providing leadership in educating the community on the importance of prevention, early detection and intervention, and by facilitating coalition building to address localized community problems.

Goal IV. To be structurally and functionally prepared to operate clinics in a managed care, managed Medicaid environment within the context of health care reform.

Statutory Authority for Goal: R.S. 46:2661-2666; R.S. 28:771(D); R.S. 36:254(F) and R.S. 36:258(G).

Primary Persons Who Will Benefit from or be Significantly Affected by Objectives: Children, adolescents and adults with serious emotional/behavioral disturbances, addictions and developmental disabilities, their families, and the communities in which they live.

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Administration

OBJECTIVE: Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.

INDICATOR NAME: Percentage of staff Performance Evaluations conducted in compliance with Civil Services guidelines.

LaPAS PI Code: 23989

1. **Type and Level: Key**

2. **Rationale: Performance Evaluation Ratings are mandated by the Department of State Civil Service Rules, Chapter 10; as an evaluation tool for all classified state employees. Each agency is audited by the Department of Civil Service on their compliance with this rule. Administration (Human Resources) is responsible for ensuring that all supervisory personnel operate within the scope of this rule and CAHSD Policy 415-01 (Performance Planning and Review), and that appropriate actions are taken in instances of non-compliance.**

3. **Use: This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: Data is audited electronically by the Department of State Civil Service (DSCS) monthly using the ISIS HR ZP117-Appraisal Report which identifies discrepancies in employee appraisal data calculated by the ISIS HR system when compared to data entered by the agency. The ZP117-Appraisal Report is received by the agency from the DSCS monthly for reconciliation; corrections are made and reported to the DSCS within a week of receipt of notification.**

6. **Data Source, Collection and Reporting: Data indicating employee hire date and annual performance appraisal date is entered into the State of Louisiana ISIS HR system by the Agency as employees are hired. The ISIS HR ZP 117-Appraisal Report which cross references Agency dates with the ISIS HR system calculated annual performance appraisal dates is processed and distributed to the agency by the DSCS monthly.**

7. **Calculation Methodology: The indicator is calculated by dividing the total number of appraisals conducted within Civil Service guidelines by the total number of appraisals that should have been conducted by the agency to determine the overall percentage of appraisals conducted in compliance with the guidelines.**

8. **Scope: While this indicator is reported on this agency as a standalone to the Department of State Civil Service; it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
    Telephone: 225-922-2708 Email: Carol.Nacoste@La.Gov Fax: 225-922-2707

09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Administration**

OBJECTIVE: **Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.**

INDICATOR NAME: **Percentage of state assets in the Protégé system located/accounted for annually.**

LaPAS PI Code: 23990

1. **Type and Level: Key**

2. **Rationale: State owned assets (property) are required by State Law to be tracked in the Protégé system (Louisiana web based Asset Tracking). Each year, this system is reconciled through physical inventory requiring actual site inspection of each item of property to ensure the proper safeguarding of the State's assets by every CAHSD employee. This report is then submitted to the Louisiana Property Assistance Agency (LPAA) within the Division of Administration (DOA) for review and approval. Agencies with a more than 5% margin of error (failure to locate) will have their annual certification denied by the LPAA and will be reported to the Louisiana Legislative Auditor (LLA) for review.**

3. **Use: This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator is audited by the LPAA annually in July with the most recent audit in July 2009 being accepted; it is also audited by the LLA during our bi-annual audit with the most recent audit in June 2009 resulting in no findings.**

6. **Data Source, Collection and Reporting: Data is collected by the Department of Health and Hospitals monthly using the State of Louisiana ISIS purchasing system to identify purchases that meet the State's description of state asset/property. This data is submitted to the agency and reconciled to the Protégé system for the prior month. The physical property inventory is reconciled to the Protégé system data annually in July and reported to the LPAA.**

7. **Calculation Methodology: The indicator is calculated by dividing the total number of items (property) located during the annual physical inventory into the total number of items (property) recorded in the Protégé system to determine the overall percentage of items located or accounted for annually.**

8. **Scope: While this indicator is reported on this agency as a standalone to the LPAA; it is aggregated into the Department of Health and Hospitals' overall physical inventory and the state-wide data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Administration**

OBJECTIVE: **Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.**

INDICATOR NAME: **Percentage score on annual Civil Service ISIS Human Resources Data Integrity Report Card**

LaPAS PI Code: 23991

1. **Type and Level: Key**

2. **Rationale: The Department of State Civil Service (DSCS) Rules govern personnel practices and are binding for state classified employees in all state agencies and departments. The DSCS Accountability Division audits agency compliance by processing reports in the State's ISIS HR system. Non-compliance by agencies is reported to the Civil Service Commission and/or the Legislative Auditor for corrective action.**

3. **Use: This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: Data is audited electronically by the Department of State Civil Service (DSCS) monthly using various ISIS HR Reports (ZP 44-Contract Audit Report, ZP 135-Flexible Employee Data Report, ZP 28-Detail to Special Duty Report, ZX 02-Mismatch Report) to ensure that agencies are operating in compliance with established Civil Service and ISIS HR rules and regulations. These reports are received by the agency from DSCS monthly for reconciliation; corrections are made and reported to the DSCS within a week of receipt of notification.**

6. **Data Source, Collection and Reporting: Employee data is entered into the State of Louisiana ISIS HR system by the Agency upon hire and throughout the employee's tenure tracking all changes in the employee's status (i.e. hire date, hire status (probational, job appointment, transfer in permanent status, etc.), merit date, promotion, demotion, termination, detail to special duty, name change, etc.). Reports which cross reference Agency data with ISIS HR system data are processed and distributed to the agency monthly by the DSCS.**

7. **Calculation Methodology: The indicator is calculated by dividing the overall DSCS ISIS Human Resource Data Integrity Report Card data score by the Performance Standard.**

8. **Scope: While this indicator is reported on this agency as a standalone to the Department of State Civil Service; it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Administration

OBJECTIVE: Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.

INDICATOR NAME: Percentage of LaPAS indicators that meet target within (+/-) 4.9% or exceed target

LaPAS PI Code: 23992

1. Type and Level: Key

2. Rationale: The Office of Planning and Budget (OPB) in the Division of Administration (DOA) makes recommendations for appropriation of state funds based on Performance-based Budgeting (PBB). The OPB uses the Louisiana Performance Accountability System (LaPAS), which tracks performance standards and actual performance information for Louisiana's state departments and agencies, as their basis for these recommendations to the Legislature.

3. Use: This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: Data is audited electronically by the OPB quarterly using the LaPAS system.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using various electronic databases (Office of Mental Health Information Systems-Aramis and OMHIIS, Office of Addictive Disorders Information System-LADDS, Office for Citizens with Developmental Disabilities Information System-ITTS); gathered on a quarterly basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The total number of performance indicators meeting the above standard will be divided by the total number of performance indicators being reported on.

8. Scope: While this indicator is reported on this agency as a standalone to the Division of Administration, Office of Planning and Budget; it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Administration

OBJECTIVE: Through the Administration activity, CAHSD will support and oversee programmatic operations that improve health outcomes of the citizens served by ensuring that at least 90% of LaPAS Indicators meet or exceed target within (-/+) 4.99%.

INDICATOR NAME: Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft or other illegal or unethical activity.

LaPAS PI Code: 23993

1. Type and Level: Key

2. Rationale: "The Legislative Auditor serves as the watchdog of public spending, overseeing more than 3,500 audits of state and local governments and their related quasi-public enterprises." The LLA conducts independent financial and performance audits of the State's agencies to find ways to improve government and identify critical issues to protect public resources and tighten government control systems.

3. Use: This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocation.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: The reporting data for this indicator will be taken directly from the Louisiana Legislative Auditor's Report.

6. Data Source, Collection and Reporting: Louisiana Legislative Auditor Report.

7. Calculation Methodology: The total number of findings in the Louisiana Legislative Auditor Report resulting from misappropriation of resources, fraud, theft or other illegal or unethical activity.

8. Scope: While this indicator is reported on this agency as a standalone to the Louisiana Legislative Auditor, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will provide services for persons with developmental disabilities in the least restrictive setting near their home or community and ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Percentage of those surveyed reporting that they had choice in the services they received.

LaPAS PI Code: 15703

1. Type and Level: Supporting

2. Rationale: Services that are outcome driven are person-centered or individualized. Providing choices in supports through offering an array of services and allows the consumer to select those services that meet their own individualized needs. Person-Centered, outcome-based services are consumer-driven; thus, empowering consumers and their families to select options to support consumers in meeting their personal goals.

3. Use: This indicator will be used to assess service quality per the rationale noted above.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: The indicator is based on information obtained in the National Core Indicators survey, completed annually on a statewide basis by a private corporation contracted by OCDD. Rigorous procedures are undertaken to insure the reliability, validity, and accuracy of the data including randomization of the sample, standardized survey procedures, and standardized survey questions. To reduce any potential for positive or negative bias in individual responses to the survey items, interviews are conducted face to face by trained interviewers, and standardized preparation occurs for participants.

6. Data Source, Collection and Reporting: Data Source is National Core Indicator (NCI) Survey responses collected in NCI interviews. Data is reported from the National Core Indicators research survey.

7. Calculation Methodology: Total number of survey participants/number of participants responding "yes" to survey item (choice in services)

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will provide services for persons with developmental disabilities in the least restrictive setting near their home or community and ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Percentage of those surveyed reporting they had overall satisfaction with the services received.

LaPAS PI Code: 15704

1. Type and Level: Supporting

2. Rationale: This indicator is an assessment of service quality based on the reports of program participants regarding their satisfaction with their services.

3. Use: This indicator is utilized to assess service quality and reflects the effectiveness in meeting expectations of individuals served.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: The indicator is based on information obtained in the National Core Indicators survey, completed annually on a statewide basis by a private corporation contracted by OCDD. Rigorous procedures are undertaken to insure the reliability, validity, and accuracy of the data including randomization of the sample, standardized survey procedures, and standardized survey questions. To reduce any potential for positive or negative bias in individual responses to the survey items, interviews are conducted face to face by trained interviewers, and standardized preparation occurs for participants.

6. Data Source, Collection and Reporting: Data Source is National Core Indicator (NCI) Survey responses collected in NCI interviews. Data is reported from the National Core Indicators research survey.

7. Calculation Methodology: This indicator is calculated by dividing the number of “yes” responses to the survey item (overall satisfaction) by the total number of survey participants

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals’ overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will provide services for persons with developmental disabilities in the least restrictive setting near their home or community and ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Percentage of those surveyed reporting regular participation in community activities.

LaPAS PI Code: 15705

1. Type and Level: Supporting

2. Rationale: This indicator reflects an overall goal of the Developmental Disabilities service delivery system. Persons with disabilities have the same rights as others to have fulfilling lives and this involves inclusion and participation in the life of the community. Participation in meaningful community activities impacts quality of life by improving one's sense of health and well-being, increasing self-esteem, and minimizing the presence of psychiatric symptoms and/or challenging behavior.

3. Use: This indicator will be used to assess the effectiveness of Mental Retardation/Developmental Disabilities services in promoting regular access and participation in community activities.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: The indicator is based on information obtained in the National Core Indicators (NCI) survey, completed annually on a statewide basis by a private corporation contracted by the Office of Citizens with Developmental Disabilities. Rigorous procedures are undertaken to insure the reliability, validity, and accuracy of the data including randomization of the sample, standardized survey procedures, and standardized survey questions. To reduce any potential for positive or negative bias in individual responses to the survey items, interviews are conducted face to face by trained interviewers, and standardized preparation occurs for participants.

6. Data Source, Collection and Reporting: Data Source is National Core Indicator Survey responses collected in NCI interviews. Data is reported annually from the annual National Core Indicators research survey.

7. Calculation Methodology: Total number of NCI survey participants/total number of "yes" responses to survey item (regular participation in community activities)

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will provide services for persons with developmental disabilities in the least restrictive setting near their home or community and ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Percentage of those surveyed reporting that the Individual and Family Support services contributed to maintaining themselves or their family member in their own home.

LaPAS PI Code: 15707

1. Type and Level: Key

2. Rationale: The ultimate outcome goal for community-based services is to support persons with disabilities to live in the least-restrictive environment to meet their service needs versus in a residential or institutional setting. This indicator assesses the Individual and Family Supports program's effectiveness in meeting this service outcome.

3. Use: This performance indicator is used to assess service outcome.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: The data is compiled as a part of annual National Core Indicators survey that is completed by a private research corporation for the Office for Citizens with Developmental Disabilities. Rigorous procedures are undertaken to ensure reliability, validity, and accuracy of the data including sample randomization, standardized interview questions, and standardized survey and interview procedures to avoid potential bias.

6. Data Source, Collection and Reporting: Data Source is National Core Indicator (NCI) Survey responses collected in NCI interviews. Data is reported from the National Core Indicators research survey.

7. Calculation Methodology: total number of persons interviewed in NCI study/total number of persons who answered "yes" to survey item

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Developmental Disabilities**

OBJECTIVE: **Through the Developmental Disabilities activity, CAHSD will provide services for persons with developmental disabilities in the least restrictive setting near their home or community and ensure that at least 95% of the persons served will have satisfaction with the services they receive.**

INDICATOR NAME: **Number of available cash subsidy slots**

LaPAS PI Code: 11189

1. **Type and Level: General**

2. **Rationale: The cash subsidy program was implemented in order to offset the cost of keeping a child with a severe or profound disability in the home of the caregiver. This indicator assures that CAHSD is in compliance with the state's requirements for dissemination of cash subsidy funding and is providing the service to the targeted number of program recipients**

3. **Use: This indicator will be used to ensure that all available funds allocated to the cash subsidy program are disseminated according to cash subsidy law.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: Data are tabulated monthly, and subject to quarterly internal audit by the Cash Subsidy Director and Assistant CSRA. Office for Citizens with Developmental Disabilities State Office completes an external annual audit and review. ITS and CAHSD DD Cash Subsidy are reconciled monthly to insure data reliability, validity and accuracy.**

6. **Data Source, Collection and Reporting: Data from the Regional Individual Tracking System (ITS), and from the CAHSD Cash Subsidy Database (including individuals with cash subsidy contracts, the total amount of funding allocated per individual, and the actual funding disbursed) are reviewed and reported to the Office for Citizen's with Developmental Disabilities State Office on a monthly and quarterly basis.**

7. **Calculation Methodology: One slot = $3,096; Number of slots allocated = 201; 201 X $3,096 = amount of money in the budget to fund the slots. The amount encumbered/$3,096 = number of slots filled. Number of slots allocated – number of slots filled = Number of Available Cash Subsidy Slots**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will provide services for persons with developmental disabilities in the least restrictive setting near their home or community and ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Amount of cash subsidy stipend per person per month

LaPAS PI Code: 11198

1. Type and Level: General

2. Rationale: The cash subsidy program was implemented in order to offset the cost of keeping a child with a severe or profound disability in the home of the caregiver. This indicator assures that CAHSD is in compliance with the state's requirements for dissemination of cash subsidy funding so that the participants receive the maximum benefit from the program.

3. Use: This indicator will be used to ensure that the amount of cash subsidy funds are consistently disseminated to program participants in the standardized amount.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: Cash subsidy contracts and expenditures are audited monthly by CASHD Developmental Disabilities Cash Subsidy Supervisor and the Community Services Regional Administrator. Expenditures are also audited by the CAHSD Administrative Division. An annual audit is conducted by the Office for Citizens with Developmental Disabilities (OCDD).

6. Data Source, Collection and Reporting: The data for this indicator is gleaned from the individual cash subsidy contracts. The amount of the cash subsidy stipend is tracked via the CAHSD Developmental Disabilities cash subsidy database by the Cash Subsidy Community Service Specialist and is audited on a monthly basis by CASHD Administration Division. Data is also audited quarterly by the Cash Subsidy Supervisor and annually by Office for Citizens with Developmental Disabilities. This indicator is calculated and reported on a monthly basis to internal (CAHSD) and external (OCDD) sources. The indicator is reported quarterly to OCDD and LAPAS.

7. Calculation Methodology: total annual contracted amount/# of months = $258.00

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Developmental Disabilities

OBJECTIVE: Through the Developmental Disabilities activity, CAHSD will provide services for persons with developmental disabilities in the least restrictive setting near their home or community and ensure that at least 95% of the persons served will have satisfaction with the services they receive.

INDICATOR NAME: Number of persons determined eligible for Mental Retardation/Developmental Disabilities (MR/DD) services, but not yet receiving services.

LaPAS PI Code: 15712

1. Type and Level: General

2. Rationale: In order for MR/DD services to have a positive impact on the lives of consumers, those who request services must actually receive the services. This indicator notes the number of persons in CASHD who are eligible for MR/DD services that are currently not served or benefitting from the statewide service system.

3. Use: This indicator will be used to gauge the number of MR/DD eligible persons who requested family supports and did not receive the services.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: Data is inputted into the Information Tracking System (ITS) and is audited monthly by the Community Service Specialist Supervisors and quarterly by the Assistant Community Services Regional Administrator who also reconciles the information in ITS with the CASHD Family Supports Database to insure reliability.

6. Data Source, Collection and Reporting: Data source is the number of individual agreements and contracts and number of service requests per the ITS is collected and compared with total number of family supports service applications. It is reported monthly to OCDD and in quarterly reports to LAPAS.

7. Calculation Methodology: Number of Individual Family Supports Service Requests Received and Deemed Eligible for MR/DD services – Number of Individuals Receiving MR/DD Services = Number of persons determined eligible for MR/DD services, but not yet receiving services.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Nurse Family Partnership

OBJECTIVE: Through the Nurse Family Partnership activity, CAHSD will provide home visiting for first time, low-income mothers to 100% capacity.

INDICATOR NAME: Total number of home visits completed

LaPAS PI Code: 25074

1. **Type and Level: Key**

2. **Rationale:** The indicator measures the total number of completed home visits performed by the Nurse Family Partnership (NFP) program. It is the quantifiable unit of service used to measure program and nurse level efficiency and productivity.

3. **Use:** This indicator will be one of several tools used to measure nurse and program productivity, to determine reimbursement and for performance based budgeting purposes.

4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. **Validity, Reliability and Accuracy:** Number of home visits is collected and reported through the Clinical Information System (CIS), a national database used by all NFP Programs. Each NFP site enters data into the national CIS database. Quality assurance measures include review of CIS reports, Louisiana NFP internal reports, and nurse itineraries, and client record documentation.

6. **Data Source, Collection and Reporting:** Home visit encounter data is entered into the NFP CIS database at the site after each encounter. Data is entered daily into the CIS database. Itineraries are updated daily to reflect completed home visits. Activity profile reports are generated from the CIS database to report number of home visits. The Louisiana NFP internal report is submitted monthly. An annual report based upon the state fiscal year is generated by the national NFP program based upon data collected from the CIS system.

7. **Calculation Methodology:** Sum of all home visit encounters with patients served through the Nurse-Family Partnership.

8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. **Responsible Person:** Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Nurse Family Partnership

OBJECTIVE: Through the Nurse Family Partnership activity, CAHSD will provide home visiting for first time, low-income mothers to 100% capacity.

INDICATOR NAME: Number of families served in program

LaPAS PI Code: 25075

1. **Type and Level: Key**

2. **Rationale:** The indicator measures the total number of families that received services from the Nurse Family Partnership (NFP) program. It is the quantifiable number of families used to measure program and nurse level efficiency and productivity.

3. **Use:** This indicator will be one of several tools used to measure nurse and program productivity, to determine reimbursement and for performance based budgeting purposes.

4. **Clarity:** The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. **Validity, Reliability and Accuracy:** Number of families served is collected and reported through the Clinical Information System (CIS), a national database used by all NFP Programs. Each NFP site enters data into the national CIS database. Quality assurance measures include review of CIS reports, Louisiana NFP internal reports, and nurse itineraries, and client record documentation.

6. **Data Source, Collection and Reporting:** Home visit encounter data is entered into the NFP CIS database at the site after each encounter. Data is entered daily into the CIS database. Itineraries are updated daily to reflect completed home visits. Activity profile reports are generated from the CIS database to report number of home visits. The Louisiana NFP internal report is submitted monthly. An annual report based upon the state fiscal year is generated by the national NFP program based upon data collected from the CIS system.

7. **Calculation Methodology:** Sum of all families served (with patients served) through the Nurse-Family Partnership.

8. **Scope:** While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. **Caveats:** This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. **Responsible Person:** Carol Nacoste, Deputy Director
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Children's Behavioral Health Services**

OBJECTIVE: **Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.**

INDICATOR NAME: **Percentage of total children/adolescents admitted for mental health services who are served within their parish of residence.**

LaPAS PI Code: 7925

1. **Type and Level: Key**

2. **Rationale: CAHSD provides services to the residents of East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville, Pointe Coupee and Ascension parishes. CAHSD has established school-based and/or satellite services in every parish so that as many children as possible can be served in their own community. Proximity of services to school, home and work makes it easier for families to participate in treatment.**

3. **Use: The indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that as many children as possible have better access to services and are able to receive care in their own community.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.**

6. **Data Source, Collection and Reporting: The data source used to collect this information is an admissions logbook where every child admitted is assigned a case number from the book. Along with the case number, the parish of residence is logged in at the time of admission and it is noted "yes" or "no" if a child is served in their parish of residence.**

7. **Calculation Methodology: The percentage of the total children/adolescents admitted who are served in their parish of residence is calculated by doing a manual count of those admissions noted as a "no" (child not served in their parish of residence) and that number is then subtracted from the total number of admissions for the quarter. That number (number served in their parish of residence) is then divided by the total number of admissions for the quarter to get the percentage of the total children/adolescents admitted served in their parish of residence.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Children's Behavioral Health Services**

OBJECTIVE: **Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.**

INDICATOR NAME: **Percentage of total children/adolescents admitted for addiction recovery services who are served within their parish of residence.**

LaPAS PI Code: 11142

1. **Type and Level: Key**

2. **Rationale: CAHSD provides services to the residents of East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville, Pointe Coupee and Ascension parishes. In order to provide better access to services, we have established school-based and/or satellite services in every parish so that as many children as possible can be served in their own community. Proximity of services to school, home and work makes it easier for families to participate in treatment.**

3. **Use: The indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that as many children as possible have better access to services and are able to receive care in their own community.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.**

6. **Data Source, Collection and Reporting: The data source used to collect this information is an admissions logbook where every adolescent admitted is logged in to the book. The parish of residence is logged in at the time of admission and it is noted "yes" or "no" if a child is served in their parish of residence.**

7. **Calculation Methodology: The percentage of the total children/adolescents admitted who are served in their parish of residence is calculated by doing a manual count of those admissions noted as a "no" (child not served in their parish of residence) and that number is then subtracted from the total number of admissions for the quarter. That number (number served in their parish of residence) is then divided by the total number of admissions for the quarter to get the percentage of the total children/adolescents admitted served in their parish of residence.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Percentage increase in positive attitude of non-use of drugs or substances.

LaPAS PI Code: 15713

1. Type and Level: Key

2. Rationale: The Office of Addictive Disorders in the Department of Health and Hospital makes recommendation for appropriation of state funds based on achieving a 5% increase in positive attitude of non-use of drugs or substances by providing evidence-based prevention curriculum and/or Center for Substance Abuse Prevention (CSAP) strategies.

3. Use: The indicator will be used as a tool to determine the percentage of increase in positive attitudes towards the non use of drugs or substances by child/adolescent age 12-17.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Performance Indicator is reported annually. This report includes pre/post scores and is provided by the contractor. The information is then reviewed for accuracy by the prevention program monitors.

7. Calculation Methodology: The percentage of increase is determined by calculating the pre-survey score for each child/adolescent at the beginning of the program and dividing it into the post-survey score for each child/adolescent after completing the program to determine the percentage of increased positive attitudes.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Capital Area Human Services District (CAHSD)
ACTIVITY: Children's Behavioral Health Services
OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.
INDICATOR NAME: Percentage of persons provided services by Child Mobile Outreach and Family Preservation reporting that services helped maintain them or their family member in their home; avoiding unnecessary hospitalization or removal.
LaPAS PI Code: 23999

1. **Type and Level: Supporting**

2. **Rationale: Child Mobile Outreach and Family Preservation (Wrap-around) offers mobile, intensive, in-home/community-based services conducted by multi-disciplinary teams. Provides a full range of effective mental health care in collaboration with other local agencies. While these programs are not ACT programs and do not contain all of the necessary elements of such, they are created using the general basis for intensive case management of an ACT program. "One review of 23 controlled studies of ACT or intensive case management found that 14 (or 61%) of those which used re-hospitalization as an outcome found a significant decrease in the number of readmissions compared with the control group" (1) "Another meta-analysis of 9 studies involving the ACT model showed that providing assertive outreach programs for frequent users of hospitals could be expected to reduce inpatient days by about 50%." (2) "The impact of ACT on the use of inpatient psychiatric services is even stronger for the number of days of hospital use than for the number of admissions." (3) Additional outcome measures assessing the individuals' clinical status and recover process, including school attendance, involvement with legal system, overall functioning, risk behaviors and symptom severity may be used to evaluate the program's success.**

3. **Use: For internal management and performance-based budgeting purposes. Community based services tends to incur considerably lower costs compared to hospital care. One study conducted by Gary R. Bond PhD and Michelle P. Salyers, PhD. in 2004 indicated that "compared with a mean of 101.8 days (SD=113.3) hospitalized during the year prior to ACT admission, clients averaged 57.8 days (SD=94.8) during the year after admission, t=8.61, P<.001, a 43% reduction."**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.**

6. **Data Source, Collection and Reporting: A spreadsheet will be used to capture and calculate the number of children served in a six month period including numbers of those who were sent to a psychiatric hospital, detention or removed from the home by the authorities (Office of Community Services or Office of Juvenile Justice).**

7. **Calculation Methodology: The total number of children removed or placed outside the home will be calculated and subtracted from the total number of children served during the six month period. That number will be divided by the total number of children served to obtain the percentage of children maintained in the home setting during the six month period.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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References: (1) Mueser KT, Bond GR, Drake RE, Resnick SG. Models of community care for severe mental illness: a review of research on case management. Schizophr Bull 1998;24:37-74.; (2) Bond GR, McGrew JH, Fekete DM. Assertive outreach for frequent users of psychiatric hospitals; a meta-analysis. J Ment Health Adm 1995;22:4-16.; (3) Burns BJ, Santos AB. Assertive community treatment: an update of randomized trials. Psychiatr Serv 1995; 46:669-75.

09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Children's Behavioral Health Services**

OBJECTIVE: **Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.**

INDICATOR NAME: **Percentage reduction of problem behaviors (suspension, expulsion and truancy) by providing behavioral health services in the school setting.**

LaPAS PI Code: 24000

1. **Type and Level: Supporting**

2. **Rationale: The indicator was selected because The National Assembly on School-Based Health Care has proposed that researchers might have the greatest likelihood of demonstrating the impact of SBHCs upon educational behaviors – suspension rates, expulsions, and indicators of attendance – rather than more distal educational outcomes such as grades or test scores.**

3. **Use: The indicators will be used for internal management purposes.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by Office of Legislative Auditor. However, the data is extrapolated from the Louisiana Department of Education Student Information System (SIS) which develops and maintains that there is a standardized definition for each data element. Therefore, the data should be valid, reliable and accurate across parishes throughout the state. The SIS has a data dictionary that defines all data elements so the problem behaviors are measured and reported identically throughout the state.**

6. **Data Source, Collection and Reporting: The data is collected from the school system's database which is an external database. The data is gathered monthly on the 10th of each month for the previous month. It is consistently reported on a school year basis on the 10th of each month.**

7. **Calculation Methodology: The National Assembly on School-Based Health Care has proposed that researchers might have the greatest likelihood of demonstrating the impact of SBHC upon educational behaviors – suspension rates, expulsions, and indicators of attendance – rather than more distal educational outcomes such as grades or test scores. Due to the novelty of research tracking "educational problem behaviors", there currently are no standard methods of calculating these indicators. Our program measures both suspensions and truancy monthly by calculating the percent of students currently enrolled in the program experiencing a decrease in problem behaviors from the previous month. Percent decrease equal clients improving behavior from Month 1 to Month 2) divided by clients showing problem behavior during Month 1. Expulsion intervention is measured monthly by calculating the percent of expulsions successfully prevented by therapist intervention at disciplinary hearings. Percent success equal expulsions prevented divided by expulsion hearings attended. Since the School Based Therapy Program is the only program specifically focused on addressing these "educational problem behaviors"; this method of calculation is not used by other CAHSD programs.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Number of children/adolescents admitted per year who are provided publicly supported behavioral health services in their parish of residence.

LaPAS PI Code: 24001

1. Type and Level: General

2. Rationale: CAHSD provides services to the residents of East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville, Pointe Coupee and Ascension parishes. In order to provide better access to services, we have established school-based and/or satellite services in every parish so that as many children as possible can be served in their own community. Proximity of services to school, home and work makes it easier for families to participate in treatment.

3. Use: The indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that as many children as possible have better access to services and are able to receive care in their own community.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: The data source used to collect this information is an admissions logbook where every child admitted is assigned a case number from the book. Along with the case number, the parish of residence is logged in at the time of admission and it is noted "yes" or "no" if a child is served in their parish of residence. The data is collected annually.

7. Calculation Methodology: The number of children/adolescents for this indicator is calculated by doing a manual count of those admissions noted as a "yes" (child served in their parish of residence) in the admissions logbook. The total number of children is reported.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Number of children/adolescents admitted per year for behavioral health services.

LaPAS PI Code: 24002

1. Type and Level: General

2. Rationale: Children' Behavioral Health Services clinic serves children ages 6-18 with emotional-behavioral and/or substance abuse disorders. Children are evaluated and provided treatment in an integrated, comprehensive system of care. Families are served in their parish of residence whenever possible. By tracking the number of children admitted to the program each year, we can assess how many children we are reaching in this population.

3. Use: This indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that we are serving the population well. The numbers can be compared to previous years so that we can gauge progress.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: The data source for this indicator is the Electronic Health Record system. Admission information is entered on every client at the time of admission. Admission reports showing the total number of admissions for each clinic are generated. Reports are obtained from the system in mid-July for the previous fiscal year.

7. Calculation Methodology: The total of the reports from all clinics will be added together to get the number of children/adolescents admitted per year for behavioral health services.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Children's Behavioral Health Services**

OBJECTIVE: **Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.**

INDICATOR NAME: **Number of parishes with parish-domiciled public behavioral health services for children/adolescents.**

LaPAS PI Code: 24003

1. **Type and Level: General**

2. **Rationale: CAHSD provides services to the residents of East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberville, Pointe Coupee and Ascension parishes. In addition to the main clinic site in East Baton Rouge, school-based programs have been established in every parish served and satellite clinics in West Baton Rouge and Iberville. Many of the children/adolescents residing outside of East Baton Rouge can be seen in schools or clinics in their own communities providing more access to services.**

3. **Use: The indicator will be used for internal management purposes. The agency will monitor the indicator and make changes to programs and services as necessary to assure that as many children as possible have better access to services and are able to receive care in their own community.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.**

6. **Data Source, Collection and Reporting: Children's Behavioral Health Services' main clinic site is located at 4615 Government St in Baton Rouge, with two satellite clinics located in West Baton Rouge and Iberville at the Public Health Units, Children's services at Gonzales Mental Health Center and Donaldsonville and school-based has 26 sites spread throughout the seven (7) parishes within the District (Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana).**

7. **Calculation Methodology: Total number of parishes served by the CAHSD with behavioral health services.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Number of child/adolescent substance abuse primary prevention programs offered.

LaPAS PI Code: 11321

1. Type and Level: General

2. Rationale: The Office of Addictive Disorders in the Department of Health and Hospital makes recommendation for appropriation of state funds based on the total number of evidence based programs offered in Capital Area Human Services District.

3. Use: The indicator will be used as a tool to determine the total number of evidence based prevention programs offered in Capital Area Human Services District.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis by contract providers and entered into Prevention Management Information System (PMIS) monthly and reviewed for accuracy by prevention program monitors.

7. Calculation Methodology: The total number of prevention programs offered can be found on the program/provider activity report in Prevention Management Information System at the start of each fiscal year, each provider enters evidence based programs that will be provided by the contract.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Number of parishes in which child/adolescent substance abuse primary prevention programs exist.

LaPAS PI Code: 11323

1. Type and Level: General

2. Rationale: The Office of Addictive Disorders in the Department of Health and Hospital makes recommendation for appropriation of state funds to ensure that prevention programs are offered in each of the 7 parishes (Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana) within the District at the beginning of each contract year.

3. Use: The indicator will be used as a tool to determine if there is a prevention program in all 7 parishes in the CAHSD.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Each prevention program is registered and assigned a facility ID number through OAD. The Facility ID Request form includes the name of the parish where the program is offered and the form is collected by the DHH-Office of Addictive Disorders.

7. Calculation Methodology: The Facility ID Request form has 11 items (# 11 Parish of facility) which is completed by the prevention program monitor and returned to OAD. By completing this form, it is verified that prevention programs exists in each parish.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Percentage of child/adolescent mental health prevalence population served.

LaPAS PI Code: 15687

1. Type and Level: General

2. Rationale: Capital Area Human Services District has historically served 10 % to 12% of the estimated number of child/adolescents in the population in behavioral health crisis and/or with serious emotional disturbance. Due to the prevalence of individuals in crisis or with serious emotional disturbance, it is imperative that behavioral health services are available to the estimated prevalence population.

3. Use: This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health Service is meeting its LaPas performance-based budgeting measures. This indicator will be used internally as one of several tools by CAHSD Administration to determine if CAHSD's Children's Behavioral Health Services is serving an adequate percentage of the prevalence population.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: Office of Mental Health provides data for this indicator and ensures the data to support the indicator is valid, reliable and accurate.

6. Data Source, Collection and Reporting: Office of Mental Health provides the data for this indicator and generates a report on the % of child/adolescents mental health prevalence population served by CAHSD.

7. Calculation Methodology: % of prevalence population served equals the number of child/adolescents in behavioral health crisis and/or with serious emotional disturbances served divided by estimated number of child/adolescents in population with behavioral health crisis and/or serious emotional disturbances multiplied by 100.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Total children/adolescents served

LaPAS PI Code: 24004

1. Type and Level: General

2. Rationale: We are tracking the total number of children receiving behavioral health treatment through outpatient clinics, school based clinics and crisis programs. This shows the comprehensive nature of our services provided to children ages 6-18. Louisiana reported 1,079,560 children residing in the state during the year of 2007 with 5,140 living in foster care, 4,661 in the custody of the judicial system and 3,915 admitted into foster care. In addition to providing clinic outpatient services, CAHSD provides outreach, mobile crisis assessments and intervention (Child Mobile Outreach) to children residing in the seven parishes in the CAHSD catchment area in homes and other community areas including schools. This service measures efficacy as evidenced by a significant reduction in unnecessary hospitalizations from 20 children (8%) to 5 children (2%) in 2009; with increasing numbers of triages and assessments.

3. Use: The indicator will be used for internal management purposes to increase interagency and community collaborations and positive consumer outcomes.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Total number of children/adolescents served in the clinics is obtained through the Electronic Health Record system, the database that holds information on all clinical services provided to clients.

7. Calculation Methodology: Reports on the total number of children/adolescents served are obtained from the Electronic Health Record system for each clinic annually and added together to get the total number served by the Children's Behavioral Health Services system of care.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Children's Behavioral Health Services

OBJECTIVE: Through the Children's Behavioral Health Services activity, CAHSD will provide an integrated, comprehensive behavioral health system of care prevention & treatment services for at risk youth ages 6-18 years & their families and will ensure that at least 95% of children/adolescents who are admitted for mental health services and 85% admitted for addiction recovery services are served in their parish of residence.

INDICATOR NAME: Average cost per person served in the community.

LaPAS PI Code: 24005

1. Type and Level: General

2. Rationale: This indicator assists with the capture and comparison of operational costs for same and similar services throughout the Department of Health and Hospitals to ensure that mandated services are being provided in a cost effective and efficient manner.

3. Use: This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and review.

6. Data Source, Collection and Reporting: All data for this particular indicator is taken from Electronic Health Record system and the State of Louisiana ISIS-AFS (Advantage Financial System) annually.

7. Calculation Methodology: Total cost for annual operation of all programs/services included in the Children's Behavioral Health Services Activity divided by the total number of children service during an entire Fiscal Year cycle (July 01 through June 30).

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of persons served in Community Mental Health Clinics that have been maintained in the community for the past six months.

LaPAS PI Code: 15681

1. Type and Level: Supporting

2. Rationale: Capital Area Human Services District strives to maintain persons served in its community mental health clinics at the highest level of functioning and at the least restrictive level of care. It is important to monitor the percentage of those persons served who are maintained in the community for at least the past 6 months.

3. Use: This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Community Mental Health Centers (CMHC) are meeting LAPAS performance based budgeting measures. This indicator will be used internally as one of several tools to monitor the percentage of persons served at the CAHSD community mental health centers that were maintained in the community the past 6 months.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: Office of Behavioral Health provides data for this indicator and ensures that the data to support this indicator is valid, reliable and accurate.

6. Data Source, Collection and Reporting: Office of Behavioral Health provides the data for this indicator from its Data Warehouse on outpatient and inpatient admissions. Office of Behavioral Health generates a report on the % of persons served in CMHC and maintained in the community for 6 months.

7. Calculation Methodology: % of clients maintained in the community more 180 days = unduplicated persons served who were maintained in the community more than 180 days without an inpatient admission divide by total unduplicated persons served *100.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Annual percentage of adults reporting satisfactory access to services

LaPAS PI Code: 15683

1. Type and Level: Supporting

2. Rationale: The Commission on Accreditation of Rehabilitation Facilities (CARF) requires that its accredited agencies obtain input from persons served and other stakeholders. The CAHSD meets this standard for persons served through use an annual Consumer Satisfaction Survey to assess and measure consumer satisfaction with services and to identify areas to improve access to service.

3. Use: This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health facilities are meeting its LaPas performance-based budgeting measures and will be used internally to monitor consumer satisfaction with access to service. The annual report from the consumer satisfaction survey results will be reviewed by the Medical Staff Organization, Executive Management Team, and the Governing Board to identify areas to improve consumer satisfaction with access to service.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: The survey instrument and methodology was developed by CAHSD leadership in consultation with Louisiana State University research scientists from the departments of political science and social work. Surveys are scanned and information collated by the Louisiana State University Learning and Evaluation Center. The data collation and scoring process was facilitated by utilization of an optical scanner. Data is analyzed by utilizing various statistical methods conducted by Louisiana State University Consultants in the area of research and program evaluation.

6. Data Source, Collection and Reporting: Data is gathered by distributing consumer satisfaction surveys during a designated time period to consumers who have been receiving services for a specified length of time. Surveys are scanned and information collated by the Louisiana State University Learning and Evaluation Center. The data collation and scoring process is facilitated by utilization of an optical scanner. Data is analyzed and a report compiled by Louisiana State University research scientists contracted by CAHSD.

7. Calculation Methodology: The indicator is calculated by adding the mean average scores of all adults surveyed who respond “agree” & “agree strongly” to questions such as “The waiting time between my first telephone call and first treatment session was reasonable”; “I have been able to get an appointment time that is convenient to my work/home schedule”; “I get to see my social worker/counselor often enough; and “I get to see the doctor often enough to address needs associated with my reason for coming to the clinic”.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals’ overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Adult Behavioral Health Services**

OBJECTIVE: **Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.**

INDICATOR NAME: **Annual percentage of adults reporting positive service quality.**

LaPAS PI Code: 15684

1. **Type and Level: Supporting**

2. **Rationale: The Commission on Accreditation of Rehabilitation Facilities (CARF) requires that its accredited agencies obtain input from persons served and other stakeholders. The CAHSD meets this standard for persons served through use an annual Consumer Satisfaction Survey to assess and measure consumer satisfaction with services and to identify areas to improve access to service.**

3. **Use: This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health facility activity is meeting its LaPas performance-based budgeting measures and will be used internally to monitor consumer satisfaction with service quality. The annual report from the consumer satisfaction survey results will be reviewed by the District- Wide Quality Council, Medical Staff Organization, Executive Management Team, and the Governing Board to identify areas to improve consumer satisfaction with service.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: The survey instrument and methodology was developed by CAHSD leadership in consultation with Louisiana State University research scientists from the departments of political science and social work. Surveys are scanned and information collated by the Louisiana State University Learning and Evaluation Center. The data collation and scoring process was facilitated by utilization of an optical scanner. Data is analyzed by utilizing various statistical methods conducted by Louisiana State University Consultants in the area of research and program evaluation.**

6. **Data Source, Collection and Reporting: Data is gathered by distributing consumer satisfaction surveys during a designated time period to consumers who have been receiving services for a specified length of time. Surveys are scanned and information collated by the Louisiana State University Learning and Evaluation Center. The data collation and scoring process is facilitated by utilization of an optical scanner. Data is analyzed and a report compiled by Louisiana State University research scientists contracted by CAHSD.**

7. **Calculation Methodology: The indicator is calculated by adding the mean average scores of all adults surveyed who respond "agree" & "agree strongly" on question #23 of the survey which states "Overall I am satisfied with my care here."**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Adult Behavioral Health Services**

OBJECTIVE: **Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.**

INDICATOR NAME: **Percentage of clients successfully completing outpatient treatment program (Addiction Recovery).**

LaPAS PI Code: 9976

1. **Type and Level: Key**

2. **Rationale: Addictions impacts many citizens of this state with Louisiana having the 7th highest adult per capita alcohol consumption in the United States. The availability of outpatient addiction recovery services is an essential level of care in the continuum of treatment for addressing the issues connected with alcohol, tobacco and other drug abuse/dependence.**

3. **Use: This indicator will be used as one of several tools to determine if CAHSD's Center for Adult Behavioral Health's Addiction Recovery Services is adequately meeting the needs of individuals admitted for outpatient treatment. Data collected will be reported to the CAHSD Executive Management Team quarterly to assure services are adequate and to assist management in making decisions on staffing assignments, identification of training needs and allocation of resources.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.**

6. **Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on a quarterly basis and input into the DOA LaPAS electronic database.**

7. **Calculation Methodology: The indicator is calculated by adding the number of individuals terminated from outpatient treatment who have demonstrated significant improvement or marginal improvement and dividing by the total number of individuals terminated from treatment.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Adult Behavioral Health Services**

OBJECTIVE: **Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.**

INDICATOR NAME: **Percentage of persons successfully completing residential addictions (CARP 28 day inpatient) treatment program.**

LaPAS PI Code: 11284

1. **Type and Level: Key**

2. **Rationale: Residential inpatient treatment is a level of care that is essential to the recovery process of individuals who have been unable to maintain sobriety/recovery at a less intensive level of care. Inpatient treatment is designed to serve those individuals who, because of specific functional deficits, need safe and stable living environments in order to develop their recovery skills.**

3. **Use: This indicator will be used as one of several tools to assist CAHSD management in determine if the residential inpatient treatment program is providing quality treatment to individuals admitted to this level of care. Data collected will be reported to the Executive Management Team quarterly to assist management in making decisions on staffing assignments, resource allocations and effectiveness of treatment.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.**

6. **Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on a quarterly basis and input into the DOA LaPAS electronic database.**

7. **Calculation Methodology: This indicator is calculated by adding the number of individuals terminated from residential addictions treatment who demonstrated significant improvement or marginal improvement at the time of discharge and dividing by the total number of individuals terminated from treatment.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of adults with major mental illness served in the community receiving new generation medication.

LaPAS PI Code: 15680

1. Type and Level: Supporting

2. Rationale: "Atypical" antipsychotics represent a new generation of antipsychotics and are considered the first line treatment and evidenced-based practice in the treatment for schizophrenia. Research indicates that use of atypical antipsychotic decreases the propensity of these agents causing Extrapyramidal Side Effects (EPS) and an absence of sustained prolactin elevation. Capital Area Human Services District monitors the % of those adult clients with major mental disorders who receive new generation medication since this is the first line treatment for major mental illness and an evidenced-based practice.

3. Use: This indicator will be used both externally and internally. It will be used externally as one of several tools to determine if Adult Behavioral Services is meeting its LaPas performance-based budgeting measures and will be used internally to monitor the percentage of CAHSD consumers with major mental disorders who are receiving atypical antipsychotics. This information will be reported quarterly by the contracted pharmacy (QoL-Quality of Life) for review by the Medical Staff Organization and Executive Management Team to identify areas of improvement.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: All prescriptions written by CAHSD physicians and filled by the contracted pharmacy (QoL) are checked for accuracy when entered into the data base and prior to the medication being dispensed to the client by QoL licensed pharmacists.

6. Data Source, Collection and Reporting: This data comes from the QoL's pharmacy software program which tracks medications prescribed and prescriptions written by the medical staff. QoL Pharmacy staff enters the prescription information into their data base.

7. Calculation Methodology: This indicator is calculated by dividing the number of Atypical medication prescriptions dispensed by the total number of prescriptions dispensed.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Adult Behavioral Health Services**

OBJECTIVE: **Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.**

INDICATOR NAME: **Total adults serviced in CAHSD (Mental Health)**

LaPAS PI Code: 24006

1. **Type and Level: General**

2. **Rationale: Capital Area Human Services District Strategic Plan requires that Adult Behavioral Health collects, monitors and reports utilization data. Total adults served data provides trends on the numbers and fluctuations of consumers served to assist with budgetary planning, resource allocation, staff utilization and planning services to meet the needs of consumers in parishes served by CAHSD.**

3. **Use: This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health facility activity is meeting its LaPas performance-based budgeting measures and will be used internally to monitor trends of the number of adults served annually to assist with budgetary planning, resource allocation, staff utilization and planning services to meet the needs of consumers.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: The data for this indicator is entered by clinical staff into the Electronic Health Record system. Clinicians who enter data are trained on the correct way to code and enter data. The data is maintained and audited by OBH and CAHSD to ensure the validity, reliability and accuracy of data.**

6. **Data Source, Collection and Reporting: The data source is the billable progress note entered into the Electronic Health Record system by the clinician. Designated authorized CAHSD staff can generate customized reports on the total adults served within a specified reporting period.**

7. **Calculation Methodology: OMH defines persons served as persons active on the first day of the period plus all persons admitted during the period whether or not they are currently active. Persons Served is calculated by adding the number of active persons on the first day of the period to the number of persons admitted during the period.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average cost per persons served in the community (Mental Health)

LaPAS PI Code: 24007

1. Type and Level: General

2. Rationale: This indicator assists with the capture and comparison of operational costs for same and similar services throughout the Department of Health and Hospitals to ensure that mandated services are being provided in a cost effective and efficient manner.

3. Use: This indicator will be used as one of several tools to determine if the Administration activity is meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and review.

6. Data Source, Collection and Reporting: All data for this particular indicator is taken from the Electronic Health Record system and the State of Louisiana ISIS-AFS (Advantage Financial System) annually.

7. Calculation Methodology: Total cost for annual operation of all programs/services included in the Adult Behavioral Health Services Activity divided by the total number of adults served during an entire Fiscal Year cycle (July 01 through June 30).

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of adult mental health prevalence population served

LaPAS PI Code: 15686

1. Type and Level: General

2. Rationale: Capital Area Human Services District has historically served 36% of the estimated number of persons in the population with Serious Mental Illness (SMI) within the CAHSD 7 parish catchment area (Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana). Due to the prevalence of adults with SMI it is imperative that mental health services are available to the estimated prevalence population.

3. Use: This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health Service is meeting its LaPas performance-based budgeting measures. This indicator will be used internally as one of several tools by CAHSD Administration to determine if CAHSD's Adult Services is serving an adequate percentage of the prevalence population.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: Office of Behavioral Health provides data for this indicator and ensures the data to support the indicator is valid, reliable and accurate.

6. Data Source, Collection and Reporting: Office of Behavioral Health provides the data for this indicator and generates a report on the % of adult mental health prevalence population served by CAHSD.

7. Calculation Methodology: % of prevalence served with SMI = persons served with SMI divided by estimated number of persons in population with SMI*100.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of Community Mental Health Centers operated in CAHSD.

LaPAS PI Code: 15688

1. Type and Level: General

2. Rationale: Capital Area Human Services District (CAHSD) has a Memorandum of Understanding with Department of Health and Hospitals to provide Mental Health Services to the Seriously Mentally Ill who are United States citizens and who reside in the parishes served by CAHSD. In order to provide behavioral health services to this population, it is necessary to operate a sufficient number of Community Mental Health Centers.

3. Use: This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health Services is meeting its LaPas performance-based budgeting measures. This indicator will be used externally as one of the several tools to determine if CAHSD is meeting its responsibilities under the DHH MOU of providing mental health services to the seriously mentally ill in those parishes in which CAHSD is responsible for providing services.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: The reporting data for this indicator is based on the actual number of mental health facilities licensed and operated by CAHSD during the reporting period.

6. Data Source, Collection and Reporting: The number of mental health centers actually operated by CAHSD during the reporting period.

7. Calculation Methodology: The number of mental health centers licensed and operated by CAHSD during the reporting period added.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of Community Mental Health Centers Licensed

LaPAS PI Code: 11240

1. Type and Level: General

2. Rationale: Department of Health and Hospitals (DHH) under RS 28:567 require public or private mental health centers to be licensed under DHH to receive Federal or State Medical Assistance Funds. Maintaining licensure ensures that standards of care are provided within the guidelines established by DHH under the Administrative Procedures Act and has the affect of law.

3. Use: This indicator will be used both externally and internally. This indicator will be used externally as one of several tools to determine if CAHSD Behavioral Health Services is meeting its LaPas performance-based budgeting measures. This indicator will be used as one of several tools to determine if CAHSD meets the requirements to receive Federal or State Medical Assistance Funds and to ensure standards of care required by DHH and under the Administrative Procedures Act are met.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: Licensure is determined by an annual audit by the Department of Health and Hospitals' Bureau of Health Standards using standards under the Administrative Procedures Act at each mental health center operated by CAHSD.

6. Data Source, Collection and Reporting: Number of Mental Health Centers operated by CAHSD that are licensed.

7. Calculation Methodology: This indicator is calculated by dividing the total number of CAHSD Licensed Community Mental Health Centers by the total number of CAHSD Mental Health Centers.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of persons provided social detoxification services

LaPAS PI Code: 24008

1. Type and Level: General

2. Rationale: Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.

3. Use: This indicator will be used as one of several tools to assist CAHSD management in making decisions on resource allocations to assure there are adequate social detoxification beds available to meet the needs of individuals seeking detoxification services.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The total numbers of individuals entered in the Electronic Health Record system and receive social detoxification services.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average daily census (Detoxification)

LaPAS PI Code: 11241

1. Type and Level: General

2. Rationale: Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.

3. Use: Data collected for this indicator will be used as one of several tools to assure proper utilization of community-based residential beds and assist CAHSD management in decision making regarding allocation of resources for funding the social detoxification level of care.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: This indicator is calculated by dividing the total number of Social Detoxification beds occupied within the year divided by the total number of days in a year (365).

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average length of stay in days (Detoxification)

LaPAS PI Code: 11250

1. Type and Level: General

2. Rationale: Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.

3. Use: This indicator will be used as one of several tools to determine if individuals admitted to the social detoxification level of care are receiving adequate time to detox and begin their recovery. Data collected will assist CAHSD management in decision making regarding resource allocation.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: This indicator is calculated by adding the total number of bed days utilized and dividing by the total number of days (365).

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of beds (Detoxification)

LaPAS PI Code: 11297

1. Type and Level: General

2. Rationale: Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.

3. Use: This indicator will be used as one of several tools to determine if the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on resource allocation of funding for social detoxification beds.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The total number of detoxification beds available for individuals to receive detoxification services.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Percentage of positive responses on client survey (Detoxification)

LaPAS PI Code: 15700

1. Type and Level: General

2. Rationale: Individuals initially entering treatment for an addiction or after a relapse often exhibit signs and symptoms indicative of continued intoxication or withdrawal that requires admission to a social detoxification level of care. The social detoxification level of care has a utilization rate of 165% and often has long waiting lists.

3. Use: This indicator will be used as one of several tools to determine if the social detoxification level of care is meeting the needs of individuals admitted for treatment to assure clients are satisfied with the services received. Data collected will be used to improve social detoxification services and assist CAHSD management in making decisions on allocation of resources.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The indicator is calculated by dividing the total number of individuals being discharged from the social detoxification level of care who report a positive response on the Client Satisfaction Survey by the total number of individuals being discharged from the social detoxification level of care.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of beds Residential (Inpatient)

LaPAS PI Code: 11301

1. Type and Level: General

2. Rationale: Residential inpatient treatment is a level of care that is essential to the recovery process of individuals who have been unable to maintain sobriety/recovery at a less intensive level of care. Inpatient treatment is designed to serve those individuals who, because of specific functional deficits, need safe and stable living environments in order to develop their recovery skills.

3. Use: This indicator will be used as one of several tools to assist CAHSD in making decisions on staffing assignments and resource allocations to assure there are sufficient beds available to serve the community and assure the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The total number of beds available for individuals to receive inpatient treatment.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average daily census Residential (Inpatient)

LaPAS PI Code: 15698

1. Type and Level: General

2. Rationale: Residential inpatient treatment is a level of care that is essential to the recovery process of individuals who have been unable to maintain sobriety/recovery at a less intensive level of care. Inpatient treatment is designed to serve those individuals who, because of specific functional deficits, need safe and stable living environments in order to develop their recovery skills.

3. Use: Data collected for this indicator will be used as one of several tools to assure proper utilization of residential inpatient beds and assist CAHSD management in decision making regarding allocation of resources for funding the residential inpatient level of care.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: This indicator is calculated by dividing the total number of Inpatient beds occupied within the year divided by the total number of days in a year (365).

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Adult Behavioral Health Services**

OBJECTIVE: **Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.**

INDICATOR NAME: **Number of persons provided Residential (28 day inpatient) services**

LaPAS PI Code: 24009

1. **Type and Level: General**

2. **Rationale: Residential inpatient treatment is a level of care that is essential to the recovery process of individuals who have been unable to maintain sobriety/recovery at a less intensive level of care. Inpatient treatment is designed to serve those individuals who, because of specific functional deficits, need safe and stable living environments in order to develop their recovery skills.**

3. **Use: This indicator will be used as one of several tools to assist CAHSD management in making decisions on staffing assignments and resource allocations to assure there are sufficient beds available to serve the community and assure the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.**

6. **Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.**

7. **Calculation Methodology: The total number of persons admitted into the Electronic Health Record system for residential-inpatient treatment.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of persons provided Community-Based Residential services

LaPAS PI Code: 24010

1. Type and Level: General

2. Rationale: Individuals in recovery from addictions sometimes need placement in a recovery environment that is a safe place to live while in treatment. Community-based residential beds provide individuals with the opportunity to be removed from environments detrimental to their recovery and live in an environment conducive to their recovery.

3. Use: This indicator will be used as one of several tools to assist CAHSD in making decisions regarding allocation of resources to assure the appropriate numbers of community-based residential beds are available to individuals needing this level of care.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The total number of individuals admitted into Electronic Health Record system that is provided community-based residential services.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Average daily census (Community-Based Residential)

LaPAS PI Code: 15695

1. Type and Level: General

2. Rationale: Individuals in recovery from addictions sometimes need placement in a recovery environment that is a safe place to live while in treatment. Community-based residential beds provide individuals with the opportunity to be removed from environments detrimental to their recovery and live in an environment conducive to their recovery.

3. Use: Data collected for this indicator will be used as one of several tools to assure proper utilization of community-based residential beds and assist CAHSD management in decision making regarding allocation of resources for funding this level of care.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: This indicator is calculated by dividing the total number of Community-based Residential beds occupied within the year divided by the total number of days in a year (365).

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of beds (Community-Based Residential)

LaPAS PI Code: 15696

1. Type and Level: General

2. Rationale: Individuals in recovery from addictions sometimes need placement in a recovery environment that is a safe place to live while in treatment. Community-based residential beds provide individuals with the opportunity to be removed from environments detrimental to their recovery and live in an environment conducive to their recovery.

3. Use: This indicator will be used as one of several tools to determine if the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on resource allocations regarding the need for additional community-based residential beds.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The total number of community-based residential beds available for individuals to receive residential treatment.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of persons provided Outpatient Addiction Recovery services

LaPAS PI Code: 24011

1. Type and Level: General

2. Rationale: Addictions impact many citizens of this state with Louisiana having the 7th highest adult per capita alcohol consumption in the United States. The availability of outpatient addiction recovery services is an essential level of care in the continuum of addiction recovery treatment for addressing the issues connected with alcohol, tobacco and other drug abuse/dependence.

3. Use: This indicator will be used as one of several tools to assist CAHSD management in making decisions on staffing assignments and resource allocations to assure the Addiction Recovery Services are providing accessible, appropriate and adequate treatment services for individuals needing this level of care.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The total number of individuals admitted into Electronic Health Record system for outpatient addiction recovery treatment services within CAHSD.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Adult Behavioral Health Services**

OBJECTIVE: **Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.**

INDICATOR NAME: **Number of services provided (Outpatient Addiction Recovery)**

LaPAS PI Code: 11294

1. **Type and Level: General**

2. **Rationale: Addictions impact many citizens of this state with Louisiana having the 7th highest adult per capita alcohol consumption in the United States. The availability of outpatient addiction recovery services is an essential level of care in the continuum of addiction recovery treatment for addressing the issues connected with alcohol, tobacco and other drug abuse/dependence.**

3. **Use: This indicator will be used as one of several tools to determine if CAHSD's Center for Adult Behavioral Health's Addiction Recovery Services is adequately meeting the needs of individuals seeking outpatient treatment. Data collected will be reported to the CAHSD Executive Management Team quarterly to assure services are adequate and to assist management in making decisions on staffing assignments and allocation of resources.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.**

6. **Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.**

7. **Calculation Methodology: The total number of services provided individuals admitted to outpatient addiction recovery treatment level of care.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of admissions (Outpatient Compulsive Gambling)

LaPAS PI Code: 15691

1. Type and Level: General

2. Rationale: Data collected in 2002 indicated an estimated prevalence of problem gamblers to be 3.8 % of CAHSD's population and an estimated prevalence of pathological gamblers to be .8% of CAHSD's population (442,831). The aforementioned prevalence data indicates a need to provide outpatient compulsive gambling treatment.

3. Use: This indicator will be used as one of several tools to determine if the Addiction Recovery Services are meeting its LaPAS performance-based budgeting measures and to assist management in making decisions on staffing assignments and resource allocations.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The total number of individuals admitted into Electronic Health Record system for outpatient compulsive gambling treatment.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Adult Behavioral Health Services

OBJECTIVE: Through the Adult Behavioral Health Services activity, CAHSD will provide a comprehensive continuum of coordinated community-based services and ensure that at least 80% of clients will successfully complete the Addiction Recovery inpatient program.

INDICATOR NAME: Number of services provided (Outpatient Compulsive Gambling)

LaPAS PI Code: 15694

1. Type and Level: General

2. Rationale: Data collected in 2002 indicated an estimated prevalence of problem gamblers to be 3.8 % of CAHSD's population and an estimated prevalence of pathological gamblers to be .8% of CAHSD's population (442,831). The aforementioned prevalence data indicates a need to provide outpatient compulsive gambling treatment.

3. Use: This indicator will be used as one of several tools to determine if the Addiction Recovery Services Center for Gambling Treatment is adequately meeting the needs of individuals seeking this service. Data collected will assist CAHSD management in making decisions on staffing assignments and allocation of resources.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it is however, reported in the Division of Administration LaPAS system for continuous monitoring and reviews.

6. Data Source, Collection and Reporting: Data is collected on a continuous basis using the Electronic Health Record system; gathered on an annual basis and input into the DOA LaPAS electronic database.

7. Calculation Methodology: The total number of services provided individuals admitted for outpatient compulsive gambling treatment.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Prevention and Primary Care**

OBJECTIVE: **Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that at least 50% of tobacco cessation group participants will reduce the use of tobacco by 50% or quit the use of tobacco use by the end of the program.**

INDICATOR NAME: **Percentage of new adult admissions in the three largest behavioral health clinics that received a physical health screen.**

LaPAS PI Code: 24012

1. **Type and Level: Key**

2. **Rationale: The indicator tells us if staff is following an internal policy which requires all new admits and on an annual basis to receive a screening for physical health and primary care engagement.**

3. **Use: For internal management decision making to monitor impact of the program.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it will be, however, reported in the Division of Administration LaPAS system for continuous monitoring and review.**

6. **Data Source, Collection and Reporting: The source of the data collected is the Electronic Health Record system and a Nursing Services Volume Indicator data system. The frequency of collection is daily (data input) and timing of reporting is monthly and quarterly. It is reported on a state fiscal year and the frequency and reporting is consistent.**

7. **Calculation Methodology: The indicator is calculated by getting the number of new admits who receive a physical health/primary care engagement screening from the Center for Adult Behavioral Health, Margaret Dumas Mental Health Center and Gonzales Mental Health through the Nursing Staff Organization volume indicator monthly report and dividing it by the number of new admits from those same sites which is obtained from the Electronic Health Record system.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
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PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Prevention and Primary Care

OBJECTIVE: Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that at least 50% of tobacco cessation group participants will reduce the use of tobacco by 50% or quit the use of tobacco use by the end of the program.

INDICATOR NAME: Percentage of clients receiving a referral to primary care as a result of the physical health screen.

LaPAS PI Code: 24013

1. Type and Level: Key

2. Rationale: The indicator helps us validate the benchmark that behavioral health patients die 25 years earlier than the general population because of undiagnosed, untreated, health care conditions and informs us of the percentage of clients who seek our services and have co-morbid health conditions that require evaluation, diagnosis and treatment.

3. Use: For internal management decision making to monitor the physical health status of our population and to document the need for primary care.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.

6. Data Source, Collection and Reporting: The source of the data collected is a Nursing Services Volume Indicator data system and a web-based primary care data system. The frequency of collection is daily (data input and the timing of reporting is monthly and quarterly. It is reported on a state fiscal year and the frequency and reporting is consistent.

7. Calculation Methodology: The indicator is calculated by getting the number of patients who receive a primary care referral as a result of the physical health /primary care engagement screening and dividing it by the number of screens done.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
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09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Prevention and Primary Care**

OBJECTIVE: **Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that at least 50% of tobacco cessation group participants will reduce the use of tobacco by 50% or quit the use of tobacco use by the end of the program.**

INDICATOR NAME: **Percentage of clients who keep their primary care appointment.**

LaPAS PI Code: 24014

1. **Type and Level: Key**

2. **Rationale: The indicator tells us if client's are becoming engaged in primary care, receiving primary care for the reasons they were referred and ultimately having a medical home.**

3. **Use: For internal management decision making to monitor the impact of the program.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.**

6. **Data Source, Collection and Reporting: The source of the data collected is the web-based primary care data base and hand tally sheets. The frequency of collection is daily on those who were scheduled to see a primary care provider (daily input) and timing of reporting is quarterly. It is reported on a state fiscal year and frequency and reporting is consistent.**

7. **Calculation Methodology: The indicator is calculated by totaling the number of people who keep their first primary care appointment and dividing it by the number of people who are given their first primary care appointment during that time period.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
    Telephone: 225-922-2708 Email: Carol.Nacoste@La.Gov Fax: 225-922-2707

09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Prevention and Primary Care**

OBJECTIVE: **Through the Prevention and Primary Care activity, CAHSD will improve physical health and emotional well-being of the adult un/underinsured population and ensure that at least 50% of tobacco cessation group participants will reduce the use of tobacco by 50% or quit the use of tobacco use by the end of the program.**

INDICATOR NAME: **Percentage of clients who rate the extent to which they felt better on the client satisfaction survey as agree.**

LaPAS PI Code: 24015

1. **Type and Level: Supporting**

2. **Rationale: The indicator tells us if our primary care integration program is working, ie. clients feel better and are therefore optimizing their quality of life.**

3. **Use: For internal management decision making to monitor impact of the program.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.**

6. **Data Source, Collection and Reporting: The source of the data collected is an annual client satisfaction survey. It is collected and reported annually, thereby being consistent and following the state fiscal year.**

7. **Calculation Methodology: The indicator is calculated by the number of clients who mark 'strongly agree' and 'agree' with the statement, "Please rate the extent that you feel better," divided by the total number of surveys collected and completed.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
    Telephone: 225-922-2708 Email: Carol.Nacoste@La.Gov Fax: 225-922-2707

09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Disaster Response**

OBJECTIVE: **Through the Disaster Response activity, CAHSD will deliver targeted communication, supports, and services prior to, during and after an emergency/disaster.**

INDICATOR NAME: **Percentage of Medical Special Needs Shelter assigned staff who are trained in required National Incident Management System (NIMS) courses.**

LaPAS PI Code: 24017

1. **Type and Level: Key**

2. **Rationale: This Indicator will show the number of CAHSD staff who have completed required NIMS trainings for emergency Disaster and Medical Special Needs Shelter work. These trainings are required for Federal Emergency Management Agency (FEMA) reimbursement to the agency and empower each worker with knowledge of the disaster organizational structure, responsibilities of agencies/organizations and specific roles.**

3. **Use: Identification of those who have not completed trainings is needed for targeted supervisory encouragement and agency compliance with FEMA regulations. If a large percentage of staff have not completed FEMA trainings, disaster staff may be unprepared for MSNS work and services provided will be insufficient. It can also reduce staff morale when workers arrive unprepared and uninformed.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: The reliability of the data is based on completion of online courses and staff responsibility to send their "certificate of completion" copy immediately to the Emergency Preparedness & Training Administrative Coordinator. The Coordinator will enter this information into a comprehensive database that can separate courses, departments and staff. It should be noted that only Management-level staff in Incident Command are required to take 300/400 classes.**

6. **Data Source, Collection and Reporting: The internal database categorizes the information by course taken and Unit/Department. It creates an average percentage of course completion for each course and department and is updated immediately upon receipt of certificates.**

7. **Calculation Methodology: The total number of staff having taken and passed the course is divided by the total number of staff in that department. This gives the departmental average/percentage. Likewise, the total number of staff having taken and passed all online courses (required for <u>all</u> MSNS workers) is divided by the total number of those who are assigned to the MSNS within the entire agency. This gives the agency average/percentage.**

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
    Telephone: 225-922-2708 Email: Carol.Nacoste@La.Gov Fax: 225-922-2707

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Disaster Response

OBJECTIVE: Through the Disaster Response activity, CAHSD will deliver targeted communication, supports, and services prior to, during and after an emergency/disaster.

INDICATOR NAME: Percentage of staff assigned to Medical Special Needs Shelter who were successfully contacted during call drill.

LaPAS PI Code: 24019

1. Type and Level: Standard

2. Rationale: This indicator demonstrates the reliability of the current OPH-CCP (Office of Public Health-Center for Community Preparedness) electronic notification system in contacting and alerting all Regions 2 Medical Special Needs Shelter (MSNS)-assigned staff that they have been activated to report for shelter duty. An inability to reach staff would result in reduced resource deployment and insufficient service provision at the Medical Special Needs Shelter.

3. Use: For Regional MSNS-assigned agencies, including CAHSD, to determine if a backup (manual) method of notification should be employed, to identify barriers to successful contacts and to make revisions as necessary to ensure all MSNS staff are able to be contacted.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This is an electronically-facilitated system employed by the Center for Community Preparedness/Office of Public Health/Department of Health and Hospitals (OPH/DHH). It provides computer-generated, detailed outcome reports immediately following the Drill(s) that are sent to CAHSD Emergency Preparedness Director for review and examination. The computer-generated system relies on manual (human) input and mechanical operability.

6. Data Source, Collection and Reporting: The source of the data collected is the LA-DHH-OPH Communicator! NXT System (electronic). It is collected and reported by the Center for Community Preparedness staff within OPH/DHH immediately following a Drill.

7. Calculation Methodology: The computer system provides detailed reports of all contacts, attempted contacts, unsuccessful contacts, hang-ups, busy lines, times called, phone numbers and names called, etc. and produces total numbers for all.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
    Telephone: 225-922-2708 Email: Carol.Nacoste@La.Gov Fax: 225-922-2707

PROGRAM: Capital Area Human Services District (CAHSD)

ACTIVITY: Behavioral Health Emergency Services Continuum

OBJECTIVE: Through the Behavioral Health Emergency Services Continuum activity, CAHSD will provide a comprehensive community-based continuum of behavioral health (BH) services to prevent, mitigate and avoid repeated cycles of crises to reduce reliance on first responders, emergency departments and acute psychiatric beds and ensure that 100% of all calls received by CAHSD's Access Services during hours of operation are triaged at the time of call and referred for care.

INDICATOR NAME: Percentage of all calls received by Access Services during hours of operation that were triaged at the time of call and referred for care.

LaPAS PI Code: 24022

1. Type and Level: Key

2. Rationale: Capital Area Human Services District monitors Access data to identify if consumers are receiving timely access to service and referral to appropriate services within its continuum of services.

3. Use: This indicator will be used as one of several tools to determine if access of incoming calls for services at the Center for Adult Behavioral Health is timely and meets the needs of consumers. Data gathered will be reported to the CAHSD Executive Management Team quarterly to identify ways to improve access and to assist management in making decisions on resource allocation and staffing utilization.

4. Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.

5. Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.

6. Data Source, Collection and Reporting: The data source is incoming calls from consumers seeking services. Incoming Call Data will be gathered by the Access Operator and entered into a data base. Reports will be generated from the data base on a monthly-quarterly basis.

7. Calculation Methodology: The total number of calls triaged by the Access Operator at the time of the call divided by the total number of incoming calls to the Access Service.

8. Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.

9. Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.

10. Responsible Person: Carol Nacoste, Deputy Director
    Telephone: 225-922-2708 Email: Carol.Nacoste@La.Gov Fax: 225-922-2707

09-302 DHH/Capital Area Human Services District
PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Capital Area Human Services District (CAHSD)**

ACTIVITY: **Behavioral Health Emergency Services Continuum**

OBJECTIVE: **Through the Behavioral Health Emergency Services Continuum activity, CAHSD will provide a comprehensive community-based continuum of behavioral health (BH) services to prevent, mitigate and avoid repeated cycles of crises to reduce reliance on first responders, emergency departments and acute psychiatric beds and ensure that 100% of all calls received by CAHSD's Access Services during hours of operation are triaged at the time of call and referred for care.**

INDICATOR NAME: **Percentage of consumers receiving Inter-agency Service Coordination that achieve and maintain residential stability within twelve (12) months.**

LaPAS PI Code: 24024

1. **Type and Level: Key**

2. **Rationale: State and federal funding entities are concerned with the coordination and delivery of services for those who frequently utilize emergency services to obtain resources. Research has shown that residential stability is an essential factor in reducing recidivism rates in utilizing first responders, emergency departments, and acute psychiatric beds as a method in accessing needed resources. As a component of the continuum of comprehensive community-based behavioral health care services, CAHSD seeks to assist individuals in maintaining residential stability through their participation in the Inter-agency Service Coordination process resulting in a decreased use of emergency services.**

3. **Use: The indicators will be used for internal management purposes. Furthermore, data collection will assist CAHSD to document treatment impact as well as ways to improve service delivery.**

4. **Clarity: The indicator name clearly identifies what is being measured and contains no jargon, acronyms, initializations or unclear terms.**

5. **Validity, Reliability and Accuracy: This indicator has not been audited by the Legislative Auditor; it will, however, be reported in the Division of Administration LaPAS system for continuous monitoring and review.**

6. **Data Source, Collection and Reporting: The data is collected from the Adult Inter-agency Service Coordination database which is an internal database. The data is gathered on a monthly basis and reviewed on a quarterly basis. At the close of each fiscal year data will be compiled on an aggregated basis.**

7. **Calculation Methodology: Inter-agency Service Coordination is not currently using a standard method of calculating this indicator. This program measures achievement and maintenance of residential stability within this population by calculating the percentage of clients who are currently or have previously utilized the program and have achieved and maintained residential stability within a twelve (12) month period. Percentage achieved and maintained residential stability equals clients with stable residence within 12 months of participation in Inter-agency Service Coordination divided by the total number of clients that participated in Inter-agency Service Coordination.**

   Since Inter-agency Service Coordination is the only program utilizing this program specific performance indicator, this method of calculation is not used by any other CAHSD program.

8. **Scope: While this indicator is reported on this agency as a standalone, it is aggregated into the Department of Health and Hospitals' overall compliance and state-wide compliance data as a whole.**

9. **Caveats: This indicator contains no caveats, is not a proxy or surrogate and the data source has no bias.**

10. **Responsible Person: Carol Nacoste, Deputy Director**
    Telephone: 225-922-2708 Email: Carol.Nacoste@La.Gov Fax: 225-922-2707

09-303 Louisiana Developmental Disabilities Council

Note that this budget unit is composed of one program, so the mission, goals, principle customers, etc. for the budget unit and the program are identical and not reported separately.

Principal Customers/Users of the Program and Benefits: Individuals with developmental disabilities residing in Louisiana and their families, caregivers and advocates.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: Approximately 78% of revenue for the Developmental Disabilities Council comes from the Federal Developmental Disabilities Grant. 100% of operational and administrative expenses are funded through federal funds and all state general fund appropriations are passed through the Council directly to contractors providing services and supports to individuals with disabilities and their families. We are therefore significantly dependent upon federal appropriations for the funding of the program. We are additionally dependent upon state spending authority as a budget unit within DHH and negative changes in appropriations for DHH in the future could adversely impact Council operations and the achievement of goals and objectives.

Methods Used to Avoid Duplication of Effort: The Developmental Disabilities Council is designed by congress to operate as an independent and unique organization within state government. The Developmental Disabilities Assistance and Bill of Rights Act creates one Council in each state and territory with the intent of providing advocacy, capacity building and systemic change activities that no other existing organizations are able to undertake.

Program Evaluations used to Develop Goals, Objectives and Strategies: Program evaluations used in this planning process derive from the statutory requirements of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, PL106-402; the Council's previous and current State Five-year Plans; the Council's policy and mission statements; public input through public forums and Council meetings; data from contract and in-house programmatic reports, and DHH financial reports.

Goal: To effectively implement the Developmental Disabilities Assistance and Bill of Rights Act of 2000 in Louisiana.

Statutory Authority for Goal: R.S. 28:750-758; R.S. 36:259(L). Public Law 106-402

Objective 1: To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2019.

Objective 2: Undertake advocacy, capacity building, and systemic change activities that contribute to increased quantity and quality of community-based services for individuals with developmental disabilities each year through June 30, 2019.

Objective 3: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

Primary Persons Who Will Benefit from or be Significantly Affected by Objective: Individuals with developmental disabilities residing in Louisiana, their families, care givers and advocates, and professionals in the field of human services will benefit from our services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY:

OBJECTIVE: Undertake advocacy, capacity building, and systemic change activities that contribute to increased quantity and quality of community-based services for individuals with developmental disabilities each year through June 30, 2019.

INDICATOR NAME: Percentage of decisions regarding policy and program practices influenced through Council involvement and education that promote self-determination, independence, productivity, integration and inclusion of people with developmental disabilities in their communities

LaPAS PI Code: 24026

1. **Type and Level**: Outcome; Key

2. **Rationale**: The Council goal is to affect real and meaningful reform of Louisiana's system of services and supports to individuals with developmental disabilities. A measure of the impact the Council has on changing policies and program practices is the most significant outcome

3. **Use:** These data will provide guidance to increase effectiveness of advocacy efforts.

4. **Clarity:** No further clarity needed.

5. **Validity, Reliability and Accuracy:** Data are determined through staff assessment of changes in each policy and practice the Council attempts to influence and/or educate the policy makers.

6. **Data Source, Collection and Reporting:** Data are recorded internally on a quarterly basis.

7. **Calculation Methodology:** Percent of decisions influenced through Council involvement and education is equal to the number of issues with decisions made in the direction of increasing self-determination, independence, productivity, integration, and inclusion divided by the total number of decisions made by policy bodies with Council involvement and/or targeted education each quarter.

8. **Scope:** The data are aggregated across all areas of the plan. These data could be disaggregated across various areas of emphasis for further analysis.

9. **Caveats:** The data will only reflect the decisions on issues the Council has been involved in and not all issues related to people with developmental disabilities. While this demonstrates the rate of impact on targeted issues it fails to reflect the entire array of possible policy decisions.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY:

OBJECTIVE: To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2019.

INDICATOR NAME: Percent of Council plan objectives on target

LaPAS PI Code: 24027

1. **Type and Level**: Efficiency; Key

2. **Rationale**: This indicator will provide an overall measure of the degree the Council implements objectives in its plan.

3. **Use:** Decisions regarding processes and/or future goals and objectives will consider the capacity of the Council and success/failure with specific initiatives.

4. **Clarity:** No further clarity needed.

5. **Validity, Reliability and Accuracy:** Data are determined through Council committee assessment of each objective relative to established standard.

6. **Data Source, Collection and Reporting:** Data are recorded in status report on a quarterly basis for Council meetings.

7. **Calculation Methodology:** Percent of objectives on target is equal to the number of objectives on target divided by the total number of objectives in the plan each quarter.

8. **Scope:** Data are aggregated across all areas of the plan.

9. **Caveats:** Data inferences are limited to the degree that objective targets appropriately address the Council's mandates.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2019.

INDICATOR NAME: Percent of funds spent on community living

LaPAS PI Code: 14074

1. **Type and Level**: Outcome; General

2. **Rationale**: Integrated, independent living or living with family members are the goals of most people with disabilities and their families and many state

3. **Use:** Levels and amounts of expenditures in the different reporting categories drive the Council's future plan activities consistent with identified needs as reported by individuals with disabilities and their family members.

4. **Clarity:** Community Living: Advocacy, capacity building and systemic change activities that result in individuals with developmental disabilities having access to and use of housing and housing supports and services in their communities.

5. **Validity, Reliability and Accuracy:** Data on expenditures are collected by the DHH fiscal office based upon reporting categories reported by the Council.

6. **Data Source, Collection and Reporting:** Expenditures are collected on a monthly basis.

7. **Calculation Methodology:** Percentage of funds spent on community living activities out of the total Federal grant fund expenditures.

8. **Scope:** Data can be combined with other reporting category totals to determine funds spent on plan activities.

9. **Caveats:** The Council is dependent upon DHH fiscal for timely and accurate posting and reporting of expenditures by category.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2019.

INDICATOR NAME: Percent of funds spent on employment activities.

LaPAS PI Code: 14075

1. **Type and Level**: Outcome; General

2. **Rationale**: Employment for people with developmental disabilities has been identified as a major need by individuals with disabilities, advocates, the federal government and the Council.

3. **Use:** Levels and amounts of expenditures in the different reporting categories drive the Council's future plan activities consistent with identified needs as reported by individuals with disabilities and their family members.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data on expenditures are collected by the DHH fiscal office based upon reporting categories reported by the Council.

6. **Data Source, Collection and Reporting:** Expenditures are collected on a monthly basis.

7. **Calculation Methodology:** Percentage of funds spent on employment activities out of the total Federal grant fund expenditures.

8. **Scope:** Data can be combined with other reporting category totals to determine funds spent on plan activities.

9. **Caveats:** The Council is dependent upon DHH fiscal for timely and accurate posting and reporting of expenditures by category.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: To obtain the Federal Developmental Disabilities Assistance and Bill of Rights Grant Allocation and ensure that Council plan objectives are met on an annual basis each year through June 30, 2019.

INDICATOR NAME: Percent of funds spent on system coordination

LaPAS PI Code: 14076

1. **Type and Level**: Outcome; General

2. **Rationale**: System integration involves all aspects of life for people with developmental disabilities and their families as well as the complete service/support delivery system and public policy arena in Louisiana. The Council has identified this area as a major area of emphasis for Council initiatives in the future.

3. **Use:** Levels and amounts of expenditures in the different reporting categories drive the Council's future plan activities consistent with identified needs as reported by individuals with disabilities and their family members.

4. **Clarity:** System Coordination: Advocacy, capacity building and systemic change activities which result in individuals with developmental disabilities and their family members participating in the design of and having access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

5. **Validity, Reliability and Accuracy:** Data on expenditures are collected by the DHH fiscal office based upon reporting categories reported by the Council.

6. **Data Source, Collection and Reporting:** Expenditures are collected on a monthly basis.

7. **Calculation Methodology:** Percentage of funds spent on system coordination activities out of the total Federal grant fund expenditures.

8. **Scope:** Data can be combined with other reporting category totals to determine funds spent on plan activities.

9. **Caveats:** The Council is dependent upon DHH fiscal for timely and accurate posting and reporting of expenditures by category.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804 Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Number of information and referral services provided

LaPAS PI Code: 10697

1. **Type and Level**: Input; Key

2. **Rationale**: The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.

3. **Use:** The total number of calls directs planning in resources and informs of the level of need in the community.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.

6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.

7. **Calculation Methodology:** The total sum of all calls and contacts of FHF Centers.

8. **Scope:** Data can be divided to determine various categories of callers, issues addressed, etc.

9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Number of training sessions provided statewide

LaPAS PI Code: 21284

1. **Type and Level**: Input; Key

2. **Rationale**: The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.

3. **Use:** The total number of training sessions directs planning in resources and informs of the level of need in the community.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.

6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.

7. **Calculation Methodology:** The total sum of all training sessions of FHF Centers.

8. **Scope:** Data can be divided to determine various categories of types of training, types of people trained, etc at each Center.

9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Number of individuals provided training statewide

LaPAS PI Code: 21285

1. **Type and Level**: Input; Key

2. **Rationale**: The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.

3. **Use:** The total number of individuals trained directs planning in resources and informs of the level of need in the community.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.

6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.

7. **Calculation Methodology:** The total sum of all individuals participating in training sessions of FHF Centers.

8. **Scope:** Data can be divided to determine various categories of types of training, types of people trained, etc at each Center.

9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Number of individuals provided peer-to-peer support opportunities statewide

LaPAS PI Code: 21286

1. **Type and Level**: Input; Key

2. **Rationale**: The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.

3. **Use:** The total number of individuals provided peer-to-peer support directs planning in resources and informs of the level of need in the community.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.

6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.

7. **Calculation Methodology:** The total sum of all individuals provided peer-to-peer support at of FHF Centers.

8. **Scope:** Data are aggregates across the state. Data are also analyzed within each Center.

9. **Caveats:** Data do not reflect quality of service delivered. The quality is analyzed in another indicator. There is potential bias with the FHF Centers reporting. However, potential bias in over-reporting is addressed through onsite monitoring and data verification and validation.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Percentage of individuals who report that they received the information or support that they needed

LaPAS PI Code: 24025

1. **Type and Level**: Input; Key

2. **Rationale**: The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.

3. **Use:** The percentage of individuals reporting they received the information or support they needed will provide guidance toward more effective strategies with providing individuals with disabilities and their families the information and support they need in their local communities.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data are recorded at each FHF Center and validated during Center monitoring visits.

6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. At least ten individuals are sampled each month and these data are reported monthly.

7. **Calculation Methodology:** Percentage of individuals who report that they received the information or support that they needed is equal to the number of individuals sampled who indicate the information or support was valued divided by the total number of individuals sampled each month.

8. **Scope:** Data can be divided to determine various categories of callers, Center programs, issues addressed, etc.

9. **Caveats:** There is potential bias with the FHF Centers reporting for self selection of individuals to survey. However, potential bias in over-reporting is addressed through reliability checks made directly be Council program staff.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Percent of individuals with disabilities assisted.

LaPAS PI Code: 14077

1. **Type and Level**: Outcome; General

2. **Rationale**: The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.

3. **Use:** The percent of individuals with disabilities assisted provides information regarding the degree that support is provided across specific groups allows analysis of whether efforts are effectively addressing the needs of individuals with disabilities and their family members.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data collected monthly from Center reports are verified during on-site monitoring visits conducted annually.

6. **Data Source, Collection and Reporting:** Contact log data are recorded at each FHF Center and monthly summaries are received by the Council program monitor.

7. **Calculation Methodology:** The number of individuals with disabilities receiving information, training and/or support is divided by the total number of individuals assisted by FHF Centers.

8. **Scope:** Data can be reviewed to determine specific FHF Centers and/or areas with high or low percentages of individuals with disabilities served.

9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to individuals with disabilities there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Percent of parents/family members of individuals with disabilities assisted.

LaPAS PI Code: 14078

1. **Type and Level**: Outcome; General

2. **Rationale**: The Families Helping Families Regional Resource Centers provides direct service to people with disabilities and their parents or family members in Louisiana.

3. **Use:** The percent of parent/family members of individuals with disabilities assisted provides information regarding the degree that support is provided across specific groups allows analysis of whether efforts are effectively addressing the needs of individuals with disabilities and their family members.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data collected monthly from Center reports are verified during on-site monitoring visits conducted annually.

6. **Data Source, Collection and Reporting:** Contact log data are recorded at each FHF Center and monthly summaries are received by the Council program monitor.

7. **Calculation Methodology:** The number of parents/family members of individuals with disabilities receiving information, training and/or support is divided by the total number of individuals assisted by FHF Centers.

8. **Scope:** Data can be reviewed to determine specific FHF Centers and/or areas with high or low percentages of parents/family members of individuals with disabilities being served.

9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to individuals with disabilities there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Percent of professionals assisted.

LaPAS PI Code: 14079

1. **Type and Level**: Outcome; General

2. **Rationale**: The Families Helping Families Regional Resource Centers provides information and support to professionals working with individuals with disabilities in Louisiana.

3. **Use:** The percent of professionals assisted provides information regarding the degree of community integration, connections to service providers by FHF Centers.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data collected monthly from Center reports are verified during on-site monitoring visits conducted annually.

6. **Data Source, Collection and Reporting:** Contact log data are recorded at each FHF Center and monthly summaries are received by the Council program monitor.

7. **Calculation Methodology:** The number of professionals receiving information, training and/or support is divided by the total number of individuals assisted by FHF Centers.

8. **Scope:** Data can be divided to determine specific FHF Centers and/or areas with high or low percentages of professionals served.

9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance. While this provides a strategic mechanism to assess the degree of support provided to professionals there are other factors that can impact the percentages and/or distributions of who is served by a specific Center. Further information regarding a Center operation is required to provide a comprehensive understanding of how this indicator fits into the goal and activities in that region.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804 Shawn.fleming@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Developmental Disabilities Council

ACTIVITY: Developmental Disabilities Council

OBJECTIVE: Support information and referral services, education and training for peer to peer support to individuals with developmental disabilities, parents/family members, and professionals each year through June 30, 2019.

INDICATOR NAME: Percent of Families Helping Families Regional Resource Centers maintaining 100% compliance with Developmental Disabilities Council contractual obligations and standards of operation.

LaPAS PI Code: 21764

1. **Type and Level**: Outcome; General

2. **Rationale**: The Families Helping Families Regional Resource Centers provides direct service to people with disabilities in Louisiana.

3. **Use:** The percent of Families Helping Families Regional Resource Centers in compliance with Council obligations and standards of operation provides information regarding the quality of support, information and referral available to families in each region of the state.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** Data are collected during Center monitoring visits conducted annually at each Center.

6. **Data Source, Collection and Reporting:** Data are recorded at each FHF Center and received by the program monitor of the Council. These data are reported monthly.

7. **Calculation Methodology:** The number of FHF Centers meeting compliance divided by the total number of FHF Centers.

8. **Scope:** Data can be divided to determine specific FHF Centers and/or areas of non-compliance to address any deficiencies at a regional level.

9. **Caveats:** Data reviewed provides a broad overview of Center activity and performance and targeted focus on specific indicators. While this provides a strategic mechanism to assess compliance there is the potential for bias in a Center presentation of information to obscure areas of non-compliance.

10. **Responsible Person:** Deputy Director, Shawn Fleming 225 342 6804. Shawn.fleming@la.gov

09-304 Metropolitan Human Services District

PROGRAM A: Metropolitan Human Services District (MHSD)

Strategic Planning Process: MHSD has annual planning meetings at multiple staff levels and with the Board of Directors to better define the direction of MHSD in terms of implementing the desired activities. MHSD has depended primarily on literature searches as well as utilized data from our behavioral health and developmental disabilities systems to inform this process. Consultants involved in this process have included Sally Hays, The Crescent Group, Brett Will Taylor and Jane Arsenault, FIO Partners.

Principal Customers/Users of the Program and Benefits: The principal customers of Metropolitan Human Services District (MHSD) are individuals, children, youth, and families in need of behavioral health prevention, early intervention, treatment, support services and recovery supports. Specifically, our customers are those 'at risk' or who have addictive disorders, mental/emotional disorders or developmental disabilities who reside in Orleans, St Bernard, and Plaquemines Parishes. Services from MHSD will enable individuals to remain in their community with their families and supports; enable them to maximize their full potential and have the best quality life possible.

Potential Internal/External Factors That Could Significantly Affect The Achievement of Goals or Objectives in This Program: Barriers and external factors that could significantly contribute to the difficulties in achieving the goals and objectives of our strategic plan are insufficient funding, inadequately skilled staff to address the needs in a more complex medical model; national health care reform, stigma associated with mental/emotional illness; and lack of public education.

Program Evaluations Used to Develop Goals, Objectives And Strategies MHSD utilized information gathered from LPHI reports; Office of Addictive Disorder metro New Orleans public forums; SWOT analysis at points in time; and best practice literature to develop our goals, objectives and strategies.

Methods Used to Avoid Duplication of Effort: As a District, MHSD has the opportunity to minimize duplication and maximize resources by consolidating and standardizing administrative functions (i.e. purchasing; human resource staffing, information technology). From a service perspective coordination and integrated treatment and service plans will serve to maximize use of human and financial resources to yield the best and most cost effective client and organizational outcomes.

Goal I

To identify, strengthen and link relevant resources that will foster community collaboration resulting in a dynamic and comprehensive system of service delivery for Citizens of Orleans, St. Bernard and Plaquemines Parishes.

Goal II

To develop meaningful innovative research-based activities and programs directed towards the self-actualization of individuals and families throughout the community.

Goal III

To deliver high quality cost efficient community based prevention, early intervention, treatment, recovery supports, individual and family supports that will equip and strengthen individuals, children, and youth to be maintained in the community.

Statutory Authority for Goals: LA R.S. 28:865

ACTIVITY: CARE MANAGEMENT/ADMINISTRATION

Objective 1: **Each year through June 30, 2019, MHSD will provide increased access, engagement and coordination of care for the behavioral health and developmental disabilities population in Orleans, St. Bernard and Plaquemines Parish.**

Primary Persons Who Will Benefit From or Be Significantly Affected by Objective:
Persons with behavioral health disorders and/or developmental disabilities, their families and the community in which they reside

Indicator 1.1 Percentage of clients in compliance with ambulatory follow up 30 days after hospitalization

1. Type and Level:	Outcome
2. Rationale:	Measures program utilization. This indicator also measures impact, and relevance of services, as well as reduction in barriers to treatment services.
3. Use:	The data will be used in determining appropriateness of service delivery to consumers and to better meet the current demands for these services from people with behavioral health disorders
4. Clarity:	Indicator clearly identifies what is being measured.
5. Validity/Reliability and Accuracy:	Good.
6. Data Source, Collection and Reporting:	Compiled from internal data reports on hospital discharges
7. Calculations Methodology:	Monthly reports compiled into cumulative report. Basic calculation of percentage relative to the whole
8. Scope:	This indicator could be combined with similar indicators in other districts/regions.
9. Caveats:	None.

10. Responsible Person:	Monique Hurst, Care Center Director (504) 568-3130

Indicator 1.2 Percentage of contracted services that are active participants in Care Management program

1. Type and Level:	Output
2. Rationale:	Measures utilization of best practice modalities which has been proven to increase positive client outcomes. .
3. Use:	The data will be used document improved client outcomes by use of best practices.
4. Clarity:	Indicator clearly identifies what is being measured.
5. Validity/Reliability and Accuracy:	Good.
6. Data Source, Collection and Reporting:	Compiled from internal data reports
7. Calculations Methodology:	Basic calculation of percentage relative to the whole
8. Scope:	This indicator could be combined with similar indicators in other districts/regions.
9. Caveats:	None.
10. Responsible Person:	Eric Odom, Director – Adult Behavioral Health Programs Michael Smith, Director – Child/Adolescent Behavioral Health Programs (504) 568-3130

ACTIVITY: DEVELOPMENTAL DISABILITIES

<u>Objective 1:</u> Each year through June 30, 2019, MHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through MHSD

<u>Objective 2:</u> Each year through June 30, 2019, MHSD will ensure quality and timely assessment and initiation of services for each person with developmental disabilities seeking services through MHSD

<u>Objective 3:</u> Each year through June 30, 2019, MHSD will effectively manage the delivery of individualized community based supports & services through support coordination that assist individuals and family supports in achieving their personally defined outcomes

Primary Persons Who Will Benefit From or Be Significantly Affected by Objective: Persons with developmental disabilities, their families, and the communities in which they reside.

Indicator 1.1. Total number of consumer request for developmental disabilities services

1.	**Type and Level:**	Output
2.	**Rationale:**	This indicator provides data on the number of people receiving state-funded developmental disabilities community- based services from DD.
3.	**Use:**	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
4.	**Clarity:**	Indicator clearly identifies what is being measured.
5.	**Validity, Reliability and Accuracy:**	This indicator is tied to the agency mission for the delivery of developmental disability services. Data is reviewed by the Program and Planning staff.
6.	**Data Source, Collection and Reporting:**	The Individual Tracking System tracks all persons receiving state-funded community-based developmental disabilities services and the source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.
7.	**Calculation Methodology:**	Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
8.	**Scope:**	This indicator could be combined with similar indicators in other districts/regions.
9.	**Caveats:**	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one service from DD. It does not reflect the total number of units of service provided.
10.	**Responsible Person:**	Donna Francis, DD Director 504-599-0245

Indicator 2.1 Total number of individuals receiving services, placement & crisis support.

1. **Type and Level:** Output; Key

2.	**Rationale:**	This indicator provides data on the number of people receiving developmental disabilities community-based services from DD.
3.	**Use:**	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
4.	**Clarity:**	Indicator clearly identifies what is being measured.
5.	**Validity, Reliability and Accuracy:**	This indicator is tied to the agency mission for the delivery of developmental disability services. Data is reviewed by the Program and Planning staff.
6.	**Data Source, Collection and Reporting**:	The Individual Tracking System tracks all persons receiving state-funded community-based developmental disabilities services and the source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.
7.	**Calculation Methodology**:	Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
8.	**Scope:**	This indicator could be combined with similar indicators in other districts/regions.
9.	**Caveats:**	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one service from DD. It does not reflect the total number of units of service provided.
10.	**Responsible Person:**	Donna Francis, DD Director 504-599-0245

Indicator 2.2 Number of consumers receiving cash subsidy

1.	**Type and Level:**	Output
2.	**Rationale:**	This indicator provides data on the number of persons receiving DD supportive services
3.	**Use:**	The data will be used in planning and implementation for service delivery to better meet the current demands of persons with developmental disabilities and their families. It is used for performance based budgeting purposes.
4.	**Clarity:**	Indicator clearly identifies what is being measured.

5.	**Validity, Reliability and Accuracy:**	This indicator is tied to the agency mission for the delivery of developmental disability services. Data is reviewed by the Program and Planning staff.
6.	**Data Source, Collection and Reporting:**	The Individual Tracking System tracks all persons receiving state-funded community-based developmental disabilities services and the source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.
7.	**Calculation Methodology:**	Electronic count of any person who receives a state Funded community-based service by the Individual Tracking System.
8.	**Scope:**	This indicator could be combined with similar indicators in other districts/regions.
9.	**Caveats:**	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one service from DD. It does not reflect the total number of units of service provided.
10.	**Responsible Person:**	Donna Francis, DD Director 504-599-0245

Indicator 2.3 Number of consumers receiving support coordination services

1.	**Type and Level:**	Output. Supporting
2.	**Rationale:**	This indicator provides data on the number of persons receiving DD supportive services
3.	**Use:**	The data will be used in planning and implementation for service delivery to better meet the current demands of persons with developmental disabilities and their families. It is used for performance based budgeting purposes.
4.	**Clarity:**	Indicator clearly identifies what is being measured.
5.	**Validity, Reliability and Accuracy:**	This indicator is tied to the agency mission for the delivery of developmental disability services. Data is reviewed by the Program and Planning staff.
6.	**Data Source, Collection and Reporting:**	The Individual Tracking System tracks all persons receiving state-funded community-based developmental disabilities services and the source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.

7.	**Calculation Methodology:**	Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
8.	**Scope:**	This indicator could be combined with similar indicators in other districts/regions.
9.	**Caveats:**	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one service from DD. It does not reflect the total number of units of service provided.
10.	**Responsible Person:**	Donna Francis, DD Director 504-599-0245

Indicator 2.4 Number of Individual Agreements with consumer and individuals

1.	**Type and Level:**	Output; Key
2.	**Rationale:**	This indicator provides data on the number of people receiving developmental disabilities community-based services from DD.
3.	**Use:**	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
4.	**Clarity:**	Indicator clearly identifies what is being measured.
5.	**Validity, Reliability and Accuracy:**	This indicator is tied to the agency mission for the delivery of developmental disability services. Data is reviewed by the Program and Planning staff.
6.	**Data Source, Collection and Reporting:**	The Individual Tracking System tracks all persons receiving state-funded community-based developmental disabilities services and the source for this data is the individual case record. Collection is monthly and reporting is conducted quarterly for the fiscal year.
7.	**Calculation Methodology:**	Electronic count of any person who receives a state funded community-based service by the Individual Tracking System.
8.	**Scope:**	This indicator could be combined with similar indicators in other districts/regions.
9.	**Caveats:**	This does not include the provision of eligibility determination or information and referral activities. It includes any person who received at least one service from DD. It does not reflect the total number of units of service provided.

10.	**Responsible Person:**	Donna Francis, DD Director 504-599-0245

Indicator 3.1 Percentage of consumers who indicate satisfaction with partnership with MHSD staff and MHSD contract provider agencies in the development and implementation of the Individualized Service Plans as is reflected in consumer evaluations (surveys/focus groups, etc)

1.	**Type and Level:**	Outcome; Key
2.	**Rationale:**	This indicator provides data on the percentage of consumers who indicate satisfaction with the implementation of their Individualized service plans.
3.	**Use:**	The data will be used in planning and implementation of service delivery to better meet the current demands for these services from people with developmental disabilities and their families. It is used in the performance based budgeting process.
4.	**Clarity:**	Indicator clearly identifies what is being measured.
5.	**Validity, Reliability and Accuracy:**	This indicator is tied to the agency mission for the delivery of developmental disability services. Data is reviewed by the Program and Planning staff.
6.	**Data Source, Collection and Reporting:**	The Individual Tracking System tracks all persons receiving state-funded community-based developmental disabilities services and the source for this data is the individual case record. Collection is quarterly and reporting is conducted bi annually for the fiscal year.
7.	**Calculation Methodology:**	Number of consumers satisfied as a percent of total surveyed.
8.	**Scope:**	This indicator could be combined with similar indicators in other districts/regions.
9.	**Caveats:**	None.
10.	**Responsible Person:**	Donna Francis, DD Director 504-599-0245

ACTIVITY: CHILDREN'S BEHAVIORAL HEALTH SERVICES

Objective 1: **Each year through June 30, 2019, MHSD will provide a continuum of care that is person centered, evidence-based and focused on early intervention and recovery supports.**

Primary Persons Who Will Benefit From or Be Significantly Affected by objective:
Children/adolescents with behavioral health disorders, their families, and the community in which they reside.

Indicator 1.1 Total Number of Children receiving behavioral health services within the community

1. Type and Level:	Output
2. Rationale:	Measures reduction in barriers to services, as well as need for, and utilization of services.
3. Use:	To determine demand for service.
4. Clarity:	Indicator clearly identifies what is being measured.
5. Validity, Reliability and Accuracy:	Good.
6. Data Source, Collection and Reporting:	Compiled from internal records.
7. Calculation Methodology:	Number reported.
8. Scope:	This indicator could be combined with similar indicators in other districts/regions.
9. Caveats:	None.
10. Responsible Person:	Michael Smith, Director – Child/Adolescent Behavioral Health Programs (504) 568-3130

Objective 2: **Each year through June 30, 2019, MHSD will provide evidenced based prevention activities to individuals, youth, and families**

Primary Persons Who Will Benefit From or Be Significantly Affected by Objective:
Children and youth with addictive disorders, their families and the community in which they reside

Indicator 2.1 Number of evidenced based programs offered by contract providers

1. Type and Level:	Output
2. Rationale:	Measures utilization of best practice modalities been proven to increase positive client outcomes. .
3. Use:	The data will be used document improved clien by use of best practices.
4. Clarity:	Indicator clearly identifies what is being measurec
5. Validity/Reliability and Accuracy:	Good.
6. Data Source, Collection and Reporting:	Compiled from external data reports, specific providers
7. Calculations Methodology:	Provider monthly reports compiled into cumulati Basic calculation of percentage relative to the Whole.
8. Scope:	This indicator could be combined with similar ir other districts/regions.
9. Caveats:	None.
10. Responsible Person:	Michael Smith, Director – Child/Adolescent Health Programs (504) 568-3130

ACTIVITY: ADULT BEHAVIORAL HEALTH SERVICES

Objective 1: **Each year through June 30, 2019, MHSD will provide a continuum of care that is person centered, evidence-based and focused on early intervention and recovery supports.**

Primary Persons Who Will Benefit From or Be Significantly Affected by Objective:
Adults with behavioral health disorders, their families, and the community in which they reside.

Indicator 1.1 Total number of outpatient admissions (addiction clients only)

1. Type and Level:	Output; General Performance Information.
2. Rationale:	Measures reduction in barriers to services, as well as need for, and utilization of services.
3. Use:	To determine demand for service.
4. Clarity:	Indicator clearly identifies what is being measured.
5. Validity, Reliability and Accuracy:	Good.
6. Data Source, Collection and Reporting:	Compiled from LADDS (Louisiana Addictive Disorder Data System).
7. Calculation Methodology:	Number reported.
8. Scope:	This indicator could be combined with similar indicators in other districts/regions.
9. Caveats:	None.
10. Responsible Person:	Eric Odom, Director – Adult Behavioral Health Programs (504) 568-3130

Indicator 1.2 Percentage of clients successfully completing outpatient treatment program (addiction clients only)

1. Type and Level:	Outcome
2. Rationale:	Measures program utilization. This indicator also measures impact, and relevance of services, as well as reduction in barriers to treatment services.
3. Use:	The data will be used in determining appropriateness of service delivery to consumers and to better meet the current demands for these services from people with addictive disorders and their families.
4. Clarity:	Indicator clearly identifies what is being measured.

5. Validity/Reliability and Accuracy:	Good.
6. Data Source, Collection and Reporting:	Compiled from internal data reports
7. Calculations Methodology:	Compiled from LADDS (Louisiana Addictive Disorder Data System).
8. Scope:	This indicator could be combined with similar indicators in other districts/regions.
9. Caveats:	None.
10. Responsible Person:	Eric Odom, Director – Adult Behavioral Health Programs (504) 568-3130

Indicator 1.3 Percentage of consumers continuing treatment for 90 days or more

1. Type and Level:	Outcome
2. Rationale:	Measures program utilization. This indicator also measures impact, and relevance of services, as well as reduction in barriers to treatment services.
3. Use:	The data will be used in determining appropriateness of service delivery to consumers and to better meet the current demands for these services from people with addictive disorders and their families.
4. Clarity:	Indicator clearly identifies what is being measured.
5. Validity/Reliability and Accuracy:	Good.
6. Data Source, Collection and Reporting:	Compiled from internal data reports
7. Calculations Methodology:	Compiled from LADDS (Louisiana Addictive Disorder Data System).
8. Scope:	This indicator could be combined with similar indicators in other districts/regions.
9. Caveats:	None.
10. Responsible Person:	Eric Odom, Director – Adult Behavioral Health Programs (504) 568-3130

Indicator 1.4 Total persons served in the Community Mental Health Centers (CMHC) area-wide (mental health clients only)

1.	**Type and Level:**	Outcome; Key
2.	**Rationale:**	This indicator provides data on the number of people receiving community-based mental health services from CMHC.
3.	**Use:**	This indicator provides data on progress towards reducing the barriers to receiving treatment.
4.	**Clarity:**	Indicates clearly what is being measured.
5.	**Validity, Reliability and Accuracy:**	This indicator is tied to the agency mission for the delivery of mental health services. Data is reviewed by the Program and Planning staff.
6.	**Data Source, Collection and Reporting:**	Ad Hoc Reporting system reflecting admits by CMHC from MHSD medical record
7.	**Calculation Methodology:**	Count of the number of persons receiving mental health services within each clinic/facility.
8.	**Scope:**	This indicator could be combined with similar indicators in other districts/regions.
9.	**Caveats:**	None.
10.	**Responsible Person:**	Joel Sellers, CFO/Clinical Ops Director (504) 568-3130

Indicator 1.5 Percentage of persons served in CMHC that have been maintained in the community for the past six months

1.	**Type and Level:**	Quality
2.	**Rationale:**	This indicator provides data on progress towards reducing the barriers to receiving treatment and effectiveness of treatment interventions.
3.	**Use:**	The data will be used to determine the degree of progress providing relevant and effective services for persons with mental illness and their families.
4.	**Clarity:**	Indicator clearly identifies what is being measured.
5.	**Validity, Reliability and Accuracy:**	This indicator is tied to the agency mission for the delivery of mental health services. Data is reviewed by the Program and Planning staff.

6.	**Data Source, Collection and Reporting**:	Data source queries of Office of Behavioral Health database reflecting admits by CMHC.
7.	**Calculation Methodology**:	Count of the number of persons served by CMHC being maintained in community for past six months.
8.	**Scope:**	This indicator could be combined with similar indicators in other districts/regions.
9.	**Caveats:**	None.
10.	**Responsible Person:**	Eric Odom, Director – Adult Behavioral Health Programs (504) 568-3130

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

INDICATOR NAME: Percentage of applications for pregnant women approved within 5 calendar days

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code 24036

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Outcome
   Level: Key

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   One of the key factors in low birth weight babies is lack of prenatal care. In an effort to improve the quality of health care for pregnant women, the Department's goal is to enroll pregnant women earlier to ensure healthier babies. As part of this initiative to expedite the pregnant women applications, the agency has implemented procedures to reduce the number of days that it takes to process these applications. This indicator was selected to help monitor productivity and enrollment activity of this high risk population.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decisions involving staff allocation, productivity, work hours, outreach and out stationing. It will also be used for internal management and budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   The name clearly identifies what we are trying to measure, and it does not contain unclear terms. This measurement does not include Pregnant Woman applications that are denied.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   No.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The data comes from the Medicaid Eligibility Data System (MEDS). The data collection source is the monthly *Pregnant Woman Application Processing Time Frames (MEM0817R1) report* calculated at the parish, region and statewide level. The data is gathered monthly and the report is generated on the night of the first working day of the following month.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The sum of all Medicaid Pregnant Woman applications processed within 5 days obtained from the MEM0817R1 divided by the sum of all Pregnant Woman applications processed gives us the percentage of Pregnant Women applications processes within 5 days.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   The indicator is aggregated. The processing time for approved Pregnant Woman applications is calculated at the statewide as well as the region and parish levels and breakdowns are available. The agency does not intend to combine reports for this group with other groups that have a federal application processing time of 45 days for children and families related and 90 days for disability related because of the urgency placed on this population.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator. The reports that will be used to report this indicator have been in production for several years.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    John Fralick, Eligibility Field Operations Section Chief
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    Susan Wright, Eligibility Field Operations Assistant Section Chief
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**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

INDICATOR NAME: Number of children renewed through Express Lane Eligibility (ELE)

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

New

11. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

    Type: Efficiency
    Level: Key

12. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

    The department exercised the federal Medicaid "Express Lane Eligibility" option for children who receive Supplemental Nutrition Assistance Program (SNAP) benefits to reach and retain eligible children. This process helps remove barriers to enrollment, reduce duplicative effort by applicants and improve operational efficiencies. This indicator was selected because it tracks the number of children who are renewed automatically based on decisions made by other government agencies thus reducing the number of manual renewals that Medicaid staff must process. It is a valid measure of performance for this Objective.

13. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

    This indicator will assist management in determining if the program should continue and be expanded to include other government agencies beyond those currently involved in this process.

14. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

    This indicator clearly identifies what is being measured.

15. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

    This indicator has not been audited by the Office of the Legislative Auditor. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce a monthly report: The report is available in ViewDirect

to staff for tracking, monitoring, and programmatic decision making. There are also other ELE reports that management has created which are downloaded monthly to a SharePoint site to track ELE statistics.

16. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

    The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly report ELE Re-Enrollment Outcomes (MEM0160R20). The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other ELE reports that management has created which are downloaded monthly to a SharePoint site to track ELE statistics.

17. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

    Monthly ViewDirect reports MEM0160R20 ELE Re-Enrollment Outcomes is used to determine the number of children renewed through Express Lane Eligibility.

18. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

    This indicator is aggregated sum of children renewed through the ELE process and can be broken down by State, Region, and Parish.

19. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

    There are no known limitations or weaknesses related to this indicator.

20. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    John Fralick, Eligibility Field Operations Section Chief
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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

INDICATOR NAME: Percentage of Medicaid applications received online

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

New

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Efficiency
   Level: Key

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because by increasing the number of online applications, we are able to utilize tools that streamline the entry of the information into our Medicaid Eligibility Data System (MEDS) and perform immediate verifications through data hubs. This eliminates work that would normally be performed by eligibility staff thus improving processing times and reducing some operational costs.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used to help management know if outreach or other measures need to be taken to increase the number of Louisiana residents applying online.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The Department of Health and Hospitals Application Suite System tracks the number of on-line applications received.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The Department of Health and Hospitals Application Suite System is used to pull numbers for all applications received. The numbers pulled from Application Suite are then compiled into an on-going report which is updated monthly. This report is posted to a SharePoint site for Management review.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The sum of all applications received is divided by the sum of all applications received online which gives us the percentage of applications received online.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is an aggregate of the number of applications received online and can be broken down by: online, online (telephone), online (in-house) and incomplete on-line applications.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

INDICATOR NAME: Number of individuals enrolled in programs

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: NEW

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Output
   Level: General Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks total number of individuals currently enrolled in Louisiana's Medicaid program and Louisiana Children's Health Insurance Program (LaCHIP). This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decision making. This indicator will help management determine and monitor the number of individuals enrolled in Medicaid and LaCHIP and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the ViewDirect report series MEM0981Rxx, Active AU Members. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly reports.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The Medicaid Eligibility Data System (MEDS) produces data needed to populate the monthly reports in ViewDirect (MEM0981Rxx series of reports). The data from the ViewDirect reports is then complied in an Enrollment Trends report on a monthly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The calculation is the total of all individuals in an active certification in the MEDS system that month regardless of age or type case.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is the aggregated sum of all individuals enrolled in both Medicaid and LaCHIP and can be broken down into any type case as well as by region and parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

INDICATOR NAME: Number of applications processed annually

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

New

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Efficiency
   Level: Key

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks the total number of Medicaid and Louisiana Children's Health Insurance Program (LaCHIP) applications that were processed and a decision was rendered. This information is vital to the administration of the Medicaid Eligibility Division. It is beneficial to management in determining staffing needs and planning for the organizational structure of the division.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used by management to understand staffing needs, where efficiencies may be realized, identify if procedural changes are needed and the type of training required based on the types of applications being processed.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the ViewDirect report series MEM0814R90, State Totals w/APPL Grand Totals. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly reports.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The ViewDirect report series MEM0814R90, State Totals w/APPL Grand Totals, is a monthly report that provides data on the number of applications received, the type of case that was processed and the number of applications processed in the month.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The ViewDirect report series MEM0814R90, State Totals w/APPL Grand Totals, provides data on the number of applications received during the month, as well as how many applications were approved or rejected as well as still pending a decision.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is an aggregate of the number of applications received statewide during the month.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely through a continuing process to improve enrollment, to streamline business process and to eliminate duplicated effort each year through June 30, 2016.

INDICATOR NAME: Number of certified Medicaid Application Centers

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.) **Code 12027**

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Output
   Level: General Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   Medicaid eligibility is a vital component of this section. Medicaid Application Centers are extensions to the communities we serve, which make Medicaid accessible to all. These centers assist individuals and families with their initial application for Medicaid. This indicator reports how many community partners help with our primary mission.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   Management uses the number of application centers to gauge potential Medicaid presence statewide. The number of application centers assisted management with recent Medicaid office closures and consolidations. This indicator is used internally, but shared with others when requested.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured. Application centers are often referred to as ACs.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source of data is the Online Application Center Certified Application Center Report. The report can be generated at any time the number of application centers is needed. These systems are continuously updated to reflect real-time information. The indicator is reported on a state fiscal year, most current data available at request date and the frequency is consistent.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This indicator is derived from the total number of application centers reported by the Online Application Certified AC Report.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is aggregated. The total reflects a statewide figure, which can be broken down into region and parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are centers with trained staff available to assist with Medicaid applications if needed; however, some are not as active as others.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    The Department of Health and Hospitals, Medical Application Center Program is responsible for the collection of data analysis and quality. Primary contacts are:

    Shakeysha Johnson, Medicaid Program Monitor
    Phone: 225-342-0462
    Fax: 225-376-4736
    Email: Shakeysha.Johnson@la.gov

    Mary Jo Scott, Medicaid Program Manager 1B
    Phone: 985-543-4332
    Fax: 985-543-4221
    Email:Maryjo.Scott@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

INDICATOR NAME: Number of recipients eligible for program

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 12024

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Output
   Level: General Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The indicator measures the total number of Medicaid eligibles statewide in all Medicaid programs.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This performance indicator is used for budget and operational planning and to monitor service utilization.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   Eligibles are the number of unduplicated persons who are eligible for Medicaid services during the specified month of payment.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   A Quality Assurance Process was implemented in July 2000 for MARS reports to improve accuracy of information and minimize errors and discrepancies. This process is necessary to ensure the integrity and quality of all reports.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or

annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The data collection source is the MW-M-01 Report which is a report of monthly counts and payments designed to provide an analysis of eligibles and recipients on a month-to-month basis, starting with the current month and descending afterwards.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The number of Medicaid eligibles is a total distinct count of persons who are eligible for services during the specified month of payment.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   The number of Medicaid eligibles is aggregated at the statewide level, but the data is available by region and parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Beatrice Williams, Program Manager 1-B, (225) 342-4345, Beatrice.williams@la.gov.

    George Bucher, Program Manager 3, (225) 219-4016, George.Bucher@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

INDICATOR NAME: Number of program recipients

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 17036

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Output
   Level: General Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The indicator measures the total number of Medicaid recipients statewide in all Medicaid programs.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This performance indicator is used for budget and operational planning and to monitor the reduction in uninsured citizens in Louisiana.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   The number of Medicaid recipients includes the number of recipients in all Medicaid programs on the last check write date of each month (cut-off). Recipients are unduplicated recipients whose claims were paid during the specified month which does not necessarily reflect the month in which services were provided.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   A Quality Assurance Process was implemented in July 2000 for MARS reports to improve accuracy of information and minimize errors and discrepancies. This process is necessary to ensure the integrity and quality of all reports.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or

annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The data collection source is the MW-M-01 Report which is a report of monthly counts and payments designed to provide an analysis of eligibles and recipients on a month-to-month basis, starting with the current month and descending afterwards.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The number of unduplicated recipients whose claims were paid during the specified month, which does not necessarily reflect the month in which services were provided.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   The number of Medicaid recipients is aggregated at the statewide level, but the data is available by region and parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Beatrice Williams, Program Manager 1-B, (225) 342-4345, Beatrice.williams@la.gov.

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

INDICATOR NAME: Average number of eligibles per month

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 17037

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Output
   Level: General Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The indicator measures the average number of Medicaid eligibles per month based on total number of eligibles enrolled in all Medicaid programs.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This performance indicator can be used to forecast future expectations in service utilization.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   The average is based on the total number of eligibles and the number of months which have lapsed.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   A Quality Assurance Process was implemented in July 2000 for MARS reports to improve accuracy of information and minimize errors and discrepancies. This process is necessary to ensure the integrity and quality of all reports.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or

annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The data collection source is the MW-M-01 Report which is a report of monthly counts and payments designed to provide an analysis of eligibles and recipients on a month-to-month basis, starting with the current month and descending afterwards.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The average number of Medicaid eligibles per month is calculated by dividing the total number of Medicaid eligibles by the number of months which has lapsed.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   The average number of Medicaid eligibles is aggregated at the statewide level and the data is available by region and parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Beatrice Williams, Program Manager 1-B, (225) 342-4345, Beatrice.williams@la.gov.

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely, through a continuing process to improve enrollment, to streamline business process and to eliminate duplicative effort each year through June 30, 2019.

INDICATOR NAME: Average number of recipients per month

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 12025

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Output
   Level: General Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The indicator measures the average number of Medicaid recipients per month based on total number of recipients enrolled in all Medicaid programs.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This performance indicator can be used to forecast future expectations in service utilization.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   The average is based on the total number of recipients and the number of months which have lapsed. Recipients are unduplicated recipients whose claims were paid during the specified month, which does not necessarily reflect the month in which services were provided.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   A Quality Assurance Process was implemented in July 2000 for MARS reports to improve accuracy of information and minimize errors and discrepancies. This process is necessary to ensure the integrity and quality of all reports.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or

annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The data collection source is the MW-M-01 Report which is a report of monthly counts and payments designed to provide an analysis of eligibles and recipients on a month-to-month basis, starting with the current month and descending afterwards.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The average number of Medicaid recipients per month is calculated by dividing the total number of Medicaid recipients by the number of months which has lapsed.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   The average number of Medicaid recipients is aggregated at the statewide level and the data is available by region and parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Beatrice Williams, Program Manager 1-B, (225) 342-4345, Beatrice.williams@la.gov.

    George Bucher, Program Manager 3, (225) 219-4016, George.Bucher@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to identify, inform, and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

INDICATOR NAME: Number of children potentially eligible for coverage under Medicaid or LaCHIP

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 21778

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Input and Output
   Level: Supporting Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks the total number of children in Louisiana who are potentially eligible for Medicaid or Louisiana Children's Health Insurance Program (LaCHIP) coverage (both insured and uninsured) which is vital to outreach and retention efforts. It is a valid measure of performance targeted in this objected.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decision making. This indicator will help management determine and monitor the number of children potentially eligible and make decisions on how to improve access to those with coverage and reach those in this group that are not currently covered. This indicator will be used only for internal management purposes and will not surface for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured and includes one acronym: LaCHIP (Louisiana Children's Health Insurance Program). "Children" includes all eligibles under the age of 19.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The accuracy of this indicator is ensured by the 2011 Louisiana Heath Insurance Survey (LHIS) conducted by the LSU Public Policy Research Lab.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The source for this indicator is the 2011 LHIS. The 2011 LHIS is a survey designed to provide the most accurate and comprehensive assessment of Louisiana's uninsured population possible. Results are based on over 10,000 Louisiana households representing insurance status for over 27,000 Louisiana residents and have been weighted with the most current population estimates available.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The overall methodology for the 2011 LHIS can be found at the end of the report which is posted online at: http://dhh.louisiana.gov/assets/medicaid/LHIS/2011LHIS/LHIS_Layout_FINAL_000.pdf. More detail regarding this specific indicator can be obtained from LSU upon request.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is a disaggregated statewide figure and can it be broken down into region or parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   Limitations include small sample size in some parishes and a Medicaid bias factor, but the survey calculations are weighted and adjusted to ensure the most accurate results possible. The 2011 LHIS is the most comprehensive statewide data available.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to identify, inform, and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

INDICATOR NAME: Number of children enrolled as Title XXI eligibles

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 2241

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Output
   Level: Supporting Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks number of children currently enrolled in Title XXI which is the State Children's Health Insurance Program (CHIP). This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decision making. This indicator will help management determine and monitor the number of children enrolled in Louisiana Children's Health Insurance Program (LaCHIP) and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured. Title XXI of the Social Security Act is the State Children's Health Insurance Program and "children" includes all eligibles under the age of 19.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the Recipient Chip Quarterly Statistic Report (RS-O-91) report which is developed from the Medicaid Management Information System (MMIS) mainframe and its accuracy and reliability relies on the MMIS mainframe.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The source of this indicator is a VSAM file (table in a database) that is pulled from the MMIS mainframe. A subset is then made from this table to create the monthly RS-O-91 report that specifically reports on LaCHIP enrollment.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This indicator is calculated at Unisys by extracting enrollment data from the MMIS mainframe and creating the RS-O-91 report using that data. The total LaCHIP enrollment is comprised of the 5 phases of LaCHIP which are: Phase I (typecase 007), Phase II (typecase 015), Phase III (typecase 055), Phase IV (typecase 127), and Phase V (typecase 134) and can be broken down by each phase.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is the aggregated sum of children enrolled in the 5 different phases of LaCHIP. Phase I (covers children up to 133% Federal Poverty Level (FPL)), Phase II (covers children from 134-150% FPL), Phase III (covers children from 151-200% FPL), Phase IV (covers pregnant, non-citizen women from 150 to 200% FPL), and Phase V (covers children from 201-250% FPL).

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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    John Fralick, Eligibility Field Operations Section Chief
    318 487 5205
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    Susan Wright, Eligibility Field Operations Assistant Section Chief
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    Susan.Wright@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to identify, inform, and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

INDICATOR NAME: Number of children enrolled as Title XIX eligibles

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 2242

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Output
   Level: Supporting Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks number of children (under age 19) currently enrolled in Title XIX which is the Medicaid. This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objected.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decision making. This indicator will help management determine and monitor the number of children enrolled in Louisiana's Medicaid Program and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured. Title XIX of the Social Security Act establishes the Federal/State Medicaid program and "children" includes all eligibles under the age of 19.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the Recipient Chip Quarterly Statistic Report (RS-O-91) and Children Under 19 Recipient Statistic Report (RS -O-92) which are developed from the Medicaid Management Information System (MMIS) mainframe and their accuracy and reliability relies on the MMIS mainframe data.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The source of this indicator is a VSAM file (table in a database) that is pulled from the MMIS mainframe. A subset is then made from this table to create the monthly RS-O-91 and RS-O-92 reports that specifically report on children enrollment in Medicaid and Louisiana Children's Health Insurance Program (LaCHIP).

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This indicator is calculated at Unisys by extracting enrollment data from the MMIS mainframe and creating the RS-O-91 and RS-O-92 reports using that data. The RS-O-91 report shows the total number of children enrolled in LaCHIP and the RS-O-92 report shows the total number of children enrolled in both Medicaid and LaCHIP. Therefore, to calculate the Medicaid enrollment number only, the LaCHIP total enrollment is subtracted from the RS-O-92 total.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is the aggregated sum of all children enrolled in Medicaid and LaCHIP minus the number of children enrolled in LaCHIP. This indicator can be broken down into any typecase that contains an eligible child.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to identify, inform, and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

INDICATOR NAME: Total number of children under age 19 enrolled

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 10013

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Output
   Level: Key Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks total number of children currently enrolled in Louisiana's Medicaid program and Louisiana Children's Health Insurance Program (LaCHIP). This information is vital to outreach and retention efforts as well as administrative and budget costs and projections. It is a valid measure of performance targeted in this objected.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decision making. This indicator will help management determine and monitor the number of children enrolled in Medicaid and LaCHIP and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured and "children" includes all eligibles under the age of 19.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the Children Under 19 Recipient Statistic Report (RS -O-92) report which is developed from the Medicaid Management Information System (MMIS) mainframe and its accuracy and reliability relies on the MMIS mainframe data.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The source of this indicator is a VSAM file (table in a database) that is pulled from the MMIS mainframe. A subset is then made from this table to create the monthly RS-O-92 report that specifically reports on total children's enrollment.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This indicator is calculated at Unisys by extracting enrollment data from the MMIS mainframe and creating the RS-O-92 report using that data. The total children's enrollment is comprised of all eligibles under age 19.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is the aggregated sum of all children enrolled in Medicaid and LaCHIP and can be broken down into any type case that contains an eligible child.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP eligibility determination activity, to identify, inform and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

INDICATOR NAME: Average cost per Title XIX enrolled per year

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.) **Code 10017**

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Efficiency
   Level: Key

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks the average cost per child (under 19) enrolled in Title XIX which is the Medicaid Program. The information is vital to administrative and budget costs and projections. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decision making. This indicator will help management determine and monitor cost associated with the children enrolled in Louisiana Medicaid Program and make decisions on administration and budget issues necessary to support this population. This indicator may be used for performance –based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured. Title XIX of the Social Security Act establishes the Federal/State Medicaid program and "children" includes all eligibles under the age of 19.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the MARS Data Warehouse (MDW) which is fed by the Medicaid Management Information System (MMIS) mainframe and the accuracy and reliability relies on both the MMIS mainframe data and code written.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The source of the indicator is the MARS Data Warehouse (MDW) which is maintained by Unisys and fed by the MMIS mainframe. The claims data is produced weekly and the eligible data is produced monthly.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This indicator is calculated by pulling claims data and eligible data from the MDW. A cumulative per member per month (PMPM) is calculated by adding the total number of claims in a state fiscal year and dividing it by the total number of eligibles in that same year. The PMPM is then multiplied by 12 to get the yearly amount.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   The indicator is the aggregated sum of children enrolled in the Title XIX Medicaid Program. Costs can be broken down by type case, age, gender, and geographical location.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    The Eligibility Supports Section is responsible for data collection, analysis and quality. The primary contacts are:

    Keith Pugh, Medicaid Program Monitor
    Phone: 225-342-9860
    Fax: 225- 376-4743
    Email: Keith.Pugh @la.gov

    Mary Jo Scott, Medicaid Program Manager 1-B
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    Fax: 985-543-4332
    Email: Maryjo.Scott @la.gov

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Eligibility activity, to inform, identify and enroll eligibles into LaCHIP/Medicaid by processing applications and annual renewals timely and to improve access to health care for uninsured children through the LaCHIP Affordable Plan each year through June 30, 2016.

INDICATOR NAME: Percentage of Procedural Closures at Renewal

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

Code: 17038

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Outcome
   Level: Key

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator measures the effectiveness of the agency's efforts to decrease the number of otherwise eligible children who lose eligibility at annual renewals solely due to procedural reasons.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator measures the effectiveness of the Agency's efforts to simplify not only the enrollment process, but the renewal process as well. This has been identified as one of the keys to reducing the number of uninsured children in the state. It also provides critical information on how many children are losing public health care coverage (Medicaid) for procedural reasons.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   Procedural closures are those closures of cases in which ineligibility has not been established. The sole reason for closure is failure to follow administrative procedures necessary for renewal.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   No.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly reports: LaCHIP Procedural Closures at Renewal (MEM0160R10) and CHAMP Procedural Closures at Renewal (MEM0160R11). The reports are available in ViewDirect to Medical Vendor Administration staff for tracking, monitoring, and programmatic decision making.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   Monthly ViewDirect reports MEM0160R10-LaCHIP and MEM0160R11-CHAMP are used to determine the percentage of procedural closures at renewal. Three months of data for both programs is used in determining the monthly average (3 month total divided by 3). The quarterly average is then divided by the two (2) programs to provide the quarterly percentage.
   This Performance Indicator reports quarterly percentage and it is not cumulative.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   The total number of CHAMP/LaCHIP eligibles closed at renewal using code 75 (no renewal form/verification after contact with recipient) and code 94 (no contact with recipient/unable to locate) for each month of the quarter are divided by the total number of CHAMP/LaCHIP eligibles requiring renewal for that specific period. This calculation is done at the statewide as well as local parish level.

   This indicator represents two client groups: CHIP and CHAMP (children under 19 years old) and it can be combined with indicators for other client groups.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   We do not predict to have limitations or weaknesses.

   This indicator is not a replacement or an alternative and it has been reported for a reasonable time. The source of the data does not contain partialities and includes all closures at renewal for CHIP and CHAMP.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Eligibility activity, to inform, identify and enroll eligibles into LaCHIP/ Medicaid by processing applications and annual renewals timely and to improve access to health care for uninsured children through the LaCHIP Affordable Plan each year through June 30, 2016.

INDICATOR NAME: Percentage of applications for LaCHIP & Medicaid programs for children approved within 10 calendar days

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code 24040

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Outcome
   Level: Key

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected to better monitor our productivity through the eligibility activity, to inform, identify and enroll eligible children into LaCHIP/Medicaid by processing applications timely and to improve access to health care for uninsured children through the LaCHIP program. It is also cost effective to the Department to provide periodic and early screening to children**.**

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decisions concerning staff performance, over time as deemed necessary, and also for internal management and budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   The name uses the acronym: LaCHIP to refer to 'Louisiana Children Health Insurance Program'. It clearly identifies what we are trying to measure, and it does not contain unclear terms. This measurement does not include applications for children that are denied.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   No.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The data comes from internal reports database: MEM0817R5 –CHIP and MEM0817R6-CHAMP. The data is gathered monthly and the report is generated on the night of the first working day of the following month.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The sum of all LaCHIP and Medicaid applications for children processed within 10 days obtained from MEM0817R5 and MEM0817R6 divided by the sum of all LaCHIP and Medicaid applications for children processed gives us the percentage of LaCHIP and Medicaid applications for children processed within 10 days.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   The indicator is aggregated. Due to the aggressive efforts to reach this goal, this indicator is not likely to be combined with indicators for other client groups which applications have a time frame of 45 days – including CHIP and CHAMP- for Children and family related and 90 days for disability related because of the importance to insure this population.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   We do not predict to have limitations or weaknesses because the report has been in production for a reasonable time and this is only a further step to measure the results by putting it into an indicator. The source of the data does not contain partialities and includes all type of applications without any kind of favoritism.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to identify, inform, and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

INDICATOR NAME: Percentage of calls received through the Medicaid & LaCHIP hotlines who hold for a representative less than 5 minutes

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 24041

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Efficiency
   Level: Supporting Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks the percentage of calls received through the Medicaid and LaCHIP hotlines that are placed on hold for a representative less than 5 minutes. This information is vital to determining administrative and budget costs, as well as projections regarding the number of staff necessary to support these hotlines. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decision making. This indicator will help management determine and monitor the number of calls and wait times, and make decisions on administration, staffing and budget issues necessary to support this population. This indicator will not be used for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured and LaCHIP is defined as Louisiana Children's Health Insurance Program.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The source of this indicator is the automatic call distribution (ACD) hotline operated by the Medicaid/LaCHIP Customer Service Unit, and the accuracy and reliability relies on those reports.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   This source for this indicator is a report generated by the state contractor, CosmoCom. The report is generated on a nightly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This indicator is calculated by taking the daily number of calls handled following less than a 5-minute wait time and dividing it by the total number of calls received that day.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is the statewide aggregated sum of the total number of calls handled following less than a 5-minute wait time.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to identify, inform, and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

INDICATOR NAME: Estimated percentage of children potentially eligible for coverage under Medicaid or LaCHIP who remain uninsured

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 24042

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Input and Output
   Level: Supporting Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks the percentage of children in Louisiana who are potentially eligible for Medicaid or Louisiana Children's Health Insurance Program (LaCHIP) coverage (both insured and uninsured) which is vital to outreach and retention efforts. It is a valid measure of performance targeted in this objected.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decision making. This indicator will help management determine and monitor the percentage of children potentially eligible and make decisions on how to improve access to those with coverage and reach those in this group that are not currently covered. This indicator will be used only for internal management purposes and will not surface for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured and includes one acronym: LaCHIP (Louisiana Children's Health Insurance Program). "Children" includes all eligibles under the age of 19.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The accuracy of this indicator is ensured by the 2011 Louisiana Heath Insurance Survey (LHIS) conducted by the LSU Public Policy Research Lab.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The source for this indicator is the 2011 LHIS. The 2011 LHIS is the fourth in a series of surveys designed to provide the most accurate and comprehensive assessment of Louisiana's uninsured population possible. Results are based on over 10,000 Louisiana households representing insurance status for over 27,000 Louisiana residents and have been weighted with the most current population estimates available.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The overall methodology for the 2011 LHIS can be found at the end of the report which is posted online at: http://dhh.louisiana.gov/assets/medicaid/LHIS/2011LHIS/LHIS_Layout_FINAL_000.pdf. More detail regarding this specific indicator can be obtained from LSU upon request.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is a disaggregated statewide figure and can be broken down into region or parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   Limitations include small sample size in some parishes and a Medicaid bias factor, but the survey calculations are weighted and adjusted to ensure the most accurate results possible. The 2011 LHIS is the most comprehensive statewide data available.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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Dek Terrell, Ph.D., Freeport-McMoran Professor
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John Fralick, Eligibility Field Operations Section Chief
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John.Fralick@la.gov

Susan Wright, Eligibility Field Operations Assistant Section Chief
225 342 2307
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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to identify, inform, and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

INDICATOR NAME: Estimated number of children potentially eligible for coverage under Medicaid or LaCHIP who remain uninsured

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

LaPAS PI Code: 21779

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Input and Output
   Level: Supporting Performance Information

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   This indicator was selected because it tracks the number of children in Louisiana who are uninsured but eligible for coverage under LaCHIP or Medicaid. This information is vital to outreach and retention efforts. It is a valid measure of performance targeted in this objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used in management decision making. This indicator will help management determine and monitor the number of uninsured children and make decisions on how to reach those not currently covered. This indicator will be used only for internal management purposes and will not surface for performance-based budgeting purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator name clearly identifies what is being measured and "children" includes all eligibles under the age of.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The accuracy of this indicator is ensured by the 2011 Louisiana Heath Insurance Survey (LHIS) conducted by the LSU Public Policy Research Lab.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The source for this indicator is the 2011 LHIS. The 2011 LHIS is a survey designed to provide the most accurate and comprehensive assessment of Louisiana's uninsured population possible. Results are based on over 10,000 Louisiana households representing insurance status for over 27,000 Louisiana residents and have been weighted with the most current population estimates.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The overall methodology for the 2011 LHIS can be found at the end of the report which is posted online at: http://dhh.louisiana.gov/assets/medicaid/LHIS/2011LHIS/LHIS_Layout_FINAL_000.pdf. More detail regarding this specific indicator can be obtained from LSU upon request.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is a disaggregated statewide figure and can it be broken down into region or parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   Limitations include small sample size in some parishes and a Medicaid bias factor, but the survey calculations are weighted and adjusted to ensure the most accurate results possible. The 2011 LHIS is the most comprehensive statewide data available.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    John Fralick, Eligibility Field Operations Section Chief
    318 487 5205
    John.Fralick@la.gov

    Susan Wright, Eligibility Field Operations Assistant Section Chief
    225 342 2307
    Susan.Wright@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid and CHIP Eligibility Determination activity, to identify, inform, and enroll eligible children under age 19 into Medicaid, LaCHIP and LaCHIP Affordable Care by processing applications and annual renewals timely each year through June 30, 2019.

INDICATOR NAME: Number of children enrolled through Express Lane Eligibility (ELE)

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

New

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Type: Efficiency
   Level: Key

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department exercised the federal Medicaid "Express Lane Eligibility" option for children who receive Supplemental Nutrition Assistance Program (SNAP) benefits to reach and retain eligible children. This process helps remove barriers to enrollment, reduce duplicative effort by applicants and improve operational efficiencies. This indicator was selected because it tracks the number of children who are enrolled automatically based on decisions made by other government agencies thus reducing the number of manual applications that Medicaid staff must process. It is a valid measure of performance for this Objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will assist management in determining if the program should continue and be expanded to include other government agencies beyond those currently involved in this process.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

   This indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This indicator has not been audited by the Office of the Legislative Auditor. The Medicaid Eligibility Data System (MEDS) compiles data needed to produce a monthly report: The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other ELE reports that management has created which are downloaded monthly to a SharePoint site to track ELE statistics.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The Medicaid Eligibility Data System (MEDS) compiles data needed to produce the monthly report MEM0660R1 ELE Certs Added. The report is available in ViewDirect to staff for tracking, monitoring, and programmatic decision making. There are also other ELE reports that management has created which are downloaded monthly to a SharePoint site to track ELE statistics.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   Monthly ViewDirect reports MEM0660R1 ELE Certs Added is used to determine the number of children enrolled through Express Lane Eligibility.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This indicator is aggregated sum of children enrolled through the ELE process and can be broken down by State, Region, and Parish.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   There are no known limitations or weaknesses related to this indicator.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    John Fralick, Eligibility Field Operations Section Chief
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    Susan Wright, Eligibility Field Operations Assistant Section Chief
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PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Medical Vendor Administration

ACTIVITY: Eligibility

OBJECTIVE: Through the Medicaid Eligibility Determination activity, to provide Medicaid eligibility determinations and administer the program within federal regulations by processing at least 98.5% of applications timely.

INDICATOR NAME: Percentage of Errors Identified through Medicaid Eligibility Quality Control process – review of negative case actions

LaPAS PI Code: LaPAS PI Code 24037

11. **Type and Level**: Type: Quality Level: Key

12. **Rationale**: This indicator will provide the percentage of errors found by reviewing Medicaid decisions made by Medicaid eligibility examiners using Medicaid policy and procedures.

13. **Use:** It will indicate when corrective action is appropriate and the type of action. Corrective action could be targeted training or clarification of policy or procedures.

14. **Clarity:** Negative case actions are Medicaid program closures and Medicaid application denials.

15. **Validity, Reliability and Accuracy:** The indicator is audited annually by the Office of the Legislative Auditor. No findings were reported.

16. **Data Source, Collection and Reporting:** The data source is a monthly report of randomly selected cases that meet the criteria. Data is stored and collected from DHH's View Direct system. The completed reports are stored in the recipient Electronic Case Records and the Policy Section's network drive. Quality Control reviewers have 45 days to complete the reviews. Frequency and timing of collection and reporting are consistent.

17. **Calculation Methodology:** The percentage of errors or error rate is calculated by totaling the number of case reviews completed and dividing it by the number of errors found.

18. **Scope:** Aggregate. It is the statewide error rate. It can be drawn down to parish or region.

19. **Caveats:** None

20. **Responsible Person:** Rhett Decoteau, Medicaid Eligibility Policy Section - Medicaid Eligibility Quality Control

Contact Info:

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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 305 – Medical Vendor Administration

ACTIVITY: Executive Administration

INDICATOR NAME: Administrative cost as a percentage of total cost

LaPAS PI Code: New

1. **Type and Level**: Efficiency/Key

2. **Rationale**: This indicator reports the percentage of total Medicaid cost to administer the Medicaid Program in relationship to the total Medicaid Program cost for the delivery of service.

3. **Use:** The results will be used by management to adjust administrative cost to not exceed the performance standard that has been set. This report is for internal management use. It will also be used for performance based budgeting to identify ways to cost effectively administer the Medicaid Program.

4. **Clarity:** Yes, the indicator name clearly identifies what is being measured.

5. **Validity, Reliability and Accuracy:** This is a new indicator for FY2011 and has not yet been audited by the Office of the Legislative Auditor. Calculations are made using information reported by the Division of Administration ISIS system.

6. **Data Source, Collection and Reporting:** The source of data for the indicator is the Division of Administration Financial database and internal databases which tracks the Existing Operating Budgets for Medical Vendor Administration and Medical Vendor Payments. The data is collected and reported on a SFY basis for the current year.

7. **Calculation Methodology:** The indicator is calculated by dividing the total Medicaid Administrative cost by the total Medicaid Program cost.

8. **Scope:** This indicator is aggregated. The calculation is based on the total cost.

9. **Caveats:** No, this indicator has no caveats.

10. **Responsible Person:**
    DeEdra Hyde, Medicaid Program Manager 1B,
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    Fax: 225-342-3893
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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medicaid Vendor Administration

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rule, and regulations each year through June 30, 2019.

INDICATOR NAME: Number of repeat errors found on the CMS 64 report

LaPAS PI Code: New

1. **Type and Level**: The indicator type is outcome based. The level at which the indicator will be reported is Supporting Performance Information

2. **Rationale**: The indicator was selected because it ensures that the recommendations from the Center for Medicare& Medicaid Services are incorporated into the CMS 64 report. It also ensures information is accurately captured on the report based on CMS guidelines.

3. **Use:** The indicator will be used in to determine how well we are reporting information to CMS and ensure there are no disruptions in receiving funding for the Medicaid program and help alleviate the need to seek all state funds as a result of a disallowance.

4. **Clarity:** The indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support**? This is a new indicator. All reports will be maintained within the section and made available for audits

6. **Data Source, Collection and Reporting:** The data source with be from the memo sent from CMS.

7. **Calculation Methodology:** The data will be calculated by counting the number of repeat errors on the memo sent from CMS

8. **Scope:** The indicator is an internal departmental measure.

9. **Caveats:** There are no known limitations or weaknesses related to this indicator

10. **Responsible Person:** The Financial Management and Operations section will be responsible for data collection, analysis, and quality.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medicaid Vendor Administration

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rule, and regulations each year through June 30, 2019.

INDICATOR NAME: Percentage of CMS 37 reports submitted late

LaPAS PI Code: New

1. **Type and Level**: The indicator type is outcome based. The level at which the indicator will be reported is Supporting Performance Information

2. **Rationale**: The indicator was selected because it ensures that the budget projection for the Medicaid program is submitted based on CMS requirements and that there are no disruptions in receiving funding for the Medicaid program.

3. **Use:** The indicator will be used in management decisions by ensuring we are adhering to federal regulations in timely reporting of the Medicaid program.

4. **Clarity:** The indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support**? This is a new indicator. All reports will be maintained within the section and made available for audits

6. **Data Source, Collection and Reporting:** The data source will be from the CMS federal reporting system.

7. **Calculation Methodology:** The data will be calculated by dividing the number of reports submitted after the CMS deadline by the total number of reports submitted for the federal fiscal year.

8. **Scope:** The indicator is an internal departmental measure.

9. **Caveats:** There are no known limitations or weaknesses related to this indicator

10. **Responsible Person:** The Financial Management and Operations section will be responsible for data collection, analysis, and quality.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medicaid Vendor Administration

ACTIVITY: Executive Administration

OBJECTIVE: Through the Executive Administration activity, to administer the Medicaid program and ensure that operations are in accordance with federal and state statutes, rule, and regulations each year through June 30, 2019.

INDICATOR NAME: Number of repeat audit findings

LaPAS PI Code: New

1. **Type and Level**: The indicator type is outcome based. The level at which the indicator will be reported is Supporting Performance Information

2. **Rationale**: The indicator was selected because it ensures that the recommendations from an auditor are incorporated in our business practices.

3. **Use:** The indicator will be used in management decisions and will help gauge how well we are adhering to state and federal law.

4. **Clarity:** The indicator clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support**? This is a new indicator. All reports will be maintained within the section and made available for audits

6. **Data Source, Collection and Reporting:** The data source with be from the memo sent from an auditor.

7. **Calculation Methodology:** The data will be calculated by counting the number of repeat findings from an auditor on an annual basis.

8. **Scope:** The indicator is an internal departmental measure.

9. **Caveats:** There are no known limitations or weaknesses related to this indicator

10. **Responsible Person:** The Financial Management and Operations section will be responsible for data collection, analysis, and quality.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: **305 – Medical Vendor Administration**

ACTIVITY: Executive Administration

OBJECTIVE: To administer the Medicaid program and ensure that operations are in accordance with federal and state statues, rule, and regulations.

INDICATOR NAME: Percentage of State Plan amendments approved

LaPAS PI Code: 24046

1. **Type and Level**: Output; Level: General

2. **Rationale**: This indicator was chosen to report the percentage of State Plan amendments approved by the Centers for Medicaid and Medicare Services (CMS).

3. **Use:** The results are used by internal management to evaluate the performance of the personnel who are responsible for developing the State Plan amendments, writing, negotiating, and obtaining CMS approval of the proposed amendments.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor with positive results.

6. **Data Source, Collection and Reporting:** The source of the data is correspondence received from CMS indicating amendment approvals and the internal database. The data is collected quarterly and reported annually on a State Fiscal Year basis.

7. **Calculation Methodology:** The indicator is calculated by taking a count of the number of State Plan amendments approved by CMS in relation to the number of amendments submitted.

8. **Scope:** This indicator is aggregated. The calculation is based on the total number of State Plan amendments approved.

9. **Caveats:** Yes. All amendments submitted in the current State Fiscal Year may not be approved in the same year. Those amendments remain in a pending status and are counted in the year of approval or withdrawal.

10. **Responsible Person:**

Darlene Adams, Section Chief
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Fax: 225-376-4737
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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: **305 – Medical Vendor Administration**

ACTIVITY: Executive Administration

OBJECTIVE: To administer the Medicaid program and ensure that operations are in accordance with federal and state statues, rule, and regulations.

INDICATOR NAME: Number of State Plan amendments submitted

LaPAS PI Code: 24047

1. **Type and Level**: Output; Level: General

2. **Rationale**: This indicator was chosen to report the number of State Plan amendments submitted to the Centers for Medicaid and Medicare Services (CMS)

3. **Use:** The results are used by internal management to evaluate the performance of the personnel who are responsible for developing the State Plan amendments.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This indicator has been audited by the Office of the Legislative Auditor with positive results.

6. **Data Source, Collection and Reporting:** The source of the data is correspondence, State Plan pages, fiscal impacts and supporting documents submitted to CMS indicating the plan of the State to adopt federal regulations. The data is collected quarterly and reported annually on a State Fiscal Year basis.

7. **Calculation Methodology:** The indicator is calculated by taking a count of the number of State Plan amendments submitted to CMS.

8. **Scope:** This indicator is aggregated. The calculation is based on the total number of State Plan amendments submitted.

9. **Caveats:** Yes. All amendments submitted in the current State Fiscal Year may not complete the approval process; a very low number of them may be withdrawn due to changes on State decision to pursue the federal requirements.

10. **Responsible Person:**

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Number of Local Education Agencies (LEA) quarterly claims targeted for monitoring

LaPAS PI Code: New

1. **Type and Level**: Output; Supporting

2. **Rationale**: This indicator measures the number of LEAs participating in the Medicaid Administrative Claiming (MAC) Program, the Direct Services Progam, the Nursing Program and the Behavioral Health prgoram that are targeted. This indicator was selected because it is measurable and accurately describes the intent of the performance reporting.

3. **Use:** This performance indicator is used to assess the monitoring activity of the school boards participating in Medicaid programs. These program is under scrutiny nationwide and requires in-depth monitoring to control.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Program Operations staff that will be performing the monitoring activities.

7. **Calculation Methodology:** Figures are calculated by adding the number of claims audited by DHH Program Operations staff and the claims audited by Postlethwaite and Netterville.

8. **Scope:** Aggregated.

9. **Caveats:**

10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Percent of Local Education Agencies targeted for monitoring

LaPAS PI Code: New

1. **Type and Level**: Output; Supporting

2. **Rationale**: This indicator measures the percent of school board claims monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.

3. **Use:** This performance indicator is used to assess the monitoring activity of the school boards participating in Medicaid programs. These programs are under scrutiny nationwide and require in-depth monitoring to control.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Rate and Audit staff that will be performing the monitoring activities.

7. **Calculation Methodology:** Figures are calculated by adding the number of claims audited by DHH Rate and Audit staff and the claims audited by Postlethwaite and Netterville. This total is then divided by the number of claims targeted for monitoring.

8. **Scope:** Aggregated.

9. **Caveats:**

10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Number of Nursing Home cost reports targeted for monitoring

LaPAS PI Code: New

1. **Type and Level**: Output; Supporting
2. **Rationale**: This indicator measures the number of nursing home cost reports monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.
3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Rate and Audit staff that will be performing the monitoring activities.
7. **Calculation Methodology:** Figures are calculated by adding the number of cost reports audited by DHH Rate and Audit staff and the cost reports audited by Postlethwaite and Netterville.
8. **Scope:** Aggregated.
9. **Caveats:**
10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Percent of Nursing Homes cost reports targeted for monitoring

LaPAS PI Code: New

1. **Type and Level**: Output; Supporting

2. **Rationale**: This indicator measures the percent of Nursing Home cost reports monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.

3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Rate and Audit staff that will be performing the monitoring activities.

7. **Calculation Methodology:** Figures are calculated by adding the number of claims audited by DHH Rate and Audit staff and the cost reports audited by Postlethwaite and Netterville. This total is then divided by the number of cost reports targeted for monitoring.

8. **Scope:** Aggregated.

9. **Caveats:**

10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Number of Intermediate Care Facilities (ICF) cost reports targeted for monitoring

LaPAS PI Code: New

1. **Type and Level**: Output; Supporting

2. **Rationale**: This indicator measures the number of Intermediate Care Facilities (ICF) cost reports monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.

3. **Use:** This performance indicator is used to assess the monitoring activity of the Intermediate Care Facilities (ICF) participating in Medicaid programs.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Rate and Audit staff that will be performing the monitoring activities.

7. **Calculation Methodology:** Figures are calculated by adding the number of cost reports audited by DHH Rate and Audit staff and the cost reports audited by Postlethwaite and Netterville.

8. **Scope:** Aggregated.

9. **Caveats:**

10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Percent of Intermediate Care Facilities (ICF) cost reports targeted for monitoring

LaPAS PI Code: New

1. **Type and Level**: Output; Supporting

2. **Rationale**: This indicator measures the percent of Intermediate Care Facilities (ICF) cost reports monitored that were targeted for monitoring. This indicator was selected because it is measurable and accurately describes the intent of the monitoring performance indicator.

3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Rate and Audit staff that will be performing the monitoring activities.

7. **Calculation Methodology:** Figures are calculated by adding the number of claims audited by DHH Rate and Audit staff and the cost reports audited by Postlethwaite and Netterville. This total is then divided by the number of cost reports targeted for monitoring.

8. **Scope:** Aggregated.

9. **Caveats:**

10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Number of Local Education Agencies (LEA) claims adjusted as a result of monitoring activities

LaPAS PI Code: New

1. **Type and Level**: Efficiency; General

2. **Rationale**: This indicator measures the accuracy of reporting cost of LEAs participating in the Medicaid Administrative Claiming (MAC) Program, the Direct Services Program, the Nursing Program and the Behavioral Health Program that are targeted. This indicator was selected because it is measurable and accurately describes the intent of the performance reporting.

3. **Use:** This performance indicator is used to assess the monitoring activity of the school boards participating in Medicaid programs. These programs are under scrutiny nationwide and require in-depth monitoring to control.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** Total number of claims adjusted. This is a simple summation.

7. **Calculation Methodology:** Figures are calculated by adding the number of claims audited by DHH Rate and Audit staff and the claims audited by Postlethwaite and Netterville.

8. **Scope:** Aggregated.

9. **Caveats:**

10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Amount identified as over claimed by Local Education Agencies (LEA) as a result of monitoring activities

LaPAS PI Code: New

1. **Type and Level**: Efficiency; General

2. **Rationale**: This indicator measures the total expenditures paid to participating school boards inappropriately but identified by DHH during the auditing process. This indicator was selected because it is measurable and accurately describes the intent of the monitoring activity.

3. **Use:** This performance indicator is used to assess the monitoring activity of the school boards participating in Medicaid programs. These programs are under scrutiny nationwide and require in-depth monitoring to control.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** The source is our contractor, Postlethwaite and Netterville, and Rate and Audit staff that will be performing the monitoring activities.

7. **Calculation Methodology:** Total amount identified as overpayment. This is a simple summation.

8. **Scope:** Aggregated.

9. **Caveats:** Sometimes monitoring results in increasing the amount due to the LEAs. LEAs often understate their cost and that is corrected as well during the monitoring process. The goal of his monitoring is accuracy.

10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Number of Nursing Home cost reports adjusted as a result of monitoring activities

LaPAS PI Code: New

1. **Type and Level**: Efficiency; General

2. **Rationale**: This indicator measures the accuracy of reporting cost of Nursing Homes participating in the Medicaid Program. This indicator was selected because it is measurable and accurately describes the intent of the performance reporting.

3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** Total number of cost reports adjusted. This is a simple summation.

7. **Calculation Methodology:** Total number of cost reports adjusted. This is a simple summation.

8. **Scope:** Aggregated.

9. **Caveats:**

10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Monitoring

OBJECTIVE: To the extent possible within statutory limits, use spending to reduce unused bed capacity and improve quality to achieve national averages by 2015

INDICATOR NAME: Number of Intermediate Care Facility (ICF) cost reports adjusted as a result of monitoring activities

LaPAS PI Code: New

1. **Type and Level**: Efficiency; General

2. **Rationale**: This indicator measures the accuracy of reporting cost of Intermediate Care Facility (ICF participating in the Medicaid Program. This indicator was selected because it is measurable and accurately describes the intent of the performance reporting.

3. **Use:** This performance indicator is used to assess the monitoring activity of the nursing homes participating in Medicaid programs.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** Total number of cost reports adjusted. This is a simple summation.

7. **Calculation Methodology:** Total number of cost reports adjusted. This is a simple summation.

8. **Scope:** Aggregated.

9. **Caveats:**

10. **Responsible Person:** Randy Davidson, Direct of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Management of Medicaid Claims Payments to Providers

OBJECTIVE: Through the Management of Medicaid Claims Payments to Providers activity, to operate the most efficient Medicaid claims processing system possible through June 30, 2019.

INDICATOR NAME: Monthly Louisiana Information Form Tracking (LIFT) system change requests

LaPAS PI Code: New

1. **Type and Level**: Input, Efficiency and General Performance

2. **Rationale**: This Performance Indicator measures the number of requests given to the Fiscal Intermediary on a monthly basis. It will assist with providing information to MMIS Management regarding resources which are available to or in use by the Fiscal Intermediary (FI).

3. **Use:** This indicator will be used to assess the FI's performance and to assist MMIS Management with keeping track of resources utilized by the FI.

4. **Clarity:** Change requests for the purpose of this indicator are new tickets or change requests referred to as "LIFTs" (Louisiana Information Form Tracking). A new LIFT is defined as an original change request that is new to the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.

5. **Accuracy, Maintenance, Support:** This is a newly proposed indicator. There is no record of auditing by the Office of Legislative Auditor.

6. **Data Source, Collection and Reporting:** This information will be obtained from searching or referencing an *ad hoc* report, pulling information regarding new LIFTs (change requests) entered in a given month from the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.

7. **Calculation Methodology:** Using the total number of new LIFTs (change requests) arrived or determined from the search and/or *ad hoc* report. This information is calculated by the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.

8. **Scope:** This indicator is the sum of new LIFTs for a given month.

9. **Caveats:** There is no caveat or qualifier for this new Performance Indicator.

Responsible Person: George Bucher, Medicaid Program Manager 3,
MVA/MMIS/Management and Reporting Subsystem; Phone: 225-219-4016 FAX 225-342- 2703
email: George.Bucher

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Management of Medicaid Claims Payments to Providers

OBJECTIVE: Through the Management of Medicaid Claims Payments to Providers activity, to operate the most efficient Medicaid claims processing system possible through June 30, 2019.

INDICATOR NAME: Average age of Louisiana Information Form Tracking (LIFT) system change requests

LaPAS PI Code: New

1. **Type and Level**: Input/Efficiency and General Performance

2. **Rationale**: This Performance Indicator measures the average age of open and active LIFTs on a monthly basis. It will assist with providing information to MMIS Management regarding resources which are available to or in use by the FI.

3. **Use:** This indicator will be used to assess the Fiscal Intermediary's Performance and to assist MMIS Management with keeping track of resources utilized by the Fiscal Intermediary.

4. **Clarity:** Change requests for the purpose of this indicator are defined as tickets referred to as a (LIFT) Louisiana Information Form Tracking (four digit number) in the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.

5. **Accuracy, Maintenance, Support:** This is a newly proposed indicator. There is no record of auditing by Office of Legislative Auditor.

6. **Data Source, Collection and Reporting:** This information will be obtained from searching or referencing an Adhoc report pulling information into an Excel Spreadsheet regarding All open LIFTs (change requests) in a given month versus the Date that the LIFT was first entered and/or first requested. The All open requests report will be pulled from the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.

7. **Calculation Methodology:** First, the number of days between the reporting date and the initiation date of the request is calculated. Then, this number is totaled for all active change requests and finally averaged by the total number of active change requests. This information is calculated by Excel once the origination and/or requested dates of each open LIFT is pulled from System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.

8. **Scope:** This indicator is aggregated as the result will be total days, however some days will include holidays and/or weekends.

9. **Caveats:** There is a caveat or qualifier for this new Performance Indicator because these LIFTs are manually processed therefore it involves human input, involvement and handling. For instance, the average age maybe effected by FI and/or DHH Staff/Personnel due to leave from office or higher priority workload.

10. **Responsible Person:** George Bucher, Medicaid Program Manager 3, MVA/MMIS/Management and Reporting Subsystem; Phone: 225-219-4016 FAX 225-342- 2703 email: George.Bucher@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Management of Medicaid Claims Payments to Providers

OBJECTIVE: Through the Management of Medicaid Claims Payments to Providers activity, to operate the most efficient Medicaid claims processing system possible through June 30, 2019.

INDICATOR NAME: Percent of Louisiana Information Form Tracking (LIFT) system change requests due for completion in quarter that were actually completed

LaPAS PI Code: New

1. **Type and Level**: Input/Efficiency and General Performance

2. **Rationale**: This Performance Indicator measures the percentage of LIFTs that were due for completion and actually completed on a quarterly basis. It will assist with providing information to MMIS Management regarding resources which are available to or in use by the Fiscal Intermediary (FI).

3. **Use:** This indicator will be used to assess the FI's Performance and to assist MMIS Management with keeping track of resources utilized by the FI.

4. **Clarity:** Change requests for the purpose of this indicator are defined as tickets referred to as a (LIFT) Louisiana Information Form Tracking (four digit number) in the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.

5. **Accuracy, Maintenance, Support:** This is a newly proposed indicator. There is no record of auditing by Office of Legislative Auditor.

6. **Data Source, Collection and Reporting:** This information will be obtained from an MMIS Internal Report pulling information into an Excel Spreadsheet regarding open LIFTs (change requests) and the actual completion dates of each LIFT. The LIFTs are monitored through to completion using information and documentation from the System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.

7. **Calculation Methodology:** This indicator is calculated by determining the change requests (LIFTs) scheduled for completion in the quarter. The denominator is the sum of these LIFTs. The numerator is the subset of LIFTs that were completed, using the actual date the LIFT requirements were delivered and/or satisfied. This information is maintained on an Excel Spreadsheet and gathered from personnel monitoring the LIFT and documentation found in System Project Tracking (SPT)/ Louisiana Medicaid Management Information System (LMMIS) Intranet Application.

8. **Scope:** This indicator is not aggregated or disaggregated.

9. **Caveats:** There is a caveat or qualifier for this new Performance Indicator because the LIFTs are manually processed; therefore it involves human input, involvement and handling. For Instance, the completion date may be effected by FI and/or DHH Staff/Personnel due to leave away from office or higher priority workload.

10. **Responsible Person:** George Bucher, Medicaid Program Manager 3, MVA/MMIS/Management and Reporting Subsystem; Phone: 225-219-4016 FAX 225-342- 2703 email: George.Bucher@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Management of Medicaid Claims Payments to Providers

OBJECTIVE: Through the Management of Medicaid Claims Payments to Providers activity, to operate the most efficient Medicaid claims processing system possible through June 30, 2019.

INDICATOR NAME: Percent of total claims processed within 30 days of receipt

LaPAS PI Code: 2219

1. **Type and Level**: Outcome; Efficiency/Key

2. **Rationale**: This PI measures Fiscal Intermediary performance against the CMS and FI contract requirement that all clean claims be processed within 30 days. This standard is a Systems Performance Review criterion for CMS. Retention of the 75% Federal Funds match for the cost of claims processing is dependent upon meeting this criteria.

3. **Use:** This indicator will be used to assess the Fiscal Intermediary's Performance. Failure of the FI to meet the criteria could result in fiscal sanctions.

4. **Clarity:** "Claims processed" refer to all claims which have completed adjudication and been paid or denied. "Clean claims" refer to error-free claims which do not require further resolution before adjudication. CMS –Center for Medicare and Medicaid Services refers to the federal agency that administers Medicaid.

5. **Validity, Reliability and Accuracy:** This performance indicator is reviewed by the Office of the Legislative Auditor on a yearly basis and has been found reliable and accurate.

6. **Data Source, Collection and Reporting:** The information is obtained from the MMIS Processing Assessment Report CP-0-21 which is drawn from the weekly claims processing cycle. It is available on CoinServe/ESP+desktop after the last check write of the current month**.**

7. **Calculation Methodology:** Processing time from claim receipt to final adjudication is measured. The CP-0-21 data from the "Paid within 30 Days" field is divided by the "Clean Claims Adjudicated" field to obtain a percentage of those within the guidelines. Monthly figures for the last 3 months are then averaged to obtain a quarterly average.

8. **Scope:** The monthly report is averaged for the quarter. It is a statewide figure.

9. **Caveats:** The indicator is affected by the age and volume of recycled (reprocessed) claims.

10. **Responsible Person:** Audrey Piper, Medicaid Program Manager 1-B; MVA/MMIS/Claims Processing & Resolution; Ph: 225-342-3887 FAX: 225-376-4668 e-mail: audrey.piper@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Management of Medicaid Claims Payments to Providers

OBJECTIVE: Through the Management of Medicaid Claims Payments to Providers activity, to operate the most efficient Medicaid claims processing system possible through June 30, 2019.

INDICATOR NAME: Average claim processing time in days

LaPAS PI Code: 2217

1. **Type and Level**: Outcome; Efficiency/Supporting

2. **Rationale**: This PI measures Fiscal Intermediary performance against the CMS and FI contract requirement that all clean claims be processed within 30 days. This standard is a Systems Performance Review criterion for CMS. Retention of the 75% Federal Funds match for the cost of claims processing is dependent upon meeting this criteria. It is also helpful when evaluating provider complaints regarding the length of time it takes for Medicaid to process a claim.

3. **Use:** This indicator will be used to assess the Fiscal Intermediary's performance. Failure of the FI to meet the criteria could result in fiscal sanctions.

4. **Clarity:** Claims processed refer to all claims which have completed adjudication and been paid or denied. "Clean Claims" refer to error-free claims which do not require further resolution before adjudication. CoinServe is the system used to provide online versions of Medicaid Administrative Reports. CMS –Center for Medicare and Medicaid Services refers to the federal agency that administers Medicaid. FI – Fiscal Intermediary/Contractor is responsible for processing Medicaid claims and producing reports.

5. **Validity, Reliability and Accuracy:** This performance indicator is reviewed by the Office of the Legislative Auditor on a yearly basis and has been found reliable and accurate.

6. **Data Source, Collection and Reporting:** The information is obtained from the MMIS Monthly Average Days Report and Claim Count MW-M-20 (formerly MR-0-02) which is drawn from the weekly claims processing cycle. It is available on CoinServe/ESP+desktop on or before the 10th of the current month for the previous month data.

7. **Calculation Methodology:** The monthly figures on the reports for the prior 6 months are averaged.

8. **Scope:** A six-month average is reported. It is a statewide figure.

9. **Caveats:** The indicator is affected by the age and volume of recycled (reprocessed) claims.

10. **Responsible Person:** Audrey Piper, Medicaid Program Manager 1-B; MVA/MMIS/Claims Processing & Resolution; Ph: 225-342-3882 FAX 225-376 4668
    e-mail: audrey.piper@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Management of Medicaid Claims Payments to Providers

OBJECTIVE: Through the Management of Medicaid Claims Payments to Providers activity, to operate the most efficient Medicaid claims processing system possible through June 30, 2019.

INDICATOR NAME: Total number of claims processed

LaPAS PI Code: 12020

1. **Type and Level**: Output, General

2. **Rationale**: This PI gives the total number of claims processed (adjudicated), an important measure of the performance of the Fiscal Intermediary and the MMIS Claims Processing System.

3. **Use:** This indicator is used to evaluate the performance of the Fiscal Intermediary and is reviewed for performance-based budgeting. The Fiscal Intermediary contract bases payment for the Claims Processing function on the number of paid claims each month.

4. **Clarity:** "Claims processed" refer to all claims which have completed adjudication and been paid or denied. CoinServe is a system that provides online versions of Medicaid Administrative Reports.

5. **Validity, Reliability and Accuracy:** This performance indicator is reviewed by the Office of the Legislative Auditor on a yearly basis and has been found reliable and accurate.

6. **Data Source, Collection and Reporting:** The information is obtained from the MMIS Monthly Average Days Report and Claim Count MW-M-20 (formerly MR-0-02) which is drawn from the weekly claims processing cycle. It is available on CoinServe/ESP+desktop on or before the 10th of the current month for the previous month data.

7. **Calculation Methodology:** The data is taken directly from the "Current Year Claim Count" field.

8. **Scope:** The sum of total claims paid and total claims denied.

9. **Caveats:** The indicator is affected by the volume of recycled (reprocessed) claims.

10. **Responsible Person:** Audrey Piper, Medicaid Program Manager 1-B; MVA/MMIS/Claims Processing & Resolution; Ph: 225-342-3887 / FAX 225-376-4668; e-mail: audrey.piper@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Management of Medicaid Claims Payments to Providers

OBJECTIVE: Through the Management of Medicaid Claims Payments to Providers activity, to operate the most efficient Medicaid claims processing system possible through June 30, 2019.

INDICATOR NAME: Total number of Medicaid Providers

LaPAS PI Code: New

1. **Type and Level**: Input and General Performance

2. **Rationale**: This Performance Indicator counts the number of Medicaid Providers currently enrolled in LA Medicaid.

3. **Use:** This indicator will be used to determine the level of participation for Medicaid Providers currently enrolled in LA Medicaid.

4. **Clarity:** Medicaid Providers refer to providers currently enrolled in LA Medicaid.

5. **Accuracy, Maintenance, Support:** This is a newly proposed indicator. There is no record of auditing by Office of Legislative Auditor.

6. **Data Source, Collection and Reporting:** The information is obtained from the MMIS Monthly Provider Participating Report (MW-M-12). The information is available on the BDS Report Reporting System on the 15th day of the month.

7. **Calculation Methodology:** All open providers who enroll begin date and end date is within the reporting period. Calculated using SAS coding.

8. **Scope:** The report contains aggregated data which can be broken down by parish and/or region. It is a statewide figure.

9. **Caveats:** There is no caveat or qualifier for this new Performance Indicator.

10. **Responsible Person:** George Bucher, Medicaid Program Manager 3, MVA/MMIS/Management and Reporting Subsystem; Phone: 225-219-4016 FAX 225-342- 2703 email: George.Bucher@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Project Management

OBJECTIVE: Through the Medicaid Project Management activity, to manage all development activities and federal initiatives impacting Medicaid Enterprise systems and to provide program management of all Medicaid Enterprise system changes, correction of defects, enhancements, federal and state compliance, legislative and business mandates.

INDICATOR NAME: Percent of Project Management Office (PMO) comprised of certified Project Management Professionals (PMP)

LaPAS PI Code: NEW

1. **Type and Level**: Input; Supporting Performance Indicator

2. **Rationale**: This PI aids in the Project Management Office's (PMO) ability to define and manage all Medicaid project activities and initiatives. Certified Project Management Professionals are able to apply established processes and procedures while monitoring and reporting on activities and progress to management throughout the project life cycle and post-implementation.

3. **Use:** Medicaid senior management will use this PI for purposes of ensuring Medicaid Projects are being managed by qualified individuals.

4. **Clarity:** N/A

5. **Accuracy, Maintenance, Support:** This is a new performance indicator, therefore there is no data and has not been audited by the Office of the Legislative Auditor. PMP certifications and proof of completed continuing education units must be presented and will be maintained by the PMO director.

6. **Data Source, Collection and Reporting:** The information will be maintained via internal log and reported on a semi-annual basis.

7. **Calculation Methodology:** The number of "current certified PMP employees" is divided by the number of "total PMO employees" to obtain a percentage.

8. **Scope:** The semi-annual indicator represents one section of Medicaid that provides project management oversight.

9. **Caveats:** Becoming a PMP Certified Project Manager does take time. The following criteria must be met before the certification process may begin.

Educational Background	Project Management Experience	Project Management Education
Secondary degree (high school diploma, associate's degree or global equivalent)	Minimum five years/60 months unique non overlapping professional project management experience during which at least 7,500 hours were spent leading and directing the project.	35 hours of formal education.

OR

Educational Background	Project Management Experience	Project Management Education
Four-Year degree (bachelor's degree or global equivalent)	Minimum three years/36 months unique non-overlapping professional project management experience during which at least 4,500 hours were spent leading and directing the project.	35 hours of formal education.

10. **Responsible Person:** Michael Maerz, Medicaid Program Manager 3/PMO Director, MVA/MMIS/Project Management Team; P: (225) 342-8743 F: (225) 242-0409 e-mail: Michael.Maerz@LA.GOV.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Project Management

OBJECTIVE: Through the Medicaid Project Management activity, to manage all development activities and federal initiatives impacting Medicaid Enterprise systems and to provide program management of all Medicaid Enterprise system changes, correction of defects, enhancements, federal and state compliance, legislative and business mandates.

INDICATOR NAME: Percent of projects implemented on time as scheduled

LaPAS PI Code: NEW

1. **Type and Level**: Efficiency; Supporting Performance Indicator

2. **Rationale**: This PI measures the ability of the Project Management Office (PMO) to execute projects using standardized policies, procedures and methods. The PMO's ability to successfully implement projects in a timely manner is a direct reflection/benefit of the coordinated management of projects.

3. **Use:** This indicator will be used to assess the Contractor and PMO's performance. The indicator will be used for internal management purposes to monitor each project's performance. It may also be used for analysis purposes, to demonstrate the number of projects implemented on time prior to establishment of a PMO to after institution of the PMO.

4. **Clarity:** "On time" refers to projects implemented by the federal or state mandate date and/or the suggested compliance date.

5. **Accuracy, Maintenance, Support:** This is a new performance indicator, therefore there is no data and has not been audited by the Office of the Legislative Auditor. In the future, projects implemented will have a target or scheduled implementation date and the actual implementation date will be collected and maintained for comparison.

6. **Data Source, Collection and Reporting:** After implementation of each project, the information will be maintained in an internal database repository. Information is gathered on an annual basis, at state fiscal year end.

7. **Calculation Methodology:** The expected implementation date is compared to the actual implementation date. The number of projects implemented "on schedule" is divided by the "total number of projects implemented" to obtain a percentage of those completed on time.

8. **Scope:** The annual report is the sum of all projects implemented within the Bureau of Health Services Financing (Medicaid).

9. **Caveats:** No limitations or weaknesses can be identified. Federal and State Governments reserve the right to change or extend implementation dates which may affect data. Changes in scope approved by the steering committee which may result in a change of implementation date will be tracked but not reported as a missed implementation date.

10. **Responsible Person:** Michael Maerz, Medicaid Program Manager 3, MVA/MMIS/Project Management Team; P: (225) 342-8743 F: (225) 242-0409 e-mail: Michael.Maerz@LA.GOV.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Project Management

OBJECTIVE: Through the Medicaid Project Management activity, to manage all development activities and federal initiatives impacting Medicaid Enterprise systems and to provide program management of all Medicaid Enterprise system changes, correction of defects, enhancements, federal and state compliance, legislative and business mandates.

INDICATOR NAME: Percent of project milestones implemented on time as scheduled

LaPAS PI Code: NEW

1. **Type and Level**: Efficiency; Supporting Performance Indicator

2. **Rationale**: To ensure deliverables are met and projects are on course, milestones are a critical part of project management success. Milestones indicate completion of a phase of the project and the ability of the project to progress forward. Missed Critical Path milestones generally impact the project schedule adversely, resulting in delays.

3. **Use:** This indicator will report the progress and health of a project to executive management. Milestones are smaller control points that executives and stakeholders can use for strategic decision making.

4. **Clarity:** N/A

5. **Accuracy, Maintenance, Support:** This is a new performance indicator, therefore there is no data and has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Throughout the project life cycle, data may be retrieved from project status reports submitted by the assigned project manager. After implementation the information will be stored in an internal database repository. Information will be reported on a monthly basis.

7. **Calculation Methodology:** To obtain a percentage, divide the “number of milestones implemented on time” by the “total number of milestones in a project”.

8. **Scope:** Milestones are completion indicators within a project. They can be evaluated for success rate within each project or collectively over all projects implemented within a given timeframe.

9. **Caveats:** Milestones can vary in number based on the project. Meaning some projects may have 3 milestones while others may have 5 or more. The variance in the number of milestones per project can affect the results when calculating data based on a timeframe. Milestones with the most importance or those the fall within the Critical Path of the project. When these Milestones are late, the impact on the implementation date is generally adverse.

10. **Responsible Person:** Michael Maerz, Medicaid Program Manager 3/PMO Director, MVA/MMIS/Project Management Team; P: (225) 342-8743 F: (225) 242-0409 e-mail: Michael.Maerz@LA.GOV.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid Project Management

OBJECTIVE: Through the Medicaid Project Management activity, to manage all development activities and federal initiatives impacting Medicaid Enterprise systems and to provide program management of all Medicaid Enterprise system changes, correction of defects, enhancements, federal and state compliance, legislative and business mandates.

INDICATOR NAME: Number of defects identified post-implementation

LaPAS PI Code: NEW

1. **Type and Level**: Quality; Supporting Performance Indicator

2. **Rationale**: This PI measures the effectiveness of the methods applied by the Project Management Office (PMO) to implement projects. User acceptance testing is a major phase of the System Development Life Cycle (SDLC). Proper planning and execution of this critical phase with appropriate time to resolve issues will significantly reduce post implementation defects.

3. **Use:** This indicator will be used to assess the PMO's performance with regard to managing activities and initiatives of the Medicaid program.

4. **Clarity:** Defects are missing components or undesirable outcomes of a project or system. Defects indicate unmet conditions of a deliverable.

5. **Accuracy, Maintenance, Support:** This is a new performance indicator, therefore there is no data and has not been audited by the Office of the Legislative Auditor. During the planning phase of a project, deliverables are assigned a severity defect level and the number of acceptable defects for implementation to occur is determined.

6. **Data Source, Collection and Reporting:** Defects are primarily identified during the User Acceptance Test phase of a project. When these defects are identified, they are categorized by severity. Defects identified will be maintained in an internal defect tracking tool during implementation and remain in the repository. Depending on the project, post-implementation monitoring can occur up to a twelve month period after a project is implemented depending upon the size and complexity of the project being implemented. Data will be collected and reported each month during the Post Implementation Phase.

7. **Calculation Methodology:** There is no calculation associated with this PI. It is a flat number reported monthly, quarterly, or annually.

8. **Scope:** This indicator will vary between projects. No projects will be implemented with known severity level 1 or 2 defects; however, the number of severity level 3, and 4 defects allowed will vary by project. Defects in the level 3 and 4 category identified prior to implementation will be corrected post implementation. These defects will not be counted in the reported metrics which are to be monitored within this PI. Only new defects identified after implementation occurs will be measured.

9. **Caveats:** Other factors may also influence the presence of defects.

10. **Responsible Person:** Michael Maerz, Medicaid Program Manager 3/PMO Director, MVA/MMIS/Project Management Team; P: (225) 342-8743 F: (225) 242-0409 e-mail: Michael.Maerz@LA.GOV.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid System Architecture

OBJECTIVE: Through the Medicaid System Architecture activity, to increase the number of Medicaid Information Technology Architecture (MITA) business process advancements in maturity; and measure the number of months in Design, Development and Implementation (DDI) phase for system revisions and upgrades through state fiscal year 2019.

INDICATOR NAME: Number of Medicaid Information Technology Architecture (MITA) business process advancements in maturity

LaPAS PI Code: New

1. **Type and Level**: Outcome; General

2. **Rationale**: This PI measures the number of business processes that matures over time by counting if the process moved from one level to the next. The levels of maturity are from 1 – 5 and are as follows:

    a. Level 1 – All technology, policy, statutory enablers exist and are widely used. Agency complies with baseline requirements.
    b. Level 2 – All technology, policy, and statutory enablers exist and widely used. Agency improves important parts of its business.
    c. Level 3 – Industry Standards are widely used. Agency promotes collaboration, data sharing, interoperability and consolidation of business process.
    d. Level 4 – Widespread access to clinical information improves health care outcomes. Agency promotes interstate information exchange.
    e. Level 5 – Leverage and reuse of technologies is widely used for national interoperability. Agency focuses on program management rather than daily routines.

3. **Use:** This indicator will be used to measure the movement of our business processes as they mature to encompass the business, information and technical capabilities that embodies the Medicaid Enterprise. It will be used for internal management purposes.

4. **Clarity:** The term business processes refers to a collection of related, structured activities or tasks that produce a specific goal for a customer. For example, the business process for determining provider eligibility is a single process accommodating any kind of provider. The process steps are similar for all provider types even though the specific information requirements and business rules are different from type to type.

5. **Accuracy, Maintenance, Support:** MITA Business Process are submitted to the Centers for Medicare and Medicaid Services (CMS) on a yearly basis.

6. **Data Source, Collection and Reporting:** This information is obtained from the MITA 2.0 “As Is” document and the MITA 3.0 “As Is” document. The MITA 2.0 “As Is” document was completed in 2009 while the MITA 3.0 “As Is” document will be completed in 2013. There will be yearly updates conducted to the MITA 3.0 “As Is” document. This information is reported to CMS on a yearly basis.

7. **Calculation Methodology:** A comparison will be made based off the MITA 2.0 As Is document and the upcoming MITA 3.0 “As Is” document. A count will be made to tally the number of MITA business processes that have made advancements in maturity due to improvements to a process for a given function.

8. **Scope:** The MITA 3.0 document is updated yearly. It is comprised of 80 business processes. This number cannot be added to any other measure.

9. **Caveats:** The maturity of the business processes are directly linked with the advancements in technology, software and hardware. The updated MITA 3.0 “As Is” document may not be completed until early 2014.

10. **Responsible Person:** Jacques Kado, Medicaid Program Manager 1-B; MVA/MMIS; Ph: 225-342-5696 email: jacques.kado@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid System Architecture

OBJECTIVE: Through the Medicaid System Architecture activity, to increase the number of Medicaid Information Technology Architecture (MITA) business process advancements in maturity; and measure the number of months in Design, Development and Implementation (DDI) phase for system revisions and upgrades through state fiscal year 2019.

INDICATOR NAME: Percent of projects that re-use components vs. purchase new products to perform the function

LaPAS PI Code: New

1. **Type and Level**: Outcome; General

2. **Rationale**: This PI measures how we find additional purposes for software and hardware components that have worked well in other areas to add greater value to current business needs. Current software and hardware components may already have license agreements in place and could reduce cost by adding to what is already in place as opposed to establishing new agreements.

3. **Use:** This measure will describe the due diligence we display in incorporating past IT investments into future endeavors. Due to fiscal constraints, it is important to find as many efficiencies in a given process as possible. The reusability of software and hardware components could greatly reduce cost, reduce time or increase adaptability given the circumstances of the situation and help achieve our goals and mission in a timely manner.

4. **Clarity:** The term components refer to software components which provide the link between applications and technology by delivering functional behavior and running on specific technology. The term components also refer to hardware components which are a collection of physical parts of the computer. The term reuse refers to the use of an item again after it has been used in the same function and a new life reuse where it is used for a different function.

5. **Accuracy, Maintenance, Support:** The data for this indicator will be gathered throughout the lifecycle of the project. A listing of components needed to perform a function for the project will be maintained. That listing will detail whether the component is currently being used or if it is a new product.

6. **Data Source, Collection and Reporting:** This information will be gathered in a publication on a monthly basis but reported on an annual basis.

7. **Calculation Methodology:** For each period, a listing of components will be constructed to indicate the technology needed to implement the system of choice. Along with the listing, a count of the total number of re-used component from a previous function/system (which would be a sum of all projects) will also be constructed. The percentage for the number of reused components will be composed of dividing the total number of re-used components by the total number of components of all projects.

8. **Scope:** The data for the indicator will be gathered monthly and reported on yearly. This number cannot be added to any other measure.

9. **Caveats:** The necessity or urgency of the business need may drive the need to pursue a new product over reusing or customizing an existing component.

10. **Responsible Person:** Jacques Kado, Medicaid Program Manager 1-B; MVA/MMIS; Ph: 225-342-5696 email: jacques.kado@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Medicaid System Architecture

OBJECTIVE: Through the Medicaid System Architecture activity, to increase the number of Medicaid Information Technology Architecture (MITA) business process advancements in maturity; and measure the number of months in Design, Development and Implementation (DDI) phase for system revisions and upgrades through state fiscal year 2019.

INDICATOR NAME: Number of months in the Design, Development and Implementation (DDI) phase for revisions and upgrades to systems.

LaPAS PI Code: New

1. **Type and Level**: Outcome; General

2. **Rationale**: This measurement gives an indication of the amount of time it is taking to introduce a new system into the Medicaid Enterprise. If used in conjunction with system requirements, it will depict the overall health of a project in regard to its schedule.

3. **Use:** This measure will describe the overall health of a project in terms of the schedule. If used in conjunction with the system requirements and the overall project plan, the DDI phase should depict milestones that display if the project is on target with its scheduled completion date and if it conforms to the overall project plan. It will be used for internal management purposes.

4. **Clarity:** The term "Design, Development and Implementation (DDI) Phase" refers to the phases where requirement are gathered and validated; design documents are constructed; systems and/or solutions are built and/or integrated; unit, system and user acceptance testing are performed; and cutover activity and system implementation are performed.

5. **Accuracy, Maintenance, Support:** The data for this indicator will be gathered throughout the lifecycle of the project. Tracking of this indicator commences after the execution of contract with a vendor/contractor who develops/constructs/integrates a system or sub-system tailored to the Medicaid Enterprise business needs.

6. **Data Source, Collection and Reporting:** This information will be gathered in a publication on a monthly basis but reported on an annual basis.

7. **Calculation Methodology:** After execution of a contract, a count of the number of months it takes to matriculate through the Design, Development and Implementation (DDI) phase for the system or sub-system of the Medicaid Enterprise.

8. **Scope:** The data for the indicator will be gathered monthly and reported on a yearly. This number cannot be added to any other measure.

9. **Caveats:** Tracking of this indicator commences after the execution of contract with a vendor/contractor.

10. **Responsible Person:** Jacques Kado, Medicaid Program Manager 1-B; MVA/MMIS; Ph: 225-342-5696 email: jacques.kado@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: MMIS Business Controls

OBJECTIVE: Through the Business Controls activity, to ensure maximum effectiveness of Medicaid Management Information System (MMIS) section contract expenditures and to take opportunity of federal funding where available.

INDICATOR NAME: Dollar value of Management Information System (MMIS) contract expenditures

LaPAS PI Code: New

1. **Type and Level**: Input, General Performance

2. **Rationale**: This indicator provides insight on the upward trend of MMIS contract expenditures, as a result of state and federal initiatives impacting services provided by the Medicaid Fiscal Intermediary (FI), balanced against efficiencies realized by continuous evaluation of contract activities.

3. **Use:** Indicator will be used for management decision-making and budget planning purposes. It may influence current and future contractual agreements in the ongoing effort by Louisiana Medicaid to be good stewards of taxpayer dollars.

4. **Clarity:** Indicator captures all MMIS contract expenditures that have been approved and processed for payment.

5. **Accuracy, Maintenance, Support:** Indicator is new and has not been audited by the Office of the Legislative Auditor. Financial information in ISIS supports the accuracy of the data.

6. **Data Source, Collection and Reporting:** Data is maintained on internal budget tracking reports and verified in ISIS on a monthly basis.

7. **Calculation Methodology:** Indicator is calculated based on the sum of approved payments to all MMIS contractors.

8. **Scope:** Data is aggregated and reported annually.

9. **Caveats:** Late submission or approval of invoices may impact reporting of value for any given period.

10. **Responsible Person:** Teresa Fong, Medicaid Program Manager 2, (225) 342-9494, Teresa.fong@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: MMIS Business Controls

OBJECTIVE: Through the Business Controls activity, to ensure maximum effectiveness of Medicaid Management Information System (MMIS) section contract expenditures and to take opportunity of federal funding where available.

INDICATOR NAME: Dollar value of penalties assessed on contractors

LaPAS PI Code: New

1. **Type and Level**: Quality, General Performance

2. **Rationale**: This indicator gives insight on the quality of services provided by MMIS contractors. Typically, the Department will assess penalties on contractors after attempts for remediation have failed or in the case of a regular violations or unsatisfactory performance per contract specifications.

3. **Use:** Indicator will be used in management decision-making, impacting services performed by all MMIS contractors, but focusing primarily on services of the Fiscal Intermediary (FI). Services on which penalties are assessed may be removed from the contract and assumed by the Department or another Contractor. Data may also impact rigidity of service level agreements in future contractual agreements.

4. **Clarity:** Indicator captures all penalties assessed on all MMIS contractors in the reporting period.

5. **Accuracy, Maintenance, Support:** Indicator is new and has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Data is maintained on internal budget tracking reports and reported on an annual basis.

7. **Calculation Methodology:** Indicator is calculated based on the sum of assessed penalties on all MMIS contractors for reporting period.

8. **Scope:** Data is aggregated and reported annually.

9. **Caveats:** Indicator is influenced by level of oversight on contract activities and leniency granted to Contractors.

10. **Responsible Person:** Teresa Fong, Medicaid Program Manager 2, (225) 342-9494, Teresa.fong@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: MMIS Business Controls

OBJECTIVE: Through the Business Controls activity, to ensure maximum effectiveness of Medicaid Management Information System (MMIS) section contract expenditures and to take opportunity of federal funding where available.

INDICATOR NAME: Percent of Medicaid Management Information System (MMIS) contract expenditures that are federally funded.

LaPAS PI Code: New

1. **Type and Level**: Input, General Performance

2. **Rationale**: This indicator reports on the ability by the MMIS Section to maximize funding sources, particularly enhanced federal financial participation, for systems development and operations.

3. **Use:** Indicator will be used for budget planning and may also impact the approach taken for system modifications and operational changes. As system technologies advance and manual processes are reduced, the likelihood of approval by the Centers for Medicare & Medicaid Services (CMS) for enhanced federal financial participation (75% to 90% FFP) increases.

4. **Clarity:** Indicator name is self-explanatory.

5. **Accuracy, Maintenance, Support:** Indicator is new and has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Expenditures and the percentage of federal financial participation are maintained on internal budget tracking reports and are reported to CMS on the CMS-64 Quarterly Expense Report. Indicator is reported on an annual basis.

7. **Calculation Methodology: :** Indicator is calculated as the sum of MMIS contract expenditures approved for federal funding (numerator) divided by the sum of all MMIS contract expenditures (denominator) for reporting period (SFY).

8. **Scope:** Data is aggregated and reported annually.

9. **Caveats:** Adjustments to federal reimbursements after the reporting period may not be not reflected in the indicator.

10. **Responsible Person:** Teresa Fong, Medicaid Program Manager 2, (225) 342-9494, Teresa.fong@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Electronic Health Records (EHR) Incentive Payment Program

OBJECTIVE: Increase adoption and Meaningful Use (MU) of certified EHR technology (CEHRT) among Medicaid providers

INDICATOR NAME: Percent of Eligible Professionals who have adopted certified EHR technology (CEHRT)

LaPAS PI Code: New

1. **Type and Level**: Output; Supporting

2. **Rationale**: This indicator gives insight on the level of adoption among Medicaid providers who are eligible for participation in the EHR Incentive Payment Program. It provides information on the effectiveness of outreach and education efforts.

3. **Use:** Performance data will be examined to determine if revisions are needed to provider outreach and education efforts.

4. **Clarity:** Adoption of certified EHR technology is determined by Louisiana Medicaid's issuance of a Year 1 incentive payment for adoption, implementation, or upgrade of CEHRT to an Eligible Professional.

5. **Accuracy, Maintenance, Support:** Molina, the current Fiscal Intermediary (FI), is the source of data for this indicator. Molina undergoes annual audit of its data and data security systems in accordance with state and federal regulations.

6. **Data Source, Collection and Reporting:** Data for this indicator originates from two sources: EHR Provider Payment File (a cumulative report issued weekly by Molina through the EHR system) and the Monthly Provider Participation Report (MW-M-12) in which "participation" is defined as having had a claim processed during the month.

7. **Calculation Methodology:** The number of eligible professionals who received an incentive payment will be taken from the EHR Provider Payment File and divided by the number of eligible professionals taken from the MW-M-12 (Monthly Provider Participation Report) to obtain the percent eligible professionals who adopted CEHRT.

8. **Scope:** This indicator represents Eligible Professionals and does not include Eligible Hospitals. It covers statewide activity.

9. **Caveats:** The number of Eligible Professionals (denominator) is limited only to providers who submitted claim(s) in the reporting month, as defined by the Monthly Provider Participation Report.

10. **Responsible Person:** Rosalyn Christopher, EHR Program Manager, 225-342-8746, rosalyn.christopher@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Electronic Health Records (EHR) Incentive Payment Program

OBJECTIVE: Increase adoption and Meaningful Use (MU) of certified EHR technology (CEHRT) among Medicaid providers

INDICATOR NAME: Meaningful Use rate among Medicaid providers who have adopted certified Electronic Health Records (EHR) technology

LaPAS PI Code: New

1. **Type and Level**: Outcome; Supporting

2. **Rationale**: This indicator gives insight on the percent of Medicaid providers who are meaningfully using their EHR systems. It shows the level of continued participation in the EHR Incentive Payment Program beyond Year 1 by eligible providers.

3. **Use:** This indicator measures meaningful use as determined by Year 2 participation in the EHR Incentive Payment Program.

4. **Clarity:** Adoption of certified EHR technology is determined by Louisiana Medicaid's issuance of a Year 1 incentive payment for adoption, implementation, or upgrade of CEHRT to an Eligible Professional.

5. **Accuracy, Maintenance, Support:** Molina, the current Fiscal Intermediary (FI), is the source of data for this indicator. Molina undergoes annual audit of its data and data security systems in accordance with state and federal regulations.

6. **Data Source, Collection and Reporting:** The EHR Provider Payment File (a cumulative report issued weekly by Molina through the EHR system) is the source document for this indicator.

7. **Calculation Methodology:** The weekly EHR Provider Payment File will be used to identify the number of providers that have adopted CEHRT and the number of providers that are meaningfully using CEHRT. The number of providers that have received a Year 2 payment for meaningful use will be divided by the number of providers that received a Year 1 incentive payment for adoption to determine the MU rate.

8. **Scope:** This indicator represents both Eligible Professionals and Eligible Hospitals. It covers statewide activity.

9. **Caveats:** This indicator measures meaningful use among only those providers who have participated in the EHR Incentive Payment Program.

10. **Responsible Person:** Rosalyn Christopher, EHR Program Manager, 225-342-8746, rosalyn.christopher@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Electronic Health Records (EHR) Incentive Payment Program

OBJECTIVE: Increase adoption and Meaningful Use (MU) of certified EHR technology (CEHRT) among Medicaid providers

INDICATOR NAME: Dollar value of Electronic Health Records (EHR) incentive payments

LaPAS PI Code: New

1. **Type and Level**: Input; Key Performance Indicator

2. **Rationale**: This indicator measures the dollar amount of incentive payments made to participating eligible professionals and hospitals.

3. **Use:** Performance data will be examined to determine if revisions are needed to provider outreach and education efforts.

4. **Clarity:** Dollar value is measured.

5. **Accuracy, Maintenance, Support:** Molina, the current Fiscal Intermediary (FI), is the source of data for this indicator. Molina undergoes annual audit of its data and data security systems in accordance with state and federal regulations.

6. **Data Source, Collection and Reporting:** The EHR Provider Payment File (a cumulative report issued weekly by Molina through the EHR system) is the source document for this indicator.

7. **Calculation Methodology:** The Payment Amount column on the weekly EHR Provider Payment File (a cumulative report) will be used to determine the dollar amount paid.

8. **Scope:** This indicator covers statewide activity and includes payments made to both Eligible Professionals and Eligible Hospitals.

9. **Caveats:** None.

10. **Responsible Person:** Rosalyn Christopher, EHR Program Manager, 225-342-8746, rosalyn.christopher@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Electronic Health Records (EHR) Incentive Payment Program

OBJECTIVE: Increase participation in Louisiana Health Information Exchange (LaHIE) by Medicaid providers

INDICATOR NAME: Percent of Medicaid providers who are participating in the Louisiana Health Information Exchange (LaHIE)

LaPAS PI Code: New

1. **Type and Level**: Output; Supporting

2. **Rationale**: This indicator measures the level of participation in LaHIE by Medicaid providers.

3. **Use:** Performance data will be examined to determine if revisions are needed to provider outreach and education efforts.

4. **Clarity:** Participation in LaHIE is defined as a contractual agreement between a provider and LaHIE..

5. **Accuracy, Maintenance, Support:** Molina, the current Fiscal Intermediary (FI), is the source of data for this indicator. Molina undergoes annual audit of its data and data security systems in accordance with state and federal regulations.

6. **Data Source, Collection and Reporting:** There are two sources of data for this indicator: The LaHIE Participation Report (provided by Louisiana Health Care Quality Forum) and the Monthly Provider Participation Report (MQ-M-12).

7. **Calculation Methodology:** The LaHIE Participation Report and the Monthly Provider Participation Report will be used to calculate the percent of Medicaid providers participating in LaHIE. The number of providers who are participating in LaHIE will be taken from the LaHIE Participation Report and divided by the number of participating Medicaid providers from the MW-M-12 (Monthly Provider Participation Report).

8. **Scope:** This indicator covers statewide activity and includes LaHIE participation by both Eligible Professionals and Eligible Hospitals.

9. **Caveats:** Total Medicaid providers (denominator) is limited only to providers who submitted claim(s) in the reporting month, as defined by the Monthly Provider Participation Report.

10. **Responsible Person:** Rosalyn Christopher, EHR Program Manager, 225-342-8746, rosalyn.christopher@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Administration

ACTIVITY: Electronic Health Records (EHR) Incentive Payment Program

OBJECTIVE: Improve customer service to providers seeking Electronic Health Records (EHR) incentive payments

INDICATOR NAME: Average number of days to process EHR attestations

LaPAS PI Code: New

1. **Type and Level**: Efficiency; Supporting

2. **Rationale**: This indicator provides insight on the time taken by Medicaid staff to process EHR attestations from receipt to approval for payment.

3. **Use:** Performance data will be examined to determine staff efficiency and the need for workload adjustments.

4. **Clarity:** This indicator measures the amount of time from attestation receipt to approval for payment. It does not include processing time for denied or incomplete attestations.

5. **Accuracy, Maintenance, Support:** Molina, the current Fiscal Intermediary (FI), is the source of data for this indicator. Molina undergoes annual audit of its data and data security systems in accordance with state and federal regulations.

6. **Data Source, Collection and Reporting:** The EHR online system (LAConnect) is the source of this data. The system is maintained and operated by Molina. The system can generate a report that shows attestation submission and approval dates.

7. **Calculation Methodology:** An adhoc report will be generated from the EHR system that provides attestation submission dates and attestation approval dates. The difference between the two sets of dates will be calculated and averaged to determine average number of processing days. Attestations that were denied or found incomplete will not be included in the calculation

8. **Scope:** This indicator covers statewide activity and includes attestations submitted by both Eligible Professionals and Eligible Hospitals.

9. **Caveats:** Attestations that are incomplete or denied are not included in the calculation of this indicator.

10. **Responsible Person:** Rosalyn Christopher, EHR Program Manager, 225-342-8746, rosalyn.christopher@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305 Medical Vendor Administration

ACTIVITY: Third Party Liability Recovery Efforts

OBJECTIVE: Through the Eligibility activity, to explore third party sources responsible for payments otherwise incurred by the state.

INDICATOR NAME: Number of TPL claims processed

LaPAS PI Code: 2215

1. **Type and Level**: Input-Output/Key

2. **Rationale**: All claims that enter the system pass through the Third Party Liability edits. Measures the procedures in place to identify all TPL claims.

3. **Use:** Report will become the "Report Card" for appropriately subjecting all claims to the TPL edits and will serve to identify system defects or inconsistencies.

4. **Clarity:** None

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Figures are taken from the MR068 which provides the number of TPL claims processed. The reports are produced by the fiscal intermediary.

7. **Calculation Methodology:** The MR068 is a quarterly report which gives the number of claims that were edited for third party coverage in a given quarter.

8. **Scope:** Statewide.

9. **Caveats:** Downtime for the claims processing system would affect all claims.

10. **Responsible Person:** Bill Perkins, Program Manager
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    Telephone 225.342.8935 / FAX 225.376.4682
    E-mail: bill.perkins@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305 Medical Vendor Administration

ACTIVITY: Third Party Liability Recovery Efforts

OBJECTIVE: Through the Eligibility activity, to explore third party sources responsible for payments otherwise incurred by the state.

INDICATOR NAME: Percentage of TPL claims processed through edits

LaPAS PI Code: 7957

1. **Type and Level**: Input-Output/Key

2. **Rationale**: All claims that enter the system pass through the Third Party Liability edits. Measures the procedures in place to identify all TPL claims.

3. **Use:** Report will become the "Report Card" for appropriately subjecting all claims to the TPL edits and will serve to identify system defects or inconsistencies.

4. **Clarity:** None

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Figures are taken from report number CNTL-2M600. All non-exempt claims that enter the system for processing access the Medicaid Recipient File. This file reflects indicators which tell the system whether or not there is third party coverage. If coverage exists, the system then accesses the TPL Resource File to determine if a third party (Health insurance, Medicare A and/or B) is responsible for payment prior to a Medicaid payment.

7. **Calculation Methodology:** The CNTL-2M600 is a monthly report which gives the percentage of claims edited for third party coverage in a given month. The number of claims edited to date for the reporting period are divided by the number of claims available for editing for that same period. The result is a cumulative average for each quarterly reporting period.

8. **Scope:** Statewide. Information can be broken down into Medicare and private insurance amounts cost-avoided.

9. **Caveats:** Downtime for the claims processing system would affect all claims.

10. **Responsible Person:** Bill Perkins, Program Manager
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E-mail: bill.perkins@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305 Medical Vendor Administration

ACTIVITY: Third Party Liability Recovery Efforts

OBJECTIVE: Through the Eligibility activity, to explore third party sources responsible for payments otherwise incurred by the state.

INDICATOR NAME: Number of claims available for TPL processing

LaPAS PI Code: 12021

1. **Type and Level**: Output/General

2. **Rationale**: This indicator gives the total number of claims available for third party liability processing to assist in determining the effectiveness of the program.

3. **Use:** Gives management the exact number of claims that should be exposed to third party liability processing.

4. **Clarity:** Number of claims available for third party liability processing.

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** This figure is taken from the monthly MR-O-33 report of Year-to-Date claims payments statistics, which may be found on the LMMIS CoinServ. The reports are produced by the contractor that serves as the fiscal intermediary.

7. **Calculation Methodology: Claims available -** The total number of pay and chase claim types 08 (non-emergency medical transportation), 13 (EPSDT), and 16 (adult day care) processed are subtracted from the grand total of all claims types processed to produce the number of claims available for TPL processing.

8. **Scope:** Statewide.

9. **Caveats:** The MR-O-33 is dependent on claims processed through the Fiscal Intermediary Claims Processing System. Any breakdown or variation in the system could directly affect this count. Also, mailing loss of a claims tape or problems processing a claims tape from Medicare could affect the count.

10. **Responsible Person:** Bill Perkins, Program Manager, MVA /Recovery and Premium Assistance, Telephone- 225.342.8935/ Fax – 225.376.4682, Email: bill.perkins@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305 Medical Vendor Administration

ACTIVITY: Third Party Liability Recovery Efforts

OBJECTIVE: Through the Eligibility activity, to explore third party sources responsible for payments otherwise incurred by the state.

INDICATOR NAME: Percentage of TPL claims processed and cost avoided

LaPAS PI Code: 12022

1. **Type and Level**: Output/General

2. **Rationale**: This indicator gives the total number of claims available for third party liability processing to assist in determining the effectiveness of the program.

3. **Use:** Gives management the exact number of claims that should be exposed to third party liability processing.

4. **Clarity:** Number of claims available for third party liability processing.

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** This figure is taken from the monthly MR033 report which provides the claims available for TPL editing and the MRO68 which provides the number of TPL claims processed. The reports are produced by the fiscal intermediary.

7. **Calculation Methodology:** **Claims available -** The total number of pay and chase claim types 08 (non-emergency medical transportation), 13 (EPSDT), and 16 (adult day care) processed are subtracted from the grand total of all claims types processed to produce the number of claims available for TPL processing. **Claims processed -** information extracted from the MR068. **Percentage calculated** by dividing claims processed by the claims available.

8. **Scope:** Statewide.

9. **Caveats:** The MR-O-33 is dependent on claims processed through the Fiscal Intermediary Claims Processing System. Any breakdown or variation in the system could directly affect this count. Also, mailing loss of a claims tape or problems processing a claims tape from Medicare could affect the count.

10. **Responsible Person:** Bill Perkins, Program Manager,MVA/Recovery and Premium Assistance, Telephone 225.342.8935 / FAX 225.376.4682, E-mail: bill.perkins@la.gov\

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305 Medical Vendor Administration

ACTIVITY: Third Party Liability Recovery Efforts

OBJECTIVE: Through the Eligibility activity, to explore third party sources responsible for payments otherwise incurred by the state.

INDICATOR NAME: TPL trauma recovery amount

LaPAS PI Code: 7958

1. **Type and Level**: Outcome/Supporting

2. **Rationale**: Gives the total amount recovered from liable third parties by the TPL Unit for recipients' accident- related expenditures for the fiscal year.

3. **Use:** Accumulation of the data produces current recoveries and future estimations of funds which are recovered by the TPL recovery staff.

4. **Clarity:** None

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.

6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL system and cases that are prior to January 1997 any global settlements are added to the monthly reports. We are currently working to modify the system to allow for cases prior to January 1997 and global settlements to be added as a case type.

7. **Calculation Methodology:** The amounts are taken off the collection reports created by the system monthly.

8. **Scope:** Statewide. Information can be broken down by the individual trauma specialist caseload, which is comprised of several parishes each.

9. **Caveats:** Prolonged absence of a recovery specialist may result on uneven collections.

10. **Responsible Person:** Bill Perkins, Program Manager, MVA/Recovery and Premium Assistance, Telephone 225.342.8935 / FAX 225.376.4682
E-mail: bill.perkins@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305 Medical Vendor Administration

ACTIVITY: Third Party Liability Recovery Efforts

OBJECTIVE: To explore third party sources responsible for payments otherwise incurred by the state via cost avoidance and/or pay and chase methods.

INDICATOR NAME: TPL estate recovery amount

LaPAS PI Code: New

1. **Type and Level**: Outcome/Supporting

2. **Rationale**: This indicator gives the total dollars recovered from the estates of deceased Medicaid recipients that were age 55 or older and were in a nursing home or received home and community based services.

3. **Use:** Accumulation of the data produces current recoveries by the TPL recovery staff.

4. **Clarity:** None

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor. Reports of recovered amounts are reliable.

6. **Data Source, Collection and Reporting:** This figure is calculated from the monthly reports created from the TPL system.

7. **Calculation Methodology:** The amounts are taken from the collection reports created by the system monthly.

8. **Scope:** Statewide. Information can be broken down by the individual recovery specialist caseload, which is comprised of several parishes each.

9. **Caveats:** Legislative constraints impact our efforts to collect.

10. **Responsible Person:** Bill Perkins, Program Manager, MVA/Recovery and Premium Assistance, Telephone 225.342.8935 / FAX 225.376.4682
E-mail: bill.perkins@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 305 Medical Vendor Administration

ACTIVITY: Third Party Liability Recovery Efforts

OBJECTIVE: Through the Eligibility activity, to explore third party sources responsible for payments otherwise incurred by the state.

INDICATOR NAME: Funds recovered from third parties with a liability for services by Medicaid

LaPAS PI Code: 24044

1. **Type and Level**: Output/General

2. **Rationale**: This indicator gives the total dollars collected from third parties.

3. **Use:** Gives management the amount collected from third parties.

4. **Clarity:** Total collections consist of collections from Medicaid Recovery Unit (Trauma, Recipient, and Estate Recovery), Medicare recovery projects performed by the FI, and the collection efforts of the TPL contractor.

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** This figure is taken from multiple sources. The TPL System Archive Report and CPO12A and 12B (Medicare Recovery Project Summary listing) are reports that are produced by the contractor that serves as the fiscal intermediary. The collections from the TPL contractor are taken from the invoice documentation.

7. **Calculation Methodology:** The TPL collected amount is the sum of the various reports.

8. **Scope:** Statewide.

9. **Caveats:** The reports are dependent on claims processed through the Fiscal Intermediary Claims Processing System. Any breakdown or variation in the system could directly affect this count. Also, mailing loss of a claim tape or problems processing a claim tape from Medicare could affect the count.

10. **Responsible Person:** Bill Perkins, Program Manager, MVA/Recovery and Premium Assistance, Telephone 225.342.8935 / FAX 225.376.4682
E-mail: bill.perkins@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Activity 12: Continued Compliance with Federal EPSDT Mandate

OBJECTIVE: Enroll all EPSDT eligible recipients in Bayou Health in order to assure efficiency of service delivery and enhance care coordination through patient centered medical homes.

INDICATOR NAME: Baseline number of Chisholm Class Members enrolled in Bayou Health

LaPAS PI Code: New

1. **Type and Level**: This is an input indicator which will serve as supporting information for some of the other performance indicators.
2. **Rationale**: This was selected so that we can evaluate the progress that is made under these activities.
3. **Use:** It will be used as a reference to indicate progress and growth.
4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.
5. **Accuracy, Maintenance, Support:** This is a new indicator. This will be valid as it is stored in MMIS data.
6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.
7. **Calculation Methodology:** This is a straight data pull.
8. **Scope:** This is a statewide figure that would not be broken down by parish or region.
9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.
10. **Responsible Person:** Rene M Huff, Medicaid Program Manager 2, 225-342-3935, fax 225.389-8002 rene.huff@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Activity 12: Continued Compliance with Federal EPSDT Mandate

OBJECTIVE: Provide necessary autism services to eligible Medicaid enrolled children with an appropriate autism diagnosis.

INDICATOR NAME: Baseline number of autism service providers enrolled in Medicaid (INPUT)

LaPAS PI Code: New

1. **Type and Level**: This is a baseline indicator which will serve as supporting information for some of the other performance indicators.

2. **Rationale**: This was selected so that we can evaluate the progress that is made under these activities.

3. **Use:** It will be used as a reference to indicate progress and growth.

4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.

5. **Accuracy, Maintenance, Support:** This is a new indicator. This may need some work as this is not currently captured in a manner that gives us a level of specificity.

6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.

7. **Calculation Methodology:** This is a straight data pull.

8. **Scope:** This is a statewide figure that would not be broken down by parish or region.

9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.

10. **Responsible Person:** Rene M Huff, Medicaid Program Manager 2, 225-342-3935, fax 225.389-8002 rene.huff@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Activity 12: Continued Compliance with Federal EPSDT Mandate

OBJECTIVE: Provide necessary autism services to eligible Medicaid enrolled children with an appropriate autism diagnosis.

INDICATOR NAME: Baseline number of autism services provided to Medicaid recipients (INPUT)

LaPAS PI Code: New

1. **Type and Level**: This is a baseline indicator which will serve as supporting information for some of the other performance indicators.

2. **Rationale**: This was selected so that we can evaluate the progress that is made under these activities.

3. **Use:** It will be used as a reference to indicate progress and growth.

4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.

5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been verified. DHH is in the process of determining how these services will be provided and tracked.

6. **Data Source, Collection and Reporting:** This will be a one-time number based on numbers from State Fiscal Year 2013.

7. **Calculation Methodology:** DHH will pull any data from MMIS or other sources like Magellen that may indicate Autism services have been provided.

8. **Scope:** This will be a statewide number of services provided.

9. **Caveats:** The limitation and weakness of this performance indicator is that currently there is no method to track Autism services as they are billed under generic codes for psychologist.

10. **Responsible Person:** Rene M Huff, Medicaid Program Manager 2, 225-342-3935, fax 225.389-8002 rene.huff@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Activity 12: Continued Compliance with Federal EPSDT Mandate

OBJECTIVE: Enroll all EPSDT eligible recipients in Bayou Health in order to assure efficiency of service delivery and enhance care coordination through patient centered medical homes.

INDICATOR NAME: Percentage of Chisholm Class Members enrolled in Bayou Health (OUTPUT)

LaPAS PI Code: New

1. **Type and Level**: This is an output indicator and it is a key indicator.
2. **Rationale**: This indicator will show movement towards all EPSDT eligible being enrolled in Bayou Health as this is one of the largest and most cumbersome excluded groups.
3. **Use:** It will be used for budget and planning purposed but also for decision making in other areas of DHH business.
4. **Clarity:** This indicator clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This is not applicable as this is a new indicator that has not been measured.
6. **Data Source, Collection and Reporting:** This data will be collected and pulled from MMIS data. This will be reported on an annual basis based on the SFY.
7. **Calculation Methodology:** Number of class members in Bayou Health divided by number of Chisholm class members times ten. This calculation is unique to DHH and the state of Louisiana.
8. **Scope:** This is a statewide figure that would not be broken down by parish or region.
9. **Caveats:** There are no limitations or weaknesses, but we should be cautious that class member status changes; therefore, the number of class members will change from year to year.
10. **Responsible Person:** Rene M Huff, Medicaid Program Manager 2, 225-342-3935, fax 225.389-8002 rene.huff@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Activity 12: Continued Compliance with Federal EPSDT Mandate

OBJECTIVE: Enroll all EPSDT eligible recipients in Bayou Health in order to assure efficiency of service delivery and enhance care coordination through patient centered medical homes.

INDICATOR NAME: Chisholm lawsuit and settlement dismissed in 2 years (OUTCOME, EFFICIENCY)

LaPAS PI Code: New

1. **Type and Level**: This is an outcome and efficiency. This is also a key indicator.

2. **Rationale**: If the lawsuit is dismissed then all EPSDT eligible can be enrolled in Bayou Health and the Medicaid program can manage their care in a uniform and efficient manner while utilizing new technology and best practices.

3. **Use:** If the lawsuit is dismissed the settlements and stipulations will no longer be a factor in the decision making process.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

6. **Data Source, Collection and Reporting:** This is just a yes or no answer. We will know from court rulings and DHH legal if the lawsuit is dismissed.

7. **Calculation Methodology:** This is a yes or no answer.

8. **Scope:** This is a yes or no answer.

9. **Caveats:** This is a yes or no answer.

10. **Responsible Person:** Rene M Huff, Medicaid Program Manager 2, 225-342-3935, fax 225.389-8002 rene.huff@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Activity 12: Continued Compliance with Federal EPSDT Mandate

OBJECTIVE: Provide necessary autism services to eligible Medicaid enrolled children with an appropriate autism diagnosis.

INDICATOR NAME Percent change in autism service providers enrolled in Medicaid (OUTPUT, OUTCOME)

LaPAS PI Code: New

1. **Type and Level**: This is indicator is and output and outcome and is a key indicator

2. **Rationale**: This will show growth in the program and changes in the program over the next five years.

3. **Use:** The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.

6. **Data Source, Collection and Reporting:** This will have to be developed as DHH develops the program and data collection for these services.

7. **Calculation Methodology:** This will be calculated by dividing the number of service providers in a state fiscal year by the baseline number of autism services providers and then multiplying by ten. This will be reported annually based on state fiscal year.

8. **Scope:** This will be a statewide figure.

9. **Caveats:** This data will have to be developed as the program is developed. This will include developing coding specific to autism diagnosis and services.

10. **Responsible Person:** Rene M Huff, Medicaid Program Manager 2, 225-342-3935, fax 225.389-8002 rene.huff@la.g

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Administration

ACTIVITY: Activity12: Continued Compliance with Federal EPSDT Mandate

OBJECTIVE: Provide necessary autism services to eligible Medicaid enrolled children with an appropriate autism diagnosis.

INDICATOR NAME Percent change in autism services provided to Medicaid recipients (OUTPUT, OUTCOME, QUALITY)

LaPAS PI Code: New

1. **Type and Level**: This is indicator is and output and outcome and is a key indicator
2. **Rationale**: This will show growth in the program and changes in the program over the next five years.
3. **Use:** The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.
4. **Clarity:** The indicator name clearly identifies what is being measured.
5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.
6. **Data Source, Collection and Reporting:** This will have to be developed as DHH develops the program and data collection for these services.
7. **Calculation Methodology:** This will be calculated by dividing the number of autism services provided in a state fiscal year by the baseline number of autism services provided and then multiplying by ten. This will be reported annually based on state fiscal year.
8. **Scope:** This will be a statewide figure.
9. **Caveats:** This data will have to be developed as the program is developed. This will include developing coding specific to autism diagnosis and services.
10. **Responsible Person:** Rene M Huff, Medicaid Program Manager 2, 225-342-3935, fax 225.389-8002 rene.huff@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Activity 12: Continued Compliance with Federal EPSDT Mandate

OBJECTIVE: Provide necessary autism services to eligible Medicaid enrolled children with an appropriate autism diagnosis.

INDICATOR NAME Average annual cost per recipient for Applied Behavioral Analysis services (OUTPUT)

LaPAS PI Code: New

1. **Type and Level**: This is an output indicator and is a supporting indicator.

2. **Rationale**: The rational for this indicator is that it will indicate utilization and cost of the services. This will be a valid measure as it will indicate actual delivery of services.

3. **Use:** The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.

6. **Data Source, Collection and Reporting:** This will have to be developed as DHH develops the program and data collection for these services.

7. **Calculation Methodology:** This will be an average calculation that looks at the total cost of autism services and divides them by the number of recipients in a State Fiscal Year. This number will be reported annually.

8. **Scope:** This will be a statewide figure.

9. **Caveats:** This data will have to be developed as the program is developed. This will include developing coding specific to autism diagnosis and services.

10. **Responsible Person:** Rene M Huff, Medicaid Program Manager 2, 225-342-3935, fax 225.389-8002 rene.huff@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Administration

ACTIVITY: Activity 12: Continued Compliance with Federal EPSDT Mandate

OBJECTIVE: Provide necessary autism services to eligible Medicaid enrolled children with an appropriate autism diagnosis.

INDICATOR NAME Reduction in long-term service needs for recipients receiving Applied Behavioral Analysis (EFFICIENCY)

LaPAS PI Code: New

1. **Type and Level**: This indicator is an efficiency and it is a key indicator.

2. **Use:** The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.

3. **Clarity:** The indicator name clearly identifies what is being measured.

4. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.

5. **Data Source, Collection and Reporting:** This will have to be developed as DHH develops the program and data collection for these services.

6. **Data Source, Collection and Reporting:** This data will have to be compiled from MMIS data to show cost for children once the treatment is completed.

7. **Calculation Methodology:** This will be calculated by projecting the average cost for children with autism absent treatment and services and then by tracking the average cost per child once they complete the treatment. This will be reported on an annual basis by State Fiscal Year.

8. **Scope:** This will be statewide numbers

9. **Caveats:** This data will have to be developed as the program is developed. This will include developing coding specific to autism diagnosis and services.

10. **Responsible Person:** Rene M Huff, Medicaid Program Manager 2, 225-342-3935, fax 225.389-8002 rene.huff@la.gov.

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PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: MEDICAL VENDOR PAYMENTS - Payments to Private Providers

ACTIVITY: 2 – Rebalancing Long Term Supports and Services

OBJECTIVE: 1

INDICATOR NAME: Number of unduplicated recipients receiving community based services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Key Indicator (Input)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department seeks to improve quality of services and health outcomes by promoting home and community-based services and decrease reliance expensive institutional care. Thereby, increasing the number of people accessing home and community based services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of refocusing the system to increase choice and living options by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This number will be obtained from claims data which allows for accuracy, consistency and verifiability.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from the data warehouse on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This PI is calculated by retrieving the number of recipients accessing community based services including Supports, NOW, Children's Choice, ROW, Community Choices, PAS, LTPCS, PACE, EPSDST PCS, Home Health, ADHC from quarter to quarter.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No. This is obtained from claims data.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Payments - Payments to Private Providers

ACTIVITY: 2 – Rebalancing Long Term Supports and Services

OBJECTIVE: 1

INDICATOR NAME: Percentage change in the number of unduplicated recipients receiving community based services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.) 24069

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Key Indicator (Outcome)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department seeks to improve quality of services and health outcomes by promoting home and community-based services and decrease reliance expensive institutional care. Thereby, increasing the number of people accessing home and community based services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of refocusing the system to increase choice and living options by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This data is obtained from claims data which allows for accuracy and verifiable data.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from the data warehouse on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This PI is calculated by retrieving the number of recipients accessing community based services including Supports, NOW, Children's Choice, ROW, Community Choices, PAS, LTPCS, PACE, EPSDST PCS, Home Health, ADHC from quarter to quarter and comparing to the previous FY quarters and determining the percent change.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No. This is obtained from claims data.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Medical Vendor Payments - Payments to Private Providers

ACTIVITY: 2 - Rebalancing Long-Term Supports and Services

OBJECTIVE: 1

INDICATOR NAME: Percentage of Medicaid spending that goes toward home and community based services rather than institutional services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Key Indicator (Output, Efficiency)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department seeks to improve quality of services and health outcomes by promoting home and community-based services and decrease reliance expensive institutional care. Thereby, tracking the spending that goes toward community based services rather than institutional services would measure the progress of the objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of refocusing the system to increase choice and living options by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care. This indicator will be utilized for decision making and performance based budgeting by tracking the expenditures for community based services and institutional services.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Yes Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This is a new performance indicator. Claims data received from health economics will be utilized which ensures accuracy and verifiability.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from the data warehouse on an annual basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This PI will be calculated by retrieving the total amount of Medicaid spending on an annual basis. The amount of expenditures spent toward home and community based services will be retrieved in addition to the expenditures on institutional services. The percent of total Medicaid spending utilized for each of those services will be determined. Those two percentages will then be compared on an annual basis to determine if the number is increasing or decreasing.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   This data will be retrieved from claims data.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Payments - Payments to Private Providers

ACTIVITY: 2 – Rebalancing Long Term Supports and Services

OBJECTIVE: 1

INDICATOR NAME: Percentage of recipients reporting satisfaction with self-directed services.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Supporting (Quality)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department seeks to improve quality of services and health outcomes by promoting home and community-based services and decrease reliance expensive institutional care. Thereby, this indicator serves to determine whether recipients are satisfied with self-directing their home and community based services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of refocusing the system to increase choice and living options by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care. This indicator will be utilized to determine recipient's satisfaction in self-directing their services.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This is a new performance indicator. This information will be obtained from the fiscal agent.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from the fiscal agent on an annual basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The fiscal agent develops a survey for recipients to complete. This information will be retrieved from the fiscal agent.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   This information is obtained from the fiscal agent.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Medical Vendor Payments- Payments to Private Providers

ACTIVITY: 2 – Rebalancing Long Term Supports and Services

OBJECTIVE: 1

INDICATOR NAME: Percentage change in the number of unduplicated recipients self-directing services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Supporting (Quality)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department seeks to improve quality of services and health outcomes by promoting home and community-based services and decrease reliance expensive institutional care. Thereby, this indicator serves to determine the number of recipients who are accessing self-directed services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of refocusing the system to increase choice and living options by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care. This indicator will be utilized to determine number of recipients who are accessing self-directed services.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This is a new performance indicator. It is a straightforward number that is obtained from the fiscal agent.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from the fiscal agent.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This is a straightforward number of recipients that are self-directing their services. The number of recipients self-directing their services will be recorded from quarter to quarter. The percentage change will be calculated from quarter to quarter.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   This number is obtained from the fiscal agent.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: **A- Medical Vendor Payments**

ACTIVITY: **3 – Behavioral Health Reform**

OBJECTIVE: **1**

INDICATOR NAME: **Number of recipients with a primary mental health diagnosis receiving community-based services**

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Key (INPUT)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities. As services are made available in the community, there should also be a decreased reliance and utilization of the mental health emergency departments. This indicator will serve to measure the progress of the intended objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care and residential treatment facilities.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? *No* If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
   Claims data will allow for accuracy and consistency of data.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved MDW data warehouse on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   This indicator will be calculated by retrieving the number of people accessing community based services who have a mental health diagnosis. The number will be compared from quarter to quarter.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: **A- Medical Vendor Payments**

ACTIVITY: **3 – Behavioral Health Reform**

OBJECTIVE: **1**

INDICATOR NAME: **Percentage change in the number of recipients with a primary mental health diagnosis receiving community-based services**

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Key (INPUT)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities. As services are made available in the community, there should also be a decreased reliance and utilization of the mental health emergency departments. This indicator will serve to measure the progress of the intended objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care and residential treatment facilities.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? *No* If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   The data will be pulled utilizing claims data which allows for accuracy and consistency.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved MDW data warehouse on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   The number of recipients accessing community based behavioral health services will be retrieved on a quarterly basis. The percent will be calculated by change in the number of recipients accessing services from quarter to quarter.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   This data will be pulled from the data warehouse

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: **A- Medical Vendor Payments**

ACTIVITY: **3 – Behavioral Health Reform**

OBJECTIVE: **1**

INDICATOR NAME: **Number of regions the Coordinated System of Care 1915© Waiver has been implemented in**

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Key (Output)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities. As services are made available in the community, there should also be a decreased reliance and utilization of the mental health emergency departments. This indicator will serve to measure the progress of the intended objective by expanding 1915 c waiver services statewide.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care and residential treatment facilities.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This is a straightforward number that will be determined by whether or not the waiver has been implemented in additional regions.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be collected on a quarterly basis by determining if there was an increase in the number of regions the Coordinated System of Care 1915 c waiver has been implemented in.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This is a straightforward number

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No. This number will be received from program staff.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: A- Medical Vendor Payments

ACTIVITY: 3 – Behavioral Health Reform

OBJECTIVE: 1

INDICATOR NAME: The percentage change in emergency department utilization for persons with primary mental health diagnosis

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Supporting (Efficiency)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities. As services are made available in the community, there should also be a decreased reliance and utilization of the mental health emergency departments. This indicator will serve to measure the progress of the intended objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care and residential treatment facilities in addition to mental health emergency departments.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? No If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This is a new performance indicator that will be retrieved utilizing claims data which will ensure accuracy, consistency, and verifiability.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved MDW data warehouse on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   This indicator is calculated by retrieving the number of people utilizing emergency room services with a mental health diagnosis on a quarterly basis. The number will be compared each quarter.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: A- Medical Vendor Payments

ACTIVITY: 3 – Behavioral Health Reform

OBJECTIVE: 1

INDICATOR NAME: Percentage change in readmission to mental health inpatient facilities

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Key (Outcome)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities. This indicator will serve to measure the progress of the intended objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care and residential treatment facilities.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   No. This is a new performance indicator that will be provided by the state management organization.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from the Statewide Management Organization on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   The number of recipients who are re-admitted into mental health inpatient facilities will be retrieved each quarter. The number will be compared each quarter and a percentage change in the number will be calculated.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain. *This is a new PI that will be completed by the statewide management organization*.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: A- Medical Vendor Payments

ACTIVITY: 3– Behavioral Health Reform

OBJECTIVE: 1

INDICATOR NAME: Percentage change in readmission to substance abuse facilities

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Key (Outcome)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities. This indicator will serve to measure the progress of the intended objective.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands while decreasing reliance on more expensive institutional care and residential treatment facilities. This indicator is important in being able to manage utilization by tracking those recipients who have been readmitted for treatment.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   No. This is a new PI and will be completed by the Statewide Management Organization.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from the Statewide Management Organization on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The number of readmissions to substance abuse facilities will be obtained each quarter. The percentage change will be calculated by comparing the number from quarter to quarter.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   The data will be obtained from the statewide management organization.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: A- Medical Vendor Payments

ACTIVITY: 3 – Behavioral Health Reform

OBJECTIVE: 1

INDICATOR NAME: Percentage of recipients reporting satisfaction with LBHP services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Supporting (Quality)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   In efforts to improve quality of services and health outcomes by promoting home and community based services and decreasing reliance on expensive institutional and residential treatment facilities. Behavioral health services have been expanded through the LBHP. This indicator will serve to measure the level of satisfaction with the services offered through the partnership.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   The indicator will be used to determine how the department is meeting the objective of expanding services and improving the quality of services and outcomes by promoting home and community based services to meet the existing demands.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   No. This number will be obtained from the statewide management organization.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved by the Statewide Management Organization on an annual basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   The statewide management organization developed surveys that will be completed by recipients. The percentage of recipients that report satisfaction with services will be recorded.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   This will be based on the number of people across the state that completes the survey.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: A- Medical Vendor Payments

ACTIVITY: 3 Behavioral Health Reform

OBJECTIVE: 1

INDICATOR NAME: Number of corrective actions the Statewide Management Organization is required to complete as a result of the annual external quality review

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

   Supporting (Quality)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The Louisiana Behavioral Health Partnership was developed in efforts to improve the quality of services and health outcomes by implementing a cohesive service delivery model of high quality medically necessary behavioral health services. This indicator services to ensure that the Statewide Management Organization is functioning as intended.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator services to ensure that the Statewide Management Organization is functioning as intended.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This is a new performance indicator. The external review will be conducted by an outside entity and verified by program staff to ensure accuracy and consistency.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved by external quality review organization on an annual basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   This is a straightforward number of corrective actions that will be recorded.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   This information will be obtained from an external review team.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor- Payments to Private Providers

ACTIVITY: 5 Inpatient Hospitalization

OBJECTIVE: Through the Inpatient Hospitalization activity, to provide necessary care for Medicaid recipients when acute care hospitalization is most appropriate and to lower the growth of inpatient hospital costs while moving toward a higher and consistent level of quality medical care.

INDICATOR NAME: Average (mean) length of stay in days (non-psych) for Title XIX Medicaid recipients

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: Output. Key.

2. **Rationale**: The average length of stay is a widely used statistical calculation to measure the duration of a single episode of hospitalization. This indicator was selected to identify trends and changes in average length of stay as the Department implements improvements in hospital utilization management practices.

3. **Use:** As Louisiana Medicaid continues to move forward in striving for efficiencies, the information discovered will assist in target management of the overall length of stay as we encourage the application of appropriate guidelines for medical management of patients.

4. **Clarity:** This indicator will be measuring the average length of inpatient acute hospital stays for Medicaid recipients at private hospitals within Louisiana.

5. **Validity, Reliability and Accuracy:** This indicator has not been audited by the Office of the legislator Auditor. However, Louisiana Medicaid has worked with the fiscal intermediary in developing technical specifications and has quality assurance processes in place**.**

6. **Data Source, Collection and Reporting:** The figures are taken from the MR-O-46B report which is produced by the fiscal intermediary on a monthly basis after the last check-write of the month based on paid Medicaid claims.

7. **Calculation Methodology:** This indicator is calculated by dividing the total number of days paid fiscal year to date divided by the total number of associated discharges**.**

8. **Scope:** This is an aggregated indicator representing all in state private acute hospitals**.**

9. **Caveats:** This particular indicator represents the private hospitals and not the state hospitals. The data is based on paid claims by date of payment with no identifiers on the date of service. The data is only comprised of Title XIX claims which would include claims with TPL (third party liability) but does not include claims with dual eligibility (Title XIX and Title XVIII).

10. **Responsible Person: Molina is responsible for data collection and reporting.**
    DHH Program Contact:
    Derek Stafford, Program Manager. Phone: 225 342-3927, fax: 225 343-376-4779, email: Derek.stafford@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Hospice

ACTIVITY: 6 Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2019.

INDICATOR NAME: Baseline number of room and board services for hospice patients (INPUT)

LaPAS PI Code: New

1. **Type and Level**: This an input indicator and will be used as a supporting indicator
2. **Rationale**: This was selected so that we can evaluate the progress that is made under these activities.
3. **Use:** It will be used as a reference to indicate progress in reduction of hospice enrollment.
4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.
5. **Accuracy, Maintenance, Support:** This is a new indicator. This will be valid as it is stored in MMIS data.
6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.
7. **Calculation Methodology:** This is a straight data pull.
8. **Scope:** This is a statewide figure that would not be broken down by parish or region.
9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Hospice

ACTIVITY: 6 Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2019.

INDICATOR NAME: Baseline number of hospice services.

LaPAS PI Code: New

1. **Type and Level**: This is a baseline input indicator which will serve as supporting information for some of the other performance indicators.

2. **Rationale**: This was selected so that we can evaluate the progress that is made under these activities.

3. **Use:** It will be used as a reference to indicate progress towards reductions in hospice enrollments.

4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.

5. **Accuracy, Maintenance, Support:** This is a new indicator. This will be valid as it is stored in MMIS data.

6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.

7. **Calculation Methodology:** This is a straight data pull.

8. **Scope:** This is a statewide figure that would not be broken down by parish or region.

9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.

10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Hospice

ACTIVITY: 6 Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2019.

INDICATOR NAME: Baseline hospice length of stay (INPUT)

LaPAS PI Code: New

1. **Type and Level**: This a baseline input indicator and will be used as a supporting indicator
2. **Rationale**: This was selected so that we can evaluate the progress that is made under these activities.
3. **Use:** It will be used as a reference to indicate progress in reduction of hospice enrollment.
4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.
5. **Accuracy, Maintenance, Support:** This is a new indicator. This will be valid as it is stored in MMIS data.
6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.
7. **Calculation Methodology:** This is a straight data pull.
8. **Scope:** This is a statewide figure that would not be broken down by parish or region.
9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov,225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Hospice

ACTIVITY: 6 Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2019.

INDICATOR NAME: Baseline hospice general inpatient days (INPUT)

LaPAS PI Code: New

1. **Type and Level**: This an input indicator and will be used as a supporting indicator
2. **Rationale**: This was selected so that we can evaluate the progress that is made under these activities.
3. **Use:** It will be used as a reference to indicate progress in reduction of hospice General Inpatient Days.
4. **Clarity:** The indicator clearly identifies what is being a measure and there are no acronyms to define.
5. **Accuracy, Maintenance, Support:** This is a new indicator. This will be valid as it is stored in MMIS data.
6. **Data Source, Collection and Reporting:** This information will be reported for State Fiscal Year 2013. This information will be pulled from MMIS data.
7. **Calculation Methodology:** This is a straight data pull.
8. **Scope:** This is a statewide figure that would not be broken down by parish or region.
9. **Caveats:** This is just a simple number pulled from MMIS. There should be no problems with the data.
10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Hospice

ACTIVITY: 6 Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2019.

INDICATOR NAME: Percentage change in the number of room and board services for hospice patients (OUTPUT, OUTCOME, EFFICIENCY)

LaPAS PI Code: New

1. **Type and Level**: This indicator is an output, outcome and efficiency. This is a key indicator.

2. **Rationale**: The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.

3. **Use:** It will be used as a reference to indicate progress in reduction of hospice enrollment.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.

6. **Data Source, Collection and Reporting:** This data will be a data pull from MMIS based on paid claims. This will be reported annual based on the State Fiscal Year.

7. **Calculation Methodology:** This will be calculated by dividing the number of hospice room and board services in a state fiscal year by the baseline number of hospice room and board services provided and then multiplying by ten. This will be reported annually based on state fiscal year.

8. **Scope:** This will be statewide figure that will not be broken down by parish or region.

9. **Caveats:** There are no limitations are weaknesses.

10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: Hospice

ACTIVITY: 6 Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2019.

INDICATOR NAME: Percentage change in hospice length of stay (OUTPUT, OUTCOME, EFFICIENCY)

LaPAS PI Code: New

1. **Type and Level**: This indicator is an output, outcome and efficiency. This is a key indicator.

2. **Rationale**: The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.

3. **Use:** It will be used as a reference to indicate progress in reduction of hospice enrollment.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.

6. **Data Source, Collection and Reporting:** This data will be a data pull from MMIS based on paid claims. This will be reported annual based on the State Fiscal Year.

7. **Calculation Methodology:** This will be calculated by dividing the number of hospice days by the number of hospice clients in a state fiscal year by the baseline number for hospice length of stay provided and then multiplying by ten. This will be reported annually based on state fiscal year.

8. **Scope:** This will be statewide figure that will not be broken down by parish or region.

9. **Caveats:** There are no limitations are weaknesses.

10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: Hospice

ACTIVITY: 6 Hospice and Related Nursing Home Room and Board Payments

OBJECTIVE: Through the Hospice and Nursing Home Room and Board Payments activity, to provide quality palliative care to Medicaid Hospice recipients at the most reasonable cost to the state by state fiscal year 2019.

INDICATOR NAME: Percentage change in hospice general inpatient days (OUTPUT, OUTCOME, EFFICIENCY)

LaPAS PI Code: New

1. **Type and Level**: This indicator is an output, outcome and efficiency. This is a key indicator.

2. **Rationale**: The indicator will be used in management decisions to determine trends and changes need to be made to the program. This will also aid the Department in the budgeting process as it will help to show trends in increase utilization of the services.

3. **Use:** It will be used as a reference to indicate progress in reduction of hospice General Inpatient Days.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This is a new indicator so it has not been measured or audited.

6. **Data Source, Collection and Reporting:** This data will be a data pull from MMIS based on paid claims. This will be reported annual based on the State Fiscal Year.

7. **Calculation Methodology:** This will be calculated by dividing the number of hospice general inpatient days per fiscal year by the baseline number of hospice general inpatient days and then multiplying by ten. This will be reported annually based on state fiscal year.

8. **Scope:** This will be statewide figure that will not be broken down by parish or region.

9. **Caveats:** There are no limitations are weaknesses.

10. **Responsible Person:** Deloris Young, Medicaid Program Manager 1-A, 225-342-1417, Deloris.Young@la.gov, 225-342-9618 fax.

(Use a separate sheet for each performance indicator)

PROGRAM: 09-306-1000/Medical Vendor – Payments to Private Providers

ACTIVITY: 7 Dental

OBJECTIVE: To encourage all Medicaid enrollees to obtain appropriate preventive and primary care in order to improve their overall health (medical and oral) and quality of life, and to ensure that those who care for them provide that care.

INDICATOR NAME: Percentage of Medicaid enrollees, aged 2-21 years of age who had at least one dental visit in a year.

LaPAS PI Code:

1. **Type and Level**: Outcome. Key.

2. **Rationale**: This indicator was chosen to provide data regarding children aged 2-21 years of age who had at least one dental visit in a year. The measure provides data on the children covered under the Medicaid Early Periodic Screening and Diagnostic (EPSDT) Program. HEDIS measures are developed by the National Committee for Quality Assurance (NCQA) with input from health care purchasers, consumers, plans, providers and policy makers. There are also expert panels that provide clinical and technical expertise. After development, they are field tested. They are currently nationally accepted as valid measures of health care quality.

3. **Use:** This measure will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.

4. **Clarity:** The indicator clearly identifies what is being measured.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. The HEDIS measures are nationally recognized and can be externally validated using published reporting requirements.

6. **Data Source, Collection and Reporting:** Data obtained for HEDIS Measures are based on paid and adjusted Medicaid claims validated and housed in the data warehouse. These measures are reported quarterly with the measurement period for each measure specified by NCQA. There is a six month lag time for reporting.

7. **Calculation Methodology:** Utilizing paid and adjusted claims data, the numerator and denominator are determined based on specifications for the NCQA HEDIS measure. A percentage for the measure is determined based on the numerator and denominator. The denominator is the number of members meeting the age/eligibility criteria. The numerator shows the number of members in the population that had one or more dental visits with a dental practitioner during the measurement year.

8. **Scope:** Reporting is at an aggregate level (the Performance indicator itself), but it has the capability to disaggregate to the plan level.

9. **Caveats:** Measures were based on paid and adjusted claims. Visits are not limited to diagnostic dental services. Visits of the following types were included: Diagnostic, preventative, restorative, endodontic, periodontal, removable and fixed prosthodontics, maxillofacial prosthetics, oral and maxillofacial surgery, orthodontic, and adjunctive general services. Visits to all dental providers were included, regardless of specialty. Members used in the calculation of this data are required to meet continuous enrollment criteria.

10. **Responsible Person:** The data collection and reports are completed and evaluated by University of Louisiana at Monroe (ULM).
    DHH program contact: Cordelia Clay, Medicaid Program Manager 1-A, 225-342-5916 Cordelia.Clay@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306/Medical Vendor – Payments to Private Providers

ACTIVITY: 7 Dental

OBJECTIVE: To increase the proportion of children ages 1-20 enrolled in Medicaid or CHIP for at least 90 consecutive days who receive a preventive dental service.

INDICATOR NAME: Percentage of Medicaid enrollees, enrolled for at least 90 consecutive days, aged 1-20, who receive preventative dental services.

LaPAS PI Code:

1. **Type and Level**: Outcome. Key.

2. **Rationale**: This indicator was chosen to track trends and changes in the participants of the Dental Program, enrolled at least 90 consecutive days, who receive preventative dental services. The Centers for Medicare and Medicaid Services (CMS) Oral Health Initiative set a nationwide goal to increase the proportion of children receiving a preventive dental service. Annually, in March, states report on EPSDT services to CMS using Form CMS-416. The EPSDT CMS-416 is a key source of data on children's use of oral health services in Medicaid/CHIP.

3. **Use:** This measure will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.

4. **Clarity:** The indicator clearly identifies what is being measured.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. The EPSDT CMS-416 measures are nationally recognized and reports are generated by the fiscal intermediary which accurately depicts the number of services paid in this program. This report is the primary tool used by CMS for overseeing the provision of dental services to children in state Medicaid programs.

6. **Data Source, Collection and Reporting:** Data obtained for EPSDT CMS-416 report is based on paid and adjusted Medicaid claims validated and housed in the data warehouse. These measures are reported annually with the measurement period for each measure specified by CMS.

7. **Calculation Methodology:** Utilizing paid and adjusted claims data, the numerator and denominator are determined based on specifications for the EPSDT CMS-416. A percentage for the measure is determined based on the numerator and denominator. The denominator is the number of members meeting the age/eligibility criteria. The numerator shows the number of members in the population that had one or more preventative visits with a dental practitioner during the measurement year.

8. **Scope:** Reporting is at an aggregate level (the Performance indicator itself), but it has the capability to disaggregate to the plan level.

9. **Caveats:** Measures were based on paid and adjusted claims. Visits are limited to preventative dental services. Members used in the calculation of this data are required to meet continuous enrollment criteria.

10. **Responsible Person:** The data collection and reports are completed by the fiscal intermediary and evaluated by program staff.

    DHH program contact: Cordelia Clay, Medicaid Program Manager, 225-342-4182 Cordelia.Clay@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306/Medical Vendor – Payments to Private Providers

ACTIVITY: 7 Dental

OBJECTIVE: To increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a dental sealant on a permanent molar tooth

INDICATOR NAME: Percentage of Medicaid enrollees, enrolled for at least 90 consecutive days aged 6-9, who receive a dental sealant on a permanent molar tooth.

LaPAS PI Code:

1. **Type and Level**: Outcome. Key.

2. **Rationale**: This indicator was chosen to track trends and changes in the participants of the Dental Program, enrolled at least 90 consecutive days aged 6-9, who received a dental sealant on a permanent molar tooth. The Centers for Medicare and Medicaid Services (CMS) Oral Health Initiative set a nationwide goal to increase the proportion of children receiving a dental sealant on a permanent molar tooth. Annually, in March, states report on EPSDT services to CMS using Form CMS-416. The EPSDT CMS-416 is a key source of data on children's use of oral health services in Medicaid/CHIP.

3. **Use:** This measure will inform management of areas needing improvement and assist with the policy making process relative to budgeting and quality outcome improvement.

4. **Clarity:** The indicator clearly identifies what is being measured.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. EPSDT CMS-416 data is nationally recognized and reports are generated by the fiscal intermediary which accurately depicts the number of services paid in this program. This report is the primary tool used by CMS for overseeing the provision of dental services to children in state Medicaid programs.

6. **Data Source, Collection and Reporting:** Data obtained for EPSDT CMS-416 report is based on paid and adjusted Medicaid claims validated and housed in the data warehouse. These measures are reported annually with the measurement period for each measure specified by CMS.

7. **Calculation Methodology:** Utilizing paid and adjusted claims data, the numerator and denominator are determined based on specifications for the EPSDT CMS-416. A percentage for the measure is determined based on the numerator and denominator. The denominator is the number of members meeting the age/eligibility criteria. The numerator shows the number of members in the population ages 6-9 that received a dental sealant on a permanent molar tooth with a dental practitioner during the measurement year.

8. **Scope:** Reporting is at an aggregate level (the Performance indicator itself), but it has the capability to disaggregate to the plan level.

9. **Caveats:** Measures were based on paid and adjusted claims. Visits are limited to dental sealants placed on a molar for enrollees ages 6-9. Members used in the calculation of this data are required to meet continuous enrollment criteria.

10. **Responsible Person:** The data collection and reports are completed by the fiscal intermediary and evaluated by program staff.DHH program contact: Cordelia Clay, Medicaid Program Manager, 225-342-4182 Cordelia.Clay@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Payments

ACTIVITY: 1 Payments to Public Providers

OBJECTIVE: Provide access to care through state and local government providers or health care services.

INDICATOR NAME: Number of Local Education Agencies billing for School Nursing Services

LaPAS PI Code: New

1. **Type:** Ouput **Level**: Key Performance Indicator
2. **Rationale**: This indicator will be a strong indicator as to depth of participation by the LEAs in this program.
3. **Use:** This proposal seeks to achieve the goals of better access to care by giving student's in schools easier access to care to nursing services. This indicator will be used as an internal management tool to gauge participation by LEAs.
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** It has not been audited.
6. **Data Source, Collection and Reporting:** The data will be taken by the Louisiana Medicaid Data Warehouse from billing data.
7. **Calculation Methodology:** This is a simple calculation of a distinct count of the number of unique LEAs billing for nursing services based on procedure code.
8. **Scope :** Aggregated.
9. **Caveats:** None
10. **Responsible Person:** Randy Davidson, Director of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Payments

ACTIVITY: 1 Payments to Public Providers

OBJECTIVE: Provide access to care through state and local government providers or health care services.

INDICATOR NAME: Number of unduplicated recipients Receiving School Nursing Services from a Local Education Agencies

LaPAS PI Code: New

1. **Type:** Output
   Level: Key

2. **Rationale**: This indicator will be a strong indicator as to depth and amount of scope the services being provided by the LEAs in this program.

3. **Use:** This proposal seeks to achieve the goals of better access to care by giving student's in schools easier access to care to nursing services. This indicator will be used as an internal management tool to gauge participation by LEAs as well as the utilization patterns of students in the schools.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** The data will be taken by the Louisiana Medicaid Data Warehouse from billing data.

7. **Calculation Methodology:** This is a simple calculation of a distinct count of the number of unique recipients utilizing nursing services from LEAs based on procedure code.

8. **Scope :** Aggregated.

9. **Caveats:** None

10. **Responsible Person:** Randy Davidson, Director of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Payments

ACTIVITY: 1 Payments to Public Providers

OBJECTIVE: Provide access to care through state and local government providers or health care services.

INDICATOR NAME: Number of nurse screenings from Local Education Agency resulting in a referral to a physician.

LaPAS PI Code: New

1. **Type:** Outcome
   Level: Key

2. **Rationale**: This will be a strong indicator as to success of school nurses to identify serious health issues and make a referral for treatment to an appropriate physician.

3. **Use:** This proposal seeks to achieve the goals of better access to care by giving student's in schools easier access to care to nursing services and assure that more serious conditions are referred over to an appropriate physician. This indicator will be used as an internal management tool to gauge the effectiveness of LEAs in achieving our goal of getting children in schools necessary medical care.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** The data will be taken by the Louisiana Medicaid Data Warehouse as well as for a Department of Education services tracking system.

7. **Calculation Methodology:** This is a simple calculation of a distinct count of the number of referrals made by LEA nurses as a result of a screening.

8. **Scope :** Aggregated.

9. **Caveats:** None

10. **Responsible Person:** Randy Davidson, Director of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Medical Vendor Payments

ACTIVITY: 1 Payments to Public Providers

OBJECTIVE: Provide access to care through state and local government providers or health care services.

INDICATOR NAME: Number of school nurses in participating Local Education Agencies

LaPAS PI Code: New

1. **Type** : Output
   Level: Key

2. **Rationale**: This indicator will be a strong indicator as to depth and amount of scope the services being provided by the LEAs in this program.

3. **Use:** This proposal seeks to achieve the goals of better access to care by giving student's in schools easier access to care to nursing services. This indicator will be used as an internal management tool to gauge participation by LEAs.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** It has not been audited.

6. **Data Source, Collection and Reporting:** The data will be taken from the cost reports that must be submitted by LEAs.

7. **Calculation Methodology:** This is a simple calculation of a distinct count of the number of unique nurses listed on each LEAs cost report which must be submitted to DHH for payment.

8. **Scope :** Aggregated.

9. **Caveats:** None

10. **Responsible Person:** Randy Davidson, Director of Rate & Audit Review/Supplemental Payments, 225.342.61156, Randy.Davidson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Number of uninsured recipients receiving OPH family planning services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Key (Input)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The Department's reproductive health services are aimed to reduce female and infant mortality, morbidity, and teen pregnancy by providing disease screening, health education, counseling and contraceptive methods. The department intends to increase enrollment by working collaboratively with OPH to decrease their number of uninsured patients and by removing the enrollment cap. This indicator serves to track the number of uninsured recipients who receive services through OPH.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes.* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No.* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
   This is a new performance indicator. The number will be obtained from the Office of Public Health on a quarterly basis.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be provided by the Office of Public Health on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This is a straightforward number of uninsured people that are accessing services.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   No. Information will be obtained from the Office of Public Health.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Number of Medicaid recipients receiving OPH family planning services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Key (Input)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department intends to increase enrollment by working collaboratively with OPH to decrease their number of uninsured patients and by removing the enrollment cap. This indicator serves to monitor the number of Medicaid recipients receiving OPH family planning services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting in determining feasibility for removing visit limits and increasing services.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes*. Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No.* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
   This is a new performance indicator. The number will be obtained from claims data on a quarterly basis.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from the MDW data warehouse on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   This is a straightforward number of Medicaid recipients who are accessing OPH services.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Number of parishes in which OPH provides family planning services

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Key (Input)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The Department's reproductive health services are aimed to reduce female and infant mortality, morbidity, and teen pregnancy by providing disease screening, health education, counseling and contraceptive methods. The department intends to increase enrollment by working collaboratively with OPH to decrease their number of uninsured patients and by removing the enrollment cap.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting in determining feasibility for removing visit limits and increasing services.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This is a straightforward number that can be retrieved from claims data or the Office of Public Health.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from OPH/ the MDW data warehouse on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

   This is a straightforward number of parishes that OPH provides services in.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

   No

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Number of family planning outreach activities conducted

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Key (Input)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department intends to increase enrollment by working collaboratively with OPH to decrease their number of uninsured patients and by removing the enrollment cap. It is important that recipients who quality for the services are aware of the available services. This indicator serves to measure activities related to outreach and making communities aware of the services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for internal purposes.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
   The number of activities will be obtained from the Office of Public Health and verified by program staff.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Outreach activity information will be provided by OPH

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   This is a straightforward number of activities.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

**Use as many pages as necessary to fully respond to these documentation items. Be sure that each sheet carries the name and, for existing performance indicators, the LaPAS PI Code. Use a separate sheet for each performance indicator. **

PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Percentage change in the number of unduplicated Take Charge recipients

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Key (Outcome)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department intends to increase enrollment by working collaboratively with OPH to decrease their number of uninsured patients and by removing the enrollment cap. This indicator serves to measure the change in the number of recipients that are receiving services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
   This data is retrieved from claims data which allows for accuracy and verifiability.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   Data will be retrieved from the MDW data warehouse.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   This is a straightforward number of recipients recorded for each quarter. A percentage change is calculated by utilizing the number of people from each quarter that are in the waiver.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Percentage of eligible women enrolled in the Take Charge Waiver

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Key (Outcome)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The department intends to increase enrollment by working collaboratively with OPH to decrease their number of uninsured patients and by removing the enrollment cap. This indicator serves to measure the number of women who are eligible for services opposed to how many who are actually receiving services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
   This is a new performance indicator. It will be obtained by retrieving claims data and census data which allows for accuracy and verifiability.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   The number of women enrolled in the Take Charge Waiver will be retrieved from the MDW data warehouse and the total number of women who would quality for services would be obtained from census data.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   The number of enrolled recipients would be divided by the total number of women who would qualify to get the percentage of eligible women that are enrolled.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Cost savings from reducing unintended pregnancies

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Supporting (Efficiency)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The program goals are to empower women to manage their reproductive health, space pregnancies, and avert unintended pregnancies. In meeting these goals, cost savings can be achieved. This indicator serves to determine the efficiency of the program goals by determining the amount of savings the state has achieved by providing the Take Charge Waiver services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting by having knowledge of the cost savings associated with this program. It will allow for exploration into feasibility of removing visit limits and expanding services.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   Yes, this is a multi-agency effort to ensure accuracy and consistency of data.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   This information will be obtained from the Office of Public Health, Vital Records, and the data warehouse on an annual basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   Birth records and claims data have to be reviewed in order to determine the cost savings.
8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   Obtaining the data for this performance indicator requires multi-agency knowledge and information in order to ensure accuracy.

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Louisiana's ranking for teen pregnancy

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Supporting (Quality)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   One of the goals of the program is to prevent unintended pregnancies. This indicator will serve to measure the progression of this goal. It will also serve as a tool to measure Louisiana's ranking/success comparative to other states.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
   This number will be obtained from the CDC which allows for accuracy and consistency.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   This information will be obtained from the Centers for Disease Control and Prevention (CDC) on an annual basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   This is a straightforward percentage received from the CDC.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Louisiana's ranking for chlamydia and gonorrhea infection rates

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Supporting (Quality)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The goals of the Take Charge Waiver include reducing teen pregnancy and providing disease screening, health education and counseling and contraceptive methods. This indicator serves to measure the progression of program and goals. It also serves as a comparative tool to assess Louisiana's fairing among other states relative to Sexually Transmitted Infection rates.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting in exploring the feasibility of removing visit limits, and including treatment for Sexually Transmitted Infections.

4. **Clarity:** Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them. *Yes, no*

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
   This number is received from the CDC which ensures accuracy and consistency.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   This information will be obtained from the Centers for Disease Control and Prevention (CDC) on an annual basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   Straightforward number obtained from the CDC

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Number of recipients who gave birth within 24 months of a previous birth

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Supporting (Outcome)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   One of the goals of the Take Charge Waiver is to reduce unintended pregnancies and optimize health outcomes for women. This indicator seeks to measure the progression of the program by determining those recipients who gave birth within 24 months of a previous birth. This data provide information as to whether there has been a reduction in the number of births if one is receiving Take Charge services.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

   This is a multi-agency effort and will be reviewed by program staff for accuracy and verifiability.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   This information will be obtained from the Office of Public Health, Vital Records, and the MDW data warehouse on an annual basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not? *NA this is a multi-agency effort*

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No

10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

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PERFORMANCE INDICATOR DOCUMENTATION

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PROGRAM: 306 – Payments to Public Providers

ACTIVITY: 2 – Family Planning Services

OBJECTIVE: 1

INDICATOR NAME: Number of recipients who receive long acting reversible contraception

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

1. **Type and Level**: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
   Supporting (Outcome)

2. **Rationale**: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

   The Take Charge Waiver program intends to increase the number of recipients using long acting reversible contraceptives to further reduce unintended pregnancies. This indicator serves to measure if there is an increase of recipients receiving this type of contraception.

3. **Use:** How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

   This indicator will be used for purposes related to performance-based budgeting.

4. **Clarity:** Does the indicator name clearly identify what is being measured? *Yes* Does the indicator name contain jargon, acronyms or initializations, or unclear terms? *No* If so, clarify or define them.

5. **Accuracy, Maintenance, Support:** Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
   Data will be obtained from claims data which allows for accuracy and verifiability.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

   This information will be obtained from the MDW data warehouse on a quarterly basis.

7. **Calculation Methodology:** How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
   This is a straightforward number of recipients accessing a service that will be compared each quarter.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   This is a statewide figure.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
   No
10. **Responsible Person:** Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

    Toni Bennett, Program Manager, toni.bennett@la.gov, 225.342.7862 (o), 225.389.8033 (f)

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Medicare Buy-Ins & Supplements

ACTIVITY: 1 Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities

OBJECTIVE: Through the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity, to avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

INDICATOR NAME: Total Number of Recipients (Part A)

LaPAS PI Code: LaPAS PI Code 2261

1. **Type and Level**: Type: Input/Output Level: Supporting

2. **Rationale**: It is the number of Medicare Part A recipients eligible for Buy-In and supports the expenditures for Medicare premium payments through the Buy-In Program. The number of recipients is important to estimate future expenditures.

3. **Use:** It determines the current cost and estimated future cost and participation for program budget development and monitoring. It is used for internal management purposes and performance-based budgeting purposes.

4. **Clarity:** The indicator name clearly identifies what is being measured. Part A is Medicare hospital insurance. The Buy-In program pays Medicare premiums for certain individuals eligible for Medicaid. Payment of Part A premiums is required for all individuals or their spouse who did not work the required number of quarters under the Social Security Program to qualify for no cost premiums for Part A.

5. **Validity, Reliability and Accuracy:** The indicator is audited annually by the Office of the Legislative Auditor. No findings were reported.

6. **Data Source, Collection and Reporting:** The data source is the CMS monthly buy-in report, “S19”. CMS sends this with the monthly billing statement for premiums. Data is also stored and collected from DHH’s View Direct system. The number of cases is found on the View Direct report, “BIM4000R4”. Frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** CMS reports the number of recipients as collected by the number of individuals who are recipients of Medicare Part A Buy-In. On the S19 report, it is identified as “Code 11” and “Code 41”.

8. **Scope:** Aggregate. It is the statewide total for recipients of Medicare Part A Buy-In for all Medicare Savings Programs.

9. **Caveats:** Counts will never totally match counts produced independently as CMS controls processing of the data. There may be problems or inconsistencies in an individual’s data. There is a difference in Medicaid deadlines of when an individual’s Buy-In starts and ends.

10. **Responsible Person:** Rhett Decoteau, Medicaid Eligibility Policy Section - Medicaid Eligibility Buy-In

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PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Medicare Buy-Ins & Supplements

ACTIVITY: 1 Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities

OBJECTIVE: Through the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity, to avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

INDICATOR NAME: Total Number of Recipients (Part B)

LaPAS PI Code: LaPAS PI Code 2262

1. **Type and Level**: Type: Input/Output Level: Supporting

2. **Rationale**: It is the number of Medicare Part B recipients eligible for Buy-In and supports the expenditures for Medicare premium payments through the Buy-In Program. The number of recipients is important to estimate future expenditures.

3. **Use:** It determines the current cost and estimated future cost and participation for program budget development and monitoring. It is used for internal management purposes and performance-based budgeting purposes.

4. **Clarity:** The indicator name clearly identifies what is being measured. Medicare Part B pays for doctors, outpatient hospital care, and some other medical services not covered by Part A. The Buy-In program pays Medicare premiums for certain individuals eligible for Medicaid. A premium for Part B is billed to all individuals who participate in the Medicare program.

5. **Validity, Reliability and Accuracy:** The indicator is audited annually by the Office of the Legislative Auditor. No findings were reported.

6. **Data Source, Collection and Reporting:** The data source is the CMS monthly buy-in report, “190”. CMS sends this with the monthly billing statement for premiums. Data is also stored and collected from DHH’s View Direct system. The number of cases is found on the View Direct report, “BIM2000R11”. Frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** CMS reports the number of recipients as collected by the number of individuals who are recipients of Medicare Part B Buy-In. On the 190 report, it is identified as “Code 11”, “Code 41”, “Code 43”, and “Code 45”.

8. **Scope:** Aggregate. It is the statewide total for recipients of Medicare Part B Buy-In for all Medicare Savings Programs.

9. **Caveats:** Counts will never totally match counts produced independently as CMS controls processing of the data. There may be problems or inconsistencies in an individual’s data. There is a difference in Medicaid deadlines of when an individual’s Buy-In starts and ends. The Social Security Administration is responsible for Supplemental Security Income (SSI) eligibility, so any problems they have would affect new or terminated Part B Buy-In SSI eligibles.

10. **Responsible Person:** Rhett Decoteau, Medicaid Eligibility Policy Section - Medicaid Eligibility Buy-In

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PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Medicare Buy-Ins & Supplements

ACTIVITY: 1 Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities

OBJECTIVE: Through the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity, to avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

INDICATOR NAME: Total Number of Buy-In Eligibles (Parts A & B)

LaPAS PI Code: LaPAS PI Code 2263

1. **Type and Level**: Type: Input/Output Level: Key

2. **Rationale**: It is the number of Medicare Part A and Part B recipients eligible for Buy-In and supports the expenditures for Medicare premium payments through the Buy-In Program. The number of recipients is important to estimate future expenditures.

3. **Use:** It determines the current cost and estimated future cost and participation for program budget development and monitoring. It is used for internal management purposes and performance-based budgeting purposes.

4. **Clarity:** The indicator name clearly identifies what is being measured. Part A is Medicare hospital insurance. Medicare Part B pays for doctors, outpatient hospital care, and some other medical services not covered by Part A. The Buy-In program pays Medicare premiums for certain individuals eligible for Medicaid. Payment of Part A premiums is required for all individuals or their spouse who did not work the required number of quarters under the Social Security Program to qualify for no cost premiums for Part A. A premium for Part B is billed to all individuals who participate in the Medicare program.

5. **Validity, Reliability and Accuracy:** The indicator is not audited by the Office of the Legislative Auditor, but all other Medicare Savings Programs indicators are audited, annually. No findings were reported.

6. **Data Source, Collection and Reporting:** The data source is the CMS monthly buy-in reports, “S19” and “190”. CMS sends these with the monthly billing statement for premiums. Data is also stored and collected from DHH’s View Direct system reports, “BIM2000R11” and “BIM4000R4”. Frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** CMS reports the number of recipients and cost as collected by the number of individuals who are recipients of Medicare Part A and Part B Buy-In. On the S19 report, it is identified as “Code 11” and “Code 41”. On the 190 report, it is identified as “Code 11”, “Code 41”, “Code 43”, and “Code 45”.

8. **Scope:** Aggregate. It is the statewide total for recipients of Medicare Part A and Part B Buy-In for all Medicare Savings Programs.

9. **Caveats:** Counts may not match those produced independently as CMS controls processing of the data. There may be problems or inconsistencies in an individual’s data and there is a difference in Medicaid deadlines of when an individual’s Buy-In starts and ends. The Social Security Administration controls eligibility for some of the Buy-In eligibles.

10. Responsible Person: Rhett Decoteau, Medicaid Eligibility Policy Section - Medicaid Eligibility Buy-In

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PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Medicare Buy-Ins & Supplements

ACTIVITY: 1 Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities

OBJECTIVE: Through the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity, to avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

INDICATOR NAME: Buy-In Expenditures (Part A)

LaPAS PI Code: LaPAS PI Code 2264

1. **Type and Level**: Type: Input/Output Level: Supporting

2. **Rationale**: It is the total cost for Medicare Part A monthly premiums. Records of cost are important to estimate future expenditures.

3. **Use:** It determines the current cost and estimated future cost and participation for program budget development and monitoring. It is used for internal management purposes and performance-based budgeting purposes.

4. **Clarity:** The indicator name clearly identifies what is being measured. Part A is Medicare hospital insurance. The Buy-In program pays Medicare premiums for certain individuals eligible for Medicaid. Payment of Part A premiums is required for all individuals or their spouse who did not work the required number of quarters under the Social Security Program to qualify for no cost premiums for Part A.

5. **Validity, Reliability and Accuracy:** The indicator is audited annually by the Office of the Legislative Auditor. No findings were reported.

6. **Data Source, Collection and Reporting:** The data source is the CMS monthly billing statement for premiums, "S19". Data is also stored and collected from DHH's View Direct system. The total cost of premiums is found on the View Direct report, "BIM4000R4". Frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** CMS reports the cost as collected by the number of individuals who are recipients of Medicare Part A Buy-In, including retroactive eligibility. The net cost is adjusted for credits due to retroactive closures or mistaken entitlement.

8. **Scope:** Aggregate. It is the statewide monthly billing amount for Medicare Part A Buy-In recipients for all Medicare Savings Programs.

9. **Caveats:** A limitation may result when billing problems occur at CMS, however, when this occurs the Department is given a new deadline for the payment of premiums. This indicator relies on the monthly Part B premium but cannot be used to predict or effect change in the amount as this is determined by CMS. Also the actual premium amount is usually not released until October, well into the current SFY which could affect our target.

10. **Responsible Person:** Rhett Decoteau, Medicaid Eligibility Policy Section - Medicaid Eligibility Buy-In

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PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: Medicare Buy-Ins & Supplements

ACTIVITY: 1 Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities

OBJECTIVE: Through the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity, to avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

INDICATOR NAME: Buy-In Expenditures (Part B)

LaPAS PI Code: LaPAS PI Code 2265

1. **Type and Level**: Type: Input/Output Level: Supporting

2. **Rationale**: It is the total cost for Medicare Part B monthly premiums. Records of cost are important to estimate future expenditures.

3. **Use:** It determines the current cost and estimated future cost and participation for program budget development and monitoring. It is used for internal management purposes and performance-based budgeting purposes.

4. **Clarity:** The indicator name clearly identifies what is being measured. Medicare Part B pays for doctors, outpatient hospital care, and some other medical services not covered by Part A. The Buy-In program pays Medicare premiums for certain individuals eligible for Medicaid. A premium for Part B is billed to all individuals who participate in the Medicare program.

5. **Validity, Reliability and Accuracy:** The indicator is audited annually by the Office of the Legislative Auditor. No findings were reported.

6. **Data Source, Collection and Reporting:** The data source is the CMS monthly billing statement for premiums, “190”. Data is also stored and collected from DHH’s View Direct system. The total cost of premiums is found on the View Direct report, “BIM2000R11”. Frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** CMS reports the cost as collected by the number of individuals who are recipients of Medicare Part B Buy-In including retroactive eligibility. The net cost is adjusted for credits due to retroactive closures or mistaken entitlement.

8. **Scope:** Aggregate. It is the statewide monthly billing amount for Medicare Part B Buy-In recipients for all Medicare Savings Programs.

9. **Caveats:** A limitation may result when billing problems occur at CMS, however, when this occurs the Department is given a new deadline for the payment of premiums. This indicator relies on the monthly Part B premium but cannot be used to predict or effect change in the amount as this is determined by CMS. Also the actual premium amount is usually not released until October, well into the current SFY which could affect our target.

10. **Responsible Person:** Rhett Decoteau, Medicaid Eligibility Policy Section - Medicaid Eligibility Buy-In

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 Medical Vendor Administration

ACTIVITY: Medicare Savings Program for Low-Income Seniors & Persons with Disabilities

OBJECTIVE: Through the Medicare Savings Programs for Low-Income Seniors & Persons with Disabilities activity, to avoid more expensive costs that would otherwise be funded by Medicaid by ensuring that eligible low-income senior citizens do not forego health coverage due to increasing Medicare premiums that make maintaining coverage increasingly difficult.

INDICATOR NAME: Total Savings (costs of less premium costs) for Medicare benefits

LaPAS PI Code: 2266

1. **Type and Level**: Output/Key

2. **Rationale**: This indicator gives the amount of the Medicare savings minus the amount of Medicare Part A and Part B premiums paid out through the Buy-In Program.

3. **Use:** Accumulation of this data produces a record of the current Medicare savings after considering the cost of the premiums and provides a basis for future estimates.

4. **Clarity:** Total savings (cost of care less premium costs for Medicare benefits)

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Savings figures found on the MR-O-68 quarterly reports and the Medicare Premium costs are taken from the monthly buy-in bills produced by Eligibility staff.

7. **Calculation Methodology:** The savings from claims crossing from Medicare for Payment of coinsurances. The cost of the premiums paid through the Buy-In Program are deducted from the cost avoidance for Part A and B.

8. **Scope:** Statewide.

9. **Caveats:** The MR-O-68 is dependent on claims processed through the MOLINA/ Medicaid system. Any breakdown or variation in the system could directly affect the claim count and the total savings. Also, mailing loss or problems processing a claims tape from Medicare could also affect the count.

10. **Responsible Person:** Bill Perkins, Program Manager, MVA/Recovery and Premium Assistance, Telephone 225.342.8935 / FAX 225.376.4682 E-mail: bill.perkins@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 Medical Vendor Administration

ACTIVITY: 2 Louisiana Health Insurance Premium Payment (LaHIPP)

OBJECTIVE: The Louisiana Health Insurance Premium Payment activity will assist eligible individuals and families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payor of medical expenses, resulting in reduced cost exposure to the state.

INDICATOR NAME: Number of cases added in LaHIPP

LaPAS PI Code: 22327

1. **Type and Level**: Output/Key

2. **Rationale**: This indicator gives the number of LaHIPP cases added each year.

3. **Use:** Accumulation of this data illustrates how well staff is doing with regard to adding cases into the program.

4. **Clarity:** LaHIPP - Louisiana Health Insurance Premium Payment program

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** The data is derived from our LaHIPP system, the caseload activity report on a monthly basis and can be bundled by SFY or FFY depending on the need of the report.

7. **Calculation Methodology:** The caseload activity report within the LaHIPP system provides a monthly snap shot of the number of cases added. This number is then used to report the quarterly findings. This is a standard method of calculating, no other agency is impacted by the program.

8. **Scope:** Statewide.

9. **Caveats:** None needed.

10. **Responsible Person:** Bill Perkins, Program Manager

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306- Buy-Ins and Supplements

ACTIVITY: 2 Louisiana Health Insurance Premium Payment (LaHIPP)

OBJECTIVE: The Louisiana Health Insurance Premium Payment activity will assist eligible individuals and families in purchasing private health insurance through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payor of medical expenses, resulting in reduced cost exposure to the state.

INDICATOR NAME: LaHIPP total savings (cost of care less LaHIPP premium costs) in millions

LaPAS PI Code: 24099

1. **Type and Level**: Output/Key

2. **Rationale**: This indicator gives the amount of Medicaid savings minus the amount of LaHIPP premiums reimbursement and wrap around costs.

3. **Use:** Accumulation of this data produces a record of the current Medicaid savings after considering the cost of premiums paid out through the LaHIPP program.

4. **Clarity:** Total savings (cost of care less the premium and wrap around costs)

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Savings figures are derived from the LaHIPP Cost Avoidance quarterly reports, which are created from the fiscal intermediary and the LaHIPP system.

7. **Calculation Methodology:** The savings are generated by taking the LaHIPP Cost Avoidance less the prior quarter premium payments from the LaHIPP system.

8. **Scope:** Statewide.

9. **Caveats:** The LaHIPP Cost Avoidance is dependent on claims processed through the MOLINA/ Medicaid system. Any breakdown or variation in the system could directly affect the claim count and the total savings.

10. **Responsible Person:** Bill Perkins, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 Medical Vendor Administration

ACTIVITY: 2 Louisiana Health Insurance Premium Payment (LaHIPP)

OBJECTIVE: The Louisiana Health Insurance Premium Payment activity will assist eligible individuals and families in purchasing private health insurance (ESI) through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payor of medical expenses, resulting in reduced cost exposure to the state.

INDICATOR NAME: Number of Medicaid recipients with ESI paid by LaHIPP

LaPAS PI Code: New

1. **Type and Level**: Output/Key

2. **Rationale**: This indicator gives the number of Medicaid recipients with ESI paid by LaHIPP.

3. **Use:** Accumulation of this data illustrates how many Medicaid recipients are enrolled in the program.

4. **Clarity:** LaHIPP - Louisiana Health Insurance Premium Payment program

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** The Department uses the statistical report provided by the contractor.

7. **Calculation Methodology:** No calculation is made as this is taken directly from the contractor's report.

8. **Scope:** Statewide.

9. **Caveats:** The Department is depending on the contractor to provide this information on a monthly basis through its efforts of administering the LaHIPP program.

10. **Responsible Person:** Bill Perkins, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: 306 Medical Vendor Administration

ACTIVITY: 2 Louisiana Health Insurance Premium Payment (LaHIPP)

OBJECTIVE: The Louisiana Health Insurance Premium Payment activity will assist eligible individuals and families in purchasing private health insurance (ESI) through an employer while maintaining Medicaid/LaCHIP coverage as a secondary payor of medical expenses, resulting in reduced cost exposure to the state.

INDICATOR NAME: Number of non-Medicaid family members with ESI paid by LaHIPP

LaPAS PI Code: New

1. **Type and Level**: Output/Key

2. **Rationale**: This indicator gives the number of non-Medicaid family members with ESI paid by LaHIPP.

3. **Use:** Accumulation of this data illustrates how many non-Medicaid family members have ESI paid by LaHIPP.

4. **Clarity:** LaHIPP - Louisiana Health Insurance Premium Payment program

5. **Validity, Reliability and Accuracy:** This Performance Indicator is subject to audit by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** The Department uses the statistical report provided by the contractor.

7. **Calculation Methodology:** To determine the number of beneficiaries, we take the total number enrolled in LaHIPP minus the recipients.

8. **Scope:** Statewide.

9. **Caveats:** The Department is depending on the contractor to provide this information on a monthly basis, through their efforts of enrolling and maintaining the LaHIPP program.

10. **Responsible Person:** Bill Perkins, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor- Uncompensated Care Costs

ACTIVITY: 1 Uncompensated Care Costs

OBJECTIVE: To encourage hospitals and other providers to provide access to medical care for the uninsured and reduce reliance on State General Fund by collecting disproportionate share (DSH) payments from UCC.

INDICATOR NAME: Total DSH funds collected in millions.

LaPAS PI Code: 17040

1. **Type and Level**: Input. Supporting.

2. **Rationale**: The indicator measures payments made during the state fiscal year to all hospitals (both public and private) that qualify for Medicaid disproportionate share payments and incurred uncompensated care costs. DSH funds hospital services for uninsured with federal funds.

3. **Use:** This performance indicator is used to track the payments for uninsured patients and Medicaid patients for whom regular Medicaid payments did not cover the costs of services provided in hospitals qualifying for Medicaid disproportionate share throughout the state.

4. **Clarity:** The indicator name refers to Medicaid Disproportionate Share Hospital (DSH) payments.

5. **Validity, Reliability and Accuracy:** Medicaid's hospital audit contractor, Cypress Audit Team, and the Legislative Auditors have reviewed DSH payments.

6. **Data Source, Collection and Reporting:** The data collection sources are budget projections and actual payment records from BHSF – Supplemental Payments Section. The actual amounts paid and the number of hospitals paid is taken from the Weekly Check-write Report.

7. **Calculation Methodology:** For public state-owned, small rural, and large non-state public and rural hospitals - Total payments for all hospitals receiving disproportionate share payments during the state fiscal year for uncompensated care costs incurred. For private non-rural hospitals - a pool amount divided between qualifying hospitals based on their number of paid Medicaid days. For community hospitals – uninsured patient charges multiplied by hospital specific cost to charge ratios. For private hospitals with qualifying mental health emergency room extensions (MHEREs), actual uncompensated costs less payments for uninsured and Medicaid patients treated.

8. **Scope:** The indicator is a statewide aggregate amount which is broken done into separate indicators for public (state-owned) hospitals and, if desired, can also be segregated by small rural hospital DSH payments and private hospital DSH payments.

9. **Caveats:** DSH payments each year are limited to the statewide cap established in federal regulation, as well as funding appropriated by the Legislature. Each hospital's DSH payments are also limited in accordance with federal regulation to its uncompensated care costs for services provided during the year.

10. **Responsible Person:** Derek Stafford, Program Manager. Phone: 225 342-3927, fax: 225 343-376-4779, email: Derek.stafford@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor- Uncompensated Care Costs

ACTIVITY: 1 Uncompensated Care Costs

OBJECTIVE: To encourage hospitals and other providers to provide access to medical care for the uninsured and reduce reliance on State General Fund by collecting disproportionate share (DSH) payments from UCC.

INDICATOR NAME: Total federal funds collected in millions.

LaPAS PI Code: 17041

1. **Type and Level**: Input. Key.

2. **Rationale**: The indicator measures payments made utilizing federal financial participation funds during the state fiscal year to all hospitals (both public and private) that qualify for Medicaid disproportionate share payments and incurred uncompensated care costs. DSH funds hospital services for uninsured with federal funds.

3. **Use:** This performance indicator is used to track the federal financial participation expended for payments for uninsured patients and Medicaid patients for whom regular Medicaid payments did not cover the costs of services provided in hospitals qualifying for Medicaid disproportionate share throughout the state.

4. **Clarity:** The indicator name refers to Medicaid Disproportionate Share Hospital (DSH) payments.

5. **Validity, Reliability and Accuracy:** Medicaid's hospital audit contractor, Cypress Audit Team, and the Legislative Auditors have reviewed DSH payments.

6. **Data Source, Collection and Reporting:** The data collection sources are budget projections and actual payment records from BHSF – Supplemental Payments Section. The actual amounts paid and the number of hospitals paid is taken from the Weekly Check-write Report.

7. **Calculation Methodology:** For public state-owned small rural, and large non-state public and rural hospitals - Total federal financial participation payments for all hospitals receiving disproportionate share payments during the state fiscal year for uncompensated care costs incurred. For private non-rural hospitals – the federal financial participation portion of the pool amount divided between qualifying hospitals based on their number of paid Medicaid days. For community hospitals – the federal financial participation portion of the amount of their uninsured costs paid. For private hospitals with qualifying mental health emergency room extensions (MHEREs), the federal participation portion of their actual uncompensated costs less payments for uninsured and Medicaid patients treated.

8. **Scope:** The indicator is the federal financial participation portion of the statewide aggregate amount which is broken done into separate indicators for public (state-owned) hospitals and, if desired, can also be segregated by small rural hospital DSH payments and private hospital DSH payments.

9. **Caveats:** DSH payments each year are limited to the statewide cap established in federal regulation, as well as funding appropriated by the Legislature. Each hospital's DSH payments are also limited in accordance with federal regulation to its uncompensated care costs for services provided during the year.

10. **Responsible Person:** Derek Stafford, Program Manager. Phone: 225 342-3927, fax: 225 343-376-4779, email: Derek.stafford@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

(Use a separate sheet for each performance indicator)

PROGRAM: 306 Medical Vendor- Uncompensated Care Costs

ACTIVITY: 1 Uncompensated Care Costs

OBJECTIVE: To encourage hospitals and other providers to provide access to medical care for the uninsured and reduce reliance on State General Fund by collecting disproportionate share (DSH) payments from UCC.

INDICATOR NAME: Total state match in millions.

LaPAS PI Code: 17042

1. **Type and Level**: Input. Supporting.

2. **Rationale**: The indicator measures payments made utilizing state general matching funds during the state fiscal year to all hospitals (both public and private) that qualify for Medicaid disproportionate share payments and incurred uncompensated care costs.

3. **Use:** This performance indicator is used to track the state general matching funds expended for payments for uninsured patients and Medicaid patients for whom regular Medicaid payments did not cover the costs of services provided in hospitals qualifying for Medicaid disproportionate share throughout the state.

4. **Clarity:** The indicator name refers to Medicaid Disproportionate Share Hospital (DSH) payments.

5. **Validity, Reliability and Accuracy:** Medicaid's hospital audit contractor, Cypress Audit Team, and the Legislative Auditors have reviewed DSH payments.

6. **Data Source, Collection and Reporting:** The data collection sources are budget projections and actual payment records from BHSF – Supplemental Payments Section. The actual amounts paid and the number of hospitals paid is taken from the Weekly Check-write Report.

7. **Calculation Methodology:** For public state-owned small rural, and large non-state public and rural hospitals - Total state general matching fund payments for all hospitals receiving disproportionate share payments during the state fiscal year for uncompensated care costs incurred. For private non-rural hospitals – the state general matching fund portion of the pool amount divided between qualifying hospitals based on their number of paid Medicaid days. For community hospitals – the state general fund matching portion of the amount of their uninsured cost paid. For private hospitals with qualifying mental health emergency room extensions (MHEREs), the state general matching fund portion of their actual uncompensated costs less payments for uninsured and Medicaid patients treated.

8. **Scope:** The indicator is the state general matching fund portion of the statewide aggregate amount which is broken done into separate indicators for public (state-owned) hospitals and, if desired, can also be segregated by small rural hospital DSH payments and private hospital DSH payments.

9. **Caveats:** DSH payments each year are limited to the statewide cap established in federal regulation, as well as funding appropriated by the Legislature. Each hospital's DSH payments are also limited in accordance with federal regulation to its uncompensated care costs for services provided during the year.

10. **Responsible Person:** Derek Stafford, Program Manager. Phone: 225 342-3927, fax: 225 343-376-4779, email: Derek.stafford@la.gov

09-307 OFFICE OF THE SECRETARY

The principle customers, factors influencing outcomes, methods for avoiding duplication, goal and statutory authority for Programs A and B of the Office of the Secretary are identical.

Principal Customers/Users of Program and Benefits: The Office of the Secretary offers a diverse array of services. Some areas directly address client needs, i.e. appeals decisions and protection of people with disabilities from abuse, while others provide administrative and technical support to the Offices within the Department. In addition, the Office of the Secretary and the Office of Management and Finance coordinate much of the reporting to the Legislature, other state agencies, the public and the media.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: The Department continues to work towards the establishment of efficient and cost effective ways to deliver services. Because it is not a self-sufficient agency and does not enjoy a dedicated funding source the Department is subject to the brunt of budgetary shortfalls. Prediction of outcomes is hindered by cuts to programs that have widespread and sometimes unknown ripple effects.

There is a critical shortage of: 1) funding available to adequately finance the Department's priority areas; 2) significant budgetary challenges for the public hospital system based upon significant reductions in the Disproportionate Share Hospital (DSH) Program; 3) transportation resources in rural areas; and 4) qualified staff and funds to meet the needs of individuals who are waiting for services.

Other factors which could impact achievement of goals and objectives include, but are not limited to: loss of state general fund revenues; increasing number of indigent, uninsured populations; categorical funding streams that restrict access to resources and impede flexibility in meeting customer needs; public perception/values/attitudes regarding the needs of the various programs and services offered by the Department.

Methods Used to Avoid Duplication of Effort: Weekly meetings of executive management are held so as to effectively coordinate the services being provided and ensure that services are not being duplicated. The Department has embraced the Strategic Planning Process established in Act 1465 and periodic meetings are held to examine the mission, goals, objectives, and strategies of the various programs with emphasis on ensure that both funding and resources are maximized and not duplicated.

Recommendations by and to the Streamlining State government Committee were also considered in revising the 5-Year Strategic Plan. The Streamlining Commission asked state departments to conduct an internal analysis and generate ideas that could result in more effective and efficient services for our citizens by reducing over reliance on state government with an end result of decreased size. These ideas for consideration are centered on the concept of literally redefining the role of DHH. In order to accomplish this, the state may consider moving DHH away from its historical role as a provider of healthcare services. Services are also provided through not-for-profit and other private organizations that may provide the same services at an even lower cost than state-provided services that are of the same if not better quality.

Instead, DHH should redirect its resources toward the more critical role of ensuring robust systems of care exist in their various forms throughout the state, monitoring and regulating those providers offering services, and developing long-term policy strategies and metrics for each service area within the purview of DHH to ensure best practices and outcomes.

Maintenance of Agency Performance-Based Budgeting Records: All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was made.

Monitoring & Evaluation Process:
The Office of the Secretary has long recognized and identified the need for improved performance information. Without increased management attention to setting priorities and developing overall goals that can be used to assess its performance, the Department would be limited in its ability in achieving significant progress. As such, considerable progress has been made in hiring, assigning, and training personnel. In order to monitor and evaluate the agency's progress, the department utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress Reports (from the Louisiana Performance Accountability System); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback.

In addition, the DHH Division of Planning and Budget reviews all objectives, performance indicators and strategies for the entire department. Recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of a fiscal year, agencies and programs review and evaluate performance during that fiscal year in order to determine if the information gained from this review should be used to improve performance measures used in future strategic or operational plans.

Program Evaluations Used to Develop Goals, Objectives and Strategies: Performance Based-Budgeting activities are coordinated by the DHH Division of Planning and Budget. This section reviews all objectives, performance indicators and strategies and recommendations are made directly to the Assistant Secretaries or Program Managers, if modifications or additions are needed. Management also embraces the philosophy that each tax dollar must work "harder" for Louisianans—fulfilling the promise of improving the efficiency of government while also improving the value of the services within the department's responsibility.

Program A: Office of Management and Finance

Goal I: The goal of the Office of Management and Finance is to provide overall direction and administrative support to the agencies and activities within the Department.

Statutory Authority: The Department of Health and Hospitals is authorized under R.S. 36:251-259. It was created as one of twenty executive agencies of state government as provided in the Louisiana Constitution of 1974 (Article IV, Section I) and addresses the public health needs of the state as laid out in Articles XII, Section 8 of the Constitution.

The Office of Management and Finance is authorized under La. R.S. 36:256.

Objective 1.1: Through the Executive Administration and Program Support activity, to provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards.

Objective 1.2: Through the Primary Care and Community Health Access activity, to provide technical assistance to communities, Federally Qualified Health Centers, physician practices, rural health clinics and small rural hospitals in order to improve the health status of Louisiana residents in rural and underserved areas.

Objective 1.3: Through the Primary Care and Community Health Access activity, and through the Governor's Council on Physical Fitness & Sports, to offer competitive sporting events, workshops and conferences that will educate elementary age school children about the importance of physical fitness and work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

Objective 1.4: Through the Financial and Procurement Services activity, to promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology.

Objective 1.5: Through the Legal Services and Appeals activity, to provide legal services to the various DHH agencies and programs and promote confidence in the integrity of the appeals process through fair, timely, efficient and legally correct adjudication of disputes and protests.

Objective 1.6: Through the Information Technology activity, to reduce the cost of government Information Technology (IT) operations and enhance service delivery by providing technologies and a secure computing environment in accordance with industry standards.

Primary Beneficiaries/Persons Significantly Affected by Objectives: The objectives in the Office of Management and Finance program are intended to measure the efficiency and effectiveness of the activities within this program.

This program supports State Outcome Goal No. 9: Transparent, Accountable, and Effective Government. DHH embraces this philosophy as we believe that state government's internal services should be equally transparent, accountable, and efficient; getting more "Bang for the Buck" in internal services is especially important because it frees resources for more direct services to citizens. Additionally, the activities within the

Office of the Secretary are all geared toward adhering to the strictest government performance and accountability standards, delivering transparent, accountable and effective government services and making the overall department more transparent by allowing citizens and customer agencies to hold us more accountable for the way in which dollars are spent.

This program also supports State Outcome Goal No. 7: Better Health. Through the Bureau of Primary Care and Rural Health, DHH provides a continuum of services to establish, enhance and sustain health care services for all Louisiana residents. These endeavors depend on strong partnerships with state and federal partner organizations. Through collaboration and information sharing, the support services for primary and rural health care and community access organizations enable communities to effectively develop sustainable health care systems and solutions.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Executive Administration and Program Support

OBJECTIVE: #1: To provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards.

INDICATOR NAME: Percentage of Office of the Secretary indicators meeting or exceeding established targets

LaPAS PI Code: 10029

1. **Type and Level**: Outcome & Efficiency; Key.

2. **Rationale**: A measure of the effectiveness of the Administration Program.

3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within the Office of the Secretary that have direct public impact.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Data is provided by bureaus and divisions within the Office of the Secretary for the LaPAS system. The percentage can be calculated reliably, but the reliability of the actual data is dependent on the reliability of all measures. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Quarterly.

7. **Calculation Methodology:** Number of performance indicators in 09-307 that meet or exceed their targeted standards divided by the total number of 09-307 indicators.

8. **Scope:** None

9. **Caveats:** While this indicator provides a measure of the effectiveness of the Office of the Secretary, it is narrow in scope. It measures some of the operations within 09-307 that more directly influence the public, but does not reflect the day-to-day programmatic decision-making and budgetary over-sight required to operate DHH.

10. **Responsible Person:** Elizabeth Davis
    DHH Program Manager 2
    Division of Planning and Budget
    225-342-5608/ fax: 225-342-8663
    Liz.Davis@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Executive Administration and Program Support

OBJECTIVE: #1: To provide leadership, strategic and policy direction while maximizing resources and maintaining the highest level of government performance and accountability standards.

INDICATOR NAME: Percentage of executed FEMA Heating, Ventilating, and Air Conditioning (HVAC) contracts with funds disbursed to the grant recipient within 14 working days following the contract execution date.

LaPAS PI Code: 24101

1. **Type and Level**: Output; Supporting.

2. **Rationale**: A measure of the effectiveness of the FEMA HVAC program that measures the number of contracts processed and number of funds disbursed.

3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within the Office of the Secretary that have direct public impact.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Data is provided by the Bureau of Policy Research and Health Systems Analysis. The percentage can be calculated reliably, but the reliability of the actual data is dependent on the reliability of all measures. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Quarterly

7. **Calculation Methodology:** Weekly tracking of number of executed contracts, completed reimbursement forms, and funds disbursed. The 14 day time constraint for funds disbursement described in the indicator description above begins with a completed reimbursement form from the contractor in addition to the approved executed contract.

8. **Scope:** None

9. **Caveats:** While this indicator provides a measure of the effectiveness of the Office of the Secretary, it is narrow in scope. It measures the following outputs: number of contracts processed, number of funds disbursed. The outcome measure that is a behavioral or operation change would be the ability of the Office of the Secretary to assist these facilities in their capacity to respond to a disaster. The number of nursing home / hospital patients that do not require transport to a differ facility for HVAC purposes in the event of a disaster should be considered in the facility's emergency planning process.

10. **Responsible Person:** Audrey Pugh, Program Manager, Bureau of Policy, Research and Health systems Analysis, Office of the Secretary; Audrey.Pugh@la.gov; 225-342-8096; fax 225-342-0080.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Primary Care and Community Health Access

OBJECTIVE: #2: Through the **Governor's Council on Physical Fitness & Sports**, to offer competitive sporting events, workshops and conferences that will educate elementary age school children about the importance of physical fitness and work with non-profit health oriented organizations to educate all age groups in Louisiana about the value of staying physically active.

INDICATOR NAME: Number of participants in the Governor's Games and Living Well in Louisiana events

LaPAS PI Code: 24106

1. **Type and Level**: Output; Supporting.

2. **Rationale**: A measure of the effectiveness, as well as public perception and participation in the Governor's Games and Lighten Up Louisiana program activities and events.

3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within the Governor's Games and Lighten Up Louisiana. Can also gauge public involvement and participation in events and activities of the Governor's Games and Lighten Up Louisiana.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Data is provided by the Vice Chairperson of the specific event, who gathers and counts registration applications received from participants. These numbers can be calculated reliably, but the reliability of the actual data is dependent on the reliability of data received. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Data is collected prior to scheduled events (quarterly or annually). Data is usually provided at least two weeks prior to a scheduled event.

7. **Calculation Methodology:** A count of applicant registration forms, as each participant is required to register for events.

8. **Scope:** None

9. **Caveats:** While this indicator provides a measure of the effectiveness of the Governor's Games and Lighten Up Louisiana programs, it is narrow in scope. It measures some of the operations within the program, but does not reflect the day-to-day programmatic decision-making, budgetary over-sight required to operate each event, or time and coordination that goes into sponsoring or hosting event.

10. **Responsible Person:** Rudy Macklin, Director
Governor's Council on Physical Fitness & Sports
225-342-4886
Rudy.Macklin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Financial and Procurement Services

OBJECTIVE: #3. To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology.

INDICATOR NAME: Percentage of invoices paid within 90 days of receipt

LaPAS PI Code: 24107

1. **Type and Level**: Output & Efficiency; Key.

2. **Rationale**: A measure of the effectiveness of the Division of Fiscal Management program.

3. **Use:** Can be used in management decision making to provide an overall view of the effectiveness of the management functions and operations within the Division of Fiscal Management.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Data is from the State's ISIS system and it is provided by the Division of Fiscal Management. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Annual or Quarterly (as needed).

7. **Calculation Methodology:** The total number of invoices paid within 90 days of receipt divided by the total number of invoices received.

8. **Scope:** None

9. **Caveats:** None

10. **Responsible Person:** Jeff Reynolds, Director, Division of Fiscal Management, 225-342-1483, Jeff.Reynolds@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Financial and Procurement Services

OBJECTIVE: #3. To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology.

INDICATOR NAME: Percentage of budget related documents submitted in accordance with DOA and Legislative timelines.

LaPAS PI Code: 24108

1. **Type and Level**: Output & Efficiency Key.

2. **Rationale**: A measure of the effectiveness of the Division of Planning & Budget.

3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of some of the operations within the Division of Planning & Budget.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Data is provided by the Division of Planning & Budget for the LaPAS system. The percentage can be calculated reliably, but the reliability of the actual data is dependent on the reliability of data submitted. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Quarterly.

7. **Calculation Methodology:** The total count of the number of budget documents (LaPAS reports, Operational Plans, DHH Strategic Plans, BA-7s, and Annual Departmental Budget Requests) submitted within guidelines divided by the total number of documents submitted.

8. **Scope:** None

9. **Caveats:** While this indicator provides a measure of the effectiveness of the Division of Planning & Budget, it is narrow in scope. It measures some of the operations within the Division of Planning & Budget, but does not reflect the day-to-day programmatic decision-making, guidance provided to agency personnel, and budgetary over-sight required.

10. **Responsible Person:** Elizabeth Davis
    DHH Program Manager 2
    Division of Planning and Budget
    225-342-5608/ fax: 225-342-8663
    Liz.Davis@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Financial and Procurement Services

OBJECTIVE: #3. To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology.

INDICATOR NAME: Percentage of contracts under $20,000 approved within 4 weeks of receipt

LaPAS PI Code: 24109

1. **Type and Level**: Outcome & Efficiency; Supporting.

2. **Rationale**: A measure of the efficiency and effectiveness of the Division of Contracts and Procurement Support.

3. **Use:** Can be used in management decision making to provide an overall view of the efficiency and effectiveness of operations within the Division of Contracts and Procurement Support.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Data is obtained via a Business Objects report directly from ISIS contract data mart. The data mart is updated nightly. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Quarterly

7. **Calculation Methodology:** Total number of contracts under $20,000 approved within 4 weeks of receipt divided by the total number of contracts under $20,000.

8. **Scope:** Numbers represent contracts under $20,000 for all DHH agencies statewide. The numbers do not include the Human Service Districts/Authorities. This can be broken down by individual agency if required.

9. **Caveats:** During peak contract season, drop in percentage will be seen due to deadlines imposed by DOA and the need to focus on contracts over $20,000. With current staffing issues, this indicator does not provide an accurate measure of the effectiveness of the Division of Contracts and Procurement Support. It measures some of the operations within the Division of Contracts and Procurement Support, but does not reflect the day-to-day programmatic decision-making and other functions within the section.

10. **Responsible Person:** Mary Gonzalez, Contract Grants Reviewer Manager, mary.gonzalez@la.gov, Phone 225-342-5266, Fax 225-342-1326.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Financial and Procurement Services

OBJECTIVE: #3. To promote efficient use of agency resources and provide support to all activities within the Office of the Secretary by ensuring fiscal responsibility and accountability, excellence in customer service, and promoting innovation in the use of technology.

INDICATOR NAME: Percentage of all Medicaid financial/forecast documents and requests submitted in accordance with executive management and legislative timelines

LaPAS PI Code: 24110

1. **Type and Level**: Output & Supporting.

2. **Rationale**: The indicator is a measure of how effectively the Division of Health Economics submits required/requested reports. Health Economics provides several budget/financial/economic/ analytical reports and data to the executive management. The reports are used by executive management and/or legislature in the decision making process so they can make informed/data driven policy decisions and are able to manage and operate within the appropriated budget.

3. **Use:** This indicator can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations of the Division of Health Economics.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Data is provided by the Division of Health Economics. The Division of Health Economics' reports/documents are submitted upon executive management and legislature requests. The percentage of Medicaid financial and forecast reports submitted within their requested timeline can be calculated reliably. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Yearly/Quarterly. The Division of Health Economics' reports/documents are submitted upon executive management and legislature requests.

7. **Calculation Methodology:** The total number of Medicaid financial and forecast reports submitted in accordance with executive management and legislative timelines divided by the total number of Medicaid financial and forecasts reports required/requested.

8. **Scope:** None.

9. **Caveats:** None.

10. **Responsible Person:** Dr. Bhaskar Toodi, Health Economist/Director, Phone: 225-342-6319, Fax: 225-342-9362, Bhaskar.Toodi@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Legal Services

OBJECTIVE: #4. To provide legal services to the various DHH agencies and programs and promote confidence in the integrity of the appeals process through fair, timely, efficient and legally correct adjudication of disputes and protests.

INDICATOR NAME: Percentage of cases litigated successfully

LaPAS PI Code: 10033

1. **Type and Level**: Outcome & Quality; Key.
2. **Rationale**: Provides a narrow measure of the success of the DHH legal department.
3. **Use:** Used in conjunction with other factors in order to gain a sense of whether the actions taken by DHH Bureau of Legal Services are having the desired impact.
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Staff attorneys/exact measurement. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Collected on an on-going basis and calculated and reported quarterly.
7. **Calculation Methodology:** Count of the number of cases litigated successfully divided by a count of the total number of cases litigated and decided.
8. **Scope:** None.
9. **Caveats:** Measures only one aspect of the success of the Bureau of Legal Services. Success of the bureau also includes counsel to executive management that does not result in litigation.
10. **Responsible Person:** Bureau of Legal Services
    Ms. Judy Dreher, 225-342-1128
    Judy.Dreher@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Legal Services

OBJECTIVE: #4. To provide legal services to the various DHH agencies and programs and promote confidence in the integrity of the appeals process through fair, timely, efficient and legally correct adjudication of disputes and protests.

INDICATOR NAME: Number of cases litigated

LaPAS PI Code: 12050

1. **Type and Level**: Output; General Performance Information.

2. **Rationale**: Serves as a basis for calculating the previous indicator "Percentage of cases litigated successfully" and provides one measure of the amount of activity undertaken by DHH Bureau of Legal Services.

3. **Use:** Used in conjunction with other factors to gain a sense of the number of cases involving the department which have been litigated.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Staff attorneys/exact measurement. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Collected on an on-going basis and counted and reported quarterly.

7. **Calculation Methodology:** Simple count of the total number of cases litigated in which a decision has been rendered.

8. **Scope:** None.

9. **Caveats:** DHH Bureau of Legal Services engages in a multitude of other services for the department, which are not measured by this indicator.

10. **Responsible Person:** Bureau of Legal Services
    Ms. Judy Dreher, 225-342-1128
    Judy.Dreher@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Legal Services

OBJECTIVE: #4. To provide legal services to the various DHH agencies and programs and promote confidence in the integrity of the appeals process through fair, timely, efficient and legally correct adjudication of disputes and protests.

INDICATOR NAME: Amount recovered

LaPAS PI Code: 12051

1. **Type and Level**: Outcome & Efficiency; General Performance Information
2. **Rationale**: Provides a measure of the dollar amount recovered by the Bureau of Legal Services
3. **Use:** Informs executive management of monies recovered
4. **Clarity:** None needed.
5. **Validity, Reliability and Accuracy:** Legal personnel/exact measurement. This indicator has not been audited by the Office of the Legislative Auditor.
6. **Data Source, Collection and Reporting:** Collected on an on-going basis and counted and reported quarterly.
7. **Calculation Methodology:** Record dollars collected and add for total
8. **Scope:** None.
9. **Caveats:** Recovery, especially in third party liability matters, is dependent upon numerous factors. Debtors to the department have the option to file bankruptcies or liquidate corporations to avoid repayment of debt.
10. **Responsible Person:** Bureau of Legal Services
    Ms. Judy Dreher, 225-342-1128
    Judy.Dreher@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Information Technology

OBJECTIVE: #5. To reduce the cost of government Information Technology (IT) operations and enhance service delivery by providing innovative technologies and a secure computing environment in accordance with industry standards.

INDICATOR NAME: Percentage of response to requests for IT assistance in less than 24 hours

LaPAS PI Code: New

1. **Type and Level:** Outcome & Efficiency; Key.

2. **Rationale:** A measure of the effectiveness of the Information Technology section.

3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of the operations within the DHH Information Technology section.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Data will be provided by CA Inc., Clarity Service Desk Software implementation scheduled 07/01/2010. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Service Desk Software provides database of all support requests w/tracking data, System Admin (Tech Services Manager) will review weekly reported stats.

7. **Calculation Methodology:** Total number of responses to requests for IT assistance provided in less than 24 hours divided by the total number of responses to requests for IT assistance per week.

8. **Scope:** State wide for all OMF-IT support site, 10,000+ employees supported (directly and indirectly). This indicator is aggregated.

9. **Caveats:** None.

10. **Responsible Person:** IT Tech Support Manager
    Phone (225) 342-8521 / Fax (225) 342- 4779

Activity 4 – Health Standards

Program Goals: To license and survey health care facilities providing services to Louisiana citizens

To provide leadership and technical support services while maximizing resources to fulfill the Department's mission.

Statutory Authority for Goal: The Constitution of Louisiana (1974), Article 12, Section 8, declares that the Legislature may establish a system of economic security and social welfare, unemployment compensation, and public health. Louisiana Revised Statutes 36:251 et seq., and Louisiana Revised Statute 46:976 give the Louisiana Department of Health and Hospitals (DHH) secretary authority to direct and be responsible for the Medical Assistance Program, Title XIX of the Social Security Act, and the Children's Health Insurance Program (CHIP). Title XXI of the Social Security Act and the authority to act as the sole agent of the state or, in necessary cases, designate one of the offices within the department or its assistant secretary to cooperate with the federal government and with other state and local agencies in the administration of federal funds granted to the state or directly to the department or an office thereof to aid in the furtherance of any function of the department or its offices, including funding for the Medical Assistance Program, Title XIX of the Social Security Act and funding for CHIP, Title XXI of the Social Security Act.

Primary Persons Who Will Benefit From or be Significantly Affected by Objective: Louisiana citizens, with the vast majority of the services being provided to Medicaid eligible recipients. Additionally, there is an economic impact upon medical services provided within the State of Louisiana resulting from the reimbursements made to the medical community for the delivery of medically necessary services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Objective: Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Percentage of complaint investigations conducted within 30 days after receipt by the Health Standards section of Medical Vendor Administration

LaPAS PI Code: 16533

1. **Type and Level:** Outcome, Quality/Key.

2. **Rationale:** To monitor the percentage of complaint investigations that are being completed according to the State-mandated deadline.

3. **Use:** To determine: (1) if State-mandated deadlines are met, (2) if Budgetary Allocation, Personnel, and other resources are adequate, and (3) those facility/provider types that require additional visits to ensure regulatory compliance..

4. **Clarity:** Automatic Survey Processing Environment (ASPEN) is a federal database used by surveyors during the survey process to input facility, survey, and complaint data. This database is then used to upload the federal system.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.

6. **Data Source, Collection and Reporting:** Field Office Workload Reports and State Office generated reports utilizing data in ASPEN (federal computer database).

7. **Calculation Methodology:** "Total number of complaints COMPLETED within 30 days" divided by the "Total number of complaints TARGETED for 30 days"

8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.

9. **Caveats:** None.

10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Percentage of abuse complaint investigations conducted within two days after receipt by the Health Standards section of Medical Vendor Administration

LaPAS PI Code: 16534

1. **Type and Level:** Outcome, Quality/Key.

2. **Rationale:** To monitor the percentage of complaint investigations that are being completed according to the State-mandated deadline.

3. **Use:** To determine: (1) if State-mandated deadlines are met, (2) if Budgetary Allocation, Personnel, and other resources are adequate, and (3) those facility/provider types that require additional visits to ensure regulatory compliance..

4. **Clarity:** Automatic Survey Processing Environment (ASPEN) is a federal database used by surveyors during the survey process to input facility, survey, and complaint data. This database is then used to upload the federal system.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.

6. **Data Source, Collection and Reporting:** Field Office Workload Reports and State Office generated reports utilizing data in ASPEN (federal computer database).

7. **Calculation Methodology:** ""Total number of complaints COMPLETED within two days" divided by the "Total # of complaints TARGETED for two days"

8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.

9. **Caveats:** None.

10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Percentage of licensing surveys conducted

LaPAS PI Code: 16535

1. **Type and Level:** Outcome, Quality/Key.

2. **Rationale:** To monitor the number of licensing surveys completed according to the State-mandated timelines.

3. **Use:** To determine: (1) if State-mandated deadlines are met and (2) if Budgetary Allocation, Personnel, and other resources are adequate.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.

6. **Data Source, Collection and Reporting:** Field Office Workload Reports.

7. **Calculation Methodology:** ""Total Number of COMPLETED Licensing Surveys" divided by the "Total Number of TARGETED Licensing Surveys"

8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.

9. **Caveats:** None.

10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Total number of facilities (unduplicated)

LaPAS PI Code: 12031

1. **Type and Level:** Input/General.

2. **Rationale:** The number of health care facilities in Louisiana. This would include facilities which are state licensed only, federally certified only, and facilities which are both state licensed and federally certified. These facilities are subject to state and federal compliance reviews.

3. **Use:** Used to determine if adjustments are needed to the Budgetary Allocation, personnel and other resources.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.

6. **Data Source, Collection and Reporting:** Data collection sources are: (1) IBM AS/400 and (2) federal Online Survey Certification and Reports (OSCAR) managed by the Center for Medicare and Medicaid Services (CMS) Data Center.

7. **Calculation Methodology:** Add the total number of active providers state licensed, federally certified, and state licensed and federally certified, but counting each facility type only once.

8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.

9. **Caveats:** None.

10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Number of licensing surveys conducted

LaPAS PI Code: 16536

1. **Type and Level:** Outcome, Quality/General

2. **Rationale:** To monitor the number of licensing surveys completed according to the State-mandated timelines.

3. **Use:** To determine: (1) if State-mandated deadlines are met and (2) if Budgetary Allocation, Personnel, and other resources are adequate.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.

6. **Data Source, Collection and Reporting:** Field Office Workload Reports.

7. **Calculation Methodology:** The sum of all facilities TARGETED for "LICENSE ONLY" surveys.

8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.

9. **Caveats:** None.

10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Number of certified facilities

LaPAS PI Code: 12032

1. **Type and Level:** Input/General

2. **Rationale:** The number of federally certified health care facilities in Louisiana which participate in Title XVIII of the Social Security Act (Medicare) and Title XIX of the Social Security Act (Medicaid).

3. **Use:** To determine if adjustments are needed to the Budgetary Allocation, personnel and other resources, as well as monitor growth in facility type.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.

6. **Data Source, Collection and Reporting:** Data collection sources are: (1) IBM AS/400 and (2) federal Online Survey Certification and Reports (OSCAR) managed by the Center for Medicare and Medicaid Services (CMS) Data Center.

7. **Calculation Methodology:** The total number of active providers that are federally certified.

8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.

9. **Caveats:** None.

10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Number of licensed facilities

LaPAS PI Code: 12033

1. **Type and Level:** Input/General
2. **Rationale:** The number of state licensed facilities in Louisiana which meet the state's rules and standards to operate as a state licensed health care facility.
3. **Use:** To determine if adjustments are needed to the Budgetary Allocation, personnel and other resources, as well as monitor growth in facility type.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection source is from the licensing database(IBM AS/400).
7. **Calculation Methodology:** The total number of active providers that are state licensed.
8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Number of facilities out of compliance

LaPAS PI Code: 10009

1. **Type and Level:** Output/General

2. **Rationale:** To monitor the number of health facilities found to be incapable or to have a reduced capacity of providing applicable services to the citizens of LA.

3. **Use:** Used to determine those facilities which require additional visits to focus on areas of concern and to verify improvement of the quality of services provided to citizens receiving services through health care facilities.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.

6. **Data Source, Collection and Reporting:** Data collection sources are from Field Office Workload Reports and Program Compliance Logs.

7. **Calculation Methodology:** The total number of facilities out of compliance.

8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.

9. **Caveats:** None.

10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Number of facilities terminated

LaPAS PI Code: 10011

1. **Type and Level:** Output/General
2. **Rationale:** To monitor the number of facilities/providers who have actually had their provider agreement with Medicare/Medicaid and/or their license terminated as a result of remaining out of compliance with the required regulations.
3. **Use:** Used to trend the shift in the types of facilities in operation with the State.
4. **Clarity:** None.
5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.
6. **Data Source, Collection and Reporting:** Data collection sources are from Field Office Workload Reports and Program Compliance Logs.
7. **Calculation Methodology:** The sum of all facilities terminated
8. **Scope:** This indicator would only reflect facilities /providers that were terminated for noncompliance rather than voluntary termination (requested by provider) not determined by noncompliance.
9. **Caveats:** None.
10. **Responsible Person:** Data is collected by Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6. Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Percentage of facilities out of compliance

LaPAS PI Code: 10012

1. **Type and Level:** Outcome/General

2. **Rationale:** To monitor the percentage of health care facilities found to be incapable or to have a reduced capacity of providing applicable services to the citizens of LA.

3. **Use:** Used to determine those facilities which require additional visits to focus on areas of concern and to verify improvement of the quality of services provided to citizens receiving services through health care facilities.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.

6. **Data Source, Collection and Reporting:** Data collection sources are from Field Office Workload Reports and Program Compliance Logs.

7. **Calculation Methodology:** Total Number of Facilities Found Out of Compliance" divided by the "Total Number of Facilities Surveyed."

8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.

9. **Caveats:** None.

10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Office of Management & Finance

ACTIVITY: Health Standards

OBJECTIVE: #6 Through the Health Standards activity, to perform required state licensing and complaint surveys of healthcare facilities and federally mandated certification of healthcare providers participating in Medicare and/or Medicaid through June 30, 2019.

INDICATOR NAME: Number of facilities sanctioned

LaPAS PI Code: 10010

1. **Type and Level:** Output/General

2. **Rationale:** To monitor and trend the number of facilities which received sanctions (civil money penalties) as a result of their noncompliance with state and federal regulations.

3. **Use:** Used to assess the quality of services provided to citizens receiving services through health care facilities. It would also be used to track facilities which have been sanctioned for future focus reviews.

4. **Clarity:** None.

5. **Validity, Reliability and Accuracy:** The indicator has not been audited by the Office of the Legislative Auditor. However, Health Standards assures the validity, reliability and accuracy reported by cross-checking the data compiled and entered by State Office personnel into ASPEN (federal computer database) and the AS400 system (state computer database) against the data compiled and entered by the six state Field Office Managers onto their monthly Workload Reports.

6. **Data Source, Collection and Reporting:** Data collection sources are program desk compliance logs.

7. **Calculation Methodology:** The sum of all facilities sanctioned.

8. **Scope:** This information is a total of all provider types, but the information could be broken down by facility/provider type if there is a need to review a particular type.

9. **Caveats:** None.

10. **Responsible Person:** Data is collected by Field Office and Program Managers, analyzed by Budget Analyst, and then reviewed with Assistant and Section Managers. Deidre Wright, Medical Program Supervisor, 225-342-4997, Deidre.Wright@La.Gov.

Auxiliary Program: Health Education Authority of Louisiana (HEAL)

The statement and purpose of HEAL is defined by R.S. 17:3051:

In order to promote the medical and/or health educational activities of various public and private institutions and organizations in the state of Louisiana and to promote health and welfare of its citizens through encouraging and assisting in the provision of medical care and prompt and efficient health and health related services at reasonable cost by public and private institutions and organizations in modern, well-equipped facilities, and to strive to achieve superlative standards of attainment in health care and education that will place Louisiana in the position of regional, national, and international leadership in those fields, it is hereby declared to be in the public interest that the Health Education Authority of Louisiana be created within the Department of Health and Hospitals.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Auxiliary

ACTIVITY: Health Education Authority of Louisiana (HEAL)

OBJECTIVE: #1. To operate a parking garage at the Medical Center of Louisiana at New Orleans and promote medical education, research and health care each year through June 30, 2019.

INDICATOR NAME: Amount of fees and revenue collected

LaPAS PI Code: 24114

1. **Type and Level**: Efficiency; Supporting

2. **Rationale:** A measure of the efficiency in the Health Education Authority of Louisiana (HEAL) Program.

3. **Use:** Can be used in management decision making and other agency processes to provide an overall view of the effectiveness of those operations within the HEAL program.

4. **Clarity:** None needed.

5. **Validity, Reliability and Accuracy:** Data is provided by ISIS for the LaPAS system. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Information for this indicator is provided by ISIS Revenue Budget Summary Inquiry Report (RSUM).

7. **Calculation Methodology:** A simple count. Data is provided by ISIS expenditure report of the amount of self-generated revenue collected.

8. **Scope:** None

9. **Caveats:** While this indicator provides a measure of the effectiveness of the HEAL program, it is narrow in scope. It measures only the amount of funds collected, and does not reflect the day-to-day programmatic decision-making and budgetary over-sight required to operate this program.

10. **Responsible Person:** Elizabeth Davis, DHH Program Manager 2
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End of Process Documentation
09-307 DHH Office of the Secretary

09-309 South Central La. Human Services Authority

South Central Louisiana Human Services Authority has one program: South Central Louisiana Human Services Authority.

The Louisiana State Legislature established the South Central Louisiana Human Services Authority (SCLHSA) in 2006 to provide administration, management and operation of mental health, addictive disorders, and developmental disabilities services to the residents of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne parishes. Direct oversight of these services was previously provided through the Department of Health and Hospitals (DHH). The SCLHSA was created to be responsive to the local needs of the citizens in its seven parish catchment area. It strives to identify and address local needs through partnerships with local governments, clients, advocates and providers. At the heart of this multi-parish agency is greater accountability to consumers, the community and the taxpayers. Governance of SCLHSA is conducted by a nine (9) member Board of Directors. The Board includes two residents from the parishes of Lafourche and Terrebonne and one resident from the parishes of Assumption, St. Charles, St. James, St. John the Baptist and St. Mary. Each board member is appointed by the governing authority of each parish and must possess experience in the areas of mental health, addictive disorders, or developmental disabilities and represent parents, consumers, advocacy groups, or serve as a professional in one of the areas. All members serve without compensation.

Principle Service Recipients

The SCLHSA serves a large diverse population in seven parishes including Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne. The geographical area covers over 31,297 square miles and contains a population of over 450,000 potential clients. Of this population, the SCLHSA has an inherent responsibility to the medically indigent (e.g. – the uninsured and under-insured and those with Medicaid) as all individuals who present at our program sites in crisis or in need of other services. The SCLHSA population of patients consists of children (ages 6-12), adolescents (ages 13-17), adults and geriatrics. The patient population is approximately one-third Caucasian, one-third African American and one-third Native American with a growing number of patients of Southwest Asian descent.

External factors with potential negative impact on achieving goals and objectives include:

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which the SCLHSA has no control. These changes may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- Competition from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Executive Administrative Team.

Internal Factors that May Affect the Achievement of Goals and Objectives

The ability for SCLHSA to achieve the goals and objectives outlined in this plan may be hampered by external factors by which the agency has no control. These factors may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.

Program Evaluations Used to Develop Goals, Objectives, and Strategies

The SCLHSA strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Executive Management Team. The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. SCLHSA actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Additionally, SCLHSA continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

Methods Used to Avoid Duplication of Effort

(SCLHSA) shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within SCLHSA. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the SCLHSA Compliance Officer. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Monitoring & Evaluation Process:

In order to monitor and evaluate SCLHSA's progress, the agency utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress Reports (from the Louisiana Performance Accountability System); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback. In addition, recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of the fiscal year, the agency reviews and evaluates performance during that fiscal year to determine if the information gained from the review should be used to improve performance measures and/or used in future strategic or operational planning processes.

Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Assessment Services #1

OBJECTIVE: To establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation.

INDICATOR NAME: Number of referrals received by SCLHSA outpatient centers from local stakeholders/community behavioral health services.

LaPAS PI CODE: 24514

1. **Type and Level:** K Output

2. **Rationale:**
   Appropriate referrals to community resources by Crisis Response Systems reduce the burden on local hospitals and law enforcement agencies resulting in the reduction in the number of crisis situations.

3. **Use:**
   Monitoring the number of community referrals from other community behavioral health services provides insight to the needs of the behavioral health client. SCLHSA will utilize the data to determine and prioritize budgeting for services offered**.**

4. **Clarity:**
   None required

5. **Validity, Reliability and Accuracy:**
   Data has not been audited.

6. **Data Source, Collection and Reporting:**
   Behavioral Health Clinic Managers will be responsible for collecting data on all referrals for services received by community behavioral health providers/stakeholders.

7. **Calculation Methodology:**
   Simple calculation of the total number of referrals for service by an outside agency.

8. **Scope:**
   Authority wide data is reported; but may be broken down by agency.

9. **Caveats:**
   None

10. **Responsible Person:**
    Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
    Kristin Bonner, South Central Louisiana Human Services Authority Project Director, kristin.bonner@la.gov
    Phone: (985) 858-2931
    Fax: (985) 858-2934

Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Assessment #2

OBJECTIVE: To provide a comprehensive and accurate assessment to determine client needs and appropriate placement in the least restrictive environment.

INDICATOR NAME: Percent accuracy in using ASAM and/or LOCUS and clinical justification when determining appropriate level of care at assessment.

LaPAS PI CODE: New

1. **Type and Level** : Level K Output

2. **Rationale:**
   The appropriate level of care is a central factor in successful treatment outcomes.

3. **Use:**
   This indicator will be useful in identifying whether the counselor has appropriately and accurately utilized the level of care instrument, ensuring the client is placed in the least restrictive and most appropriate level of care.

4. **Clarity:**
   None required

5. **Validity, Reliability and Accuracy:**
   Staff members are trained in LOCUS and ASAM and do a re-certified annually. The clinic managers have also received more formal training to ensure the accuracy of the assessment. The instrument score and the interpretative summary reflected in the client record should match the level of care the client recommended.

6. **Data Source, Collection and Reporting:**
   The data is collected by chart audit to determine appropriateness.

7. **Calculation Methodology:**
   Total number of chart audits completed divided by the number of inappropriate/inaccurate ASAM/LOCUS/Clinical Justification. Benchmark is 95%

8. **Scope:**
   Each quarter client charts per clinic are randomly selected and audited.

9. **Caveats:**
   None known

10. **Responsible Person:**

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Kristin Bonner, South Central Louisiana Human Services Authority Project Director, kristin.bonner@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Assessment Services #3

OBJECTIVE: Through the Assessment Services activity, SCLHSA provides screening, assessment, plan of care and level of need determination for children, adolescent, adults and senior populations.

INDICATOR NAME: Average length of time (days) from contact to the assessment center to the initial scheduled appointment.

LaPAS PI CODE: New

1. Type and Level: Level K Output

2. Rationale:

The initial assessment appointment is crucial to the client. It is also a measure of efficiency for clinic operations.

3. Use:

The indicator is useful in determining if improvement is needed in scheduling for efficiency purposes.

4. Clarity:

None required

5. Validity, Reliability and Accuracy:

The client completes a survey asking how long from initial contact with the clinic to the date of their appointment. This data is subjective based on the clients' responses.

6. Data Source, Collection and Reporting:

Clients are surveyed one week per quarter. All of the surveys are collected at each Assessment Center and forwarded to SCLHSA Administration for data entry and compilation.

7. Calculation Methodology:

The total number of surveys responses per quarter per clinic and divide the number of responses in each category.

8. Scope:

Each client who receives services during the survey week each quarter is given a survey to complete.

9. Caveats:

None known

10. Responsible Person:

Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
Kristin Bonner, South Central Louisiana Human Services Authority Deputy Director, kristin.bonner@la.gov
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Developmental Disabilities #1

OBJECTIVE: To foster and facilitate independence for citizens with disabilities through the availability of home and community based services

INDICATOR NAME: Percentage of home and community based waiver assessments completed timely.

LaPAS PI CODE: 24118

1. **Type and Level**: K Efficiency

2. **Rationale:**
The indicator is important to providing timely services to citizens applying for home and community based waivers. Provider assessments are necessary to initiate the appropriate services for those that qualify for waiver services. Delays in the required waiver assessments result in delay of services.

3. **Use:**
South Central Louisiana Human Services Authority management will utilize the collected data to monitor service providers. All performance data will be considered in the budget process.

4. **Clarity:**
The term waiver assessment addressed in this indicator is the process of by which service coordination providers (chosen by the client) develop a plan of care and assign a level of care to be approved by OCDD. The definition of waiver timeliness is a completed plan of care and level of care approved within 10 days.

5. **Validity, Reliability and Accuracy:**
OCDD QI Staff performs quarterly chart audit based on a random sample size.

6. **Data Source, Collection and Reporting:**
OCDD staff in Baton Rouge utilizes DDAPPS. A sample size is selected and sent to regional office. Percentage reviewed is based on sample size.

7. **Calculation Methodology:**
Total number of waiver initial/annual waivers determinations sent out per quarter divided by number of assessments due during the quarter completed in a timely manner.

8. **Scope:**
The data is a regional total percentage. Data may be presented by waiver type.

9. **Caveats:**
There is a general statewide nonconformity with ensuring providers complete and timely and complete assessment.

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Developmental Disabilities #2

OBJECTIVE: To foster and facilitate independence for citizens with disabilities through the availability of home and community based services

INDICATOR NAME: Percentage of eligibly determinations determined valid according to the Cash Subsidy promulgation.

LaPAS PI CODE: 24512

1. **Type and Level:** K Outcomes

2. **Rationale:**
Eligibility determination processes must be completed correctly and timely as promulgated in Act 378. It is crucial to . Supporting individuals with developmental disabilities as Cash Subsidy contributes to clients maintaining themselves or their family members in the home.

3. **Use:**
Data will be used to monitor agency performance and service to clients.

4. **Clarity:**
None needed. Defined in Act 378.

5. **Validity, Reliability and Accuracy:**
There has been no audit on this indicator.

6. **Data Source, Collection and Reporting:**
Individual Cash Subsidy Case records, quarterly monitoring of 10% of all Cash Subsidy records. Reported Quarterly on the on the OCDD HSAIP Quarterly Report to South Central Louisiana Human Services Authority Administration.

7. **Calculation Methodology:**
Percentage determined by the number of cases where promulgation standard is met divided by total number of cases reviewed. Number of children in the Cash Subsidy program at beginning of quarter less the number who entered institutions during the quarter divided by number of children who participated in Cash Subsidy.

8. **Scope:**
Data is collected and reported region-wide.

9. **Caveats:**
Performance benchmark is set by the State Office of Citizens with Developmental Disabilities. Currently the benchmark requires a cumulative validity of 95%.

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Developmental Disabilities #3

OBJECTIVE: To ensure all approved Plans of Care for waiver participants are comprehensive, and addresses all of their needs.

INDICATOR NAME: Percentage of waiver participants whose Plan of Care meets their needs (including health and safety risk factors)

LaPAS PI CODE: New

1. **Type and Level:** Level K Output

2. **Rationale:**
An appropriate Plan of Care is essential to meet the individual and unique needs of individuals with a developmental disability.

3. **Use:**
This indicator will be useful in identifying whether the Medical Certification Specialist, and Manager has approved Plans of care that appropriately and comprehensively address all identified needs including the health and safety risks of the participant.

4. **Clarity:**
Plans of Care must contain:
- A viable emergency evacuation plans for all natural, and man caused disasters.
- A staff back up plan that is viable and specific as to the individuals who will provide direct care in unforeseen circumstances.
- Medication accuracy and administering responsibilities. If a staff person is performing this function they must be delegated by the personal care physician.
- Medical diagnosis and all significant medical concerns

5. **Validity, Reliability and Accuracy:**
The Medical Certification Specialist ensures that the elements are present and a note is entered into the record prior to Plan of Care approval.

6. **Data Source, Collection and Reporting:**
The DD Quality Enhancement Program Monitor completes file audits to determine appropriateness.

7. **Calculation Methodology:**
Total number of approved Plans of Care and corresponding files audited divided by the number of non-comprehensive Plans of Care. Benchmark is 95%

8. **Scope:**
The data represents the percentage of Waiver participants who have an approved Plan of Care that addresses all areas of need and risk.

9. **Caveats:**
None known

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Developmental Disabilities #4

OBJECTIVE: To ensure all eligibility determinations are completed timely.

INDICATOR NAME: Percentage of Developmental Disability System Entry applications are completed within 20 working days.

LaPAS PI CODE: New

1. **Type and Level :** Level K Efficiency

2. **Rationale:**
   To guide an efficient, consumer friendly single point of entry process.

3. **Use:**
   This indicator will be useful in identifying issues related to System entry applications not being completed timely.

4. **Clarity:**
   None required

5. **Validity, Reliability and Accuracy:**
   A review of Applications taking more than 20 working days to complete will be reviewed to determine the reasons for not being completed timely.

6. **Data Source, Collection and Reporting:**
   The DD Participant Database will be utilized to determine timeliness of applications.

7. **Calculation Methodology**:
   Total number of Statements of Approval (SOA) and Statements of Denial (SOD) completed within 20 working days divided by the Total number of SOAs and SODs completed. Benchmark is 100%

8. **Scope:**
   The data represents the percentage of DD system applicants who were issued an SOA or SOD within 20 working days.

9. **Caveats:**
   None known

10. **Responsible Person**:

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services #1

OBJECTIVE: To establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation.

INDICATOR NAME: Number of crisis visits in all South Central Louisiana Human Services Authority Behavioral Health Clinics.

LaPAS PI CODE: 24123

1. **Type and Level:** K Input

2. **Rationale:**
In creating an effective Crisis Response System that focuses on improving access to care through community resources, a reduction in the number of clients requiring crisis services and crisis visits in mental health clinics.

3. **Use:**
Indicator gives SCLHSA Administration an overall view of the Crisis Response System related to screening /access processes of mental health clinics.

4. **Clarity:**
None

5. **Validity, Reliability and Accuracy:**
The data has not been audited.

6. **Data Source, Collection and Reporting:**

Clinic Managers collect the number of crisis visits ongoing. Monthly submissions are sent to South Central Louisiana Human Services Authority Administration.

7. **Calculation Methodology:**
Simple calculation of the number of individuals who present to a SCLHSA Behavioral Health Clinic in crisis

8. **Scope:**
Data is reported regionally, but is collected by individual clinic.

9. **Caveats:**
Clinical judgment of staff is subjective.

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services #2

OBJECTIVE: To establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation.

INDICATOR NAME: Number of referrals to community resources in South Central Louisiana Human Services Authority Crisis Response System.

LaPAS PI CODE: 24124

1. **Type and Level:** K Output

2. **Rationale:**
   Appropriate referrals to community resources by Crisis Response Systems reduce the burden on local hospitals and law enforcement agencies resulting in the reduction in the number of crisis situations.

3. **Use:**
   Monitoring the number of referrals to community resources will be utilized in SCLHSA management decisions regarding program goals as well as in the budget process for contract providers.

4. **Clarity:**
   Documentation and submission will be of each individual/treatment encounter.

5. **Validity, Reliability and Accuracy:**
   Data has not been audited.

6. **Data Source, Collection and Reporting:**
   The data is collected by the CALL line service and the CCP grant staff. The data is submitted to SCLHSA Administration each month. The crisis data is compiled and reported quarterly to the Administrative Team and the SCLHSA Board.

7. **Calculation Methodology:**
   Simple calculation of the total number of referrals for crisis services from the CALL line and the number of crisis referrals to the SCLHSA Crisis Counselor Program (CCP).

8. **Scope:**
   The data is collected for the SCLHSA catchment area.

9. **Caveats:**
   Community resource provider cooperation and submission of data on a timely basis.

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services # 3

OBJECTIVE: To establish a regional Crisis Response System that is supported by local stakeholders and existing behavioral health services for all individuals presenting in a crisis situation.

INDICATOR NAME: Percentage of adults with depression who report improvement in disposition during and/or after treatment

LaPAS PI CODE: 24513

1. **Type and Level:** K Output

2. **Rationale:**
Appropriate treatment for clients with depression should have less depression episodes and symptoms.

3. **Use:**
The outcomes data collected on depression clients will allow for feedback on the appropriateness and effectiveness of the behavioral health program and treatments provided.

4. **Clarity:**
The data will be collected on clients in active treatment who are not new clients and have a clinical diagnosis of depression.

5. **Validity, Reliability and Accuracy:**
Data has not been audited.

6. **Data Source, Collection and Reporting:**
Any client who presents to SCLHSA for services with the complaint of depression are administered a depression survey. The initial survey is placed in the client's record and a copy is sent to SCLHSA Administration for data compilation. At routine intervals of 3, 6, 9 and 12 months, the survey is re-administered to the client. The surveys are maintained in the same manner as the initial one. The data is reported to the Administrative Team and SCLHSA Board quarterly.

7. **Calculation Methodology:**
Each question is rated on a numerical scale from 1 through 4. The difference from all of the individual survey scores are tabulated each quarter for the percent change. The average percent change is recorded for this measure by client, clinic, and for SCLHSA.

8. **Scope:**
Authority wide data is reported; but may be broken down by agency.

9. **Caveats:**
None

10. **Responsible Person**:
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services #4

OBJECTIVE: To provide addictive disorder prevention services to children, adolescents and their families and treatment services to adults including inpatient care.

INDICATOR NAME: Percentage of successful completion of inpatient addictive disorder treatment programs.

LaPAS PI CODE: 24116

1. **Type and Level:** Level K Output

2. **Rationale:**
The completion of an inpatient addictive disorder treatment is a major step in the recovery process for the clients who are unable to maintain substance free life with outpatient treatment. Past data shows improvement in lifestyle indicators after completion of inpatient treatment with encouragement for outpatient treatment minimizes the chance of relapse.

3. **Use:**
This indicator will be useful in identifying trends in determination status of non-completion. Management may utilize outcomes to develop and improve inpatient programs.

4. **Clarity:**
None required

5. **Validity, Reliability and Accuracy:**
The contracted Facility Director reviews each client's termination status and documents reason for non-completion. This report is submitted via LADDS monthly.

6. **Data Source, Collection and Reporting:**
The contracted facility inputs determination data into LADDS. Data reports are pulled from LADDS by the SCLHSA Administration on the number of completions quarterly.

7. **Calculation Methodology:**
Total number of clients in treatment divided by number of clients who completed treatment.

8. **Scope:**
The data represents the percentage of clients who complete treatment successfully from the total inpatient clients in contracted SCLHSA beds.

9. **Caveats:**
None known

10. **Responsible Person**:

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services # 5

OBJECTIVE: To provide addictive disorder prevention services to children, adolescents and their families and treatment services to adults including inpatient care.

INDICATOR NAME: Percentage of adults and adolescents with an addictive disorder who successfully complete outpatient treatment.

LaPAS PI CODE: 24510

1. **Type and Level** : Level K Output

2. **Rationale:**
The completion of an addictive disorder treatment program is a major step in the recovery process for the clients.

3. **Use:**
This indicator will be useful in identifying trends in determination status of non-completion. Management may utilize outcomes to develop and improve outpatient programs.

4. **Clarity:**
None required

5. **Validity, Reliability and Accuracy:**
There are no audits performed on this data.

6. **Data Source, Collection and Reporting:**
Each SCLHSA Treatment Center manager collects data on clients in treatment for addiction services. This data is forwarded to South Central Louisiana Human Services Authority Administration monthly. Once compiled this information is reviewed quarterly by SCLHSA Administrative Team and the SCLHSA Board.

7. **Calculation Methodology:**
Total number of clients who completed treatment divided by total number of clients who were discharged.

8. **Scope:**
The data represents the percentage of clients who completed treatment successfully from the total outpatient discharged clients.

9. **Caveats:**
None known.

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Treatment Services #6

OBJECTIVE: To provide addictive disorder prevention services to children, adolescents and their families and treatment services to adults including inpatient care.

INDICATOR NAME: Percentage of adults and adolescents with an addictive disorder who report improvement at discharge.

LaPAS PI CODE: 24511

1. **Type and Level:** Level K Output

2. **Rationale:**
The improvement during an addictive disorder treatment program is a major step in the recovery process for the clients.

3. **Use:**
This indicator will be useful in identifying trends in determination status of those not improving during treatment. Management may utilize outcomes to develop and improve outpatient programs.

4. **Clarity:**
None required

5. **Validity, Reliability and Accuracy:**
There is no data audit at this time.

6. **Data Source, Collection and Reporting:**
Each client receiving addiction services completes a survey at discharge. The surveys are collected at each SCLHSA Treatment Center and are forwarded to South Central Louisiana Human Services Authority Administration for compilation. The data is reported to the Administrative Team and the SCLHSA Board quarterly.

7. **Calculation Methodology:**
Total number of clients who show improvement divided by total number of clients who were discharged from treatment.

8. **Scope:**
The data represents the percentage of clients who showed improvement from the total number of discharged outpatient clients.

9. **Caveats:**
None known.

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Administration #1

OBJECTIVE: To provide programmatic leadership and direction to the programs of Addictive Disorders, Developmental Disabilities, and Mental Health under SCLHSA; to continue the operational activities of SCLHSA Central Office in relation to regulatory/licensure processes.

INDICATOR NAME: Percentage of appointments kept for assessments and ongoing clinic appointments.

LaPAS PI CODE: 25060

1. **Type and Level:** K Outcome

2. **Rationale:**
It is important for prospective clients and those already receiving services to keep scheduled appointments. Clients who maintain their scheduled appointments will receive the services that they need to continue with the treatment goals, which can lead to the improvement of their behavioral health status.

3. **Use:**
The data is used to determine scheduling and productivity opportunities for the clinical staff.

4. **Clarity:**
None

5. **Validity, Reliability and Accuracy:**
The SCLHSA Administrative staff relies on the clinic staff members to accurately reflect in the electronic scheduling system the appointment status of all clients.

6. **Data Source, Collection and Reporting:**
Data is entered into the electronic scheduling system in each SCLHSA clinic. The data is pulled from the productivity reports monthly.

7. **Calculation Methodology:**
Every client who has an appointment is entered into the scheduling system. The number of "No-shows" is subtracted from the total appointments and the difference is divided into the total number for a percentage calculation.

8. **Scope:**
All SCLHSA clinics are included in this indicator.

9. **Caveats:**
None

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Administration #2

OBJECTIVE: To provide programmatic leadership and direction to the programs of Addictive Disorders, Developmental Disabilities, and Mental Health under SCLHSA; to continue the operational activities of SCLHSA Central Office in relation to regulatory/licensure processes.

INDICATOR NAME: Percentage of SCLHSA clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

LaPAS PI CODE: 25061

1. **Type and Level:** K Outcome

2. **Rationale:**
SCLHSA would like to be the provider of choice for Behavioral Health services. Client feedback is important to collect and analyze.

3. **Use:**
SCLHSA Administration and Board utilize the data collected to ensure that the clients we serve continue to want SCLHSA to provide their services.

4. **Clarity:**
None

5. **Validity, Reliability and Accuracy:**
The data's accuracy is based on the honesty of the clients completing the survey tool.

6. **Data Source, Collection and Reporting:**
The data element is collected quarterly from a client survey tool administered in each SCLHSA clinic over a one week period. The surveys are collected and forwarded to SCLHSA Administration for compilation. The data results are reported to the administrative staff, clinic staff, and the SCLHSA Board.

7. **Calculation Methodology:**
The total number of clients who answered "yes" is divided by the number of total surveys answered. Each clinic percentage is totaled and divided by the number of clinics for an agency percentage.

8. **Scope:**
All SCLHSA clinics are included in the survey.

9. **Caveats:**
None

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: Administration #3

OBJECTIVE: To provide programmatic leadership and direction to the programs of Addictive Disorders, Developmental Disabilities, and Mental Health under SCLHSA; to continue the operational activities of SCLHSA Central Office in relation to regulatory/licensure processes.

INDICATOR NAME: Percentage of SCLHSA clients who state they would recommend the clinics to family and friends.

LaPAS PI CODE: 25062

1. **Type and Level:** K Outcome

2. **Rationale:**
SCLHSA would like to be the provider of choice for Behavioral Health services. Client feedback is important to collect and analyze

3. **Use:**
SCLHSA Administration and Board utilize the data collected to ensure that the clients we serve continue to want SCLHSA to provide their services.

4. **Clarity:**
None

5. **Validity, Reliability and Accuracy:**
The data's accuracy is based on the honesty of the clients completing the survey tool.

6. **Data Source, Collection and Reporting:**
The data element is collected quarterly from a client survey tool administered in each SCLHSA clinic over a one week period. The surveys are collected and forwarded to SCLHSA Administration for compilation. The data results are reported to the administrative staff, clinic staff, and the SCLHSA Board.

7. **Calculation Methodology:**
The total number of clients who answered "yes" is divided by the number of total surveys answered. Each clinic percentage is totaled and divided by the number of clients.

8. **Scope:**
All SCLHSA clinics are included in the survey process.

9. **Caveats:**
None

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 1

INDICATOR NAME: Total number of individuals served in the South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24128

1. **Type and Level:** K Output

2. **Rationale**
   Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.

3. **Use:**
   South Central Louisiana Human Services Authority Administration uses the number of individuals services are provided to as a performance indicator for productivity and service capacity to clients in our catchment area.

4. **Clarity:**
   None Needed

5. **Validity, Reliability and Accuracy:**
   Data entry is not audited at this time.

6. **Data Source, Collection and Reporting:**
   Each South Central Louisiana Human Services Authority agency enters data into the electronic health record. The SCLHSA Administration staff pulls reports and compiles the data. This data is reported quarterly to the Administrative Staff and SCLHSA Board.

7. **Calculation Methodology:**
   Simple count of each unique individual receiving services by SCLHSA

8. **Scope:**
   Data is collected agency specific and maybe reported by agency, service or region.

9. **Caveats:** None

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 2

INDICATOR NAME: Total number of individuals served by outpatient mental health in South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24129

1. **Type and Level**: K Output

2. **Rationale**
   Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.

3. **Use:**
   South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.

4. **Clarity:**
   None Needed

5. **Validity, Reliability and Accuracy:**
   Data entry is not audited at this time.

6. **Data Source, Collection and Reporting:**
   All SCLHSA BH clinics enter service data into the electronic health record. Reports are run to pull data from the system. The data is submitted to the South Central Louisiana Human Services Authority Administration monthly and to the South Central Louisiana Human Services Authority Board quarterly.

7. **Calculation Methodology:**
   Simple count of each individual served by each addictive disorder agency

8. **Scope:**
   Data is collected agency specific and reported authority wide.

9. **Caveats:**
   We are unable to extract the service type using the new electronic health record. The vendor does not consistently provide this information.

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 3

INDICATOR NAME: Total number of individuals served by inpatient Addictive Disorders in South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24130

1. **Type and Level:** K Output

2. **Rationale:**
   Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.

3. **Use:**
   South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.

4. **Clarity:** None Needed

5. **Validity, Reliability and Accuracy:**
   Data entry is not audited at this time.

6. **Data Source, Collection and Reporting:**
   The contract inpatient facility enters service data in the LADDS System and submits detailed invoices to SCLHSA. Detailed reports are run to collect data from LADDS. The data is submitted to the South Central Louisiana Human Services Authority Administration monthly and to the South Central Louisiana Human Services Authority Board quarterly.

7. **Calculation Methodology:**
   Simple count of each individual served inpatient paid addictive disorder agency.

8. **Scope**:
   Data is collected agency specific and reported authority wide.

9. **Caveats:** None

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 4

INDICATOR NAME: Total number of individuals served outpatient by Addictive Disorders in South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24131

1. **Type and Level**: K Output

2. **Rationale:**
   Monitoring the number of services rendered in the South Central Louisiana Human Services Authority catchment area is essential to the management of human and financial resources allocation.

3. **Use:**
   South Central Louisiana Human Services Authority Administration uses the number of services provided as a performance indicator for productivity and service capacity to clients in our catchment area.

4. **Clarity:**
   None Needed

5. **Validity, Reliability and Accuracy:**
   Data entry is not audited at this time.

6. **Data Source, Collection and Reporting:**
   All SCLHSA BH clinics enter service data into the electronic health record. Reports are run to pull data from the system. The data is submitted to the South Central Louisiana Human Services Authority Administration monthly and to the South Central Louisiana Human Services Authority Board quarterly.

7. **Calculation Methodology:**
   Simple count of each individual served by each addictive disorder agency

8. **Scope:**
   Data is collected agency specific and reported authority wide.

9. **Caveats:**
   We are unable to extract the service type using the new electronic health record. The vendor does not consistently provide this information.

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: General Performance Indicator #5

OBJECTIVE: To foster and facilitate independence for citizens with disabilities through the availability of home and community based services

INDICATOR NAME: Number of people receiving individual and family support services.

LaPAS PI CODE: 24132

1. **Type and Level:** K Output

2. **Rationale:**
   To measure the total number of people who receive support services

3. **Use:**
   South Central Louisiana Human Services Authority administration will utilize the data to monitor how efficiently and cost effectively individuals are served.

4. **Clarity:**
   None necessary

5. **Validity, Reliability and Accuracy:**
   Data is audited quarterly. QI specialist pulls summary of all Individual and Family Support Services from ITS(OCDD Individual Tracking System) and reconciles the data against the regional office spreadsheet.

6. **Data Source, Collection and Reporting:**
   The Support Services Coordinators document and report the number of people to the Assistant CSRA. The Assistant CSRA compiles the data and enters it on an Excel spread sheet. Reported (Quarterly) to South Central Louisiana Human Services Authority Administration by QI staff.

7. **Calculation Methodology:**
   Simple count of the total number of unique individuals who receive Individual and Support Services as well as crisis funding

8. **Scope:**
   Data is regional-wide

9. **Caveats:**
   None

10. **Responsible Person:**

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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: South Central Louisiana Human Services Authority

OBJECTIVE: General Performance Indicator # 6

INDICATOR NAME: Total number of individuals receiving cash subsidy services in South Central Louisiana Human Services Authority.

LaPAS PI CODE: 24133

1. **Type and Level:** K Output

2. **Rationale:**
Supporting individuals with developmental disabilities is a core function of the South Central Louisiana Human Services Authority. Increasing the number of individuals receiving cash subsidy will contribute to clients maintaining themselves and their family members in the home.

3. **Use:**
Data will be used to monitor agency performance and service to clients.

4. **Clarity:**
None needed

5. **Validity, Reliability and Accuracy:**
The Regional OCDD QI specialist performs a 10% audit on cases to ensure communication regulations are followed and clients meets eligibility criteria each quarter. Audits are performed by random sample.

6. **Data Source, Collection and Reporting:**
Cash subsidy slots are all filled. The number of people receiving cash subsidy services is predetermined by OCDD.

7. **Calculation Methodology:**
Total number of unique individuals who receive cash subsidy services

8. **Scope:**
The data is reported region wide. May be subdivided if needed

9. **Caveats:**
None

10. **Responsible Person:**

Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
Kristin Bonner, South Central Louisiana Human Services Authority Project Director, kristin.bonner@la.gov
Phone: (985) 858-2931
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Performance Indicator Documentation

PROGRAM: 09-309 South Central Louisiana Human Services Authority

ACTIVITY: General Performance Indicator #7

OBJECTIVE: To provide addictive disorder prevention services to children, adolescents and their families and treatment services to adults including inpatient care.

INDICATOR NAME: The number of enrollees in prevention programs.

LaPAS PI CODE: 24115

1. **Type and Level**: Level K Input

2. **Rationale:**
In keeping with the South Central Louisiana Human Services Authority Mission which promotes wellness, recovery and independence through education and the choice of a broad range of programmatic and community resources, enrollment in the Addictive Disorders prevention services is key to minimizing substance abuse.

3. **Use:**
Monitoring the number of enrollees in prevention programs will be utilized in South Central Louisiana Human Services Authority management decisions regarding program goals as well as in the budget process for contract providers.

4. **Clarity:**
None required

5. **Validity, Reliability and Accuracy:**
Prevention Specialist performs on site record reviews monthly to ensure accuracy.

6. **Data Source, Collection and Reporting:**
Data is collected each month and entered into the Prevention Data system. The data is subsequently compiled by the prevention monitor and submitted to the South Central Louisiana Human Services Authority Administration.

7. **Calculation Methodology:**
The calculation is a simple count of unique individuals who are enrolled in prevention programs each month.

8. **Scope:**
The data value is the sum of all South Central Louisiana Human Services Authority prevention programs.

9. **Caveats:**
Programs begin at different times during the year. Some school based programs enroll in early school year and some wait until mid-year.

10. **Responsible Person:**

Lisa Schilling, South Central Louisiana Human Services Authority Executive Director, lisa.schilling@la.gov
Kristin Bonner, South Central Louisiana Human Services Authority Project Director, kristin.bonner@la.gov
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09 – 320 OFFICE OF AGING AND ADULT SERVICES

PROGRAM A: ADMINISTRATION, PROTECTION AND SUPPORT

Principal Customers/Users of the Program and Benefits: The program is responsible for long-term care of the elderly and persons with adult onset disabilities, and for protective services to adults with disabilities. The principal clients and users are Louisiana citizens in need of and seeking options for long-term care services. A priority of this program has been the diversification of a system in which, for many years, institutions were the only option for long-term care. Principal customers of the long-term care services available through this program are Medicaid recipients who are age 65 years or older, or individuals 22 years of age or older who are disabled as defined by the Social Security Administration. Principal customers of the protective services provided under this program are individuals with disabilities aged 18 and older who experience, or who are at risk of, abuse, neglect, or financial exploitation.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: Internal factors that could affect the achievement of goals and objectives include the level and qualifications of staff, agency priorities, and coordination/cooperation between agencies of the Department.

Several external factors have significant influence on our ability to achieve the goals and objectives as stated. Primary factors are the appropriation of funding, changes in federal rules and regulations, utilization of services by recipients, growth or expansion of the eligible population, shifts in state demographics, state economy and unemployment rate, medical inflation rate, participation rates of medical providers, and changes in Legislative priorities. It should be noted that the majority of customers who are eligible for and receive services through this program are older adults, a population that is expected to grow dramatically over the next several decades. It is certain that need and demand for services provided through this program will continue to grow.

Methods Used to Avoid Duplication of Effort: Weekly meetings of executive management are held to effectively coordinate the services being provided and ensure that services are not being duplicated. Periodic meetings are held to examine the mission, goals, objectives and strategies of the various services/waivers with emphasis on ensuring that both funding and resources are maximized and not duplicated. Executive management meets regularly with internal and external partners including, for instance, Bureau of Health Services Financing/Medicaid and Governor's Office of Elderly Affairs.

Program Evaluations Used to Develop Goals, Objectives And Strategies: Program evaluations include the review and evaluations of management reports, conferences with recipient and provider associations, planning and policy development sessions, customer satisfaction/experience surveys, and ongoing assessments to review progress in meeting performance standards.

Program A Goals:

1. Develop a more balanced long-term care system which features a sustainable, cost-effective continuum of community-based services and facility-based services.
2. Improve access and quality in long-term care programs.
3. Ensure vulnerable adults are protected from abuse and neglect while living in community settings.
4. Provide specialized facility-based care to persons whose needs are difficult to meet in private facilities.
5. Administer and operate OAAS programs in a cost-effective manner while achieving high quality outcomes.

Statutory Authority for Goal: Senate Bill No. 562/House Bill No. 638 of the Regular Session, 2006, amended and reenacted Section 2,R.S. 36:251(C)(1) and 258(F) of The Constitution of Louisiana (1974) to establish the Office of Aging and Adult Services within the Department of Health and Hospitals. This program is responsible for the protection and long-term care of the elderly and persons with adult onset disabilities.

Objective I: (Admin, Protection, & Support) Ensure that OAAS operates in compliance with all legal requirements, that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing long term care services in a sustainable way, reaching or exceeding appropriate national benchmarks by 2019. (Villa Feliciana Medical Complex) To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner through 2019.

Objective II: Optimize the use of community-based care while decreasing reliance on more expensive institutional care to meet or exceed national averages for institutional versus community-based spending by 2019.

Objective III: Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services each year through June 30, 2019.

Objective IV: To facilitate timely access to nursing facilities for eligible applicants through June 30, 2019.

Objective V: Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 3,500 households of elders and persons with disabilities by June 30, 2019.

Objective VI: Through the Traumatic Head and Spinal Cord Injury Trust Fund Activity, enable survivors of traumatic head and/or spinal cord injury to return to a greater level of functioning and independent living in their community; and to serve as many as possible at the current level of funding via improved mission alignment and the opportunity to coordinate and leverage funds.

Objective VII: Through the Protective Services Activity, ensure that disabled adults are protected from abuse and neglect by completing investigations within timelines as established in DHH policy for those investigations each year through 2019.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration Protection and Support

ACTIVITY: Executive Administration

OBJECTIVE I: Ensure that OAAS operates in compliance with all legal requirements, and that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing long term care services in a sustainable way, reaching or exceeding appropriate national benchmarks by 2019.

INDICATOR NAME: Percentage of OAAS Performance Indicators that meet or exceed quarterly performance targets.

LaPAS PI Code: 24134

1. **Type and Level**: **Outcome - Key**

2. **Rationale**: **This Indicator measures the overall impact that the Executive Administration Activity has on the total Agency, in its role of providing programmatic expertise on aging and disability issues to DHH executive management, carrying out legislative directives, and directing implementation of long term reforms and program improvements.**

3. **Use: This indicator will allow Executive Management to view the overall success of the Agency's various Programs/Activities, and to aid in the determination of strengths/weakness within those Programs/Activities.**

4. **Clarity: Indicator clearly identifies what is being measured; no definitions required.**

5. **Validity, Reliability and Accuracy: Indicator was audited in 2011. Indictor utilizes data from LAPAS as reported by the Agency for its Programs as required by statute.**

6. **Data Source, Collection and Reporting: Indictor utilizes data from the program managers and is entered quarterly as per the requirements of that system.**

7. **Calculation Methodology: Number is calculated by dividing the number of Agency PIs that meet/exceed quarterly performance targets by the total number of PIs for the Agency.**

8. **Scope: Indicator is aggregated; it includes PIs from all Programs within the Agency.**

9. **Caveats: Budgetary reductions/limitations can adversely impact this indicator should measured Activities not be adequately funded/lose funding during the year.**

10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration Protection and Support

ACTIVITY: Executive Administration

OBJECTIVE I: Ensure that OAAS operates in compliance with all legal requirements, and that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing long term care services in a sustainable way, reaching or exceeding appropriate national benchmarks by 2019.

INDICATOR NAME: Administrative cost as percentage of service cost.

LaPAS PI Code: 24135

1. **Type and Level**: **Efficiency - Key**

2. **Rationale**: **Executive Administration seeks to carry out its function at a modest and reasonable administrative cost. Comparable national statistics for administration of Medicaid programs indicate a range of 5-10%.**

3. **Use: Indicator allows Executive Management to see how cost-efficiently it can plan, manage, and direct all other Activities of the Agency and still achieve good outcomes.**

4. **Clarity: Indicator clearly identifies what is being measured; no definitions required.**

5. **Validity, Reliability and Accuracy: Indicator was audited in 2011. Indicator utilizes data from State financial accountability systems.**

6. **Data Source, Collection and Reporting: Cost data is obtained from the State financial accountability system (ISIS), from the Medicaid (MMIS) financial system, and other required financial systems. Each of the systems is routinely audited at both the state and federal level**.

7. **Calculation Methodology: Indicator is calculated by dividing the total dollar amount of costs related to Administration by the total amount of service costs for programs operated by the agency.**

8. **Scope: Indicator is aggregated; it includes costs from all Programs operated by the Agency.**

9. **Caveats: Indicator uses service expenditures that are not all directly within the OAAS budget as OAAS authorizes nursing home admissions and operates community-based programs funded via Medicaid.**

10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wagner@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration Protection and Support

ACTIVITY: Executive Administration

OBJECTIVE I: Ensure that OAAS operates in compliance with all legal requirements, and that the Office accomplishes its goals and objectives to improve the quality of life and quality of care of persons needing long term care services in a sustainable way, reaching or exceeding appropriate national benchmarks by 2019.

INDICATOR NAME: Percentage of in-house and contracted OAAS IT systems that improve on the federal Medicaid Information Technology Architecture (MITA) maturity scale.

LaPAS PI Code: 24136

1. **Type and Level: Efficiency – Supporting**

2. **Rationale: This indicator tracks the percentage of in-house IT systems that improve on the MITA maturity scale to improve client service delivery, accountability, and cost-effectiveness of program operations.**

3. **Use: This indicator can be used to determine the penetration and capacity of integrated IT systems within overall OAAS operations.**

4. **Clarity: Indicator measures in-house systems that improve on Medicaid Information Technology (MITA). MITA rates systems on a "maturity scale" from the lowest –no automation using only paper documents for records; to the highest- a fully automated documentation system.**

5. **Validity, Reliability and Accuracy: Indicator was audited in 2011. MITA technology is a federal Centers for Medicare and Medicaid Services (CMS) rating system that is validated by that entity.**

6. **Data Source, Collection and Reporting: OAAS/DHH IT/UNO personnel verify OAAS/MITA systems rating. Information is complied semi-annually.**

7. **Calculation Methodology: Figures are based on the number of OAAS systems that improve their position on the MITA scale, divided by the total number of OAAS systems.**

8. **Scope: Indicator is aggregated; it includes all IT systems with the agency.**

9. **Caveats: Improvement in MITA scale is reliant on funding requirements to address system integration/enhancement. Should funding be reduced/delayed/eliminated OAAS ability to meet this Indicator will be adversely impacted.**

10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Administration and Support**

ACTIVITY: **Long-Term Care**

OBJECTIVE II: **Optimize the use of community-based care while decreasing reliance on more expensive institutional care to meet or exceed national averages for institutional versus community-based spending by 2019.**

INDICATOR NAME: **Percentage of Medicaid spending for elderly and disabled adult long-term care that goes towards community-based services rather than nursing homes.**

LaPAS PI Code: 24137

1. **Type and Level: Outcome – Key**

2. **Rationale: The goal of the OAAS long-term care activity is to provide more community-based services to enhance the quality of life for clients, with a decreasing dependence on "institutional-based" facilities. This indicator demonstrates the success of that effort through the comparison of total Medicaid expenditures for the two types of LTC services. It can also be benchmarked against state-by-state federal data and national averages.**

3. **Use: Comparisons may be made using data from this indicator by Executive Management, the Legislature, and other stakeholders to assess the distribution of funds for LTC services for the elderly, and to make appropriate adjustments. This indicator may also be used to assess program performance and eligibility for enhanced federal match under the provisions of federal health care reform.**

4. **Clarity: Indicator clearly identifies what is being measured; no definitions required.**

5. **Validity, Reliability and Accuracy: Indicator was audited in 2011 and determined to be reliable. Indicator utilizes data from State financial accountability systems and Medicaid MMIS.**

6. **Data Source, Collection and Reporting: Cost data is obtained from the Medicaid (MMIS) financial system which is routinely audited at both the state and federal level.**

7. **Calculation Methodology: Indicator is calculated by dividing the total dollar amount of Medicaid LTC expenditures related to community-based care for aging and adults with disabilities, by the total amount of Medicaid LTC expenditures related to both community-based care and institutional care for aging and adults with disabilities.**

8. **Scope: Indicator is aggregated; it includes Medicaid expenditures for all LTC services for the OAAS target population.**

9. **Caveats: None.**

10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Long-Term Care

OBJECTIVE II: Optimize the use of community-based care while decreasing reliance on more expensive institutional care to meet or exceed national averages for institutional versus community-based spending by 2019.

INDICATOR NAME: Average expenditure per person for community-based long term care as a percentage of the average expenditure per person for nursing home care.

LaPAS PI Code: 24138

1. **Type and Level: Efficiency – Key**

2. **Rationale: The goal of the OAAS long-term care activity is to provide more community-based services to enhance the quality of life for clients, with a decreasing dependence on "institutional-based" nursing homes. This indicator demonstrates the success of that effort through the comparison of the average expenditure per person of Medicaid dollars for the two types of services.**

3. **Use: Comparisons may be made using data from this indicator by Executive Management, the Legislature, and other stakeholders to assess the distribution of funds for services for the elderly, and to make appropriate adjustments.**

4. **Clarity: Indicator clearly identifies what is being measured; no definitions required.**

5. **Validity, Reliability and Accuracy: Indicator was audited in 2011 and determined to be reliable. Indicator utilizes data from State financial accountability systems and Medicaid MMIS.**

6. **Data Source, Collection and Reporting: Cost data is from the Medicaid (MMIS) financial system which is routinely audited at both the state and federal level**.

7. **Calculation Methodology: Indicator is calculated by 1) dividing the total dollar amount of Medicaid expenditures related to community-based care for aging and adults with disabilities, by the total number of clients served in community-based care; 2) dividing the total dollar amount of Medicaid expenditures related to nursing home care, by the total number of clients served in nursing home care; 3) dividing the result of #1 by the result of #2.**

8. **Scope: Indicator is aggregated; it includes Medicaid expenditures for all LTC services for the OAAS target population.**

9. **Caveats: None.**

   Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: **Long-Term Care**

OBJECTIVE II: **Optimize the use of community-based care while decreasing reliance on more expensive institutional care to meet or exceed national averages for institutional versus community-based spending by 2019.**

INDICATOR NAME: **Program operation cost as a percentage of service cost.**

LaPAS PI Code: 24139

1. **Type and Level: Efficiency – Supporting**

2. **Rationale: This indicator demonstrates the cost of operating programs under OAAS purview as a percentage of the cost of the services provided.**

3. **Use: The indicator allows OAAS to see how cost-effective/efficiently it is able to deliver services to its clients.**

4. **Clarity: Indicator clearly identifies what is being measured; no definitions required.**

5. **Validity, Reliability and Accuracy: Indicator was audited in 2011 and found reliable. Indicator utilizes data from State financial accountability systems.**

6. **Data Source, Collection and Reporting: Cost data is obtained from the State financial accountability system (ISIS), from the Medicaid (MMIS) financial system, and other required financial systems. Each of the systems is routinely audited at both the state and federal level**.

7. **Calculation Methodology: Indicator is calculated by dividing the program administration cost by the administration costs and service cost combined.**

8. **Scope: Indicator is aggregated; it includes all OAAS program and administrative costs under Activity 2, which includes 3 divisions of OAAS responsible for planning, operating, and monitoring OAAS community-based programs and nursing facility admissions.**

9. **Caveats: None.**

10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Long-Term Care

OBJECTIVE III: Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services through 2019.

INDICATOR NAME: Number of individuals on registry(ies) for OAAS HCBS waivers.

LaPAS PI Code: 24144

1. **Type and Level: -Outcome – Key**
2. **Rationale: This indicator reflects the need for waiver services by clients that have not yet been met.**
3. **Use: This indicator will allow OAAS to provide data to demonstrate the need for additional waiver slots/funding.**
4. **Clarity: HBCS – Home and Community Based Services.**
5. **Validity, Reliability and Accuracy: This indicator was audited in 2011 and determined to be reliable.**
6. **Data Source, Collection and Reporting: Medicaid contractor Statistical Resources, Inc. (SRI) maintains HCBS registries for OAAS.**
7. **Calculation Methodology: Simple count of persons on OAAS HCBS waiver Registries.**
8. **Scope: Indicator is aggregated; includes all OAAS HCBS waiver Registries statewide.**
9. **Caveats: None.**
10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Long-Term Care

OBJECTIVE III: Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services through 2019.

INDICATOR NAME: Percentage on registry for OAAS HCBS waivers who are receiving other Medicaid LTC.

LaPAS PI Code: 24145

1. **Type and Level: Efficiency – Key**

2. **Rationale: Indicator demonstrates effectiveness of providing alternative services while the client is on the waiver Registry.**

3. **Use: Indicator allows OAAS to see how effective other Medicaid resources are being utilized during the period client is awaiting waiver services and differentiate between clients waiting for waiver services who have no other service and those that are receiving some form of Medicaid-funded long-term care.**

4. **Clarity: HBCS – Home and Community Based Services.**

5. **Validity, Reliability and Accuracy: This indicator was audited in 2011 and determined to be reliable.**

6. **Data Source, Collection and Reporting: Waiver registry data and prior authorization data maintained by Medicaid contractor Statistical Resources, Inc., and Medicaid (MMIS) financial system. Names of waiver registrants are run against prior authorization and\or eligibility data for individuals authorized to receive other forms of Medicaid-funded HCBS.**

7. **Calculation Methodology: Indicator is calculated by dividing the number of clients on the OAAS HCBS waiver registry that are approved to receive other Medicaid HCBS services, by the total number of clients on the OAAS HCBS waiver registry.**

8. **Scope: Indicator is aggregated; includes all OAAS HCBS waiver Registries statewide.**

9. **Caveats: None.**

10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Administration and Support**

ACTIVITY: **Long-Term Care**

OBJECTIVE III: **Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services through 2019.**

INDICATOR NAME: **Percentage of available Healthcare Effectiveness Data Information Set (HEDIS) and Agency for Healthcare Research and Quality (AHRQ) Prevention measures on which Medicaid community-based programs perform as well or better than the Medicaid nursing home program.**

LaPAS PI Code: 24142

1. **Type and Level: Outcome and Quality – General**

2. **Rationale: This indicator allows OAAS to compare the outcomes of service delivery in community-based settings compared to nursing home settings via nationally accepted measures. Because it uses nationally recognized and defined measure sets, it also allows comparison to the general Medicaid population in Louisiana and nationally.**

3. **Use: This indicator will allow OAAS to assess the health and quality outcomes of programs operated by the Office and compare outcomes across both institutionally-based and HCBS programs. Indicator may also be used by external stakeholders and consumers to assess the performance of programs funded through Medicaid and to select programs.**

4. **Clarity: Healthcare Effectiveness Data Information Set (HEDIS) are nationally defined measures used to assess and compare public health insurance programs including Medicaid. Agency for Healthcare Research and Quality (AHRQ) Prevention Measures are nationally defined measures used to assess and compare the delivery of preventive services and the prevention/avoidance of higher cost acute care services.**

5. **Validity, Reliability and Accuracy: Indicator was audited in 2011. OAAS has taken steps to obtain more recent data. This addresses the audits concerns about reliability.**

6. **Data Source, Collection and Reporting: HEDIS and AHRQ measures are calculated using administrative data obtained from the Medicaid (MMIS) financial system.**

7. **Calculation Methodology: Total number of available HEDIS/AHRQ measures on which Medicaid community-based programs perform the same or better than nursing home programs divided by the of total number of available HEDIS/AHRQ measures.**

8. **Scope: Indicator is aggregated; includes all available HEDIS/AHRQ measures.**

9. **Caveats: There are currently a half dozen HEDIS and AHRQ measures that can be run for all OAAS operated Medicaid programs. As OAAS implements a more comprehensive QM system, a larger set of AHRQ and HEDIS measures will be calculated and reported.**

10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Administration and Support**

ACTIVITY: **Long-Term Care**

OBJECTIVE: **Through the Elderly and Adults with Disabilities Long-Term Care Activity, expedite access to a flexible array of home and community-based services through 2019.**

INDICATOR NAME: **Number served in all OAAS HCBS programs.**

LaPAS PI Code: 24146

1. **Type and Level: Output - Supporting**
2. **Rationale: This indicator measures the total number of clients served by HCBS in the Long-Term Care activity.**
3. **Use: This indicator allows OAAS to assess the effectiveness of the Long-Term Care activity in reaching its objective of providing HCBS to clients.**
4. **Clarity: HBCS – Home and Community Based Services.**
5. **Validity, Reliability and Accuracy: Indicator has not been audited.**
6. **Data Source, Collection and Reporting: Prior Authorization data maintained by Medicaid contractor Statistical Resources, Inc., and Medicaid (MMIS) financial system.**
7. **Calculation Methodology: Semi-annual unduplicated count.**
8. **Scope: Indicator is aggregated; includes all HCBS waiver Registries statewide.**
9. **Caveats: None.**
10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Long-Term Care

OBJECTIVE IV: Facilitate timely access to nursing facilities for eligible applicants through 2019.

INDICATOR NAME: Percentage of nursing facility admission applications determined within established timeframes for OAAS access system.

LaPAS PI Code: 24143

1. **Type and Level: Efficiency – Key**

2. **Rationale: This indicator measures the ability of OAAS to meet established timelines for client entry into the service system.**

3. **Use: This indicator measures the agency's response to initial requests for services.**

4. **Clarity: None Noted.**

5. **Validity, Reliability and Accuracy: Only those entry requests that meet established timelines are included. Indicator was audited in 2011 and issues found in audit have been addressed.**

6. **Data Source, Collection and Reporting: Data on application start and completion dates obtained from OAAS automated system for nursing facility applications, Telesys.**

7. **Calculation Methodology: Figures are based on the percentage of the total number of entry requests, compared to the number on the entry requests determined approved or denied within established time guidelines.**

8. **Scope: This is a statewide number.**

9. **Caveats: None.**

10. **Responsible Entity/Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Permanent Supportive Housing

OBJECTIVE V: Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 3,500 elders and persons with disabilities by 2019.

INDICATOR NAME: Percentage of participants who remain stabilized in the community.

LaPAS PI Code: 24148

1. **Type and Level: Outcome – Key**

2. **Rationale: The ability of clients to remain stable once they have moved from or avoided an institutional or acute setting or homelessness is an essential part of program success.**

3. **Use: This indicator allows OAAS a means to measure the effectiveness of the Permanent Supportive Housing activity to reduce acute/institutional care and homelessness among disabled individuals in the Katrina/Rita affected regions of the state. It is also used to report program performance to the federal funder HUD.**

4. **Clarity: Participants are counted as remaining stabilized in the community if they retain their PSH housing, or transition to other community housing. Participants are not counted as stabilized if they are evicted, incarcerated, or reinstitutionalized.**

5. **Validity, Reliability and Accuracy: Indicator was audited in 2011 and found to be reliable.**

6. **Data Source, Collection and Reporting: Data collected and maintained by Region 1 Permanent Supportive Housing (PSH) program and PSH contractor YARDI information systems.**

7. **Calculation Methodology: Indicator is calculated by dividing the number of clients in the program that remain stabilized in the community, by the total number of clients in the program.**

8. **Scope: Indicator is aggregated for DHH PSH Program.**

9. **Caveats: None**

10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Permanent Supportive Housing

OBJECTIVE V: Through statewide expansion of the Permanent Supportive Housing Activity, stabilize and reduce acute and institutional care for 3,500 elders and persons with disabilities by 2019.

INDICATOR NAME: Percentage of participants who obtain a source of, or increase in, income.

LaPAS PI Code: 24149

1. **Type and Level: Outcome – Key**
2. **Rationale: The ability of clients to be gainfully employed, increase their wages, or obtain a source of stable income including SSI disability benefits once they have moved from an institutional or homeless into community-integrated housing is an essential part of program success.**
3. **Use: This indicator allows OAAS a means to measure the effectiveness of the Permanent Supportive Housing activity to improve the quality of life in the Katrina/Rita affected regions of the state. It is also used to report program performance to the federal funder HUD.**
4. **Clarity: Indicator clearly identifies what is being measured; no definitions required.**
5. **Validity, Reliability and Accuracy: Indicator was audited in 2011 and found to be reliable.**
6. **Data Source, Collection and Reporting: Data collected and maintained by DHH Permanent Supportive Housing (PSH) program and PSH contractor YARDI information systems.**
7. **Calculation Methodology: Indicator is calculated by dividing the number of clients who obtain or increase income during program participation by the total number of clients in the program.**
8. **Scope: Indicator is aggregated for the DHH PSH Program.**
9. **Caveats: None**
10. **Responsible Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Traumatic Head and Spinal Cord Injury Trust Fund

OBJECTIVE VI: Through the Traumatic Head and Spinal Cord Injury Trust Fund Activity, to enable survivors of traumatic head and/or spinal cord injury to return to a greater level of functioning and independent living in their community; and to serve as many as possible at the current level of funding via improved mission alignment and the opportunity to coordinate and leverage funds.

INDICATOR NAME: Percentage of THSCI expenditures going to direct services.

LaPAS PI Code: 25158

1. **Type and Level: Output – Key**

2. **Rationale: This indicator measures effectiveness of program in assuring that funds are used to directly assist persons with Traumatic Head and/or Spinal Cord Injury.**

3. **Use: This indicator can be used to determine the effectiveness of program administration; it can be used by management in conjunction with other data to determine need for and measure improvement.**

4. **Clarity: Audited program measures with identical wording were rated as "Easy to Understand" in 2011 audit.**

5. **Validity, Reliability and Accuracy: The indicator has not been audited.**

6. **Data Source, Collection and Reporting: Data maintained in ISIS. ISIS tracks all program expenditures.**

7. **Calculation Methodology: This number under the object code for direct services is divided by the total number of program expenditures.**

8. **Scope: This is a statewide number.**

9. **Caveats: None**

10. **Responsible Entity/Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Traumatic Head and Spinal Cord Injury Trust Fund

OBJECTIVE VI: Through the Traumatic Head and Spinal Cord Injury Trust Fund Activity, to enable survivors of traumatic head and/or spinal cord injury to return to a greater level of functioning and independent living in their community; and to serve as many as possible at the current level of funding via improved mission alignment and the opportunity to coordinate and leverage funds.

INDICATOR NAME: Number of people served by THSCI Trust Fund.

LaPAS PI Code: 3367

11. **Type and Level: Output – Supporting**

12. **Rationale: This indicator measures the number of persons currently being served by the Traumatic Head and Spinal Cord Injury Trust Fund.**

13. **Use: This indicator can be used to determine the number of persons being served under current funding level; it can be used by management in conjunction with other data to determine long-term service needs.**

14. **Clarity: Audited program measures with identical wording were rated as "Easy to Understand" in 2011 audit.**

15. **Validity, Reliability and Accuracy: The indicator has not been audited.**

16. **Data Source, Collection and Reporting: Data maintained in AWARE case-management tracking application and reported quarterly and annually.**

17. **Calculation Methodology: This number is a simple count of the number of person utilizing the Traumatic Head and Spinal Cord Injury Trust Fund Program.**

18. **Scope: This is a statewide number.**

19. **Caveats: None**

20. **Responsible Entity/Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Traumatic Head and Spinal Cord Injury Trust Fund

OBJECTIVE:
Objective VI: Through the Traumatic Head and Spinal Cord Injury Trust Fund Activity, to enable survivors of traumatic head and/or spinal cord injury to return to a greater level of functioning and independent living in their community; and to serve as many as possible at the current level of funding via improved mission alignment and the opportunity to coordinate and leverage funds.

INDICATOR NAME: Number of people on waiting list for THSCI Trust Fund assistance.

LaPAS PI Code: 8294

1. **Type and Level: Input – Supporting**

2. **Rationale: This is used to identify the number of people who would select Trust Fund assistance/services if such services were available. It assists in planning and helps to define unmet needs.**

3. **Use: Used to project the number of individuals requesting Trust Fund assistance/services and to assist in long-term planning assessments.**

4. **Clarity: Audited program measures with identical wording were rated as "Easy to Understand" in 2011 audit.**

5. **Validity, Reliability and Accuracy: The indicator has not been audited.**

6. **Data Source, Collection and Reporting: Program records reported quarterly and annually.**

7. **Calculation Methodology: Simple count of persons waiting for Trust Fund assistance/services.**

8. **Scope: This is a statewide number and includes all persons on the waiting list for Trust Fund services.**

9. **Caveats: None.**

10. **Responsible Entity/Person: Robin Wagner, Deputy Assistant Secretary; 342-3839; Robin.Wager@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Administration and Support

ACTIVITY: Protective Services

OBJECTIVE: Objective VII: Through the Protective Services Activity, ensure that disabled adults are protected from abuse and neglect by completing investigations within timelines as established in DHH policy for those investigations each year through 2019.

INDICATOR NAME: Percentage of Protective Services investigations completed within established timelines

LaPAS PI Code: 7995

1. **Type and Level: Efficiency - Key**
2. **Rationale: Prompt investigation is critical to determining validity of reports and initiating effective interventions.**
3. **Use: Used to ensure timely response to reports and in conjunction with other indicators to monitor staff caseloads.**
4. **Clarity: Indicator clearly identifies what is being measured; no definitions required.**
5. **Validity, Reliability and Accuracy: Indicator was audited in 2011. Issues with calculation have been addressed.**
6. **Data Source, Collection and Reporting: The DHH Online Incident Tracking System collects the data. Data is collected on an on-going basis and reported monthly, and can be ad hoc as needed.**
7. **Calculation Methodology: Indicator is determined by the number of investigations completed within the time line established by policy divided by the total number of investigations completed.**
8. **Scope: Indicator is aggregated; it includes all investigations.**
9. **Caveats: None.**
10. **Responsible Person: Sharon Jackson, 225-342-9066, Sharon.Jackson@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: **Administration and Support**

ACTIVITY: **Adult Protective Services**

OBJECTIVE: **Objective VII: Through the Protective Services Activity, ensure that disabled adults are protected from abuse and neglect by completing investigations within timelines as established in DHH policy for those investigations each year through 2019.**

INDICATOR NAME: **Number of clients served**

LaPAS PI Code: 7994

1. **Type and Level: Output - Key**
2. **Rationale: Provides direct indicator of number of persons with disabilities reached by agency services**
3. **Use: Provides direct indicator of number of persons with disabilities reached by agency services. In conjunction with number of cases assigned helps determine number of repeat clients.**
4. **Clarity: Indicator clearly identifies what is being measured; no definitions required.**
5. **Validity, Reliability and Accuracy: Indicator was audited in 2011 and found to be reliable.**
6. **Data Source, Collection and Reporting: The DHH Online Incident Tracking System collects the data. Data is collected on an on-going basis and reported monthly, and can be ad hoc as needed.**
7. **Calculation Methodology: Unduplicated count of the number of persons for whom investigations have been completed and plans developed.**
8. **Scope: Indicator is aggregated; it includes all clients served.**
9. **Caveats: None.**

a. **Responsible Person: Sharon Jackson, 225-342-9066, Sharon.Jackson@LA.gov.**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE: Objective I: To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner.

INDICATOR NAME: Percentage of compliance with CMS license and certification standards.

LaPAS PI Code: 8010

1. **Type and Level: Outcome - Key**
2. **Rationale: To measure the degree of compliance of the program with CMS long term care requirements.**
3. **Use: Provides a measure of the degree of compliance of programs operations with CMS standards at annual inspection.**
4. **Clarity: Provides a measure of the degree of compliance of programs operations with CMS standards at annual inspection. CMS is the federal Centers for Medicare and Medicaid Services which sets standards for nursing facilities that receive Medicare and Medicaid reimbursement.**
5. **Validity, Reliability and Accuracy: The indicator is based on the DHH Health Standards annual on-site inspection and review.**
6. **Data Source, Collection and Reporting: The data source is the official annual inspection report.**
7. **Calculation Methodology: Numerator: The number of CMS standards the program is in compliance with at the annual inspection. Denominator: Number of Standards (tag numbers) in the CMS Long Term Care Survey Book. There are at present 533 standards.**
8. **Scope: This is the percent of CMS long-term care survey standards that the program is in compliance with as measured at annual survey.**
9. **Caveats: This is the percentage of standards that the program is in compliance with, and does not include a weighting of significance of individual standards.**
10. **Responsible Person: James O'Rear, LTC Hospital Administrator (225) 634-4017, James.ORear@LA.GOV**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE II: To provide management leadership and administrative support necessary for the delivery of resident care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements for each year through 2019.

INDICATOR NAME: Average daily census.

LaPAS PI Code: 2292

1. **Type and Level: Output – Supporting**

2. **Rationale: Measures the average number of persons receiving inpatient service on a daily basis during the reporting period.**

3. **Use: Provides a measure of recent trends in number of persons receiving services on a daily basis.**

4. **Clarity: Census: The number of residents receiving services at a midnight count, including residents temporarily on transfer to a general hospital.**

5. **Validity, Reliability and Accuracy: Reliability is high. Data monitored by CMS, Trispan Health Services and Unisys.**

6. **Data Source, collection and Reporting: Census data is collected on a daily basis and is reported quarterly and annually.**

7. **Calculation Methodology: The number of patient days per census in a given period divided by the number of days in the same period.**

8. **Scope: This number is aggregated; it includes all clients served during the reporting period.**

9. **Caveats: This indicator has no limitations or weaknesses.**

10. **Responsible Person: James O'Rear, LTC Hospital Administrator**
    (225) 634-4017, James.ORear@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE II: To provide management leadership and administrative support necessary for the delivery of resident care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements for each year through 2019.

INDICATOR NAME: Total clients served.

LaPAS PI Code: 10052

1. **Type and Level: Output – Key**

2. **Rationale: Measures the total number of persons who receive services through the program.**

3. **Use: Provides a total figure of the number of residents served. Coupled with the number of admissions, it provides a relative indicator of resident movement through the program.**

4. **Clarity: Residents who are briefly hospitalized outside of the program and who are not discharged are counted as served.**

5. **Validity, Reliability and Accuracy: Reliability is high. Data monitored by CMS, Trispan Health Services and Unisys.**

6. **Data Source, collection and Reporting: Program census records. Indicator is calculated quarterly, and annually. Each quarterly report is additive for year to date.**

7. **Calculation Methodology: Number of clients at the beginning of the reporting period plus new admissions during the period.**

8. **Scope: This number is aggregated; it includes all clients served.**

9. **Caveats: This indicator has no limitations or weaknesses.**

10. **Responsible Person: James O'Rear, LTC Hospital Administrator**
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE II: To provide management leadership and administrative support necessary for the delivery of resident care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements for each year through 2019.

INDICATOR NAME: Occupancy rate.

LaPAS PI Code: 2288

1. **Type and Level: Efficiency – Key**

2. **Rationale: Measures utilization of staffed bed capacity during a reporting period and reflects on the need for long term care services.**

3. **Use: Provides information on the overall utilization of facility services measured by the number of days of care provided.**

4. **Clarity: Staffed beds are the number of beds funded for operation in the reporting period. The indicator is defined in relation to staffed, not licensed beds.**

5. **Validity, Reliability and Accuracy: Reliability is high. Data monitored by CMS, Trispan Health Services and Unisys.**

6. **Data Source, Collection and Reporting: Based on census information and number of staffed beds. Census data is reported daily, indicator is calculated quarterly and annually.**

7. **Calculation Methodology: Patient days/divided by (Staffed beds x days in reporting period).**

8. **Scope: This number is aggregated; it includes all clients served.**

9. **Caveats: None.**

10. **Responsible Person: James O'Rear, LTC Hospital Administrator (225) 634-4017, James.ORear@LA.GOV**

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE I: To provide high quality medical services and achieve excellent resident outcomes in a cost effective manner.

INDICATOR NAME: Staff/client ratio.

LaPAS PI Code: 2287

1. **Type and Level: Input – Supporting**

2. **Rationale: Measure of the number of staff employed by the program in relation to the number of persons receiving services.**

3. **Use: Provides a ready indicator of the ratio of employees to patients at the end of the reporting period.**

4. **Clarity: Paid FTE count: As reported to DHH Budget, which is the FTE paid from salaries and other compensation at the end of the last pay period. Patients: the midnight patient census on the last day of the reporting period.**

5. **Validity, Reliability and Accuracy: Reliability is high. Data monitored by CMS, Trispan Health Services and Unisys.**

6. **Data Source, collection and Reporting: Program records. Reported quarterly and annually.**

7. **Calculation Methodology: Paid FTE count at the end of the reporting period divided by the patient census on the last day of the reporting period.**

8. **Scope: Disaggregated. This is a point in time measure of the staff to patient ratio, and is not aggregate information.**

9. **Caveats: This is a snapshot of the staff to patient ratio at a given point in time, not an average for the reporting period.**

10. **Responsible Person: James O'Rear, LTC Hospital Administrator**
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE II: To provide management leadership and administrative support necessary for the delivery of resident care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements for each year through 2019.

INDICATOR NAME: Number of staffed beds.

LaPAS PI Code: 11214

1. **Type and Level: Input – General**

2. **Rationale: Provides the number of patients that can be cared for with the total number of staff in the budget.**

3. **Use: Gives administration a tool to determine the number of required staff.**

4. **Clarity: None.**

5. **Validity, Reliability and Accuracy: Reliability is high. Data monitored by CMS, Trispan Health Services and Unisys.**

6. **Data Source, Collection and Reporting: Number of direct care staff allocated in the budget; reported annually.**

7. **Calculation Methodology: Total number of direct care nursing staff budgeted, times the number of nursing hours per resident per day required under long term care standards.**

8. **Scope: Disaggregated.**

9. **Caveats: These are minimum patient care hours and may change with the medical acuity of patients admitted and the number of authorized direct care staff funded in the budget. The change in the year of the total staff is affected by administration, DHH or other governing bodies.**

10. **Responsible Persons: James O'Rear, LTC Hospital Administrator**

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Villa Feliciana

ACTIVITY: Villa Feliciana Medical Complex

OBJECTIVE II: To provide management leadership and administrative support necessary for the delivery of patient care services and to provide for the efficient and effective use of resources in meeting all mandated regulatory requirements each year through 2019.

INDICATOR NAME: Cost per client day.

LaPAS PI Code: 2289

1. **Type and Level: Efficiency – Supporting**

2. **Rationale: Provides an ongoing and cumulative measure of the operating costs per patient day of care.**

3. **Use: Provides a measure of changes in program costs over time. Can provide information to compare program costs with other programs that provide a comparable range of services.**

4. **Clarity: Costs are operating expenses as reported by ISIS.**

5. **Validity, Reliability and Accuracy: Reliability is high. Data monitored by CMS, Trispan Health Services and Unysis.**

6. **Data Source, Collection and Reporting: Based on program census and ISIS data. Census and cost data reported daily; indicator calculated quarterly and annually.**

7. **Calculation Methodology: Total year to date operating cost divided by the number of days of care provided in the same period.**

8. **Scope: Disaggregated.**

9. **Caveats: Comparisons to other programs should ensure that similar programs are uniform; including the acuity of patients, and the range, quality, and comprehensiveness of services reflected in the operating cost. Short term variations can occur when measured quarterly.**

10. **Responsible Persons: James O'Rear, LTC Hospital Administrator (225) 634-4017, James.ORear@LA.GOV**

09-324 Louisiana Emergency Response Network Board

PROGRAM: Louisiana Emergency Response Network Board

ACTIVITY: Louisiana Emergency Response Network Board

Principle Customers/Users of the Program and Benefits: Persons who are the victims of traumatic injury in all parts of the state are the primary users of the Louisiana Emergency Response Network. With Louisiana being primarily a rural state, the availability of definitive care within an hour of injury is reduced without the resource management offered by LERN.

Potential Internal/External Factors that Could Significantly Affect the Achievement of Goals or Objectives in this Program: The development of a statewide trauma system requires collaboration between internal and external partners, including a wide range of private and public entities. An integral part of the development of the system is the education needed to increase the resource base in the hospital and pre-hospital provider base. Funding is an important aspect of LERN's ability to offer education to physicians, hospitals, EMS agencies, etc. and therefore an important aspect that could significantly affect the goal of LERN to coordinate, develop and implement a statewide system of trauma care.

Method Used to Avoid Duplication of Effort: LERN is developing an integrated system of trauma care and therefore, is the method used to avoid duplication of effort. The victims of traumatic injury, through the communication between the healthcare provider and the LERN Call Center, are able to obtain definitive care at the closest appropriate facility without the need to attempt care in multiple facilities prior to arriving at the correct hospital.

Program Evaluations Used to Develop Goals, Objectives and Strategies: LERN has engaged consultants to present best practice research that was formulated using the experiences of others state who have developed successful trauma networks. Additionally, LERN engaged the American College of Surgeons Committee on Trauma to do an assessment of the trauma resources in Louisiana and with these studies as well as the expertise of the LERN Board, which is comprised of subject matter experts in all areas of trauma care and trauma system development, the LERN staff has been able to develop goals and objectives which are approved by the LERN Board.

Maintenance of Agency Performance-Based Budgeting Records:
All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Monitoring & Evaluation Process:
In order to monitor and evaluate LERN's progress, the agency utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress Reports (from the Louisiana Performance Accountability System); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback. In addition, recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of the fiscal year, the agency reviews and evaluates performance during that fiscal year to determine if the information gained from the review should be used to improve performance measures and/or used in future strategic or operational planning processes.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Louisiana Emergency Response Network Board

ACTIVITY: Louisiana Emergency Response Network Board

OBJECTIVE: I.1: Decrease the percentage of risk adjusted trauma-related deaths by 5% by June 30, 2019.

Indicator Name: Reduction in Trauma Related Morbidity and Risk Adjusted Mortality Rate for Louisiana

LaPAS PI Code: None

1. **Type and Level**: Output

2. **Rationale**: This indicator will allow LERN to show the outcome of its efforts to establish a statewide trauma system.

3. **Use:** This indicator will be used to indicate reduction of trauma related morbidity and risk adjusted mortality rates in Louisiana.

4. **Clarity:** The indicator will clearly identify the outcome achieved by the development of a statewide trauma system.

5. **Validity, Reliability and Accuracy:** LERN will utilize the data obtained from the statewide trauma registry once established to determine the decreases in each area.

6. **Data Source, Collection and Reporting:** The statewide trauma registry will be the source of data.

7. **Calculation Methodology:** LERNs patient data registry is currently not all-inclusive. We have data from 4 hospitals. Without inclusive data we cannot make absolute assumptions related to decreases in trauma related deaths. This will be a project for future years.

8. **Scope:** The indicator will be able to be broken down into many components of information which can be used by policy makers to affect further a reduction in mortality and morbidity.

9. **Caveats:** The establishment of a state trauma registry requires additional funding for management and maintenance. As LERN identifies additional non-state funding, then resources can be directed to this necessary project. Additionally, the 2010 Legislative Session granted data protection to LERN. This was the first step to beginning the process for a trauma registry.

10. **Responsible Person:** Chris Hector, Administrative Director
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    Fax: 225-756-3429
    Chris.Hecotr@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

Objective II.1: To reduce the total percentage of LERN's budget devoted to administrative costs by 3% per year through June 30, 2019.

Indicator Name: Administrative Costs as a Total Percentage of the Overall LERN Budget

LaPAS PI Code: None

1. **Type and Level**: Efficiency

2. **Rationale**: This indicator allows LERN to show its efforts reduce administrative costs to utilize its funding for the development of the trauma system for the benefit of the citizens.

3. **Use:** This indicator will show the percentage of total budget used in the development of a statewide trauma system.

4. **Clarity:** Yes. There is no jargon or acronyms that need clarification.

5. **Validity, Reliability and Accuracy:** Reports from the established trust fund and from any funds appropriated by the Legislature will be used to show expenditures by Object Category. These Object Categories can be used to identify administrative costs compared to non-administrative costs.

6. **Data Source, Collection and Reporting:** The expenditures of the Trust Fund established in the State Treasury and the expenditure of State General Funds appropriated by the Legislature will be the source for reporting this indicator.

7. **Calculation Methodology:** The calculation will be based on the total budget for LERN with percentages calculated for Administrative and non-administrative costs.

8. **Scope:** The indicator can further be broken down into the different Object Categories such as Salaries, Operating Services, Professional Services, etc.

9. **Caveats:** The goal is to decrease LERN's Administrative Costs as a percentage of its total budget allowing more funds to be used in the development of a statewide trauma system. If non-state funds are not available to the extent needed to further the development of a statewide trauma system, then maintenance of the current system will require a greater percentage of the overall budget.

10. **Responsible Person:** Carolyn Barr, Program Manager
    Phone: 225-756-3421
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Non-State Dollars Generated to Support LERN

LaPAS PI Code: None

1. **Type and Level**: Output

2. **Rationale**: This indicator allows LERN to show its efforts to find dedicated funding streams to support the development of a statewide trauma system with relying on State general Fund dollars.

3. **Use:** This indicator will be used to indicate the percentage of non-state funds to State General Funds.

4. **Clarity:** The indicator clearly identifies the resources available to LERN apart from State General Fund dollars.

5. **Validity, Reliability and Accuracy:** A Trust Fund in the State Treasury has been authorized by the Legislature in the 2010 Regular Session. Funding from non-state sources will be deposited in this fund. These funds will be used in support of LERN.

6. **Data Source, Collection and Reporting:** The balance of the Trust Fund established in the State Treasury and the State General Funds appropriated by the Legislature will be the source for reporting this indicator.

7. **Calculation Methodology:** The calculation will be based on the total budget for LERN with percentages calculated for non-state funds and State General Funds.

8. **Scope:** The indicator can further be broken down into the different sources for the non-state dollars, such as grants, donations, etc.

9. **Caveats:** The goal is to decrease LERN's dependence on State General Funds. If non-state funds are not available to the extent needed by LERN to continue its development of the legislatively mandated statewide trauma system, LERN will continue to require State General Funds.

10. **Responsible Person:** Carolyn Barr, Program Manager
    Phone: 225-756-3421
    Fax: 225-756-3429
    Carolyn.Barr@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

Objective III.1: Through the LERN Central Office and Call Center Operations Activity, continue the operational activity of the LERN Central Office and the LERN Call Center located in Baton Rouge to encompass 100% of the citizens of Louisiana in directing the transport of traumatically injured patients to definitive care within sixty minutes of injury each year through June 30, 2019.

Indicator Name: Percentage of Louisiana citizens covered by the LERN network

LaPAS PI Code: None

1. **Type and Level**: Output

2. **Rationale**: LERN is the lead agency responsible for the development of a trauma network for the state of Louisiana. In the absence of trauma centers LERN sought to enlist hospital and EMS providers who would cooperatively work with LERN to provide specialty services when available (general surgery, neurosurgery, orthopedic surgery) and efficiently transport trauma patients to these facilities. This indicator reports the outcome of these efforts. It is a valid measure and tells the performance story by reporting the percentage of participating hospitals and EMS providers.

3. **Use:** This indicator is used to measure how much of the geographic population has access to the resources needed to treat traumatic injury.

4. **Clarity:** The indicator clearly identifies the request to identify resources available in the state.

5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN obtains signed agreements for participation in the Network from the agencies in each region.

6. **Data Source, Collection and Reporting:** The number of signed participation agreements is used to determine participation.

7. **Calculation Methodology:** The calculation is based on the number of DHH regions participating out of the nine possible regions.

8. **Scope:** The indicator can further be broken down into a regional analysis.

9. **Caveats:** It is the goal of LERN to encompass all agencies in the State into the Network. Once this is accomplished, then the indicator will be complete and it will be necessary to determine by different methods the level of increase of capability to respond to trauma incidents.

10. **Responsible Person:** Carolyn Barr, Program Manager
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Carolyn.Barrr@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Percentage of patients routed by LERN who do not require a secondary transfer for definitive care. Goal of less than 6%.

LaPAS PI Code: 22329

1. **Type and Level:** Output –Key

2. **Rationale:** The purpose of the LERN Communication Center is to facilitate trauma patients to a trauma center or in the absence of a trauma center, to the definitive care resource. Except in certain circumstances LERN should routinely route the patient to the definitive care resource and the patient should not require transfer to a higher level of care. By measuring the percentage of time that we direct a patient to a hospital and they do not have to be transferred, this tells us that we are routing correctly. Patients are getting the care they need at the first stop. We are matching patient need to the available resources which is our goal.

3. **Use:** If we fall below the goal set by the indicator it will tell us that we need to evaluate the LERN communicators compliance with our protocols. If investigation indicates that there is not a destination protocol compliance issue then we will need to re-evaluate the protocols. We should be getting the patients to the definitive care resource from pre-hospital 90% of the time. That is our job.

4. **Clarity:** Yes - There is no jargon.

5. **Validity, Reliability and Accuracy:** The indicator is valid and reliable, but it has not been audited.

6. **Data Source, Collection and Reporting:** Internal Database - Image Trend EMS Service Bridge. Collection is done daily/real time during each call fielded by the communication center. Deported monthly internally. Reported quarterly to the state on a state fiscal year.

7. **Calculation Methodology:** Numerator = # of patients meeting LERN criteria directed by communication center who did not require transfer from the first hospital to a higher level definitive care hospital / Denominator = # of patients who meet LERN criteria routed by LERN call center

8. **Scope:** Aggregated: The indicator can further be broken down into a regional analysis.

9. **Caveats:** The indicator does not have limitations. Caveats = The denominator does not include calls to the communication center regarding patients who arrive to the hospital by private vehicle and then LERN assists with transfer from ER to ER. It also does not include calls regarding patients who arrived at a hospital due to EMS discretion and then LERN was contacted to assist with the transfer to the higher level definitive care hospital. These are excluded because LERN does not have the opportunity to intervene at the time of the initial decision.

10. **Responsible Person:** Chris Hector, Administrative Director
    Phone: 225-756-3499
    Fax: 225-756-3429
    Chris. Hector@La.Gov

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Percentage of traumatically-injured patients directed by LERN that are transported to an appropriate care facility within an hour of their injury

LaPAS PI Code: None

1. **Type and Level**: Output

2. **Rationale**: This indicator allows LERN to determine the percentage the population that would have access to the routing capabilities of LERN to definitive care.

3. **Use:** This indicator is used to measure the percentage of the total population that has access to the services of the LERN Network.

4. **Clarity:** The indicator clearly identifies the resources available to the citizens in the state through the LERN Network.

5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN uses the most recent US Census data by parish for each region participating in the LERN Network. In this way, LERN is able to determine the percentage of the total population who live in parishes/regions having access to LERN services.

6. **Data Source, Collection and Reporting:** The most current US Census data by parish is used to determine the percentage of Louisiana citizens covered by the LERN Network.

7. **Calculation Methodology:** The calculation is based on the percentage of citizens residing within a region which is served by LERN as compared to the total population of the state.

8. **Scope:** The indicator can further be broken down into a regional analysis as each parish is a part of a LERN Region.

9. **Caveats:** None.

10. **Responsible Person:** Chris Hector, Administrative Director
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PERFORMANCE INDICATOR DOCUMENTATION

Objective III.2: Develop a statewide system of STEMI care to improve outcomes for Louisiana citizens regardless of where they live in the state. System to include components recommended by LERN's STEMI Design the System workgroup.

Indicator Name: STEMI system physician champion appointed to each region to assist with regional presentations, education, and advocacy.

LaPAS PI Code: None

1. **Type and Level**: Output

2. **Rationale**: LERN, by legislation is required to work with the Department to develop stroke and STEMI system that are designed to promote rapid identification of, and access to, appropriate stroke and STEMI resources statewide. A key strategic initiative to achieve this goal is to enlist a cardiologist from each of the 9 regions to champion the state plan.

3. **Use:** This indicator is used to measure how much of the state has a committed and identified champion that actively works with EMS, hospitals and the public to implement the STEMI system.

4. **Clarity:** The indicator clearly identifies regionally distributed cardiology champions available in the state.

5. **Validity, Reliability and Accuracy:** The indicator is valid.

6. **Data Source, Collection and Reporting:** The number of regions with a regional physician champion.

7. **Calculation Methodology:** The calculation is based on the number of DHH regions with a physician champion.

8. **Scope:** The indicator can further be broken down into a regional analysis.

9. **Caveats:** None.

10. **Responsible Person:** Yvette Legendre, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Data registry identified and data dictionary established

LaPAS PI Code: None

1. **Type and Level**: Output
2. **Rationale**: In order to implement any system of care, data is needed to understand the impact of procedures implemented.
3. **Use:** This indicator is used determine progress towards as state STEMI Data registry.
4. **Clarity:** The indicator clearly identifies the outcome measure of establishing a data registry and data dictionary.
5. **Validity, Reliability and Accuracy:** The indicator is valid and reliable.
6. **Data Source, Collection and Reporting:** The establishment of a data dictionary with statewide input.
7. **Calculation Methodology:** The calculation is based the number of STEMI receiving centers providing data divided by the total number of STEMI receiving centers.
8. **Scope:** The indicator can further be broken down into a regional analysis.
9. **Caveats:** None
10. **Responsible Person:** Yvette Legendre, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Objective III.3: Develop a statewide system of stroke care to improve outcomes for Louisiana citizens regardless of where they live in the state. System to include final recommendations from the Stroke Design the System Workgroup relative to: Public recognition of stroke symptoms and community education, Emergency/timely evaluation of all strokes, and EMS transfer protocols to facilitate timely administration of tPA when appropriate.

Indicator Name: Stroke System physician champion appointed to each LERN region to assist with regional presentations, education, and advocacy.

LaPAS PI Code: None

1. **Type and Level**: Output

2. **Rationale**: LERN, by legislation is required to work with the Department to develop stroke and STEMI system that are designed to promote rapid identification of, and access to, appropriate stroke and STEMI resources statewide. A key strategic initiative to achieve this goal is to enlist a neurologist from each of the 9 regions to champion the state plan.

1. **Use:** This indicator is used to measure how much of the state has a committed and identified champion that actively works with EMS, hospitals and the public to implement the Stroke system.

2. **Clarity:** The indicator clearly identifies regionally distributed neurology champions available in the state.

3. **Validity, Reliability and Accuracy:** The indicator is valid.

4. **Data Source, Collection and Reporting:** The number of regions with a regional physician champion.

5. **Calculation Methodology:** The calculation is based on the number of DHH regions with a physician champion.

6. **Scope:** The indicator can further be broken down into a regional analysis.

7. **Caveats:** None.

3. **Responsible Person:** Deborah Spann, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Increase in the number of primary stroke centers in the state and the number of tele-medicine enabled centers.

LaPAS PI Code: None

1. **Type and Level**: Output

2. **Rationale**: Currently Louisiana does not have a system of care to comprehensively treat incidents of stroke and only nine Louisiana hospitals, geographically mal-distributed within the State's borders, are certified as Advanced Primary Stroke Centers. The Louisiana Emergency Response Network (LERN) is utilizing a framework of best practices and lessons learned from other states to promote and facilitate the development of an ideal stroke system of care.

3. **Use:** This indicator is used to measure how much of the geographic population has access to the resources needed to treat stoke patients.

4. **Clarity:** The indicator clearly identifies the request to identify resources available in the state.

5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN works with hospitals to become primary stroke centers and promotes tele-medicine to expand access.

6. **Data Source, Collection and Reporting:** The number primary stroke centers in the state and the number of tele-medicine enabled hospitals.

7. **Calculation Methodology:** The calculation is based on the hospitals certified as primary stroke centers. It is a true count. It is also the number of tele-medicine enabled hospitals.

8. **Scope:** The indicator can further be broken down into a regional analysis.

9. **Caveats:** None.

10. **Responsible Person:** Deborah Spann, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Objective IV.1: LERN will establish protocols to effectively assist and participate in ESF-8 activities by June 30, 2019.

Indicator Name: Percentage of hospitals having emergency room services that participate in the LERN Network.

LaPAS PI Code: 22965

1. **Type and Level**: Outcome Indicator. Key indicator.

2. **Rationale**: LERN is the lead agency responsible for the development of a trauma network for the state of Louisiana. In the absence of trauma centers LERN sought to enlist hospital providers who would cooperatively work with LERN to provide specialty services when available (general surgery, neurosurgery, orthopedic surgery). This indicator reports the outcome of these efforts. It is a valid measure and tells the performance story by reporting the percentage of participating hospitals.

3. **Use:** This indicator is used to determine where we strategically focus our efforts to expand the network. We recently focused efforts in region one due to low participation. These efforts resulted in 100% of hospital participation. This indicator is only used for internal management purposes.

4. **Clarity:** Yes, it clearly identifies what is being measured. There are no acronyms.

5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN obtains signed agreements for participation in the Network from the agencies in each region. In this way, LERN is able to determine which hospitals having appropriate care are available resources to LERN.

6. **Data Source, Collection and Reporting:** Source = internal log. Reported quarterly on a state fiscal year. It is consistent and not more than 3 months old.

7. **Calculation Methodology:** Number of hospitals who signed LERN participation agreements/Number of hospitals with an ER

8. **Scope:** The indicator is aggregated but if requested it could be broken down by region.

9. **Caveats:** There are no limitations or weaknesses. There is no bias with the source of the data. The only caveat is that LERN only requests participation from hospitals that have an ER.

10. **Responsible Person:** Carolyn Barr, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Percentage of EMS agencies participating in the LERN Network.

LaPAS PI Code: 22328

1. **Type and Level**: Output -Key

2. **Rationale**: EMS participation is pivotal in the development of a trauma system which LERN has been tasked to do by the Legislature. Trauma systems require trauma destination protocols in order to achieve a coordinated system whereby the trauma patient is identified and delivered to the definitive care resource. This indicator was selected because EMS participation is an indicator of compliance with the LERN Destination Protocol. It is a valid measure. It indicates participation in the system.

3. **Use:** When broken down regionally the indicator assists in the development of strategic efforts to enlist additional providers. Currently the participating providers geographically cover most of the state. The indicator is used for internal management.

4. **Clarity:** The indicator clearly identifies the resources available in the state through the LERN Network.

5. **Validity, Reliability and Accuracy:** The indicator is valid as LERN obtains signed agreements for participation in the Network from the EMS agencies in each region. In this way, LERN is able to determine which EMS agencies having appropriate care are available resources to LERN.

6. **Data Source, Collection and Reporting:** Source = Internal log. Quarterly reporting on state fiscal year. Reporting is 3 months out.

7. **Calculation Methodology:** Number of EMS providers who participate with LERN/Total number of EMS providers in the state who respond to 911.

8. **Scope:** The indicator is aggregated but if requested it could be broken down by region.

9. **Caveats:** There are no limitations or weaknesses. There is no bias with the source of the data. The only caveat is that LERN only requests participation from EMS providers that respond to 911. This is not a proxy indicator.

10. **Responsible Person:** Carolyn Barr, Program Manager
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PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name: Percentage of Designated Regional Coordinators that participate in LERN directed MCI planning.

LaPAS PI Code: None

1. **Type and Level**: Output -Key

2. **Rationale**: Designated Regional Coordinator (DRC) participation is pivotal in MCI planning. It is a valid measure. It indicates participation in LERN directed statewide MCI planning.

3. **Use:** When broken down regionally the indicator assists in the development of targeted strategic plans. As the DRC network expands or when there is turnover we know where to direct our efforts. The indicator is used for internal management.

4. **Clarity:** The indicator clearly identifies the DRC network available in the state in cooperation with the LERN Network.

5. **Validity, Reliability and Accuracy:** The indicator is valid.

6. **Data Source, Collection and Reporting:** Source = Internal log. List maintained by LERN Communication Center.

7. **Calculation Methodology:** Number of DRC's who participate with LERN MCI Planning/Total number of DRC's in the state.

8. **Scope:** The indicator is aggregated but if requested it could be broken down by region.

9. **Caveats:** There are no limitations or weaknesses. There is no bias with the source of the data..

10. **Responsible Person:** Chris Hector, Administrative Director
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09-325 Acadiana Area Human Services District

Acadiana Area Human Services District has only one program: Acadiana Area Human Services District. This agency provides services for behavioral health (addictive disorders and mental health) and developmental disabilities.

The Louisiana State Legislature established the Acadiana Human Services District o provide administration, management and operation of mental health, addictive disorders, and developmental disabilities services to the residents of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes. Direct oversight of these services was previously provided through the Department of Health and Hospitals (DHH). The AAHSD was created to be responsive to the local needs of the citizens in its seven parish catchment area. It strives to identify and address local needs through partnerships with local governments, clients, advocates and providers. At the heart of this multi-parish agency is greater accountability to consumers, the community and the taxpayers. Governance of AAHSD is conducted by a ten (10) member Board of Directors. The Board includes residents from each parish in the seven parish catchment area and three (3) Governor Appointees. All members serve without compensation.

The Acadiana Area Human Services District (AAHSD) was created by the Louisiana State Legislature under the provisions of the Louisiana revised statutes (LSA-RS): R.S. 373 to provide administration, management, and operation of behavioral health (addictive disorders and mental health) and developmental disabilities services to the residents of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion parishes. This seven-parish area encompasses approximately 5,000 square miles (approximately 12% of the state total) and has a population of approximately 6000,000 (from 2012 US Census estimates) (approximately 13% of the state total). Within this area, AAHSD operates sites in Crowley, Lafayette (2), New Iberia, Opelousas, and Ville Platte.

Principle Service Recipients

AAHSD serves a large diverse population in seven parishes including Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion. This seven-parish area encompasses approximately 5,000 square miles (approximately 12% of the state total) and has a population of approximately 6000,000 (from 2012 US Census estimates) (approximately 13% of the state total). Of this population, AAHSD has an inherent responsibility to the medically indigent (e.g. – the uninsured and under-insured and those with Medicaid) as all individuals who present at our program sites in crisis or in need of other services. AAHSD population of patients consists of children (ages 6-12), adolescents (ages 13-17), adults and geriatrics.

External factors with potential negative impact on achieving goals and objectives include:

The ability to achieve the goals and objectives outlined in this plan may be changed by a number of factors over which AAHSD has no control. These changes may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.
- Changes in the economy of the state – as more individuals are employed or insured, it could result in more insured patients or fewer patients, depending on the changes in the economy of the state and client's access to other health care and the perception of the behavioral health care provided by our clinics.
- Changes in the population – demographic and other population changes, including an aging population which means an increase in the number of chronic cases.
- Competition from other private providers in the community.

Strategies in place to mitigate threats and/or barriers include: diversification of funding streams; expansion of integrated services; ongoing performance and quality improvement initiatives; collaboration with contiguous local governing entities; focus on staff development and retention; and, maintenance of accreditation with the Council on Accreditation for Rehabilitation Facilities (CARF). The overall responsibility for implementing and monitoring these strategies rests with the Executive Director along with members of the Sr. Management Team.

Internal Factors that May Affect the Achievement of Goals and Objectives

The ability for AAHSD to achieve the goals and objectives outlined in this plan may be hampered by external factors by which the agency has no control. These factors may include but are not limited to:

- Funding levels –Fluctuations in Medicaid and state general funding for indigent care are dependent on many factors that cannot be controlled. The expansion of insurance benefits for indigent children and adults, which has meant an increase in some insurance revenues or the loss of some clients to the private sector.
- Changes in the state health care system - particularly changes related to managed care, skilled and professional labor shortages exacerbated by numerous disasters in our area and rapid changes in medical technology which require greater attention to capital acquisition needs/uses/costs.
- Potential changes in the federal health care arena as a result of federal Health Care Reform and in the state Medicaid program involving a higher degree of care coordination.

Program Evaluations Used to Develop Goals, Objectives, and Strategies

AAHSD strategic planning process is guided by the Mission, Vision and Priorities as set forth by the Board of Directors and by the Authority's Philosophy as set forth by its Sr. Management Team. The evaluation of goals and objectives and the strategies is ongoing and rooted in data-driven decision-making. Monitoring of performance and resource utilization involves all levels of authority staff. AAHSD actively solicits input and feedback from community leaders, stakeholders, individuals receiving services and their families, community members via Board linkages, and employees. Tools used to gather data include: employee and consumer satisfaction surveys; public forums; needs assessment via governmental and stakeholder relations, and external evaluation by grantors and the legislative audit. Additionally, AAHSD continuously monitors level of care and service recipient outcomes through its utilization management program and self-audits performance, outcomes, practices and procedures using CARF standards. Corrective and/or performance and quality improvement actions are undertaken as warranted.

Methods Used to Avoid Duplication of Effort

(AAHSD) shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of its mission. The foundation of this function is the network of internal controls, policies and procedures in place within AAHSD. The success of the agency is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems. All employees are required to discuss potential errors or irregularities with their chain of command and/or directly with the AAHSD Compliance Officer. Rigorous monitoring and auditing systems have been implemented for all phases of services to include fiscal, medical records, purchasing, safety, etc. to avoid fraud and duplication of efforts at all costs.

Maintenance of Agency Performance-Based Budgeting Records:

All documents used in the development of strategic and operational plans, as well as the data used for the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), are maintained and preserved according to the state's record retention laws (R.S. 44:36) for a period of at least three years from the date on which the record was created.

Monitoring & Evaluation Process:

In order to monitor and evaluate AAHSD's progress, the agency utilizes internal & external audits; policy, research, planning and in-house quality assurance functions; program evaluations; Performance Progress Reports (from the Louisiana Performance Accountability System); Benchmarking for Best Management Practices; Performance-based contracting and contract monitoring; Peer review, accreditation review, and customer/stakeholder feedback. In addition, recommendations are made directly to the Assistant Secretaries or Secretary, if modifications or additions are needed. Also, at the close of the fiscal year, the agency reviews and evaluates performance during that fiscal year to determine if the information gained from the review should be used to improve performance measures and/or used in future strategic or operational planning processes.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Administration

OBJECTIVE: #1 To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2019.

INDICATOR NAME: Percentage of Acadiana Area Human Services District clients who state they would continue to receive services at our clinics if given the choice to go elsewhere.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)

25057

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Quality. The level is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly indentifies what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No it has not been audited by the Office of the Legislative Auditor. This will be in the client’s own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be complied of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting these will be the clinic manger at each clinic. All will submit them to Administration for further processing.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Administration

OBJECTIVE: #1 To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2019.

INDICATOR NAME: Percentage of Acadiana Area Human Services District clients who state they would recommend the clinics to family and friends.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)

25058

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Quality. The level is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly indentifies what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No it has not been audited by the Office of the Legislative Auditor. This will be in the client’s own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be complied of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting these will be the clinic manger at each clinic. All will submit them to Administration for further processing.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Administration

OBJECTIVE: #1 To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2019.

INDICATOR NAME: Total number of individuals served in the Acadiana Area Human Services District.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)

25043

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?) This type of indictor will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly identifies what is being measured and does not need clarification.
5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Administration

OBJECTIVE: #1 To provide programmatic leadership and direction to the programs of behavioral health (addictive disorders and mental health) and developmental disabilities services under AAHSD; to continue the operational activity of the AAHSD administrative office in relation to the Readiness Assessment Criteria and other regulatory/licensure processes and according to the terms of the Memorandum of Understanding (MOU) each year through June 30, 2019.

INDICATOR NAME: Total number of enrollees in prevention programs.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25047

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
This is an output indicator.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This will allow AAHSD to view how many adolescents are participating in the prevention programs. This is a valid measure of performance because the number of enrollees are down, then it can be a clear indication of how effective is the program.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making because we can look at the effectiveness of the program. This indicator will be used for performance-based budgeting purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
This indicator clearly identifies what is being measured and does not need any clarification.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence that is available to support the accuracy of the data is that each prevention program has to submit information on a monthly basis of how many enrollees that each has and the prevention monitor also meets with the prevention programs on a monthly basis as well.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
Each prevention program has to submit information on a monthly basis of how many enrollees that each has and the prevention monitor also meets with the prevention programs on a monthly basis as well. Their reports are compiled on a monthly and quarterly basis. The frequency and timing of the collection and reporting is consistent and able to be tracked easily.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The total number of enrollees are added up so they are easy to be tracked.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts because we collect information on a monthly basis we can easily see how well each program is doing.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This indictor does not have limitations or weaknesses. Each of our programs are located in all of our areas so that adolescents can get to them.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

Each prevention program located in our outlying areas has a supervisor who collects the information and submits it to the prevention staff member and the contract monitor. The responsible person for collecting this information is our prevention staff member and the contract monitor located in Joseph Henry Tyler Behavioral Health.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2019, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Number of adults served with MH services in all Acadiana Area Human Services District Behavioral Health clinics.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25052

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
This type of indictor will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator clearly identifies what is being measured and does not need clarification.
5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2019, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Number of children/adolescents served with MH services in all Acadiana Area Human Services District Behavioral Health clinics.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25053

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
This type of indictor will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator clearly identifies what is being measured and does not need clarification.
5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents

one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2019, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Percentage of adults receiving MH services who report that they would choose services in this agency if given a choice to receive services elsewhere.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25054

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Quality. The level is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly indentifies what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be complied of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting these will be the clinic manger at each clinic. All will submit them to Administration for further processing.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2019, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Percentage of MH clients who would recommend services in this agency to others.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25055

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Quality. The level is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator was selected so AAHSD can see how our clients view the type and quality of services that they receive. It is a valid measure of performance targeted in this objective. This will tell our performance story because if clients like the services that we provide and choice to stay with AAHSD even when offered to go elsewhere, then we are doing a great job because taking care of clients is our main priority.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making and other agency processes because AAHSD can utilize our clients well being and contentment with our organization as a positive driving point in the services needed. This will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.

The indicator clearly indentifies what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No it has not been audited by the Office of the Legislative Auditor. This will be in the client's own words and reports. The report will be maintained by collecting these reports and completing an annual report of the findings.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)

The source will be the Client Satisfaction Surveys completed at the end of treatment and the Client Comment Surveys that will be placed in the lobbies at the clinics. These reports will be collected monthly. A monthly and yearly report will be complied of the result. On the comment card will be if client needs immediate assistance, please contact a staff member.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by

the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

All we will do is collect the comments and compile them in a monthly/annual report. We will have an overall summary at the end of each collection period. We will divide the number of clients who felt this way by 100 to gain a percentage value.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts with hopes that it will give AAHSD a larger picture of what type of services that will be needed or continued.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or weakness. It will be collected from all of our clinics so we can see how our clients are feeling about our clinic.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting these will be the clinic manger at each clinic. All will submit them to Administration for further processing.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2019, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Percentage of MH cash subsidy slots utilized.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25056

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
The type of indicator will be Efficiency. The level at which the indicator will be reported will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator is selected so that AAHSD knows if this service is utilized. It is a valid measure of performance targeted in this objective. It helps tell our performance story because we can tell if this service is being used.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
The indicator will be used in the management decision making to show if this program is being utilized at its capacity. This indicator will be used only for internal management.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator name is clearly identified of what is being measured.
5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator and subsequent performance data has been audited by the Office of the Legislative Auditor. The MH cash subsidy slots utilized will assist in the data to support its accuracy. This report has to be maintained closely to verify what slots are available.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
This information is gathered on a monthly/annual basis. This is to help maintain its accuracy. The frequency of the collection is consistent with reporting.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
We will add all slots that are being utilized and divide that by 100 to gain a percent. This will be helpful so that we know how much in percent terms is this service being utilized.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts. This indicator will represent only one portion of our clients. So it will be helpful to see how this population receives services.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This indicator does not have any weakness or bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).
This responsible person who collects the data is our children's contract personnel. She is located in the Henry Joseph Tyler Behavioral Health Clinic.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2019, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Total number of individuals served by outpatient mental health in Acadiana Area Human Services District.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25044

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
This type of indictor will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator clearly identifies what is being measured and does not need clarification.
5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents

one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2019, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Total number of individuals served by inpatient Addictive Disorders in Acadiana Area Human Services District

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)
25045

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
This type of indictor will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator clearly identifies what is being measured and does not need clarification.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #1 Each year through June 30, 2019, AAHSD will work as part of the State's continuum of care that centers on behavioral disorders, addictive disorders, and co-occurring disorders.

INDICATOR NAME: Total numbers of individuals served by outpatient Addictive Disorders in Acadiana Area Human Services District.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)
25046

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
This type of indictor will be output and the level will be Key.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
This indicator has been selected because AAHSD needs to know how many clients we are serving. This can assist AAHSD with any staffing concerns and will assist in making sure that AAHSD is growing with their population.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making because as our population grows so will we. This indicator will be used for management purposes because AAHSD will need to manage time and staff better to meet the needs of our population.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator clearly identifies what is being measured and does not need clarification.
5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The evidence to support this data will include client records. As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
As charts are opened, a numbering system is attached. Clinical Advisor will also be utilized to keep a running total of clients that staff are seeing. This information will be collected on annual basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be accurate because we will just get a total of the number of clients that are seen from the number of charts and staff client totals in Clinical Advisor.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is the sum of smaller parts because we will add the total number of client charts from all clinics.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have any limitations because we will track all clients who come in and seek services.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for this indicator will be the clinic managers at each of our clinics. They will submit their total to administration for a total.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #2 Each year through June 30, 2019, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

INDICATOR NAME: Percentage of successful completions (24-hour residential programs) - AD Program

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)
25040

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
The type of indicator is Outcome. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see that clients are getting better and completing programs.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be calculated by gaining a total successful completions.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts. All information will be gathered from all programs.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting the data will be the contract monitor and she is located in the Joseph Henry Tyler Behavioral Health Center.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #2 Each year through June 30, 2019, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

INDICATOR NAME: Primary Inpatient Adult: Percentage of individuals successfully completing the program -AD program

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)

25041

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
The type of indicator is Outcome. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see that clients are getting better and completing programs.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be calculated by gaining a total successful completions.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts. All information will be gathered from all programs.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting the data will be the contract monitor and she is located in the Joseph Henry Tyler Behavioral Health Center.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Behavioral Health

OBJECTIVE: #2 Each year through June 30, 2019, AAHSD will provide best practices and evidence-based practices to individuals, families, and groups.

INDICATOR NAME: Primary Inpatient Adolescent: Percentage of individuals successfully completing the program - AD Program

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)
25042

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)
The type of indicator is Outcome. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)
The rationale for the indicator is to check how our clients are successfully completing programs and are advancing in their recovery. This will help us tell our performance story in that we can see that clients are getting better and completing programs.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?
This indicator will be used in management decision making so that we will be able to see if programs are working the way they should. This program will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
This indicator name clearly identifies what is being measured. The Acronym AD refers to Addictive Disorders.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The source of this data will be client records. These reports will be viewed on a quarterly basis. The frequency and timing of collection and reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

This indicator will be calculated by gaining a total successful completions.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

This indicator will be the sum of smaller parts. All information will be gathered from all programs.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

This indicator does not have limitations or bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The responsible person for collecting the data will be the contract monitor and she is located in the Joseph Henry Tyler Behavioral Health Center.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Developmental Disabilities

OBJECTIVE: #1 Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2019.

INDICATOR NAME: Number of people receiving individual and family support services.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)

25048

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The rationale for the indicator so that AAHSD can measure the number of people receiving individual and family support services.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when

reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
The indicator will be calculated by gather the information in the Participant Services Database.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is a sum of smaller parts. This information will help assist AAHSD to see what type of services our clients are receiving.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This indicator does not have any limitations and does not have a bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The person responsible for data collection is the clinic manager and program manager. They are located in our Jefferson Street Location.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Developmental Disabilities

OBJECTIVE: #1 Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2019.

INDICATOR NAME: Number of people receiving flexible family fund services.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)
25049

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The rationale for the indicator so that AAHSD can measure the number of people receiving flexible family funds.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
The indicator will be calculated by gather the information in the Participant Services Database.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is a sum of smaller parts. This information will help assist AAHSD to see what type of services our clients are receiving.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This indicator does not have any limitations and does not have a bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The person responsible for data collection is the clinic manager and program manager. They are located in our Jefferson Street Location.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Developmental Disabilities

OBJECTIVE: #1 Foster and facilitate independence for persons with disabilities through the availability of home and community based services each year through June 30, 2019.

INDICATOR NAME: Percentage of eligibility determinations determined valid according to the Flexible Family Fund promulgation.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate “New” for indicators that have never been reported in LaPAS.)

25050

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The rationale for the indicator so that AAHSD can measure the number of people receiving individual and family support services.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator name does clearly identify what is being measured.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
The indicator will be calculated by gather the information in the Participant Services Database. The total will be divided by 100 to obtain a percentage.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is a sum of smaller parts. This information will help assist AAHSD to see what type of services our clients are receiving.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This indicator does not have any limitations and does not have a bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The person responsible for data collection is the clinic manager and program manager. They are located in our Jefferson Street Location.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Acadiana Area Human Services District

ACTIVITY: Developmental Disabilities

OBJECTIVE: #2 Each year through June 30, 2019, AAHSD will conduct targeted collaboration with consumers, family members and community partners to identify individuals with disabilities who may be eligible for supports offered through AAHSD.

INDICATOR NAME: Number of persons receiving DD services per year.

LaPAS PI Code: (Cite LaPAS PI Codes for indicators that have been reported in LaPAS at any time past or present; indicate "New" for indicators that have never been reported in LaPAS.)

25051

1. Type and Level: What is the type of the indicator (Input/Output/Outcome/Efficiency or Quality?) More than one type? What is the level at which the indicator will be reported (Key, Supporting or General Performance Information?)

The type of indicator is Output. The level at which the indicator will be reported is General Performance Information.

2. Rationale: What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The rationale for the indicator so that AAHSD can measure the number of people receiving DD services per year.

3. Use: How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance-based budgeting purposes?

This indicator will be used in the management decision making so see how effective our services are. The indicator will be used for internal management purposes.

4. Clarity: Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations, or unclear terms? If so, clarify or define them.
The indicator name does clearly identify what is being measured. The acronym DD refers to Developmental Disabilities.

5. Accuracy, Maintenance, Support: Has the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
This indicator has not been audited by the Office of the Legislative Auditor. The Participant Services Database will help to assist in gathering the information.

6. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication.) What is the frequency and timing of collection and reporting? (For

example: Is the information gathered on a monthly, quarterly, semi-annual, or annual, basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection and reporting consistent?)
The Participant Services Database will help to assist in gathering the information. The information is gathered monthly and quarterly. The frequency and timing of collection and the reporting is consistent.

7. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (For example, highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration.) Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?
The indicator will be calculated by gather the information in the Participant Services Database.

8. Scope: Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)
This indicator is a sum of smaller parts. This information will help assist AAHSD to see how many clients are receiving services from DD.

9. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
This indicator does not have any limitations and does not have a bias.

10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The person responsible for data collection is the clinic manager and program manager. They are located in our Jefferson Street Location.

09-326 OFFICE OF PUBLIC HEALTH
Program A: Personal Health Services

The Office of Public Health has one appropriated program titled Personal Health Services. This program focuses on five specific operating areas including vital records and statistics, personal health services, engineering, sanitarian services, and emergency preparedness.

Principal Customers/Users of the Program and Benefits: Personal Health Services is an appropriated program within the Department of Health and Hospitals Office of Public Health. The program represents a combination of five operating areas including vital records and statistics, personal health services, engineering, sanitarian services, and emergency preparedness.

These operating areas are responsible for activities that affect the lives of all Louisiana residents by providing health information, education, and assurance of essential health care services for the under-served and public health emergency preparedness operations. Services are provided to infants, children, adolescents, women of childbearing age, pregnant women, newborns suspected of having genetic diseases, children with special health care needs, tuberculosis, HIV and AIDS, sexually transmitted diseases, persons at risk for injury and violence, parish health unit operations, public health nursing services, state epidemiology and laboratory testing, preparation, detection, detect, and response for chemical and biological terrorism and other communicable disease threats, the implementation, promulgation and enforcement of the Louisiana State Sanitary Code; and required to initiate and complete a large number of social and legal activities for individuals who are establishing citizenship, obtaining a Social Security Number, getting married, obtaining a passport or a drivers license, filing for federal entitlements, filing for retirement, and filing for death benefits. The availability of vital event records benefits all persons who are born, married, no longer reside in Louisiana, or serves the families and legal executors for deceased individuals in the state. The timely availability of population data as it relates to fatality, mortality, marriage, and divorce facilitates health status assessment and health resource utilization at a point in time when the information is most valuable and the impact of intervention strategies is most effective.

The work performed by staff within the centers are important for early detection of emerging threats and protection of residents and visitors from the threats of communicable and infectious diseases and agents through surveillance and disease identification and notification tracking systems.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: There are many factors that could significantly affect the achievement of goals and objectives in this program including those that, 1) determine and implement the most efficient and effective delivery of Personal Health Services; 2) enhance the management information infrastructure to complement efficiencies in information technology; 3) create the necessary infrastructure within public health that enhances our current epidemiology capacity and ability to better understand determinants and distribution of health and disease; 4) lack of community awareness about the importance of public health activities to their health; 5)

limited access to health care by many individuals, including rural residents and the uninsured; 6) an increase in health problems due to lifestyle choices; 7) an increasing number of uninsured individuals; 8) a lack of growth in state revenue to fund Personal Health Services; 9) changes in block grant funding which could directly impact the provision of services within the centers for Preventive Health and Community Health; 10) continuing low levels of educational achievement for Louisiana's residents; and 11) increasing levels of poverty.

External factors which could significantly affect the achievement of environmental health goals and objectives include dwindling resources for sanitation services, changes in the regulatory forces of industry, lack of community and individual awareness on the environmental health risks associated with certain behaviors and practices, publicity of negative health outcomes, increasing attention to environmental factors, natural disasters or man-made disasters, court rulings/legal determinations impacting the agency's ability to function, loss/reduction in state funding, acts of sabotage/terrorism, unexpected shift in staff duties away from routine duties to respond to major recalls or disasters, and changes in or rescinding of local/parish ordinances in conflict with requirements.

The successful performance of the Vital Records and Statistics program is contingent upon internal variables that are currently being addressed through service delivery improvements. These include, but are not limited to: development of an agency wide OPH database directory for use in report development, grant writing, planning and decision making, and the migration of all vital events, and other statewide data collection to a fully electronic, Web-enabled environment.

Other internal factors that could affect the achievement of goals or objectives include, reexamining and revising as necessary the regulatory standards with which we operate to ensure consistency and "user friendliness;" revitalizing environmental health with an emphasis on creation of a "constituency base" who would have input into future direction setting and planning, and ensuring the development of an administrative/organizational structure; and promoting new information sharing and information products to communities.

Methods Used to Avoid Duplication of Effort: These program areas work together, through planning sessions, and strategic direction setting activities to minimize or eliminate duplication of effort and to further ensure that objectives and strategies established complement each other in the fulfillment of the overall program goals. Areas of responsibility and staff roles are clearly delineated and coordinated among operational areas promoting a reduction in infectious and chronic disease morbidity and mortality and reducing the impact of communicable/infectious disease through the promulgation and implementation of the State Sanitary Code. Although areas of responsibility amongst the environmental health staff may appear to overlap in actual function only (i.e., inspection, certification, etc.), the operational lines of responsibility (i.e., retail food, milk and dairy, sewerage), are clearly delineated and configured to avoid duplication.

Also, Vital Records and Statistics is the only state program that provides services related to the collection, transcription, compilation, analysis, reporting, amending, and preserving of vital record documents, including birth, fetal death, death, marriage, abortion, and divorce certificates. The program provides for data collection for DHH offices, government entities and for use by

the general public. Duplication amongst the operations of program is avoided through the organization and structural makeup of these entities. Staff responsibilities are clearly delineated within the framework of the specific objectives and complement, rather than duplicate any effort provided.

Program Evaluations used to Develop Goals, Objectives, and Strategies: Scientific data, literature, technology enhancements for data gathering, and enhancement to program operations helped to develop goals, objectives, strategies, and performance information. Quantitative methods of evaluating the timeliness of disease reporting were used and are standard methods utilized across state health departments and the Centers for Disease Control and Prevention (CDC). CDC standards are used to measure outcomes and preparedness levels for emergencies and to assess the delivery of services for certain populations. In some cases, comparisons were used to assess the number of individuals trained and those required to be trained by individual certification commissions.

Historically, public health agencies, health care providers, health care payers, states/local regulatory bodies and others have found that accurate, detailed and timely information is fundamental to competent decision-making about health issues and the investment of scarce public health and health care dollars. The ability to assess the health status of a population and to set policy and plan intervention strategies based on that information is essential. This health information need is the impetus for the collection and maintenance of important population-based data sets that represent the demographic and health characteristics of our population. Similarly, it is the impetus for the analysis and publication of a wide range of population-based health related documents that illustrate and explain the important health and demographic information and relationships gleaned from the data

Monitoring and Evaluation of Information and Records Retention: Monitoring and evaluation are essential to advance OPH strategies for sound management and agency learning. These tools are important for decision-making, including decisions to improve, discontinue or adjust an evaluated intervention or policy; decisions about management structure, funding agencies, and policy makers.

Responsible persons must generally retain programmatic records, supporting documents, statistical records, and other relevant material such as process documentation, operational plans, or other records reasonably considered relevant to this strategic plan for a period of three years. The retention period will be calculated from the date the department's strategic plan is submitted to the Louisiana Division of Administration. In the event of litigation, claim, financial or program management reviews, or an audit is started before the expiration of the three year period, records must be retained until all litigation, claims, reviews, or audit findings involving the records have been resolved and final action taken.

Agency Goals

- Prevent illness, disability, premature birth and premature death
- Improve the health status of the Louisiana population

- Reduce environmental health hazards in the community by protecting the quality of Louisiana's physical environment and infrastructure

Statutory Authority for Personal Health Services: Statutory Authority is inclusive of programs within the five operating areas: Vital Records and Statistics R.S. 40:32 et. seq, R.S. 40:37, Data Release R.S. 40:41, Registration of Vital Events R.S. 40:34 et. seq., Marriage Licenses R.S. 9:201 et. seq. Putative Father Registry R.S. 9:400 et. seq.; Maternal and Child Health Services Chapter 8, Part I L.R.S. 46:971-972; R.S. 17:2111-2112, R.S. 33:1563, Hearing Impairment R.S. 46; 2261-2267, Adolescent Pregnancy R.S. 46:973-974 (Maternal and Child Health Services Block Grant, Title V of the Social Security Act); Omnibus Budget Reconciliation Acts of 1981 and 1989; P.L. 101-239; Social Security Act – Maternal and child health block Grant 42 U.S.C. 701§501, Personal Responsibility and Work Opportunity Reconciliation act of 1996 – Temporary Assistance to Needy Families Block Grant Federal Pub.L. 104-193, Patient Protection and Affordable Care Act of 2010 42 U.S.C. 701 § Section 511(b), Medicaid Targeted Case Management 42 U.S.C. 701 § 1905(a)(19), § 1915(g), LAC Title 50 Part XV Subpart 7, Violent Crime Control and Law Enforcement Act of 1994 Federal H.R. 3355, Pub.L. 103-322, Child Death Investigation L.S.A. RS 40:2019; Family Planning Title X of the Public Health Service Act, 42 U.S.C. 300 et. seq., 42 CFR part 59, subpart A, Subpart B, 42 CFR part 50 subpart B; 42 CFR 59.1; OPA 99-1: Compliance with State reporting laws: FY 1999 Omnibus Appropriations bill P.L. 105-277 § 219; Louisiana Children Code Art. 609A; Abortion Alternatives R.S.40.1299.35' Title XIX of the Social Security Act, as amended (42 CFR), R.S. 40:1299 thru 1299.5, Child Nutrition Act of 1966 As Amended Through P.L. 110–246, Effective October 1, 2008, R.S. 46:447.1; Title V Maternal and Child Health; § 502; Social Security Act Title XIX (P.L. 95-613); (P.L. 95-91); (P.L. 95-83); Title X, 42 U.S.C. 701:42 U.S.C. 3000. R.S. 40:5; Act 16; 42 U.S.C. 241(a), 243(b), 247(c); Health Omnibus Programs Extension (HOPE) Act; Title XXV; Public Law 100-607; Comprehensive AIDS Resources Emergency Act of 1990 (Title XXVI), R.S. 40:4,5; RS 17:170; 42 U.S.C. 2476 (Section 317 of the Public Health Act), R.S. 40:5; RS 40:1061-1068; RS 40:3.1; Sexually Transmitted Disease, RS 40:1061 thru 1068 and 1091 thru 1093, LRS 40:4(A)(2) and RS 40:5(10); Vaccines for Children, Section 1928 of the Social Security Act, Vaccine Adverse Event Reporting System 42 U.S.C. §300aa-25; Women Infants and Children §17 of the Child Nutrition Act of 1966, WIC Breastfeeding Peer Counseling, Child Nutrition and Reauthorization Act of 2004; Health, Hunger Free Kids Act of 2010; Commodity Supplemental Food Program Section 4(a) of the Agriculture and Consumer Protection Act of 1973; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4,5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4,5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246, Louisiana State Sanitary Code, Chapters I, II, XII, XIV, XXIII, XXIV. Children's Special Health Services R.S.40:1299.111-120 (Children's Special Health Services). Title 48; Public Health General; Part V; subpart 17; §§4901-5903 /LAC:48:V.4901-5903; Title V of the Social Security Act sections 701-710, subchapter V chapter VII, title 42; Birth Defects LAC Title 48:V.Chapters 161 and 163; Newborn Screening: RS 40:1299 – 1299.4, 1299:6, Hemophilia: RS 40:1299.5; LAC 48.V.7101, Childhood Lead Poisoning Prevention: RS 40:1299.21-29; LAC 51:IV.101-111), LAC Title 48:V.§ 7005; Newborn Heel Stick RS 40:1299-1299.4, 1299.6, LAC title 48.V.6303; Hearing, Speech and Vision R.S. 46:2261 et. seq. LAC Title 48, Public Health General, Part V, subpart 7, Chapter 22;

Section 399M of the Public Health Service Act 42 USC section 280g-1; Early Hearing Detection and Intervention Act of 2010; Individuals with Disabilities Education Act (IDEA), Part C, Early Intervention Program for Infants and Toddlers with Disabilities, final regulations 2011, 34 CFR Part 303 RIN 1820-AB 59; Infectious Disease Epidemiology LAC Title 51, Part II. The Control of Diseases 105, LAC Title 51 Part III. The Control of Rabies and other Zoonotic Diseases 101-111; Tuberculosis, LA R.S. 40:3, 40:4, 40:5 Public Health Sanitary Code, (LAC TITLE 51): Chapter II, '115, '117, '119, '121, '125, '503, '505; Adolescent School Health Initiative, LA, R.S. 40:31.3; R.S. 40:1, et seq., R.S. 4- 6, R.S. 8- 9 et seq., 1141-51, 1152-1156, 2701-19, 2817 et. Seq; Commercial Body Art Regulation Act (Act 393 of 1999) R.S. 40:2831 - 40:2834, LAC 51 (Public Health – Sanitary Code - Parts 1-28); Chapter 32 of Title 40 of the Louisiana Revised Statutes of 1950, as amended (La. R.S. 40:2821 - 2826); Safe Drinking Water Program, L.R.S. 40:4.A(7),(8)&(11)); 40:4.B; 40:4.11, 40:4.12; 40:5(5),(6)&(20); 40:5.6-9; 40:6; 40:8; Safe Drinking Water Administration Fee R.S. 40:31.33.LAC 51: Part I and Parts XII (Water Supplies), XIV (Plumbing), XXIV (Swimming Pools); and LA R.S. 40:32 et seq., LA R.S. 40:1299.80 et seq; Building and Premises RS36:258; Commercial Seafood LAC Title 51: Part IX; LRS 40:5.3, National Shellfish Sanitation Program, USFDA Interstate Certified Shellfish Shippers List; Infectious Waste RS 40:4 (b)(i); Milk and Dairy LAC Title 51, Part 7, U.S. Food and Drug Administration Pasteurized Milk Ordinance, 2011 Revision; Retail Food LAC Title 51Part XXIII Chapter 307, Chapter 501; Food and Drug R.S. 40:601 et. sep., 2701-2719, and 2831 et seq, RS 40:717; Operator Certification RS 40:1141-1151, Title 48, Part V, Chapter 73, 42 U.S.C. 300f, et seq. 40 CFR Parts 141-143; Emergency Medical Services, R.S. 40:1231-1236., R.S. 40:1300.102-105; Emergency Preparedness sections 319C-1 and 319C-2 of the Public Health Service (PHS) Act as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, Presidential Policy Directive 8: National Preparedness; Medicare Rural Hospital Flexibility Balanced Budget Act of 1997, Section 4201, P.L. 105-33, LA Act 162 of 2002; Primary Care Office and Health Professional Workforce Public Health Act, Title III, § 333D, Section 220§ of the Immigration and Nationality Technical Corrections Act of 1994, Public Health Services Act, Title III, § 339 (O), 338I, and 338 and 338B(g)(1); Health Professional Shortage Area 42 CFR, Chapter 1, Part 5, §215 of the Public Health Service Act, 58 Stat. 690, 42 U.S.C. 216, § 332 of the Public Health Service Act, 90 Stat. 2270-2272, 42 U.S.C. 245e.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: A - Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Vital Records and Statistics program staff are required to initiate and complete a large number of social and legal activities for individuals who are establishing citizenship, obtaining a Social Security Number, getting married, obtaining a passport or a drivers license, filing for federal entitlements, filing for retirement, and filing for death benefits. The availability of vital event records benefits all persons who are born, married, no longer reside in Louisiana, or serves the families and legal executors for deceased individuals in the state. The timely availability of population data as it relates to fatality, mortality, marriage, and divorce facilitates health status assessment and health resource utilization at a point in time when the information is most valuable and the impact of intervention strategies is most effective

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Percentage of emergency document service requests filled within 24 hours.

LaPAS PI Code: 2549

1. **Type and Level**: Efficiency and Key

2. **Rationale**: This indicator measures the timeliness of customer services in the emergency service setting.

3. **Use:** The indicator is used to adjust and reallocate customer service resources, to evaluate the timeliness of services, and to evaluate the performance of staff members involved in direct customer services.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the State Auditor. A service "start time" and "service completion time" are collected manually or electronically for each mail based document issuance activity.

6. **Data Source, Collection and Reporting:**
   - Collection: Data is collected with the delivery of each customer service.
   - Reporting: Data is manually analyzed and reported on demand.

7. **Calculation Methodology:** A sample of customer transactions is drawn in workday increments and the percentage of customers served within 24 hours is calculated from a tally that groups services into those that required less than 24 hours and those that required more than twenty four hours to complete.

8. **Scope:** None

9. **Caveats:** There are no significant limitations with respect to the collection of indicator data. An electronic customer service tracking system currently being installed will automate this type of management information collection.

10. **Responsible Person:** Data collection is the responsibility of the customer service representative at the service level. Analysis of the data is the responsibility of the Registrar of Vital Records.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Percentage of mail requests issued within two weeks

LaPAS PI Code: 2548

1. **Type and Level**: Efficiency and Supporting

2. **Rationale**: This indicator measures the timeliness of customer services in the regular mail service setting.

3. **Use:** The indicator is used to adjust and reallocate customer service resources, to evaluate the timeliness of services, and to evaluate the performance of staff members involved in direct customer services.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. A service "start time" and "service completion time" are collected manually or electronically for each mail based document issuance activity.

6. **Data Source, Collection and Reporting:**
   - Collection: data are collected with the delivery of each customer service
   - Reporting: data are manually analyzed and reported on demand

7. **Calculation Methodology:** A sample of customer transactions is drawn in workday increments and the percentage of customers served within two weeks is calculated from a tally that groups services into those that required two weeks or less and those that required more than two weeks to complete.

8. **Scope:** None

9. **Caveats:** There are no significant limitations with respect to the collection of indicator data.

10. **Responsible Person:** Data collection is the responsibility of the customer service representative at the service level. Analysis of the data is the responsibility of the Registrar of Vital Records.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Percentage of counter services customers served within 30 minutes

LaPAS PI Code: 2547

1. **Type and Level**: Efficiency and General

2. **Rationale**: This indicator measures the timeliness of customer services in the direct service setting.

3. **Use:** The indicator is used to adjust and reallocate direct customer service resources, to evaluate the timeliness of services, and to evaluate the performance of staff members involved in direct customer services.

4. **Clarity:** These are walk-in customers.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. A service "start time" and "service completion time" are collected manually or electronically for each direct document issuance activity.

6. **Data Source, Collection and Reporting:**

    - Collection: data are collected with the delivery of each customer service
    - Reporting: Data are manually analyzed and reported on demand

7. **Calculation Methodology:** A sample of customer transactions is drawn in workday increments and the percentage of customers served within 30 minutes is calculated from a tally that groups services into those that required 30 minutes or less and those that required more than 30 minutes to complete.

8. **Scope:** A complete overview of program services requires the aggregation of Central Vital Records Registry service data with data from local document issuance sites.

9. **Caveats:** There are no significant limitations with respect to the collection of indicator data.

10. **Responsible Person:** Data collection is the responsibility of the customer service representative at the service level. Aggregation and data quality are the responsibility of the Registrar of Vital Records.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: A - Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Number of vital records processed

LaPAS PI Code: 2528

1. **Type and Level**: Output and Key

2. **Rationale**: This Indicator measures the current status of each of the vital event files at a point in time and provides information required by management to anticipate workflow and manpower requirements at the various processing steps (Record intake, keypunch, demographic and medical coding, editing, microfilming, document binding and storage, etc.). This indicator is the total number of the following: Birth record intake; Death record intake; Marriage record intake; Divorce record; intake; Abortion record intake; Fetal death record intake

3. **Use:** This indicator is used to determine the current status of each of the vital event record series at a point in time. The data assist program management in the allocation of resources to meet current workload and in the anticipation of resource needs.

4. **Clarity:** "File Closeout Activities" – Activities associated with assembling a final clean statistical file including special electronic record edits to identify questionable information, queries to vital event record originators to confirm or correct the questionable information, and manual and electronic record revisions to reflect data corrections.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. This output information is available in management reports and online as a product of the mainframe computer programs that manage the various vital event file series.

6. **Data Source, Collection and Reporting:**
   - Collection: The information is collected on an ongoing basis in computerized and manual logs.
   - Reporting: Most computer reports are generated on a monthly basis. File status can be ascertained by online queries at any point in time. Manual logs are annotated on a daily basis or as work progresses.

7. **Calculation Methodology:** The number of records processed for the current calendar year can be obtained from manual logs for early processing phases to online computer queries and computer generated management reports for completed processing.

8. **Scope:** The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce.

9. **Caveats:** Although this indicator can be accessed at any time during the year, it is most useful during the fourth quarter of the current calendar year and the first quarter of the following calendar year while file closeout activities are in progress.

10. **Responsible Person:** The State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Birth record intake

LaPAS PI Code: 11227

1. **Type and Level**: Input and General

2. **Rationale**: This indicator measures the number of birth records submitted to Vital Records Registry for registration.

3. **Use:** This indicator is used to determine the number of birth records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the "number" of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This information is available in manual logs maintained in the Registry's Document Acceptance Unit.

6. **Data Source, Collection and Reporting:**
   - Collection: ongoing
   - Reporting: reported on demand

7. **Calculation Methodology:** No calculations are involved in obtaining this input information.

8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.

9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as "priority one" and abortion, marriage, and divorce records are handled as "priority two."

10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Death record intake

LaPAS PI Code: 11229

1. **Type and Level**: Input and General

2. **Rationale**: This indicator measures the number of death records submitted to Vital Records Registry for registration.

3. **Use:** This indicator is used to determine the number of death records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the "number" of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry's Document Acceptance Unit.

6. **Data Source, Collection and Reporting:**
   - Collection: ongoing
   - Reporting: reported on demand

7. **Calculation Methodology:** No calculations are involved in obtaining this input information.

8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.

9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as "priority one" and abortion, marriage, and divorce records are handled as "priority two."

10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Marriage record intake

LaPAS PI Code: 11231

1. **Type and Level**: Input and General

2. **Rationale**: This indicator measures the number of marriage records submitted to Vital Records Registry for registration.

3. **Use:** This indicator is used to determine the number of marriage records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the "number" of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry's Document Acceptance Unit.

6. **Data Source, Collection and Reporting:**
   - Collection: ongoing
   - Reporting: reported on demand

7. **Calculation Methodology:** No calculations are involved in obtaining this input information.

8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.

9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as "priority one" and abortion, marriage, and divorce records are handled as "priority two."

10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Divorce record intake

LaPAS PI Code: 11232

1. **Type and Level**: Input and General

2. **Rationale**: This indicator measures the number of divorce records submitted to Vital Records Registry for registration.

3. **Use:** This indicator is used to determine the number of divorce records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the "number" of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry's Document Acceptance Unit.

6. **Data Source, Collection and Reporting:**
   - Collection: ongoing
   - Reporting: reported on demand

7. **Calculation Methodology:** No calculations are involved in obtaining this input information.

8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.

9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as "priority one" and abortion, marriage, and divorce records are handled as "priority two."

10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Abortion record intake

LaPAS PI Code: 11234

1. **Type and Level**: Input and General

2. **Rationale**: This indicator measures the number of abortion records submitted to Vital Records Registry for registration.

3. **Use:** This indicator is used to determine the number of abortion records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the "number" of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry's Document Acceptance Unit.

6. **Data Source, Collection and Reporting:**
    - Collection: ongoing
    - Reporting: reported on demand

7. **Calculation Methodology:** No calculations are involved in obtaining this input information.

8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.

9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as "priority one" and abortion, marriage, and divorce records are handled as "priority two."

10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Fetal death record intake

LaPAS PI Code: 11235

1. **Type and Level**: Input and General

2. **Rationale**: This indicator measures the number of fetal death records submitted to Vital Records Registry for registration.

3. **Use:** This indicator is used to determine the number of fetal death records submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the "number" of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Legislative Auditor. This information is available in manual logs maintained in the Registry's Document Acceptance Unit.

6. **Data Source, Collection and Reporting:**
   a. Collection: ongoing
   b. Reporting: reported on demand

7. **Calculation Methodology:** No calculations are involved in obtaining this input information.

8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.

9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as "priority one" and abortion, marriage, and divorce records are handled as "priority two."

10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME: Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted

LaPAS PI Code: 11235

1. **Type and Level**: Input and General

2. **Rationale**: This indicator measures the number of vital event records (birth, death, fetal death, abortion, marriage, and divorce certificates) submitted to Vital Records Registry for registration.

3. **Use:** This indicator is used to determine the number of vital events records by type submitted to the Vital Records Office for registration at any point in time. Given the historical information available to the program, the "number" of events presented for registration is a strong indicator of file completeness and it assists management in targeting program resources at delinquent vital event record generators.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual logs maintained in the Registry's Document Acceptance Unit.

6. **Data Source, Collection and Reporting:**
   - Collection: ongoing
   - Reporting: reported on demand

7. **Calculation Methodology:** No calculations are involved in obtaining this input information.

8. **Scope:** No aggregation is required. The vital event records are subdivided into record categories including birth, death, fetal death, abortion, marriage and divorce; however, the input log for each record is maintained separately.

9. **Caveats:** Pressures exerted by customer service demands and federal data contracts force the program to prioritize record intake (input) such that birth, death, and fetal death records are handled as "priority one" and abortion, marriage, and divorce records are handled as "priority two."

10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection and quality; Office (504) 593-5180.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Vital Records and Statistics

OBJECTIVE I: Personal Health Services, through its vital records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2019.

INDICATOR NAME Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold

LaPAS PI Code: 20430

1. **Type and Level**: Input and General

2. **Rationale**: This indicator measures the number of vital event records (birth, death, fetal death, abortion, marriage and divorce certificates) sold by all Vital Records retail locations statewide.

3. **Use:** This indicator is used to determine the sales volume by record so that staffing, equipment and administrative support can be supplied to maximize customer service.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is available in manual monthly reconciliation reports and on computerized accounts receivable system print-outs

6. **Data Source, Collection and Reporting:**
   - Collection: ongoing
   - Reporting: monthly and on demand

7. **Calculation Methodology:** Reports from all locations must be added to get a monthly and annual total for each record type.

8. **Scope:** No aggregation may be required as the vital event records are subdivided into record categories and the sales reports are itemized by category

9. **Caveats:** The reports depend on the accuracy of the reconciliation reports prepared by each location until the annual report is compiled.

10. **Responsible Person:** State Registrar of Vital Records is responsible for data collection from the retail locations and consolidation of these reports

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Personal Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Emergency medical services (EMS) respond to all requests for pre-hospital medical care including cardiac, medical and trauma emergencies. These illnesses affect persons of all demographics. EMS provides standards for education, examination, and certification for over 22,000 emergency response personnel, including paramedics, first responders, firemen, and emergency medical technicians.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Personal Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

INDICATOR NAME: Percent increase of EMS workforce in Louisiana

LaPAS PI Code: 24154

1. **Type and Level:** Outcome and Supporting

2. **Rationale:** This measures the increase in the percentage of the EMS workforce number.

3. **Use:** This indicator is used to measure the volume of candidates entering into the workforce.

4. **Clarity:** This indicator includes the number of candidates entering into the workforce; EMS – Emergency Medical Service

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.

6. **Data Source, Collection and Reporting:** Data Source Internal database

   a) Collection: Daily
   b) Reporting: Annually

7. **Calculations Methodology:** The actual number of candidates entering into the workforce.

8. **Scope:** The indicator is a statewide figure.

9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.

10. **Responsible Person:** The Bureau of EMS Program Manager.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Personal Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

INDICATOR NAME: Number of EMS personnel newly certified

LaPAS PI Code: 24155

1. **Type and Level:** Outcome and Supporting

2. **Rationale:** This measures the increase in the percentage of new EMS personnel.

3. **Use:** This indicator is used to measure the volume of new candidates entering into the workforce.

4. **Clarity:** The number of new candidates entering into the workforce.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.

6. **Data Source, Collection and Reporting:** Data Source Internal database
   a) Collection: Daily
   b) Reporting: Annually

7. **Calculations Methodology:** The actual number of candidates entering into the workforce.

8. **Scope:** The indicator is a statewide figure.

9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.

10. **Responsible Person:** The Bureau of EMS Program Manager; 7173 Florida Boulevard, Baton Rouge, LA 70806; Office: (225) 925-7229.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Personal Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

INDICATOR NAME: Number of EMS personnel re-certified

LaPAS PI Code: 24156

1. **Type and Level:** Outcome and Supporting

2. **Rationale:** This measures the increase in the percentage of re-certified EMS personnel.

3. **Use:** This indicator is used to measure the volume of re-certifying candidates in the workforce.

4. **Clarity:** The number of re-certified candidates returning to the workforce.

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.

6. **Data Source, Collection and Reporting:** Data Source Internal database

   a) Collection: Daily
   b) Reporting: Annually

7. **Calculations Methodology:** The actual number of candidates entering into the workforce.

8. **Scope:** The indicator is a statewide figure.

9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.

10. **Responsible Person:** The Bureau of EMS Program Manager; 7173 Florida Boulevard, Baton Rouge, LA 70806; Office: (225) 925-7229.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Emergency Medical Services

OBJECTIVE II: Personal Health Services, through its emergency medical services activity, will develop an adequate medical workforce by mobilizing partnerships, developing policies and plans, enforcing laws, regulations, and assuring a competent workforce each year through June 30, 2019.

INDICATOR NAME: Total number of EMS workforce

LaPAS PI Code: 24157

1. **Type and Level:** Outcome and Supporting:

2. **Rationale:** This measures the total number of EMS personnel.

3. **Use:** This indicator is used to measure the total number of EMS personnel that creates the workforce.

4. **Clarity:** The total number of EMS personnel in the workforce.

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. Data collection is provided through the EMS portal and verified monthly by audits.

6. **Data Source, Collection and Reporting:** Data Source Internal database
   a) Collection: Daily
   b) Reporting: Annually

7. **Calculations Methodology:** The actual number of candidates entering into the workforce.

8. **Scope:** The indicator is a statewide figure.

9. **Caveats:** The accuracy of the report relies on a Legacy data based that is internally maintained by our office.

10. **Responsible Person:** The Bureau of EMS Program Manager; 7173 Florida Boulevard, Baton Rouge, LA 70806; Office: (225) 925-7229.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Community Preparedness

OBJECTIVE III: Personal Health Services, through its community preparedness activity, will build healthy, resilient communities and enhance Louisiana's state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: All residents, visitors, and preparedness partners and the federal, state and local levels benefit from the work of staff within community preparedness. The DHH OPH Center for Community Preparedness (CCP) provides public health expertise and resources to its partners and the community during emergency response efforts through the use of the Centers for Disease Control and Prevention's Cooperative Agreement for Public Health Emergency Preparedness grant funding. The DHH OPH CCP manages the funds received through the CDC PHEP cooperative agreement to implement several emergency preparedness programs that increase response capabilities and service the entire population of Louisiana such as Louisiana Volunteers in Action, Strategic National Stockpile/Cities Readiness, CHEMPACK, and Public Health Information Network. The CCP provides its services in accordance with the national response framework for local, state and national partners using National Incident Command System compliance standards for emergency response operations.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Community Preparedness

OBJECTIVE III: Personal Health Services, through its community preparedness activity, will build healthy, resilient communities and enhance Louisiana's state and local public health agencies capacities to prepare for, detect, and respond to chemical and biological terrorism and other communicable disease threats each year through June 30, 2019.

INDICATOR NAME: Obtain a 43% Medication Countermeasure Distribution and Dispensing Score

LaPAS PI Code: 24158

1. **Type and Level**: Outcome and Supporting

2. **Rationale**: Annual composite score based on the record performance and results from the Technical Assistance Review, Performance of DSNS Operation Drills, Documentation of compliance with Programmatic Standards and Full-Scale Exercise.

3. **Use:** This performance indicator is used to ensure that Louisiana meets the Centers for Disease Control guidance to support advancements in public health capabilities to receive, stage, store, distribute and dispense medical countermeasures in response to an emergency.

4. **Clarity:** N/A

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. This information is based on reports/assessments conducted by the Centers for Disease Control and Prevention.

6. **Data Source, Collection and Reporting:** Centers for Disease Control and Prevention Composite Scoring on Elements (Technical Assistance Review, Performance of DSNS Operation Drills, Documentation of compliance with Programmatic Standards and Full-Scale Exercise) (Data Source); Collection: Yearly; Reporting: Yearly

7. **Calculation Methodology:** Each of the above elements is scored and a composite score is given based on each element.

8. **Scope:** Summation of date includes a statewide total.

9. **Caveats:** None noted. All states are measured on the same data components.

10. **Responsible Person:** The Centers for Disease Control and Prevention performs the assessment. The Center for Community Preparedness Executive Director is responsible for the overall management of the Strategic National Stockpile Program.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Bureau of Family Health (formerly Maternal and Child Health)

OBJECTIVE IV: Personal Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

Primary Persons Who will benefit from or be Significantly Affected by Objective: Persons who will benefit most from the objective will be those infants and children at highest risk for infant and child mortality and their families. The entire state population will benefit by having healthier children.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Bureau of Family Health (formerly Maternal and Child Health)

OBJECTIVE IV: Personal Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Number of Nurse Family Partnership home visits

LaPAS PI Code: 20139

1. **Type and Level**: Output and Key

2. **Rationale**: The indicator measures the total number of completed home visits performed by the Nurse Family Partnership (NFP) Program. It is the quantifiable unit of service used to measure program and nurse level efficiency and productivity.

3. **Use:** This indicator will be one of several tools used to measure nurse and program productivity, to determine reimbursement and for performance based budgeting purposes.

4. **Clarity:** The indicator name clearly identifies what is being measured. No further clarity is needed.

5. **Accuracy, Maintenance, Support:** Number of home visits is collected and reported through the Clinical Information system (CIS), a national database used by all NFP Programs. Each NFP site enters data into the national CIS database. Quality assurance measures include review of CIS reports, Louisiana NFP internal report, and nurse itineraries, and client record documentation.

6. **Data Source, Collection and Reporting:** Home visit encounter data is entered into the NFP CIS database at the site after each encounter. Data is entered daily into the CIS database. Itineraries are updated daily to reflect completed home visits. Activity profile reports are generated from the CIS database to report number of home visits. The Louisiana NFP internal report is submitted monthly. An annual report based upon the state fiscal year is generated by the national NFP program based upon data collected from the CIS system.

7. **Calculation Methodology:** Sum of all home visit encounters with patients served through the Nurse Family Partnership statewide.

8. **Scope:** The number of home visits provided through the Nurse Family Partnership Program can be reported statewide and on a regional level.

9. **Caveats:** This indicator contains no caveats, is not proxy or surrogate, and the data source has no bias.

10. **Responsible Person:** The Nurse Family Partnership Sites are responsible for data collection.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Bureau of Family Health (formerly Maternal and Child Health)

OBJECTIVE IV: Personal Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Percentage of clients returning for follow up family planning visits

LaPAS PI Code: 24175

1. **Type and Level:** Outcome and General

2. **Rationale:** The indicator measures programmatic effectiveness. It is a valid measure of performance. It helps to demonstrate performance and continuity of care.

3. **Use:** This performance indicator is a measure of quality service delivery that assists individuals in determining the number and spacing of their children, through the provision of education, counseling, and medical services. The indicator will be used for internal management purposes and surface for performance-based budgeting purposes.

4. **Clarity:** The performance indicator clearly identifies what is being measured. Follow up is defined as clients who return quarterly and annually for Family Planning services.

5. **Accuracy, Maintenance, Support:** The indicator has not been audited. Client service data will be accurately reported through the Comprehensive On-line Medical Patient Accountability Software System (COMPASS).

6. **Data Source, Collection and Reporting:** COMPASS and Cognos (a software system that allows for searching, processing, and reporting data) are the data sources. Data is gathered quarterly and annually, and is reported on a state fiscal year. Frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** The indicator is calculated using the number of nurse revisits, medical revisits and annual visits, divided by total family planning visits. The calculation is standard.

8. **Scope:** The indicator is aggregated. It can be broken down into region or parish.

9. **Caveats:** Data entry by clinic personnel is a limitation. The indicator is a proxy and the source of data is not bias. There are no caveats that data users should be aware of.

10. **Responsible Person:**
    Email: michelle.alletto@dhh.la.gov, Bureau of Family Health,1450 Poydras Street-Suite 2003, New Orleans, Louisiana 70112, Office: 504-568-2180; Fax: 504-568-8200;

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Bureau of Family Health (formerly Maternal and Child Health)

OBJECTIVE IV: Personal Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Percentage of women who had or were treated for Chlamydia at any time during pregnancy

LaPAS PI Code: New

1. Type and Level: Outcome and Supporting

2. Rationale: There is an association between poor birth outcomes and STI. Chlamydia is the most prevalent STI in Louisiana.

3. Use: The indicator is used to guide targeted program interventions to improve health.

4. Clarity: Indicator name is clear

5. Accuracy, Maintenance, Support: The Louisiana Vital Records and Statistics Office works to maintain a strong relationship with the National Center for Health Statistics (NCHS). NCHS is the federally recognized organization with responsibility for archiving all vital records events in the United States. Agreements containing specific instructions on the collection and management of events are in place with each US state and territory. States are required to send vital records data to NCHS as part of these agreements. In addition to the numerous internal audits and checks performed by the Louisiana office, NCHS performs independent data checks on Louisiana (and all other state) data. When questions arise, NCHS contacts Louisiana to investigate and resolve the question. Data are then edited as appropriate and resubmitted to NCHS. This ongoing partnership assures the maintenance of high quality vital records data deemed valid and reliable at the state and federal levels.

6. Data Source, Collection and Reporting: The Louisiana State Registrar and Vital Records and Statistics Office are responsible for the collection of all birth and death events in the State of Louisiana. Statistical "close-out" files are produced for each calendar year after the successful completion of all quality checks. In the interim, preliminary files are made available for internal planning purposes. Measures calculated based on preliminary files are subject to change and should be interpreted with caution. Bureau of Family Health epidemiologists receive preliminary files on a monthly basis and close-out files as available. All analyses are provided by Bureau of Family Health epidemiologists. Currently, it is reasonable to anticipate about 18 months between the end of a given calendar year and the release of the final statistical file for that year. During this time, finalization of collection, cleaning, and audits of the vital records files are

conducted. There is some variability in the availability of data, but a range of 12 to 24 months is expected. When preliminary data are used, a 90-day lag in records processing is allowed in hopes of achieving a better approximation to final data.

7. Calculation Methodology: Numerator: Louisiana resident women with Chlamydia present and/or treated during pregnancy on birth certificate
Denominator: Total number of births to Louisiana resident women
% of women diagnosed with Chlamydia during pregnancy =Numerator/Denominator

8. Scope: The indicator as proposed is aggregated at the state level and made available on an individual calendar year basis. This indicator can be broken down by both smaller geographic locations (e.g. Public Health Region, Parish, Zip Code) as well as various maternal demographic characteristics (e.g. race, education) as long as counts are greater than 5.

9. Caveats: The vital records data are collected and maintained in such a way as to be subject to minimal bias. The main threats to validity include failure of field facilities to report 100% of vital records events and missing data that were unable to be obtained despite best efforts. It is reasonable to expect that in most if not all reporting years, the bias present in the data is minimal and that the data are of sufficient quality to be used with confidence. Since “Chlamydia present and/or treated during pregnancy” is abstracted from the birth medical record it is possible that the mother might have been diagnosed and treated for Chlamydia at an earlier prenatal visit and this information might not be present in the chart.

10. Responsible Person:

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Director, Bureau of Family Health
Office of Public Health
Louisiana Department of Health and Hospitals
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Bureau of Family Health (formerly Maternal and Child Health)

OBJECTIVE IV: Personal Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Infant Mortality Rate

LaPAS PI Code: 24160

1. **Type and Level**: Outcome and General

2. **Rationale:** Infant mortality is used globally to reflect the overall health of a country, state, or community. The infant mortality rate is a complex measure, and changes in the measure from year to year are impacted by complex social and medical factors. It is not sensitive enough to be a valid measure of performance targeted in this objective, but rather a reflection of socioeconomic conditions and proportion of African American births in Louisiana. Nationally and in Louisiana, the African American infant mortality rate is twice the White rate.

3. **Use:** Louisiana's excessively high infant mortality rate compared to the rest of the U.S. will be used to establish policies and services that address health coverage and health of females before, during, and between pregnancies.

4. **Clarity:** Infant mortality rates are the most commonly used index for measuring the risk of dying during the first year of life. In the US, states routinely use the same definition defined as the number of infant deaths per 1,000 live births in a single population over a single calendar year. This definition is consistent with that reported by the National Vital Statistics System, where infant mortality rates are calculated by dividing the number of infant deaths in a calendar year by the number of live births registered for the same period. Results are presented as rates per 1,000 (or 100,000) live births. Rates based on fewer than 20 deaths are suppressed because they are considered to be too statistically unreliable for presentation.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor; however, other checks of validity and reliability are routinely performed. The Louisiana Vital Records and Statistics Office is a member of the National Association for Public Health Statistics and Information Systems (NAPHSIS). The NAPHSIS mission is to provide national leadership and advocacy on behalf of its members to ensure the quality, security, confidentiality and utility of vital records and health statistics, as well as their integral role within health information systems, for monitoring and improving public health.

6. **Data Source, Collection and Reporting:** The Louisiana State Registrar and Vital Records and Statistics Office are responsible for the collection of all birth and death events in the State of Louisiana. Statistical "close-out" files are produced for each calendar year after the successful completion of all quality checks. These files are then shared with the Maternal and Child Health program for analyses. Currently, it is reasonable to anticipate about 18 months between the end of a given calendar year and the release of the final statistical file for that year. During this time, finalization of collection, cleaning, and audits of the vital records files are conducted. There is some variability in the availability of data, but a range of 12 to 24 months is expected.

7. **Calculation Methodology:** NAPHSIS has made available a website for basic terminology and measures commonly used by its members and CDC's National Center for Health Statistics. Per the NAPHSIS Statistical Measure and Definitions website, the INFANT MORTALITY RATE is the number of resident newborns in a specified geographic area (country, state, county, etc.) dying under one year of age divided by the number of resident live births for the same geographic area (for a specified time period, usually a calendar year) and multiplied by 1,000. Calculation: (Number of resident infant deaths/Number of resident live births) x 1,000. The IMR is usually calculated using the annual number of resident infants who died during a year in the numerator and the total annual number of resident live births during the same year in the denominator. In addition to being listed on the NAPHSIS website, the National Vital Statistics System of the National Center for Health Statistics calculates the infant mortality rate for the entire US and each US state using this same methodology. Results based on their calculations are made available each year in an annual report available in hard copy and on the web. The measure proposed here uses this same standard formula.

8. **Scope:** Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

   The indicator as proposed is aggregated at the state level and made available on an individual calendar year basis. This indicator can be broken down by both smaller geographic locations (e.g. – Public Health Region, Parish, Zip Codes) as well as various maternal demographic characteristics (e.g. – race, education). It is important to recognize that as the indicator is disaggregated, the number of deaths may become small. It is not recommended to report the infant mortality rate when the number of deaths falls below 20 due to statistically unreliability, so care must be used when identifying the scope of the measure released for program, planning, or other purposes.

   Per the NAPHSIS Statistical Measure and Definitions website: In less densely populated areas, annual numbers of infant deaths may be small (<10 or 20) which would result in an infant mortality rate considered to be too unstable or unreliable for analysis. Adding additional years (three or five-year average annual rates) and/or expanding the area to be studied should result in a larger number of deaths and more reliable rates for analysis.

9. **Caveats:** Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
The infant mortality rate is a complex measure, and changes in the measure from year to year are impacted by complex social and medical factors. The data are collected as part of the National Vital Statistics System and are reasonably expected to be available long-term. While the indicator is commonly used as a surrogate for the overall health of a population, the measure also stands independently for the purpose of understand the mortality experience of our youngest lives with direct implications for policy and planning purposes specific to reducing future deaths of Louisiana infants. The data are collected and maintained in such a way as to be subject to little bias. The main threats to validity include failure of field facilities to report 100% of vital records events and missing data that were unable to be obtained despite best efforts. It is reasonable to expect that in most if not all reporting years, the bias present in the data is minimal and that the data are of sufficient quality to be used with confidence.

   NAPHSIS addresses the following concerns that are applicable to all reporting states and jurisdictions:

   There are some concerns about the quality of reporting of infant mortality internationally and within states, especially in terms of defining a live birth and/or complete reporting of both birth and death certificates for very low birth weight babies.

   The main caveat of which users should be aware is that Louisiana is now in the process of converting to the 2003 revision of the standard live birth and death forms. While this change should not impact the validity, reliability, or the ability to calculate infant mortality rate, it is a major change in process that is worth mentioning.

10. **Responsible Person:** While the Louisiana Vital Records and Statistics program is responsible for the collection of vital records data, the Maternal and Child Health CDC assigned epidemiologist maintains responsibility for analysis.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Bureau of Family Health (formerly Maternal and Child Health)

OBJECTIVE IV: Personal Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

Indicator Name: Number of Clients receiving family planning services (formerly named number of women in need of family planning services served)

LaPAS PI Code: 2395

1. **Type and Level:** Output and General

2. **Rationale:** The indicator calculates the number of WIN who meets the definition of WIN of publicly supported contraceptive services and supplies who received services in OPH family planning clinics.

3. **Use:** Performance indicator is used to measure the progress the family planning program is making in the provision of services to those women who have been determined to be most in need of family planning services. The increase in users is justifiable for budgetary purposes.

4. **Clarity:** Unduplicated patient count is defined as the single count of patients who receive family planning services, which does not include multiple visits of the same patient in a fiscal year. An analysis of the income status of Louisiana Family Planning clients reflects that 98 percent of the women seen in family planning clinics have declared an income of less than 250 percent of poverty (27,050 for a family of four). The remaining two percent represent women who are 250 percent above the federal poverty level.

5. **Accuracy, Maintenance, Support:** Unduplicated patient count data is collected from the Family Planning Billing and Services Encounter System. The indicator is valid, reliable and accurately reported through continuous quality improvement and monitoring.

6. **Data Source, Collection and Reporting:** This information is collected through the Comprehensive On-line Medical Patient Accountability Software System (COMPASS) and reported through Cognos- a software system that allows for searching, processing, and reporting data. Information is gathered quarterly and reported on a state fiscal year. In general, data is reviewed weekly. The frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** The unduplicated patient count is a (removed the word "simple") statewide count of unduplicated patients seen in family planning service sites using COMPASS.

8. **Scope:** Disaggregated data is reported by age, race, sex, income, parish and region. Data can be used to measure total client population.

9. **Caveats:** These data are confirmed and accounted for at each site where services are provided by designated personnel who verify COMPASS entries prior to processing. Duplicate data is removed quarterly and yearly by calculating only those encounters with unique client identifying information. Data entry by clinic personnel is a limitation. The indicator is a proxy and the source of data is not bias. There are no caveats that data users should be aware of.

10. **Responsible Person:**

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Bureau of Family Health (formerly Maternal and Child Health)

OBJECTIVE IV: Personal Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Percentage of infants born to mothers beginning prenatal care in the first trimester

LaPAS PI Code: 13749

Type and Level: Outcome and General

1. **Rationale**: First Trimester Prenatal Care Entry has been a long standing benchmark measure by which to estimate access to care and health-seeking behaviors of pregnant women. As a result, it is a standard measure for many Maternal and Child Health Programs in the US.

2. **Use:** This indicator will be used in management decision making and internal management purposes.

3. **Clarity:** First Trimester Prenatal Care Entry clearly identifies what is being measured. The first trimester is uniformly defined as the first three months of pregnancy. This measure is reported as the percent of women who enter prenatal care during the first trimester of pregnancy and is calculated by dividing the number of women who enter prenatal care in the first trimester in a calendar year by the number of women who deliver a live birth during the same period. Results are presented as percents and can be interpreted as number of women per 100 who enter prenatal care in the first trimester. This definition is consistent with that reported by the National Vital Statistics System. NCHS does not report percents based on fewer than 20 births in the numerator; this is of little concern at the State, Regional, or even Parish level since even disaggregated data usually have at least 20 births in the numerator.

4. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor; however, other checks of validity and reliability are routinely performed. The Louisiana DHH Office of Public Health Center for Records and Statistics works to maintain a strong relationship with the National Center for Health Statistics (NCHS). NCHS is the federally recognized organization with responsibility for archiving all vital records events in the United States. Agreements containing specific instructions on the collection and management of events are in place with each US state and territory. States are required to send vital records data to NCHS as part of these agreements. In addition to the numerous internal audits and checks performed by the Louisiana office, NCHS performs independent data checks on Louisiana (and all other state) data. When questions arise, NCHS contacts Louisiana to investigate and resolve the question. Data

are then edited as appropriate and resubmitted to NCHS. This ongoing partnership assures the maintenance of high quality vital records data deemed valid and reliable at the state and federal levels. Further underscoring the appropriateness of the calculation, NCHS uses the formula referenced in item #7 below to report the percent of women entering prenatal care in the first trimester for the US and each state and territory.

5. **Data Source, Collection and Reporting:** The Louisiana State Registrar and DHH Office of Public Health Center for Records and Statistics are responsible for the collection of all birth events in the State of Louisiana. Information captured at or near the time of delivery is also recorded on the birth record. The “month [of pregnancy] prenatal care began” is collected as part of the Louisiana standard birth record. Statistical “close-out” files of vital records events are produced for each calendar year after the successful completion of all quality checks. These files are then shared with the Maternal and Child Health program for analyses. Currently, it is reasonable to anticipate about 18 months between the end of a given calendar year and the release of the final statistical file for that year. During this time, finalization of collection, cleaning, and audits of the vital records files are conducted. There is some variability in the availability of data, but a range of 12 to 24 months is expected.

6. **Calculation Methodology:** The March of Dimes Peristats website reports that timing of prenatal care calculations stratifies the timing of the mother's entry into prenatal care into three categories. These categories include: "Early prenatal care," which is care started in the 1st trimester (1-3 months); "Second trimester care" (4-6 months); and "Late/no prenatal care," which is care started in the 3rd trimester (7-9 months) or no care received. This calculation is based on the number of live births to mothers in the early prenatal care category divided by all live births, excluding those missing data on prenatal care, multiplied by 100. Calculation: (Number of resident births where maternal prenatal care began in months 1 to 3 of pregnancy/Total number of resident live births) x 100

7. **Scope:** The indicator as proposed is aggregated at the state level and made available on an individual calendar year basis. This indicator can be broken down by both smaller geographic locations (e.g. – Public Health Region, Parish, Zip Code) as well as various maternal demographic characteristics (e.g. – race, education). If this indicator is disaggregated by multiple factors simultaneously (e.g.- by parish and race at the same time), the number of births in each group may become too small for statistical analysis. It is not recommended to report first trimester prenatal care entry when the number of births where prenatal care was received in the first trimester falls below 20, as data may be statistically unreliable.

8. **Caveats:** This indicator does not have significant limitations and is fairly straightforward in both measurement and reporting. However, unlike vital records events themselves, data captured as ancillary information may at times be missing from the record. Certain factors, such as geographic and provider transience in between receipt of care and the actual delivery event may result in women with certain characteristics being more likely to be missing information than women who remain in one geographic location with only one provider. In addition, failure of field facilities to report 100% of vital records events

may introduce some bias in this estimate, although bias due to unreported events is reasonably expected to be quite small.

9. While this indicator is expected to be available long-term, there is a caveat that must be mentioned. Data for first trimester prenatal care entry are not considered comparable between the 1989 Revision of the U.S. Standard Certificate of Live Birth (unrevised) and the 2003 U.S. Standard Certificate of Live Birth (revised), despite being collected on both forms. Substantive changes in both question wording and the sources for this information have resulted in data that are not comparable between revisions. The wording of the prenatal care item was modified to ‘‘Date of first prenatal visit’’ from ‘‘Month prenatal care began.’’ In addition, the 2003 revision process resulted in recommendations that the prenatal care information be gathered from the prenatal care or medical records, whereas the 1989 revision did not recommend a source for these data. Prenatal care data based on the 2003 revised certificate show a markedly less favorable picture of prenatal care utilization in the U.S. than data from the 1989 certificate. Most of the difference can be attributed to changes in reporting and *not* to changes in prenatal care utilization. Performing a trend analysis of these data before and after the implementation of the revised certificate is not valid.

10. Responsible Person: While the Louisiana Vital Records and Statistics program is responsible for the collection of vital records data, the Bureau of Family Health’s Center for Disease Control and Prevention assigned epidemiologist maintains responsibility for analysis.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM NAME: Personal Health Services

ACTIVITY: Bureau of Family Health (formerly Maternal and Child Health)

OBJECTIVE IV: Personal Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2019.

INDICATOR NAME: Percentage of children with special health care needs receiving care in a Medical Home

LaPAS PI Code: 24164

1. **Type and Level**: Outcome and General

2. **Rationale:** The indicator is collected by CDC as part of the National Survey of Children with Special Healthcare Needs and is therefore a population based measure with high sensitivity and specificity. It is only collected every 4 years.

3. **Use:** The indicator reflects progress of our whole healthcare system in meeting the needs of children with special healthcare needs in Louisiana and permits comparison with other states and the national average. It is not useful for performance-based budgeting purposes since it reflects Medicaid policies and population changes in addition to CSHS activities.

4. **Clarity:** The definition of Children with Special Healthcare Needs is the broad Maternal Child Health Bureau definition: Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. The most common diagnoses in this group are asthma and attention deficit disorder.

5. **Accuracy, Maintenance, Support:** The indicator data is collected by CDC. The data offers highly precise and reliable population estimates for individual and family characteristics. The information can be compared with the national average and with other states with great Accuracy, Maintenance, Support.

6. **Data Source, Collection and Reporting:** The indicator data is collected by CDC by telephone survey (the National Children with Special Healthcare Needs Survey) and is therefore independent of the CSHS program. The survey is done every four years. Data is available for 2001 and 2005/6.

7. **Calculation Methodology:** Survey questions are adjusted each year the survey is conducted in order to improve data quality. Comparisons can be made in any one year with the national average. For questions that are not changed, comparisons can be made from one survey year to the next. In order to meet the criteria for having a medical home,

several criteria must be met, including that the family says their care in a medical home is ongoing, comprehensive and coordinated.

8. **Scope:** The data cannot be broken down by region or parish but is provided for the whole state.

9. **Caveats:** The data is only collected every 4 years. The outcome is a reliable indicator for Louisiana but reflects our entire healthcare system and not just CSHS activities.

10. **Responsible Person:** The information is available online from CDC. The CSHS epidemiologist has access to the data set and can conduct sub-analyses for the Louisiana data. Nicole Richmond is the CSHS epidemiologist responsible for reporting CSHS data. Susan Berry is the Director who can also provide data.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Immunization

OBJECTIVE VI: Personal Health Services, through its immunization activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2016.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The children of Louisiana will be those who will benefit. The State and its communities will also benefit from the prevention, diminished occurrence and transmission of diseases through immunizations.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Immunization

OBJECTIVE V: Personal Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2019.

INDICATOR NAME: Percent of children 19 to 35 months of age up to date for 4-Diphtheria-Tetanus-Pertussis; 3-Polio; 1-Measles-Mumps-Rubella; 3-Haemophilus influenza type b; 3-Hepatitis B; 1-Varicella; and 4-Pneumococcal Conjugate type B vaccines

LaPAS: 24165

1. **Type and Level:** Output and Key

2. **Rationale:** Indicator is used to measure the outcome of how well children in the 19 to 35 months age group population are up to date by 24 months of age according to the ACIP schedule.

3. **Use:** Performance indicator serves as a measure of the effectiveness of the immunization program and is critical to the goal of preventing the occurrence and transmission of vaccine preventable diseases and to revise and target interventions and allocate resources.

4. **Clarity:** In this analysis, complete immunization is defined as 4 Diphtheria-Tetanus-Pertussis Vaccine (DTP), 3 Poliovirus Vaccine (IPV), 3 Hepatitis B Vaccine (HBV), 1 Measles, Mumps, and Rubella Vaccine (MMR), and 1 Varicella Vaccine (VAR) by 24 months of age.

5. **Validity, Reliability, and Accuracy:** This indicator is captured at the National level by the Centers for Disease Control and Prevention (CDC) through its National Immunization Survey.

6. **Data Source, Collection and Reporting:** Annual

7. **Calculation Methodology:** The DHH OPH Immunization program does not compute this figure, but provides data as reported by the CDC.

8. **Scope:** Indicator available in state format and generally is compared to previous years' data.

9. **Caveats:** Represents immunization status of children 19 – 35 months of age by 24 months of age; Information is compiled at the national level

10. **Responsible Person:** Centers for Disease Control and Prevention

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Immunization

OBJECTIVE VI: Personal Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2019.

INDICATOR NAME: Percent of kindergartners up to date with 4-Diphtheria-Tetanus-Pertussis; 3-Polio; 2-Measles-Mumps-Rubella; 3- Hepatitis B; 2-Varicella

LaPAS: 24166

1. **Type and Level:** Outcome and Key

2. **Rationale:** Indicator is used to measure the outcome of how well immunized children are at school entry.

3. **Use:** Performance indicator is used to monitor need for OPH to be a direct provider of immunization services and to guide management in the distribution of limited resources.

4. **Clarity:** An appropriately immunized child must meet the minimum requirement of 4 DTP, 3 Polio, 2 MMR and 2 VAR with at least one DTP and one Polio after the 4th birthday.

5. **Accuracy, Maintenance, Support:** This information has not been audited. Immunization Consultants submit statistical reports and documentation.

6. **Data Source, Collection and Reporting:**

   a) Collection: September through March
   b) Reporting: April 15th of each year due in our office.

7. **Calculation Methodology:** Percentage of children fully immunized at kindergarten entry, in both public and non-public schools divided by total number of children enrolled in kindergarten.

8. **Scope:** Indicator is available in parish and state format. Generally, data is compared to previous years' data.

9. **Caveats:** Information is obtained from Louisiana accredited schools.

10. **Responsible Person:** The Immunization Consultant in each region.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Immunization

OBJECTIVE VI: Personal Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2019.

LaPAS: 24167

INDICATOR NAME: Percent of 6th graders, 11-12 years of age, up to date with 1 Meningitis, 1 Tetanus diphtheria a cellular pertussis , 2-Varicella; 3- Hepatitis B; 1-Measles-Mumps-Rubella

1. **Type and Level:** Outcome and Key

2. **Rationale:** This indicator demonstrates the outcome of how well adolescents aged 11 – 12 years that are immunized by the 6th grade milestone

3. **Use:** Performance indicator is used to monitor areas of need and guide management in the distribution of limited resources.

4. **Clarity:** In this analysis, complete immunization is defined as 1 Tetanus- Diptheria-Pertussis Booster Dose (TdaP), 1 Meningitis Vaccine (MCV4), 2 Measles, Mumps, and Rubella Vaccine (MMR), 2 Varicella Vaccine (VAR) and 3 Hepatitis B Vaccine (HBV) by 11-12 years of age.

5. **Accuracy, Maintenance, Support:** This indicator is captured by Immunization Consultants who submit statistical reports and documentation to the OPH Immunization Program. It has not been audited.

6. **Data Source, Collection and Reporting:**

    a. Collection: September through March
    b. Reporting: April 15th of each year due in our office.

7. **Calculation Methodology:** Percentage of adolescents age 11- 12 years or in 6th grade fully immunized, in both public and non-public schools divided by total number of 6th grade children enrolled in schools.

8. **Scope:** Indicator available in parish and state format.

9. **Caveats:** Information is obtained from Louisiana accredited schools.

10. **Responsible Person:** Immunization Consultant in each region

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VI: Personal Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Persons who will benefit most from the objective will be children from one to five years old. This is the category of participants that have the lowest penetration rate. Persons who meet the qualifications to participate in the commodity supplemental food program and persons who are overweight or obese.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Public Health Services

ACTIVITY: Nutrition Services

OBJECTIVE: Public Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of breastfeeding initiatives across state agencies and private organizations each year through June 30, 2019.

INDICATOR NAME: Increase in the percentage of postpartum women enrolled in WIC who breastfeed from 17% to 20%.

LaPAS PI Code: New

1. **Type and Level**: Output and Supporting

2. **Rationale**: The United States Department of Agriculture, (USDA) the sole funding source of the WIC Program in Louisiana, mandates all State WIC Programs to track the number of individuals served by the WIC Program which is defined as WIC participation. This number is a direct reflection of knowing how many people are provided nutrition education and supplemental foods. In FY 2004, Congress appropriated funds to expand WIC breastfeeding support services through peer counseling for a more effective and comprehensive breastfeeding program.

3. **Use:** WIC participation performance indicator is utilized to determine federal funding and State budget appropriation for the Louisiana WIC Program. It also is used to monitor individual WIC clinic performance, staffing, equipment and other WIC infrastructure. The higher the number of WIC participants the more citizens are impacted by nutrition education and breastfeeding support, healthy food benefits resulting in better pregnancy outcomes and children who are healthy and ready for school. Breastfeeding peer counseling funds are also awarded in accordance with WIC participation.

4. **Clarity:** This is the number of low income participants who have been found to be eligible to receive WIC services and who possess WIC food instruments valid for a specific month to redeem for prescribed breastfeeding food benefits based on assessed nutrition risk. Participation is defined by USDA as: 1) the number of persons who received supplemental foods or food instruments (vouchers/checks) during the reporting period (valid month); 2) the number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; 3) the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.

5. **Accuracy, Maintenance, Support:** The number of breastfeeding WIC participants is a tabulation of the number of breastfeeding individuals being served by each WIC clinic each month. This information is collected and aggregated by the automated WIC management information system (PHAME).

6. **Data Source, Collection and Reporting:** The source of the data is the WIC electronic application, PHAME, which generates monthly reports on the 6th of the month following the reporting month. Data is available monthly with an annual average to date reported. The data is available by state, federal and rolling twelve months

7. **Calculation Methodology:** The data is calculated by the WIC electronic application, PHAME, and is based on the number of breastfeeding participants who receive at least one Food Instrument per valid month.

8. **Scope:** Specific data is available for each WIC breastfeeding participant category: breastfeeding women, fully breastfed infants and partially breastfed infants, non-breastfed infants. The data is aggregated and available by WIC clinic site as well as OPH Region and statewide.

9. **Caveats:** It is important to note that PHAME does not provide data relative to the number of breastfeeding participant visits and the participant numbers are not duplicated for the monthly reports.

10. **Responsible Person:** A team is responsible for the collection, analysis and quality of data. The team consists of the Director of Nutrition Services, the Assistant Director of Nutrition Services, the Nutrition Services Data Manager, DHH-IT staff, and the Project developer for CIBER, Inc.

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VI: Personal Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

INDICATOR NAME: Number of Monthly WIC Participants

LaPAS PI Code: 2384

1. **Type and Level**: Output and Key

2. **Rationale:** The United States Department of Agriculture,(USDA) the sole funding source of the WIC Program mandates all State WIC Programs to track the number of individuals served by the WIC Program which is defined as WIC participation. This number is a direct reflection of knowing how many people are provided nutrition education and supplemental foods

3. **Use:** This performance indicator is utilized to determine federal funding and State budget appropriation for the Louisiana WIC Program. It also is used to monitor individual WIC clinic performance, staffing, equipment and other WIC infrastructure. The higher the number of WIC participants the more citizens are impacted by nutrition education and healthy food benefits resulting in better pregnancy outcomes and children who are healthy and ready for school.

4. **Clarity:** This is the number of low income participants who have been found to be eligible to receive WIC services and who possess WIC food instruments valid for a specific month to redeem for prescribed food benefits based on assessed nutrition risk. Participation is defined by USDA as: 1) the number of persons who received supplemental foods or food instruments (vouchers/checks) during the reporting period (valid month); 2) the number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; 3) the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.

5. **Accuracy, Maintenance, Support:** The nutrition services program was audited by the Legislative Auditors office and has satisfied all audit findings. The number of monthly WIC participants is a tabulation of the number of individuals being served by each WIC clinic each month. This information is collected and aggregated by the automated WIC management information system (PHAME).

6. **Data Source, Collection and Reporting:** The source of the data is the WIC electronic application, PHAME, which generates monthly reports on the 6th of the month following the reporting month. Data is available monthly with an annual average to date reported. The data is available by state, federal and rolling twelve months.

7. **Calculation Methodology:** The data is calculated by the WIC electronic application (PHAME) and is based on the number of individual participants who receive at least one food instrument a valid month.

8. **Scope:** Specific data is available for each WIC participant category: pregnant women, breastfeeding women, non-breastfeeding women, fully breastfed infants, partially breastfed infants, non-breastfed infants and children ages 1 to 5 years of age. The data is aggregated and available by WIC clinic site as well as OPH Region and statewide.

9. **Caveats:** It is important to note that PHAME does not provide data relative to the number of participant visits and the participant numbers are not duplicated for the monthly reports.

10. **Responsible Person:** A team is responsible for the collection, analysis and quality of data. The team consists of the Chief of Nutrition Services, the Assistant Chief of Nutrition Services, the Nutrition Services Finance and Data Manager, DHH-IT PHAME Project Manager, Project developer for CIBER, Inc.

    Karen Chustz, Director of Nutrition Services
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VII: Personal Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Indicator Name: Number of Monthly Commodity Supplemental Food Program (CSFP) Participants

LaPAS PI Code: 24168

1. **Type and Level:** Output and Supporting

2. **Rationale:** The United States Department of Agriculture,(USDA) the sole funding source of CSFP assigns each year a caseload limit to each state. The CSFP Program must monitor the number of participants served to reach the caseload limit without exceeding it over a caseload cycle from January 1 through December 31 each year. This number is a direct reflection of knowing how many people are provided nutrition education and supplemental foods.

3. **Use:** This performance indicator is based on Congressional appropriated funds which are then utilized by USDA to establish caseloads for each state. It also is used to monitor the sub recipient, Food For Families/Food For Seniors productivity in serving Louisiana citizens in need of food and nutrition assistance. The higher the number of CSFP participants the more citizens are impacted by nutrition education and healthy food benefits resulting in better nutritional status of senior citizens; better pregnancy outcomes; and children who are healthy and ready for school. The ultimate result is a savings to health care dollars spent in the state.

4. **Clarity:** The number of monthly CSFP participants is the number of senior citizens above sixty years of age, pregnant women, postpartum women up to one year after termination of pregnancy, number of infants under one year of age and the number of children up to age six who are found to be eligible for the program.

5. **Accuracy, Maintenance, Support:** The number of monthly CSFP participants is a tabulation of the number of signatures of individuals or designated alternates who received a food benefit box served by each Food For Families/Food For Seniors distribution site. This information collected is aggregated by State CSFP staff.

6. **Data Source, Collection and Reporting:** The source of the data is documents provided to the State CSFP staff by the Food For Families/Food For Seniors sub recipient. The

data is reported on a monthly basis reflecting the participants served from the previous 30 days. The data is provided to USDA on a month based on the federal fiscal year beginning October 1st and ending September 30th. USDA compares monthly reports to the caseload assigned.

7. **Calculation Methodology:** The data is based solely on a numeric count of the number of signatures of participants or designated alternates who received a food benefit box for a specific month.

8. **Scope:** Specific data is available for each CSFP participant category: seniors, pregnant women, breastfeeding women up until their infant reaches 1 year of age, postpartum women up until one year post termination of the pregnancy, infants up until age 1 year, children from one to six years old.

9. **Caveats:** The limitation of the data is that it is not captured real time electronically and leaves room for human error due to manual data collection.

10. **Responsible Person:** The Nutrition Services, CSFP Program Monitor is responsible for data collection from the Food for Families/Food for Seniors sub recipient. For information please contact:

    Tamara Dangerfield, CSFP Program Monitor
    Telephone: 225-342-8254
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VII: Personal Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Indicator Name: Number of collaborative initiatives addressing obesity**.**

LaPAS PI Code: 24169

1. **Type and Level:** Output and Supporting

2. **Rationale:** This indicator demonstrates that partnerships are being formed across the state developing collaborative initiatives to promote healthy eating and physical activity with the goal of preventing obesity.

3. **Use:** It will be utilized when applying for funding from entities such as CDC to demonstrate the activities organized within the state which would meet the requirements of individual grant opportunities.

4. **Clarity:** Not applicable

5. **Accuracy, Maintenance, Support:** No funding is tied to this indicator, therefore audits are not applicable.

6. **Data Source, Collection and Reporting:** The data is gathered by the Coordinator of the Obesity Council at the quarterly meetings of the council.

7. **Calculation Methodology:** Not applicable

8. **Scope:** The data can be provided on the parish level.

9. **Caveats:** Not applicable

10. **Responsible Person:** Pamela Romero, Coordinator, Louisiana Council on Obesity Prevention and Management
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VII: Personal Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Indicator Name: Percentage of WIC eligible clients served

LaPAS PI Code: 10857

1. **Type and Level:** Output and General

2. **Rationale:** Percentage of potentially eligible WIC participants provided to the State by a report from USDA.

3. **Use:** This performance indicator is use to monitor in a broad sense the underserved areas of the State.

4. **Clarity:** N/A

5. **Accuracy, Maintenance, Support:** The data is not valid due to the age of the report provided to the State.

6. **Data Source, Collection and Reporting:** Annually the percentage of potentially eligible WIC participants served is reported.

7. **Calculation Methodology:** The annual average monthly participation is divided by the total number of potentially eligible WIC participants provided by USDA.

8. **Scope:** The number of participants in each WIC category is aggregated to provide a statewide average monthly total.

9. **Caveats:** This indicator is weak due to the data provided by USDA being antiquated and based on a 1989 report.

10. **Responsible Person:** Joetta Ferrell, Nutrition Services Finance and Data Manager
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Nutrition Services

OBJECTIVE VII: Personal Health Services, through its Nutrition Services activity, will provide supplemental foods to eligible women, infants and children while serving as an adjunct to health care during critical times of growth and development and to senior citizens improving health status and preventing health problems in all population groups served through Nutrition Services Programs including coordination of obesity initiatives across state agencies and private organizations each year through June 30, 2019.

Indicator Name: Number of WIC fraud investigations

LaPAS PI Code: 10858

1. **Type and Level:** Output and General Performance Information

2. **Rationale:** The indicator measures the total number of covert (undercover) investigations conducted at WIC Authorized Vendors (grocery stores).

3. **Use:** This performance indicator is used to monitor the level of compliance with state and federal rules and regulations as mandated by USDA for the WIC Program

4. **Clarity:** N/A

5. **Accuracy, Maintenance, Support:** Program records of investigation reports submitted by WIC staff who conduct the covert investigations.

6. **Data Source, Collection and Reporting:** Collection of the data is ongoing and reported to USDA annually.

7. **Calculation Methodology:** Total number of investigations conducted

8. **Scope:** The number of investigations can be determined statewide as well as on a regional and parish level.

9. **Caveats:** None

10. **Responsible Person:**
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: Those who will most benefit are persons at risk for HIV infection (e.g. sexually active persons), their family members, and those who care for them.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of TB infected contacts who complete treatment

LaPAS PI Code: 24170

1. **Type and Level**: Outcome and Key

2. **Rationale**: Preventive treatment for tuberculosis reduces the number of cases developing in the future. The increase in prevention will reduce case rates and reduce the number of contacts exposed. This indicator was selected to evaluate direct outcomes which will reduce disease.

3. **Use:** This indicator is used to focus program resources on this priority group. TB Prevention Completion is used for internal decision making and will be used for performance-based budgeting.

4. **Clarity:** The indicator does not specify High Risk Contacts but it is used specifically for contacts.

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor. The performance indicator will be calculated directly from the contacts medical record. Is allows for accurate, valid and reliable information.

6. **Data Source, Collection and Reporting:** The data source is the LATB database and Health Unit medical record. Data collection is daily and reported quarterly. Data is reported on cases started one year before the reporting quarter. Frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** The calculation is a standard percentage (total cases completing treatment in 12 months/total cases started on treatment 12 months prior). This rate is a standard calculation used by the Centers for Disease Control and Prevention.

8. **Scope:** The indicator is the sum of the individual regional indicators. It is contacts only.

9. **Caveats:** This indicator has no caveats.

10. **Responsible Person:** The TB Control Program Manager is responsible (504) 568-5015.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of culture confirmed cases completing treatment within 12 months

LaPAS PI Code: New

1. **Type and Level**: Quality and Supporting

2. **Rationale**: This indicator is primary to measure the performance of the TB Control Program. This indicator measures all aspects of the TB Control Program (Pharmacy, Laboratory, clinical and outreach).

3. **Use:** The indicator is used by each region to measure the efficiency of operations related to other regions and the state. This indicator is used only for internal management purposes.

4. **Clarity:** It does clearly identify the objective

5. **Accuracy, Maintenance, and Support:** This indicator and subsequent performance data have not been audited by the Office of the Legislative Auditor. The evidence is supported by the medical records of cases treated for tuberculosis.

6. **Data Source, Collection and Reporting:** The data source is the LATB database and Health Unit medical record. Data collection is daily and reported quarterly. Data is reported on cases started one year before the reporting quarter. Frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** The calculation is a standard percentage (total cases completing treatment in 12 months/total cases started on treatment 12 months prior). This rate is a standard calculation used by the Centers for Disease Control and Prevention.

8. **Scope:** It is a part of a larger whole. It cannot be broken down or combined.

9. **Caveats:** Not Applicable.

10. **Responsible Person:** Charles DeGraw, Administrator, TB Control Program (*504) 568-5015.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of pulmonary culture confirmed cases converting sputum culture within two months

LaPAS PI Code: New

1. **Type and Level**: Quality and Supporting

2. **Rationale**: This indicator is primary to measure the performance of the TB Control Program. This indicator measures all aspects of the TB Control Program (Pharmacy, Laboratory, clinical and outreach).

3. **Use:** The indicator is used by each region to measure the efficiency of operations related to other regions and the state. This indicator is used only for internal management purposes.
4. **Clarity:** N/A
5. **Accuracy, Maintenance, Support:** This indicator and subsequent performance data have not been audited by the Office of the Legislative Auditor. The evidence is supported by the medical records of cases treated for tuberculosis.

6. **Data Source, Collection and Reporting:** The data source is the LATB database and Health Unit medical record. Data collection is daily and reported quarterly. Data is reported on cases started one year before the reporting quarter. Frequency and timing of collection and reporting are consistent.

7. **Calculation Methodology:** The calculation is a standard percentage (total pulmonary cases converting sputum in 2 months/total cases started on treatment 12 months prior). This rate is a standard calculation used by the Centers for Disease Control and Prevention.

8. **Scope:** It is a part of a larger whole. It cannot be broken down or combined.

9. **Caveats:** Not Applicable.

10. **Responsible Person:** Charles DeGraw, Administrator, TB Control Program (*504) 568-5015.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of newly diagnosed HIV patients linked to HIV-related medical care within three months of diagnosis

LaPAS PI Code: 25039

1. **Type and Level**: Outcome and Supporting

2. **Rationale**: One of the goals of the National HIV/AIDS Strategy is to "establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV." The national objective is to "increase the proportion of newly diagnosed patients linked to clinical care within 3 months of their HIV diagnosis from 65 percent to 85 percent by 2015." (www.whitehouse.gov)

3. **Use:** The indicator will be used to determine progress towards meeting the National HIV/AIDS Strategy goal of increasing the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the DHH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy. The Louisiana Sanitary Code mandates the reporting of all CD4 and viral load results.

6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).

7. **Calculation Methodology:** Numerator: Number of persons newly diagnosed with HIV in Louisiana who are linked to HIV-related medical care (i.e., have a CD4 and/or VL test

result) within 90 days. Denominator: Number of persons newly diagnosed with HIV in Louisiana. This indicator is identical to the linkage to care indicator in the National HIV/AIDS Strategy and is calculated using the same methodology. This measure is also one of the US Department of Health and Human Services (HHS) seven core indicators for monitoring HHS-funded HIV services.

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

9. **Caveats:** The date of the first CD4 or viral load result after diagnosis is used as a proxy for the date a person is linked to HIV-related medical care. Because most persons who are newly diagnosed with HIV receive a CD4 and viral load test at their initial care visit and because the Louisiana Sanitary Code mandates the reporting of all CD4 and viral load results, this is the best proxy available.

10. **Responsible Person:**

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of persons living with HIV whose most recent viral load in the past 12 months was <=200 copies/mL

1. **Type and Level**: Outcome and Supporting

2. **Rationale**: The ultimate goal of diagnosing and linking HIV-infected persons to medical care and retaining them in care is to ensure they receive appropriate antiretroviral therapy and achieve viral suppression. Individuals who are virally suppressed have significantly better health outcomes and are less likely to transmit HIV to others.

3. **Use:** The indicator will be used by management to determine whether statewide linkage, retention in care, and treatment adherence strategies are increasing the proportion of persons living with HIV in Louisiana who are virally suppressed.

4. **Clarity:** Viral suppression is defined as having a viral load result <=200 copies/mL at the most recent test within the past 12 months.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the DHH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy. The Louisiana Sanitary Code mandates the reporting of all viral load results.

6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).

7. **Calculation Methodology:** Numerator: Number of persons living with HIV in Louisiana whose most recent viral load in the past 12 months is <=200 copies/mL. Denominator: Number of persons living with HIV in Louisiana. This measure is consistent with the HHS indicator for monitoring HHS-funded HIV services but is

calculated with a slightly different denominator. Use of the above denominator better reflects a population-level outcome and overall progress toward controlling and reducing HIV, where the HHS indicator is focused on the quality of HIV-related medical care.

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

9. **Caveats:** None known.

10. **Responsible Person:**

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection

LaPAS PI Code: New

1. **Type and Level**: Outcome and Supporting

2. **Rationale**: Louisiana has had the highest rates of primary and secondary syphilis in the US for the past 6 years. Therefore, it is critical that persons diagnosed with syphilis are identified and treated as soon as possible in order to prevent transmission to others. Prompt treatment of syphilis is a national STD prevention priority.

3. **Use:** The indicator is used by management to evaluate and improve the effectiveness of statewide testing, treatment and partner services programs.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All STD data are reported to and maintained by the DHH OPH STD/HIV Program. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana syphilis data meet the national standards for timeliness, completeness, and accuracy.

6. **Data Source, Collection and Reporting:** The data source for this indicator is PRISM, the reporting system used to collect STD case reports and laboratory data. Data are collected, reported and entered into PRISM on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).

7. **Calculation Methodology:** Numerator: Number of reported primary and secondary syphilis cases in Louisiana that are treated within 14 days from the date of specimen collection. Denominator: Number of reported primary and secondary syphilis cases in Louisiana. This measure is identical to the Centers for Disease Control and Prevention's STD Prevention Program Performance Measures.

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

9. **Caveats:** Some private providers who diagnose primary or secondary syphilis do not provide on-site treatment and instead send their patients to local parish health units for treatment, which may result in treatment delays**.**

10. **Responsible Person:**

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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Number of people living with HIV in Louisiana

LaPAS PI Code: New

1. **Type and Level**: Input and General

2. **Rationale**: The Louisiana Sanitary Code mandates the reporting of all persons living with HIV in Louisiana. Monitoring and reporting on the number and characteristics of persons living with HIV are core program functions and necessary for planning and public health intervention.

3. **Use:** This indicator is the denominator for the "viral suppression among persons living with HIV" performance indicator. In addition, the indicator is used by management to help determine the number of people in Louisiana who are in need of HIV care and treatment services. This indicator is also used for prevention and services planning and state and federal resource allocation.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the DHH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy.

6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).

7. **Calculation Methodology:** The indicator is calculated as the number of people reported to be living with HIV in Louisiana as of a given date.

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

9. **Caveats:** The indicator does not include people living with HIV who are undiagnosed or people who have moved to Louisiana from out of state and have not yet entered medical care. The indicator may include people who may be living out of state whose current address has not yet been updated in the Louisiana eHARS database.

10. **Responsible Person:**
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Number of new HIV diagnoses in Louisiana

LaPAS PI Code: New

1. **Type and Level**: Input and General

2. **Rationale**: The Louisiana Sanitary Code mandates the reporting of all new HIV diagnoses in Louisiana. Monitoring and reporting on the number and characteristics of new HIV diagnoses are core program functions and necessary for planning and public health intervention.

3. **Use:** This indicator is the denominator for the "linkage to HIV-related medical care within 3 months of diagnosis" performance indicator. In addition, the indicator is used by management to determine how effectively statewide HIV testing programs are identifying undiagnosed HIV-infected persons. This indicator is also used for prevention and services planning.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV data reported to the DHH OPH STD/HIV Program are maintained in eHARS, as mandated by the Centers for Disease Control and Prevention. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana HIV data meet the national standards for timeliness, completeness, and accuracy.

6. **Data Source, Collection and Reporting:** The data source for this indicator is eHARS, the HIV/AIDS reporting system used in all states to collect HIV surveillance case reports and laboratory data. Data are collected, reported and entered into eHARS on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).

7. **Calculation Methodology:** The indicator is calculated as the number of people newly diagnosed with HIV in a given time period who were living in Louisiana at the time of diagnosis.

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

9. **Caveats:** The indicator does not include people who are tested anonymously; however, the proportion of persons testing anonymously has significantly decreased in recent years. In 2012, only 0.5% of all positive tests were anonymous.

10. **Responsible Person:**
Jessica Fridge, MSPH
Surveillance Unit Manager
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Number of HIV tests conducted at publicly-funded sites

LaPAS PI Code: 2325

1. **Type and Level**: Output and General

2. **Rationale**: Reducing undiagnosed infection leads to better individual and population health outcomes, extending lives and reducing the likelihood of HIV transmission, and is a core strategy in the national and state effort to control and reduce HIV.

3. **Use:** The indicator is used by management to determine the effectiveness of efforts to expand access and uptake of HIV testing in community and clinical settings, including emergency rooms, parish health units, correctional facilities, community health centers, community-based organizations and outreach and field settings.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All HIV testing data are maintained by the DHH OPH STD/HIV Program in a local database (HIV Testing Manager). Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana's HIV testing data meet CDC standards for timeliness, completeness, and accuracy.

6. **Data Source, Collection and Reporting:** The data source for this indicator is the HIV Testing Manager, the data collection system used to store HIV test results. Data are collected, reported and entered on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).

7. **Calculation Methodology:** The indicator is a sum of tests performed at various SHP-supported testing organizations and sites.

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

9. **Caveats:** This measure does not encompass all HIV tests performed in Louisiana, only those supported with public funds.

10. **Responsible Person:**
Samuel Burgess, MA, MSHCM
Prevention Unit Manager
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Communicable Diseases

OBJECTIVE VII: Personal Health Services, through its Communicable Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2019.

INDICATOR NAME: Number of primary and secondary syphilis cases

LaPAS PI Code: New

1. **Type and Level**: Input and General

2. **Rationale**: The Louisiana Sanitary Code mandates the reporting of all syphilis diagnoses in Louisiana. Louisiana has had the highest rates of primary and secondary syphilis in the US for the past 6 years. Therefore, it is critical that the number of new syphilis cases be monitored, in order to evaluate the effectiveness of syphilis elimination strategies. Monitoring and reporting on the number and characteristics of syphilis diagnoses are core program functions and necessary for planning and public health intervention.

3. **Use:** This indicator is the denominator for the "treatment of primary and secondary syphilis within 14 days of diagnosis" performance indicator. This indicator is also used for STD prevention and services planning.

4. **Clarity:** The indicator name clearly identifies what is being measured.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. All STD data reported to and maintained by the DHH OPH STD/HIV Program. Routine data quality checks and annual performance evaluation programs are run to ensure that Louisiana syphilis data meet the national standards for timeliness, completeness, and accuracy.

6. **Data Source, Collection and Reporting:** The data source for this indicator is PRISM, the reporting system used to collect syphilis, gonorrhea and Chlamydia case reports and laboratory data. Data are collected, reported and entered into PRISM on a daily basis. Since data are collected on an ongoing basis and are readily available for analysis, this indicator can be reported for any time period needed (e.g., fiscal year, calendar year, quarter, etc.).

7. **Calculation Methodology:** The indicator is calculated as the number of people diagnosed with primary or secondary syphilis in a given time period who were living in Louisiana at the time of diagnosis.

8. **Scope:** The indicator is a statewide figure but can be broken down to a regional or parish level, as well as by specific subpopulations, as appropriate.

9. **Caveats:** None known.

10. **Responsible Person:**
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Infectious Disease Epidemiology

OBJECTIVE VIII: Personal Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2019.

INDICATOR NAME: Completed case classifications within 10 working days of date of report

LaPAS PI Code: New

1. **Type and Level**: Output and Supporting

2. **Rationale:** Assess the level of reporting

3. **Use:** Internal management purposes

4. **Clarity:** Clear

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Infectious Disease Reporting Information System (IDRIS)

7. **Calculation Methodology:** Query IDRIS

8. **Scope:** The indicator is statewide but can be broken down by region, parish and demographic variables

9. **Caveats:** None

10. **Responsible Party:**
    Raoult Ratard, MD
    1450 Poydras Avenue, #2159
    New Orleans, LA 70112
    Telephone: (504) 568-8313
    Raoult.ratard@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Infectious Disease Epidemiology

OBJECTIVE VII: Personal Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2019.

INDICATOR NAME: Issue recommendations within five working days on selected conditions.

LaPAS PI Code: New

1. **Type and Level**: Output

2. **Rationale:** Assess the level of timeliness of response

3. **Use:** Internal management purposes

4. **Clarity:** Clear

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Infectious Disease Reporting Information System (IDRIS)

7. **Calculation Methodology:** Query IDRIS

8. **Scope:** The indicator is statewide but can be broken down by region, parish and demographic variables

9. **Caveats:** None

10. **Responsible Party:**
    Raoult Ratard, MD
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    Raoult.ratard@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Infectious Disease Epidemiology

OBJECTIVE VII: Personal Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (besides TB, STD and HIV), carry out outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2019.

INDICATOR NAME: Conduct follow up on recommendations on all outbreak investigations within 15 working days

LaPAS PI Code: New

1. **Type and Level**: Output and Supporting

2. **Rationale:** Assess the level of timeliness of response

3. **Use:** Internal management purposes

4. **Clarity:** Clear

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** Infectious Disease Reporting Information System (IDRIS)

7. **Calculation Methodology:** Query IDRIS

8. **Scope:** The indicator is statewide but can be broken down by region, parish and demographic variables

9. **Caveats:** None

10. **Responsible Party:**
    Raoult Ratard, MD
    1450 Poydras Avenue, #2159
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PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Laboratory

OBJECTIVE VIII: Personal Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:
The Louisiana Office of Public Health Laboratory consists of a central laboratory in New Orleans and regional laboratories in Amite, Lake Charles, and Shreveport. The state's public health laboratory accredits chemistry laboratories (National Environmental Laboratory Accrediting Authority), shellfish water and meat laboratories, milk and dairy laboratories (FDA Authority) and can approve microbiology laboratories testing drinking water. OPH has the oldest and most comprehensive lab certification program in the state. The Public Health Laboratory will also support Infectious Disease Epidemiology and other OPH Sections in testing clinical specimens for the detection of emerging infectious diseases, outbreaks and STDs.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Laboratory

OBJECTIVE VIII: Personal Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2019.

Indicator Name: Percentage of bioterrorism lab tests completed within 72 hours

LaPAS PI Code: 15423

1. **Type and Level:** Output and Supporting

2. **Rationale:** To identify and collect biological and chemical agents and to complete lab testing within 72 hours

3. **Use:** This indicator is used to measure all preliminary testing (Rapid Test Methods) completed within 72 hours of receipt.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** Specimens are collected by Law Enforcement Officials (LSP and Local Law Enforcement) and delivered to the State Public Health Lab for testing

6. **Data Source, Collection and Reporting:** Actual number of specimens collected by Law Enforcement Officials (LSP and Local Law Enforcement) and delivered to the State Public Health Lab for testing. This includes all preliminary testing (Rapid Test Methods) completed within 72 hours of receipt.

7. **Calculation Methodology:** Verification of the turnaround time for all test results (preliminary and confirmatory) is part of the laboratory quality control and quality assurance procedures mandated by Federal regulations (CLIA)**.** Laboratory data is reviewed to determine total turn around for specimens during the analytical phase of testing (in laboratory performance of assay).

8. **Scope:** Confirmatory testing will take longer depending upon organisms/toxins for which testing is requested. Testing is done statewide.

9. **Caveats:** Completion within 72 hours

10. **Responsible Person:** Stephen J. Martin, Ph.D.; Director, Louisiana Office of Public Health Laboratories; 3101 West Napoleon Avenue; Metairie Louisiana 70001; Office 504-219-4664; Cell 225-329-8169; Fax 504-219-4670; Email stephen.martin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Laboratory

OBJECTIVE VIII: Personal Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2019.

INDICATOR NAME: Number of Lab Tests/Specimens Tested

LaPAS PI Code: 17387

1. **Type and Level:** Output and Key

2. **Rationale:** To identify and collect biological and chemical agents

3. **Use:** This indicator is used to measure all preliminary testing.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** All specimens are collected and tested (delete) by Law Enforcement Officials (LSP and Local Law Enforcement) or OPH Programs and State Agencies and delivered to the State Public Health Lab for testing.

6. **Data Source, Collection and Reporting:** Actual number of specimens collected and tested by Law Enforcement Officials (LSP and Local Law Enforcement) or OPH Programs and State Agencies and delivered to the State Public Health Lab for testing. This includes all preliminary testing. (Rapid Test Methods) completed within 72 hours of receipt.

7. **Calculation Methodology:** Verification of the turnaround time for all test results (preliminary and confirmatory) is part of the laboratory quality control and quality assurance procedures mandated by Federal regulations (CLIA). Laboratory data is reviewed to determine total turn around for specimens during the analytical phase of testing (in laboratory performance of assay).

8. **Scope:** Confirmatory testing will take longer depending upon organisms/toxins for which testing is requested. Testing is done statewide.

9. **Caveats:** Completion within 72 hours (Please delete.) established regulatory or OPH Program Guidelines.

10. **Responsible Person:**
    Stephen J. Martin, Ph.D., Director, Office of Public Health Laboratories; 3101 West Napoleon Avenue; Metairie Louisiana 70001; Office 504-219-4664; Fax 504-219-4670; Email stephen.martin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Environmental Epidemiology and Toxicology

OBJECTIVE IX: Personal Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The DHH OPH Section of Environmental Epidemiology and Toxicology (SEET) investigates the health effects of chemical exposures in populations. It supports, collaborates, and participates in environmental health research. SEET is committed to reducing any known environmental threat to the public's health; it also provides information and data to the public to ensure better government policies and personal choices. Public health education efforts by SEET promote awareness of environmental health issues and are an integral part of its mission.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Environmental Epidemiology and Toxicology

OBJECTIVE IX: Personal Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2019.

INDICATOR NAME: Number of health consults and technical assists

LaPAS PI Code: 24198

1. **Type and Level**: Outcome and Supporting

2. **Rationale**: Included in goals and objectives of the Governor's Vision 20/20 plan.

3. **Use:** Demonstrates the efficiency and effectiveness of the Section of Environmental Epidemiology and Toxicology (SEET).

4. **Clarity:** The type of investigations that are conducted for Environmental Health Consults and Technical Assists are Health Related Incident Pesticide Reports (HRPIR), Number of Water bodies, National Toxic Substance Incidents Program (NTSIP) eligible events, Disease Cluster Investigations, Public Health Assessments (PHA), Health Statistic Reviews and Occupational Health Surveillance.

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** This activity is conducted on an on-going basis.

7. **Calculation Methodology:** Incremental

8. **Scope:** Summation

9. **Caveats:** None

10. **Responsible Person:** DHH OPH Section of Environmental Epidemiology and Toxicology staff.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Environmental Epidemiology and Toxicology

OBJECTIVE IX: Personal Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2019.

INDICATOR NAME: Number of emergency reports screened from the Louisiana State Police and National Response Center

LaPAS PI Code: 24199

1. **Type and Level**: Outcome and Supporting

2. **Rationale**: Included in goals and objectives of the Governor's Vision 20/20 plan

3. **Use:** Demonstrates agency efficiency and effectiveness in reviewing and forwarding Louisiana State Police reports and forwarding to appropriate entity for follow up.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This information has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** This activity is conducted on an on-going basis

7. **Calculation Methodology:** Incremental

8. **Scope:** Summation

9. **Caveats:** None

10. **Responsible Person:** DHH OPH Section of Environmental Epidemiology and Toxicology staff

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Environmental Epidemiology and Toxicology

OBJECTIVE IX: Personal Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2019.

INDICATOR NAME: Number of Indoor Air Quality phone consults

LaPAS PI Code: 24196

1. **Type and Level**: Outcome and Supporting

2. **Rationale**: Included in goals and objectives of the Governor's Vision 20/20 plan

3. **Use:** Demonstrates agency efficiency and effectiveness in tracking and answering IAQ questions.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support: T**his information has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** This activity is conducted on an on-going basis

7. **Calculation Methodology:** Incremental

8. **Scope:** Summation

9. **Caveats:** None

10. **Responsible Person:** DHH OPH Section of Environmental Epidemiology and Toxicology staff

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of providers that have received education through conferences or BPCRH trainings

LaPAS PI Code: New

1. **Type and Level**: Output and Supporting

2. **Rationale**: This indicator was chosen due to the Rural Health Office's (RHO) goal of serving as a conduit of information between the federal government to local, rural, health care providers across the state. It allows the RHO to keep providers aware of federal regulation changes, grant opportunities, trainings, etc.

3. **Use**: It will be used internally as an indicator or performance for management and for the federal government in relation to the state office of rural health grant.

4. **Clarity:** Health Matters List Serve is an update email list that is kept of rural providers that would like to be notified of rural health related activities. BPCRH – Bureau of Primary Care and Rural Health.

5. **Accuracy, Maintenance, and Support:** This indicator has not been audited by the Office of the Legislative Auditor. The list serve reports are loaded into TruServ, the Bureau's reporting tool

6. **Data Source, Collection and Reporting:** Center for Medicare and Medicaid Services, federal government, partner agencies. The information is gathered at least monthly and can be accessed daily through TruServ

7. **Calculation Methodology:** Simple count of events and participants.

8. **Scope:** Aggregated data.

9. **Caveats:** None.

10. **Responsible Person:** Tracie Ingram, Rural Health Officer, Bureau of Primary Care and Rural Health, 225-342-1889 Tracie.Ingram@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of National Health Service Corp providers practicing in Louisiana.

LaPAS PI Code: 12219

1. **Type and Level**: Outcome and Key
2. **Rationale**: The National Health Service Corp program is a federal health professional educational loan repayment and scholarship program. The number of the primary health service providers serving reflects the outreach provided by the BPCRH to qualifying providers and service sites. Each service site must serve Medicaid, Medicare and uninsured patient populations.
3. **Use:** Internal management and budgeting purposes. The program requires current health professional shortage areas and successful applications by primary health care providers and sites to qualify for the program.
4. **Clarity:** Application awards are funded once a year for a two year service period. The indicator will verify according to when the award was made and service completion date of the awardee.
5. **Accuracy, Maintenance, Support:** No audit performed. Data is extracted from the federal National Health Service Corp field strength service reports.
6. **Data Source, Collection and Reporting:** Data is updated daily by the federal program office and available to participating states through the National Health Service Corp State Primary Care Office Portal.
7. **Calculation Methodology:** Actual outcome number.
8. **Scope:** Aggregated state performance number.
9. **Caveats:** Data reflects once a year new awards and retained awardees. Funding of awards is based on the approved federal program budget.
10. **Responsible Person:** Dorie Tschudy, Primary Care and Health Professional Workforce Manager, (225) 342-1583, dorie.tschudy@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Percentage of State Loan Repayment Program funds awarded to new and existing primary health care providers recruited and retained to work in Louisiana health professional shortage areas.

LaPAS PI Code: Performance Code New

1. **Type and Level**: Outcome and Supporting

2. **Rationale**: The indicator reflects the awarding of up to 100% of designated state and federal funds. The percentage of the total budgeted funds reflects compliance with the state and federal initiative. Each provider site must serve Medicaid, Medicare and uninsured patient populations.

3. **Use:** Internal management and budgeting purposes. The program requires current health professional shortage areas and funding of program staff.

4. **Clarity:** Funding is dependent of on a one-to-one state to federal funding match. Application awards are funded once per year for a two-three year service period. The indicator will verify according to when the award was made and the service completion date of the awardee.

5. **Accuracy, Maintenance, Support: (updated PI)** No audit performed. Data is recorded through grant funding and state match. Awards are tracked through state contracts with primary health care providers serving two to three year service commitments.

6. **Data Source, Collection and Reporting:** Data is tracked through use of state contracts with health professionals serving two to three year service commitments.

7. **Calculation Methodology:** Actual outcome number.

8. **Scope:** Aggregated state performance number.

9. **Caveats:** Data reflects once a year new awards and retained awardees. Funds for awards are based on an approved federal and state budget**.**

10. **Responsible Person:** Dorie Tschudy, Primary Care and Health Professional Workforce Manager, (225) 342-1583, dorie.tschudy@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Percentage of health professional shortage areas analyzed and submitted to the Health Resources and Services Administration by the federal deadline.

LaPAS PI Code: New

1. **Type and Level**: Outcome and Supporting
2. **Rationale**: The indicator reflects compliance with the mandatory three-year renewal of health professional shortage areas. Qualification of over 36 federal programs and grants area are dependent on a current health professional shortage area designation.
3. **Use:** Internal management and budgeting purposes. The program requires annual update of 30-50 health professional shortage areas by program staff.
4. **Clarity:** Measurement of health professional shortage areas by deadline.
5. **Accuracy, Maintenance, Support: (updated PI)** No audit performed. Data is recorded through tracking of submissions through the Application Submission and Processing System (ASAPS).
6. **Data Source, Collection and Reporting:** Data is tracked through the deadlines found at the federal HPSA Find website and the Application Submission and Processing System (ASAPS).
7. **Calculation Methodology:** Percentage of 100% of the reviews submitted by deadline.
8. **Scope:** Aggregated state performance number.
9. **Caveats:** Weakness **–** The availability of practice data by individual provider.
10. **Responsible Person:** Dorie Tschudy, Primary Care and Health Professional Workforce Manager, (225) 342-1583, dorie.tschudy@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of Health Professional Shortage Areas

LaPAS PI Code: 12218

1. **Type and Level:** Output; Key

2. **Rationale:** Describes Louisiana's shortage of primary care physicians, psychiatrists and dentists by parish which helps the state focus on areas with problems of health care access. The Bureau of Primary Care and Rural Health is responsible for demonstrating that these shortage areas exist to the federal government.

3. **Use:** Used to evaluate healthcare access/compare to other states/assist in determining primary elements in access (or lack thereof), chart state's access conditions over time.

4. **Clarity:** None needed.

5. **Accuracy, Maintenance, Support:** Data is taken from telephone listings, primary data from phone surveys, and statistics from Research firms/US census, LA Board of Medical Examiners, AMA and other providers. This indicator has not been audited by the Office of the Legislative Auditor.

6. **Data Source, Collection and Reporting:** What is the source of data for the indicator? Annual designation is valid for three (3) years.

7. **Calculation Methodology:** Total number of shortage areas decreed by the federal government.

8. **Scope:** This indicator is an aggregated statewide figure. This can be broken down by parish.

9. **Caveats:** Shortage areas describe only a portion of the problem Louisiana citizens face in attempting to access health care. There are also transportation problems and a number of physicians who do not accept Medicaid payments and uninsured patients. Thus this indicator is not fully representative of the problem.

10. **Responsible Person:** Bureau of Primary Care & Rural Health, Dorie Tschudy, 225-342-1583, dorie.tschudy@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Bureau of Primary Care and Rural Health

OBJECTIVE X: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of critical access hospitals (CAHs) reporting HCAHPS data

LaPAS PI Code: New

1. **Type and Level**: Output and General

2. **Rationale**: The indicator is to measure the effectiveness of our efforts to educate CAHs on implementing quality enhancing protocols and the value of public reporting data from their patient satisfaction surveys (HCAHPS).

3. **Use:** The indicator will help us determine whether current supports to CAHs are successful or if changes need to be made, which could lead to changes in sub-contracts that are funded through federal FLEX grant.

4. **Clarity:** Yes. HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems and is the standard patient satisfaction survey used nationally by critical access hospitals.

5. **Accuracy, Maintenance, Support:** No. Data for this indicator comes from the online Hospital Compare data system administered by the Centers for Medicare and Medicaid Services (CMS) and reports from the U.S. Health and Resources and Services Administration (HRSA).

6. **Data Source, Collection and Reporting:** CAHs report quarterly data into Hospital Compare on the previous quarter's data. The most current data available through Hospital Compare and corresponding HRSA reports is typically 6 months old.

7. **Calculation Methodology:** Yes, data for the indicator is taken from a nationally standardized calculation source.

8. **Scope:** The indicator is an aggregated number than can be broken down to the individual hospitals.

9. **Caveats:** No, there are no known limitations or biases for the source of the data (CMS, HRSA). The information reported to CMS comes from the hospitals through a third

party consultant company that administers the surveys, analyzes and reports the results to the hospitals.

10. **Responsible Person:** The person responsible for reporting on this indicator is Kandi Smith, FLEX/SHIP Program Monitor, 225.342.1233, fax 225.342.5839, Kandi.Smith@la.gov with the Bureau of Primary Care and Rural Health.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Chronic Disease Prevention

OBJECTIVE X: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of monthly callers to the Louisiana Tobacco Quitline

LaPAS PI Code: New

1. **Type and Level**: Output and Supporting

2. **Rationale**: Evidence shows that telephone quitlines are an effective method of increasing tobacco cessation. Out rates among users of the quitline were twice as high as among those who used self-help methods alone. Quitlines can reach large numbers of smokers and services can be provided in various languages. This indicator provides insight in the amount of people who want to quit using tobacco. This is helpful in determining how best to assist them in their quit attempt via the tobacco quitline.

3. **Use:** This indicator will assist informing management and outside agencies on the level of utilization of the quitline. This will illustrate the picture of the need for the quitline to assist callers in their quit attempts. This indicator can be used to advocate for more funding for the quitline due to its utilization. Tobacco impacts many health indicators so individuals with co-morbidities will call the quitline which will increase the funding needed to assist these callers. This indicator can also be used to display the need for this evidence-based best practice through the use of quit rates.

4. **Clarity:** Yes, overall call volume to the quitline. No, this is the total number of unique callers to the LA tobacco quitline each month.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. The monthly reports are generated by our quitline vendor Alere. Data can be verified by the data extracts which are obtained monthly.

6. **Data Source, Collection and Reporting:** Monthly quitline reports from Alere, quitline vendor. Monthly, quarterly, and annual. Basic information is also collected on a weekly basis.

7. **Calculation Methodology:** Counted total monthly callers to the quitline, this information is provided to us by Alere, the quitline vendor.

8. **Scope:** Aggregated monthly but can be disaggregated if needed.

9. **Caveats:** Total call volume each month accounts for ALL calling the quitline. Not all of those callers will qualify for services.

10. **Responsible Person:** Monthly reports are provided to us by Alere, the quitline vendor. However, more in-depth data analysis can be performed in house by utilizing the call level aggregated data extract we also receive each month. Brendetta Age, brendetta.age@la.gov, 225-342-9346(p), 225-342-5839(f)

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Chronic Disease Prevention

OBJECTIVE XI: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Percentage of school districts reporting implementation of 100% tobacco-free school policies

LaPAS PI Code: 24272

1. **Type and Level:** Outcome and Supporting.

2. **Rationale:** This indicator estimates the percentage school districts that have implemented tobacco-free school policies. By measuring this indicator the Louisiana Tobacco Control Program will be able to increase anti-tobacco policies and programs within Louisiana schools which will ultimately lead to the goal of prevention initiation of tobacco use among young people which tells the performance story. Young people spend much of their formative years in school. Their attitudes toward the acceptability of smoking in general are influenced by the actions of their peers and educators at school. It is important to implement social norm changing policies for youth to establish healthy environments to learn. This performance indicator is a measurement that is closely linked to decreasing the overall youth smoking prevalence in addition to increasing the percentage of youth that NEVER start using tobacco.

3. **Use:** This indicator is used to measure effectiveness of the Tobacco Control Program's interventions. In addition, the Centers for Disease Control's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" recommend that schools assess their tobacco use prevention programs at regular intervals. This initiative doesn't have any funds attached to it. School districts are not given any funds to adopt these policies. Internally for management purposes this indicator is also tracked by the Centers for Disease Control and is included in the Louisiana Tobacco Control Programs annual action plans.

4. **Clarity:** A 100% tobacco free school district is one that prohibits the use of any and all tobacco products and devices 24/7 on all of school district campuses.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Approved policies are collected from the school districts once the policy is implemented. A binder of approved policies is on hand in addition to being electronically saved. This indicator is dictated to the Louisiana Tobacco Control Program

by the Centers for Disease Control and Prevention's Office on Smoking and Health through a book entitled "Key Outcome Indicators for Evaluation Comprehensive Tobacco Control Programs". It is a part of the CDC guidelines for Best Practices, meaning that if the policy is implemented correctly, tobacco use among youth will decrease over time.

6. **Data Source, Collection and Reporting:** The data source for this indicator is receiving a copy of the approved and implemented school policy. This is an ongoing process, as policies are implemented they are collected. The progress made toward this indicator is submitted to the Centers for Disease Control and Prevention on an annual basis through reports. Data are stored and monitored monthly on a sharepoint database.

7. **Calculation Methodology:** A simple count of school districts with tobacco control policies implemented/Total number of school districts.

8. **Scope:** Data are aggregated but can be broken down by each parish or statewide. Each school district is targeted to formulate a 100% tobacco free school policy.

9. **Caveats:** This indicator is measured by the staff of the Louisiana Tobacco Control Program. A school district policy is submitted to the program for review, a thorough review of the policy is conducted, a checklist is used to assess where there are weaknesses in the policy, and policy recommendations are given to the school districts for review and adoption.

10. **Responsible Person:** Ashley McGowan, Ashley.mcgowan@la.gov, 225-342-3266 9(p), 225-342-5839(f)

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Chronic Disease Prevention

OBJECTIVE XI: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Percentage of school districts reporting implementation of comprehensive school wellness policies (physical activity, nutrition, tobacco-free campus)

LaPAS PI Code: New

1. **Type and Level**: Output and Supporting

2. **Rationale**: Young people spend much of their formative years in school. It is important to implement social norm changing policies for youth to establish healthy environments to learn. This performance indicator is a measurement that is closely linked to decreasing the overall youth obesity prevalence.

3. **Use:** Internally for management purposes; this indicator is also included in the Louisiana Health Improvement Plan and recent chronic disease grant application.

4. **Clarity:** A comprehensive school wellness policy includes increased physical activity, increased access to nutritious foods and beverages, and 100% tobacco free school campuses.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Approved policies are collected from the school districts once the policy is implemented. A binder of approved policies is on hand in addition to being electronically saved.

6. **Data Source, Collection and Reporting:** Gathered annually from an internal database. We receive the information as the school boards approve the policies. The information is collected on a state fiscal year basis.

7. **Calculation Methodology:** Number of school districts that have implemented comprehensive school wellness policies/Total number of school districts

8. **Scope:** Aggregated.

9. **Caveats:** None

10. **Responsible Person:** D'Andra Bradford, Lead Policy Analyst, 225-342-8094, dandra.bradford@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Chronic Disease Prevention

OBJECTIVE XI: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of worksites implementing worksite wellness programs

LaPAS PI Code: New

1. **Type and Level**: Output and Supporting

2. **Rationale:** The overall goal of a worksite wellness program is to provide cost efficient and quality wellness activities that empower employees to make informed health-conscious decisions and become knowledgeable healthcare consumers. Indicator is from CDC grant and Chronic Disease Unit's Health Improvement Plan.

3. **Use:** Internally for management purposes; this indicator is also included in the Louisiana Health Improvement Plan and recent chronic disease grant application.

4. **Clarity:** Worksite wellness programs include a wellness committee, environmental (healthy food in cafeteria) and policy (tobacco-free campus) changes, educational seminars, and health screenings.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor? Worksites that work collaboratively with DHH on worksite wellness will be counted and annual reports to CDC

6. **Data Source, Collection and Reporting:** The source data for this indication is an internal log or database. Information is gathered annually on a state fiscal year basis.

7. **Calculation Methodology:** How is the indicator calculated? Counted. Number of worksites the unit has provided technical assistance to in order to implement worksite wellness programs.

8. **Scope:** Aggregated

9. **Caveats:** Indicator only counts number of worksites DHH is partnering with.

10. **Responsible Person:** D'Andra Bradford, Lead Policy Analyst, 225-342-8094, dandra.bradford@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Chronic Disease Prevention

OBJECTIVE XI: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of Federally Qualified Health Centers (FQHC) with Patient Centered Medical Home (PCMH) recognition

LaPAS PI Code: New

1. **Type and Level**: Output and Supporting

2. **Rationale**: The PCMH is a promising model of healthcare delivery that aims to improve the quality and efficiency of care by organizing care around patients, working in teams, and coordinating and tracking care over time. Indicator is from CDC grant and Chronic Disease Unit's Health Improvement Plan

3. **Use:** Internally for management purposes; this indicator is also included in the Louisiana Health Improvement Plan and recent chronic disease grant application.

4. **Clarity:** PCMH is recognition by the National Committee for Quality Assurance (NCQA)

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor? FQHCs that work collaboratively with DHH on PCMH recognition are counted. Annual reports are submitted to the Centers for Disease Control and Prevention.

6. **Data Source, Collection and Reporting:** Data are collected from an internal database annually; on a state fiscal year basis.

7. **Calculation Methodology:** This is a simple count; number of FQHCs the unit has provided technical assistance to in order to implement PCMH.

8. **Scope:** This is an aggregated figure.

9. **Caveats:** None.

10. **Responsible Person:** Alok Bhoi, Public Health Epidemiologist, 225-342-3957, alok.bhoi@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Chronic Disease Prevention

OBJECTIVE XI: Personal Health Services, through its Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2019.

INDICATOR NAME: Number of Stanford licensed Diabetes Self-Management Programs held in community settings.

LaPAS PI Code: New

1. **Type and Level**: Output and Supporting

2. **Rationale**: Stanford licensed Diabetes Self-Management Programs are evidence based programs for type 2 diabetics.

3. **Use:** Internally for management purposes; this indicator is also included in the Louisiana Health Improvement Plan and recent chronic disease grant application.

4. **Clarity:** Community settings include churches, community centers, libraries, and hospitals.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data are reported to Stanford to maintain licensing. Annual reports are submitted to the Centers for Disease Control and Prevention.

6. **Data Source, Collection and Reporting:** Data are collected from an internal log or database monthly on a state fiscal year basis.

7. **Calculation Methodology:** This is a simple count.

8. **Scope:** Data are aggregated.

9. **Caveats:** None.

10. **Responsible Person:** Alok Bhoi, Public Health Epidemiologist, 225-342-3957, alok.bhoi@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Personal Health Services, through its Bureau of Primary Care and Rural Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of students with access to school-based health center services

LaPAS PI Code: New

1. **Type and Level**: Output and General

2. **Rationale**: Adolescents lack access to care. Schools provide a unique opportunity to reach most kids. Preventive care, health education and behavioral health services promote wellness and address risky behaviors that lead to school failure, ill physical and mental health. Because students spend a significant part of each day on school grounds, a SBHC:
   - Is accessible
   - Is convenient
   - Encourages family and community involvement
   - Reduces student absenteeism
   - Reduces parental leave from work for doctor visits
   - Has staff who work with school personnel to meet the needs of the students and their families

3. **Use:** This indicator will assist informing management and outside agencies on the level of utilization of SBHCs. This indicator can also be used to advocate for more funding for SBHCs.

4. **Clarity:** This is the total number of students with access to healthcare at school based health centers.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data will be collected Louisiana health information exchange (LAHIE). Reports are generated quarterly.

6. **Data Source, Collection and Reporting:** Data for this indicator are collected on a quarterly and annual basis. Information is gathered from quarterly reports.

7. **Calculation Methodology:** Total school enrollment quarterly for each school with access to the SBHC.

8. **Scope:** Aggregated quarterly but can be disaggregated if needed.

9. **Caveats:** The total number is students with access and not necessarily users of SBHC services.

10. **Responsible Person:** Quarterly reports are provided to ASHP by SBHCs. ASHP Program. Cassandra Bookman, Program Manager, 504-5688164, fax, 504-568-8200, Cassandra.bookman@la.gov.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Personal Health Services, through its Bureau of Primary Care and Rural Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of Continuous Quality Improvement (CQI) visits to school-based health centers

LaPAS PI Code: New

1. **Type and Level**: Output and General

2. **Rationale**: Every SBHC is required to participate in the efforts to maintain and improve quality of care by successfully completing the program effectiveness review tool and participating in the CQI process. The purpose of CQI shall be to foster a culture of continuous quality improvement and a climate of trust between ASHP staff, SBHC staff and among SBHC practitioners/peers. A team of healthcare professionals, consisting of ASHP staff, and other qualified persons including peer reviewers, conducts a site visit of each SBHC sponsor at least once every 3 years. This tool is based on the national assembly of school based healthcare quality measures. As part of the CQI process, school based health centers participate in the Best practices for prevention in SBHCS: Louisiana's preventive services improvement initiative which consists of Best practices based on national recommendations.

3. **Use:** This indicator will assist informing management, SBHC sponsors and outside agencies on the quality measures for SBHCs. This indicator can also be used to advocate for more funding for SBHCs.

4. **Clarity:** N/A

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data are maintained by the ASHP program.

6. **Data Source, Collection and Reporting:** The ASHP program collects data annually.

7. **Calculation Methodology:** Total CQI visits per school year.

8. **Scope:** Information is not aggregated; it is the actual number of CQI reviews.

9. **Caveats:** None

10. **Responsible Person:** ASHP Program. Cassandra Bookman, Program Manager, 504-5688164, fax, 504-568-8200, Cassandra.bookman@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE: Personal Health Services, through its Bureau of Primary Care and Rural Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of healthcare providers receiving technical assistance regarding revenue sustainability.

LaPAS PI Code: New

1. **Type and Level**: Output and General

2. **Rationale**: All SBHC is required to participate in meetings and trainings related to sustainability. Trainings will assist SBHCs in their ability to enhance reimbursement from 3rd party payers. These funds will allow the SBHCs to enhance and maintain services.

3. **Use:** This indicator will assist informing management SBHC sponsors and outside agencies of the programs sustainability. This indicator can also be used to advocate for more funding for SBHCs.

4. **Clarity:** This indicator identifies technical assistance provided specifically on 3rd party reimbursements.

5. **Accuracy, Maintenance, Support:** This indicator has not been audited by the Office of the Legislative Auditor. Data are maintained by the ASHP program as reported by the SBHCs quarterly.

6. **Data Source, Collection and Reporting:** ASHP program provides information on a quarterly basis through published reports.

7. **Calculation Methodology:** The sum of reported totals from each SBHC.

8. **Scope:** Information is aggregated, but can be disaggregated.

9. **Caveats:** Reimbursement is not necessarily collected in the quarter it is billed therefore numbers may seem skewed.

10. **Responsible Person:** ASHP Program; Cassandra Bookman, Program Manager, 504-568-8164, fax, 504-568-8200, Cassandra.bookman@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Personal Health Services, through its Bureau of Primary Care and Rural Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of adolescent school-based health centers (SBHCs)

LaPAS PI Code: 2368

1. **Type and Level**: Output and General

2. **Rationale**: The number of SBHCs is directly related to potential access to preventive and primary care of school age children/adolescents. Increasing the number of SBHCs increases access.

3. **Use**: The number of SBHCs will be used both for internal management as well as for budgeting purposes.

4. **Clarity:** The indicator name clearly indicates what is being measured.

5. **Accuracy, Maintenance, Support:** The indicator is valid, reliable, and accurate because there are contractual/fiscal records and scheduled data reports that prove the existence of a specific number of SBHCs.

6. **Data Source, Collection and Reporting:** There is a standard database used by all SBHCs to report information. Data collection is ongoing, with mandatory reporting on a quarterly basis with consistent deadline reporting dates starting and ending with the state fiscal year cycle. The reported data represents services rendered for the three months prior to the report.

7. **Calculation Methodology:** Total of all ASHP funded SBHCs

8. **Scope:** The total is a statewide total that can be broken down into regions and parishes.

9. **Caveats:** None

10. **Responsible Person:**
    ASHP Program; Cassandra Bookman, Program Manager, 504-568-8164, fax, 504-568-8200, Cassandra.bookman@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Personal Health Services, through its Bureau of Primary Care and Rural Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Average cost per visit to adolescent school-based health centers

LaPAS PI Code: 10053

1. **Type and Level**: Efficiency and General

2. **Rationale**: To determine cost per visit as compared to cost at other centers

3. **Use**: Used to measure cost effectiveness

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** Annual OPH program expenditures from Fiscal Office

6. **Collection and Reporting:** Annually in December for prior fiscal year

7. **Calculation Methodology:** Total OPH expenditures plus locally collected Medicaid revenue divided by total number of visits

8. **Scope:** None

9. **Caveats:** Amount will fluctuate annually depending on number of centers and number of children served

10. **Responsible Person:** ASHP Program; Cassandra Bookman, Program Manager, 504-568-8164, fax, 504-568-8200, Cassandra.bookman@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Adolescent School Health Program (ASHP)

OBJECTIVE XII: Personal Health Services, through its Bureau of Primary Care and Rural Health's Adolescent School Health Program activity, will provide technical assistance to school-based health centers; establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources each year through June 30, 2019.

INDICATOR NAME: Number of patient visits in adolescent school-based health centers (SBHCs)

LaPAS PI Code: 13744

1. **Type and Level**: Output and General

2. **Rationale**: The number of patient visits to SBHCs indicates utilization of primary and preventive care services available through SBHCs.

3. **Use**: The number of patient visits to SBHCs will be used both for internal management as well as for budgeting purposes.

4. **Clarity:** The indicator name clearly indicates what is being measured

5. **Accuracy, Maintenance, Support:** The indicator is valid, reliable, and accurate because SBHCs statewide use a standard patient encounter form to record visits and data on the form is entered into the same data collection system.

6. **Collection and Reporting:** There is a standard database used by all SBHCs to report information. Data collection is ongoing. Encounter form information is entered daily, with mandatory reporting on a quarterly basis with consistent deadline reporting dates starting and ending with the state fiscal year cycle. The reported data represents services rendered for the three months prior to the report.

7. **Calculation Methodology:** The number of patient visits is the sum of all patient encounters at SBHCs statewide.

8. **Scope:** The total is a statewide total that can be broken down into regions and parishes. Additionally, patient visits are broken down by site, urban vs. rural, reason for visit, race/ethnicity, gender, grade in school.

9. **Caveats:** None

10. **Responsible Person:** ASHP Program; Cassandra Bookman, Program Manager, 504-568-8164, fax, 504-568-8200, Cassandra.bookman@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:
All Louisiana residents, tourists, and visitors as well as citizens of other states and other foreign countries into which Louisiana produced food, drug and cosmetic products are distributed will benefit from assurance that such products are not adulterated or misbranded and are safe for consumption. The commercial shellfish industry and consumers of Louisiana seafood products benefit from sanitarian services as well as consumers of Louisiana dairy products across state lines and dairy farmers will benefit. Safe disposal of human waste will assure long-term public health protection for all the residents of the State, since raw and partially treated sewage is a major source of groundwater contamination. Insects may also spread diseases by carrying to food supplies the pathogenic organisms contained in excreta. Sewage discharged to surface streams is also a menace to water supplies, bathing beaches, shellfish growing areas and fish life. Louisiana citizens and tourist will benefit by a reduction of the occurrence of food borne disease and food borne disease outbreaks. Persons who use any institutional facility and places of public accommodation and private premises will also benefit from Sanitarian Services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Yearly mortality count attributed to unsafe water, food and sewage

LaPAS PI Code: 24201

1. **Type and Level**: Output/Outcome: Key

2. **Rationale**: This indicator was selected to help determine that preventive measures set forth by Sanitarian Services are adequate to protect the public health of Louisiana citizens and visitors. It is a valid measure of performance and measures the total number of yearly deaths related to food and water consumption in Louisiana. It also measures the effectiveness of onsite wastewater and beach safety programs regulated under this activity.

3. **Use:** The indicator will be used to determine if the inspections and sampling by this activity are sufficient in protecting the public from illnesses associated with food, water and sewage. The indicator can be used for performance based budgeting and internal management. Indicator may also be used for comparative analysis and/or historical reference.

4. **Clarity:** No clarification necessary.

5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor. All data and reports relating to mortality counts are managed by OPH/Infectious Epidemiology.

6. **Data Source, Collection and Reporting:** OPH/ Infectious Epidemiology records and maintains the database for mortality counts which is updated by death related event.

7. **Calculation Methodology:** Refer to OPH/ Infectious Epidemiology.

8. **Scope:** Indicator is a statewide figure and can be broken down by region/parish or programs within this activity.

9. **Caveats:** Indicator is somewhat weakened by lack of communication between OPH/ Infectious Epidemiology and this activity. This can result in slower recording and response relative to a death related event.

10. **Responsible Person:** OPH Infectious Epidemiology/Louisiana State Epidemiologist

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of permitted facilities in compliance quarterly due to inspections

LaPAS PI Code: 24202

1. **Type and Level**: Output/Outcome: Key

2. **Rational:** This indicator was selected to help determine that facility inspections and site monitoring regulated by this activity are adequate to protect the public health of Louisiana citizens and visitors. It is a valid measure of performance and measures the percentage of permitted facilities in compliance on a quarterly basis.

3. **Use:** The indicator will be used to determine if inspections and monitoring by this activity are in compliance with program requirements within this activity. The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.

4. **Clarity:** No clarification necessary.

5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor and/or individual program audits within this activity.

6. **Data Source, Collection and Reporting:** Inspection data is entered daily into the Sanitarian Event Tracking System (SETS) where reports are compiled on a quarterly basis. Additionally, inspection reports conducted with mobile auditors are stored in Automated Inspection Reporting System (AIRS).

7. **Calculation Methodology:** Total number of inspections made divided by the total number required. Individual programs within this activity may use different calculation methods.

8. **Scope:** Indicator is a statewide figure and can be broken down by region/parish or programs within this activity.

9. **Caveats:** Indicator is somewhat weakened by problems associated with an outdated Sanitarian Event Tracking System and the difficulty in finding knowledgeable IT staff for

needed repairs. Consistent funding for mobile auditors is essential for continued compliance with this indicator.

10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of required samples in compliance

LaPAS PI Code: 24207

1. **Type and Level**: Output, Outcome/Quality: Supporting

2. **Rational:** This indicator is a valid measure of performance and measures the percentage of mandated samples collected by specific programs within this activity. This sampling is required by federal partners of this activity for the interstate shipment of milk and oysters. Also, beaches are mandated to meet quality standards set forth by USEPA.

3. **Use:** This indicator will be used to determine that mandated quality samples are collected at required intervals and meet criteria set forth by federal partners of this activity. Additionally, it helps in determining specific oyster harvesting and beach area closures and re-openings.

4. **Clarity:** No clarification necessary.

5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor. At this time, no audits have been performed by Louisiana Legislative Auditor. However, these sampling requirements are audited by USFDA, USEPA and individual program audits.

6. **Data Source, Collection and Reporting:** Internal and external databases are maintained by individual programs within this activity. Collection entries are daily and reports are compiled as results are provided by laboratory.

7. **Calculation Methodology:** All calculation methodology is determined by mandated criteria set for the by federal partners of this activity.

8. **Scope:** This indicator is a statewide number and can be broken down by region/parish or individual oyster growing and beach recreational areas.

9. **Caveats:** Criteria set forth by federal partners of this activity may be adjusted to specific geographical areas.

10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of sewerage systems properly installed

LaPAS PI Code: 24204

1. **Type and Level**: Outcome: Supporting.

2. **Rationale**: This indicator is a valid measure of performance and measures the percentage of newly permitted onsite wastewater treatment systems properly installed. The indicator was selected to help determine that inspections and monitoring of new installations by this activity are an effective measure and evaluation of onsite wastewater treatment quality.

3. **Use:** This indicator is used to target problem installations and help resolve issues with improper installations. This indicator will help to evaluate the need for code revisions and continuing education needs for licensed installers. The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.

4. **Clarity:** No additional clarification necessary.

5. **Accuracy, Maintenance, Support:** Information is code specific and available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and reviewed by supervision.

6. **Data Source, Collection and Reporting:** Data is code specific and entered into Sanitarian Event Tracking System (SETS). Reports are compiled monthly or quarterly.

7. **Calculation Methodology:** Calculation method used is A(total number of systems inspected) minus B (number of problem installations) divided by C(Total number of installations) x 100. Calculation equals A-B/C x 100.

8. **Scope:** Indicator is disaggregated and part of a statewide number that can be broken down by region/parish.

9. **Caveats:** This indicator is weakened because of the lack of inspections by this activity and/or program staff due to budget constraints.

10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of plans reviewed

LaPAS PI Code: 24205

1. **Type and Level**: Output and Supporting

2. **Rational:** This indicator is a valid measure of performance and provides for the number of new plans reviewed by sanitarians on a yearly basis. The number of plans reviewed can indicate trending curves as to expected client expansion or reduction. It also aids in time management decisions of program staff.

3. **Use:** Indicator is used to determine the number of new facilities applying for permits along with supporting management/budgeting decisions relative to time allocation and staffing. It also provides for comparative analysis and/or historical reference.

4. **Clarity:** No clarification necessary.

5. **Accuracy, Maintenance, Support:** Information is code specific and available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and are available for review by supervision.

6. **Data Source, Collection and Reporting:** Data is entered into Sanitarian Event Tracking System (SETS) and reports can be compiled.

7. **Calculation Methodology:** Total number of plans reviewed is entered as a unit so no calculation mechanisms are needed.

8. **Scope:** This indictor is a statewide number and can be broken down by region, parish or individual programs within this activity.

9. **Caveats:** Indicator is somewhat weakened by problems associated with an outdated Sanitarian Event Tracking System and the difficulty in finding knowledgeable IT staff for needed repairs.

10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

Indicator Name: Number of food related complaints received from the public

LaPAS Code: 11215

1. **Type and Level:** Input: General Performance Information

2. **Rationale:** This indicator measures the incidence of food related complaints and indicates if any adjustments are needed in the retail food program.

3. **Use:** Used to monitor violations that may indicate the need for additional enforcement to achieve compliance.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** Data are captured from the Sanitarian Event Tracking System (SETS)

6. **Frequency/Timing:**
   a) Collection: monthly
   b) Reporting: quarterly

7. **Calculation Methodology:** Summation

8. **Aggregation/Additive:** None

9. **Caveats**: None

10. **Responsible Party:** Sanitarian Chief, Sanitarian Program Administrator, Sanitarian Regional Director, Sanitarian Parish Manager

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Total number of confirmed food, water, sewage-borne illnesses reported

LaPAS PI Code: 24211

1. **Type and Level**: Output/Outcome: Supporting

2. **Rational:** The indicator is selected to help determine that preventive measures set forth by Sanitarian Services are adequate to protect Louisiana citizens and visitors. It is a valid measure of performance and measures the total number of illnesses in Louisiana directly related to food, water or sewage.

3. **Use:** The indicator will be used to determine if the inspections and sampling by this activity are sufficient in protecting the public from illnesses associated with food, water and sewage. The indicator shall be used for performance based budgeting and internal management. The indicator may also be used for comparative analysis and/or historical reference.

4. **Clarity:** This indicator considers confirmed cases that have been reported

5. **Accuracy, Maintenance, Support:** The **i**ndicator is subjected to audits by the Louisiana Legislative Auditor. All data relating to illnesses from food, water or sewage is managed by OPH/Environmental Epidemiology and Toxicology.

6. **Data Source, Collection and Reporting:** OPH/Infectious Epidemiology records and maintains the database for illnesses associated with food, water or sewage, which are updated by event.

7. **Calculation Methodology:** Refer to OPH/ Infectious Epidemiology.

8. **Scope:** Indicator is a statewide figure and can be broken down by region/parish or programs within this activity.

9. **Caveats:** Indicator is somewhat weakened by the lack of communication between OPH/ Infectious Epidemiology and this activity. This can result in slower recording and response relative to an event.

10. **Responsible Person:** OPH/ Infectious Epidemiology/Louisiana State Epidemiologist

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

Indicator Name: Number of food-borne disease investigations due to illness

1. **Type and Level:** Input
2. **Rationale:** Measures the incidence of food borne disease outbreaks and indicates if any adjustments are needed in the retail food program
3. **Use:** To monitor violations which may indicate the need for additional enforcement to achieve compliance
4. **Clarity:** None
5. **Accuracy, Maintenance, Support:** February 2012, Office of Public Health leadership requested a Legislative Auditors review of its Retail Food program after recognizing that there was an issue with sanitarian inspection services. The Louisiana Legislative Auditor's review of the program revealed overall findings related to permitting, inspection, and enforcement processes that need improvement to ensure the safety of food served in retail food establishments. The Office of Public Health has implemented a new *Scheduler Tool* that prioritizes list of inspections by due date, risk and geographical zoning for sanitarian assignment. In April 2013, sanitarians throughout the state began using the Scheduler Tool. Since its implementation, initial performance outcomes show promising results toward improving the efficiency of sanitarian health inspections. For example, past due retail food inspections have improved by 65 percent (May) up from 38 percent in March. Between March and May, the Office has also seen a 50 percent improvement in the inspection of high-risk establishments that require a health inspection at least four times per year. Data are captured from the Sanitarian Event Tracking System.
6. **Data Source, Collection and Reporting:**
   a. Collection: monthly
   b. Reporting: quarterly
7. **Calculation Methodology:** Number of notices of violations divided by number of inspections of retail food establishments
8. **Scope:** None
9. **Caveats:** None
10. **Responsible Person:** Sanitarian Administrator, Sanitarian Program Administrator, Sanitarian Regional Director, and Sanitarian Parish Manager

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of permitted facilities in compliance

LaPAS PI Code: 24202

1. **Type and Level:** Outcome and Key

2. **Rationale:** Measures permitted establishments in compliance which monitors the primary objective of the Retail Food Program of maintaining 90 percent minimum compliance.

3. **Use:** Performance indicator is used to monitor the compliance rate for all establishments regulated by Sanitarian Services.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** In February 2012, Office of Public Health leadership requested a Legislative Auditors review of its Retail Food program after recognizing that there was an issue with sanitarian inspection services. The Louisiana Legislative Auditor's review of the program revealed overall findings related to permitting, inspection, and enforcement processes that need improvement to ensure the safety of food served in retail food establishments. The Office of Public Health has implemented a new *Scheduler Tool* that prioritizes list of inspections by due date, risk and geographical zoning for sanitarian assignment. In April 2013, sanitarians throughout the state began using the Scheduler Tool. Since its implementation, initial performance outcomes show promising results toward improving the efficiency of sanitarian health inspections. For example, past due retail food inspections have improved by 65 percent (May) up from 38 percent in March. Between March and May, the Office has also seen a 50 percent improvement in the inspection of high-risk establishments that require a health inspection at least four times per year. Data are captured from the Sanitarian Event Tracking System (SETS)

6. **Data Source, Collection and Reporting:**
   a) Collection: Monthly
   b) Reporting: Quarterly

7. **Calculation Methodology:** Re-inspections divided by number of inspections subtracted from 100 percent.

8. **Scope:** None

9. **Caveats:** None

10. **Responsible Person:** Sanitarian Administrator, Sanitarian Program Administrator, Sanitarian Regional Director, and Sanitarian Parish Manager

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

Indicator Name: Number of routine inspections of permitted facilities

LaPAS Code: 2485

1. **Type and Level:** Output and Supporting

2. **Rationale:** Measures number of inspections of all facilities to assure that all establishments are inspected for compliance and used in calculations of other indicators

3. **Use:** Performance indicator is used to determine that all retail food establishments are inspected for compliance.

4. **Clarity:** This indicator considers routine inspections only.

5. **Accuracy, Maintenance, Support:** February 2012, Office of Public Health leadership requested a Legislative Auditors review of its Retail Food program after recognizing that there was an issue with sanitarian inspection services. The Louisiana Legislative Auditor's review of the program revealed overall findings related to permitting, inspection, and enforcement processes that need improvement to ensure the safety of food served in retail food establishments. The Office of Public Health has implemented a new *Scheduler Tool* that prioritizes list of inspections by due date, risk and geographical zoning for sanitarian assignment. In April 2013, sanitarians throughout the state began using the Scheduler Tool. Since its implementation, initial performance outcomes show promising results toward improving the efficiency of sanitarian health inspections. For example, past due retail food inspections have improved by 65 percent (May) up from 38 percent in March. Between March and May, the Office has also seen a 50 percent improvement in the inspection of high-risk establishments that require a health inspection at least four times per year. Data are captured from the Sanitarian Event Tracking System.

6. **Data Source, Collection and Reporting:**
   a. Collection: Monthly.
   b. Reporting: Quarterly.

7. **Calculation Methodology:** Summation

8. **Scope:** None

9. **Caveats:** None

10. **Responsible Person:** Sanitarian Administrator, Sanitarian Program Administrator, Sanitarian Regional Director and Sanitarian Parish Manager

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of re-inspections of permitted establishments

LaPAS PI Code: New

1. **Type and Level:** Output and General Performance Information

2. **Rationale:** Measures the number of re-inspections of all establishments that should lead to compliance and is also used to calculate the compliance rate

3. **Use:** Used to measure and achieve compliance and reduce the occurrence of food borne disease and food borne disease outbreaks

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** Data are captured from the Sanitarian Event Tracking System (SETS)

6. **Data Source, Collection and Reporting:**
   a. Collection: monthly
   b. Reporting: quarterly

7. **Calculation Methodology:** Direct count

8. **Scope:** None

9. **Caveats:** None

10. **Responsible Person:** Sanitarian Administrator, Sanitarian Program Administrator, Sanitarian Regional Director, and Sanitarian Parish Manager

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Percentage of permitted facilities inspected at assigned frequency

1. **Type and Level:** New

2. **Rationale:** This indicator considers inspection of all facilities based on risk types. Inspection time devoted to commercial body art facilities, retail food establishments, warehouses, etc.

3. **Use:** To: 1) determine if inspection staff are devoting appropriate work time to these types of establishments; 2) determine if inspection time devoted to sites where products may become adulterated; 3) monitor the compliance rate for all Retail Food establishments regulated by the Retail Food program.

4. **Clarity:** A commercial body art facility is a site that has equipment that exposes skin to ultraviolet radiation.

5. **Accuracy, Maintenance, Support**: Data are captured from the Sanitarian Event Tracking System (SETS).

6. **Data Source, Collection and Reporting:** Data are captured from the Sanitarian Event Tracking System (SETS). Reporting: monthly or as needed

7. **Calculation Methodology:** Ratio of the number of inspections over the number of establishments x 100

8. **Scope:** None

9. **Caveats:** None; indicator reflects state-wide information

10. **Responsible Person:** Field Sanitarian Program Coordinators and Sanitarian Managers in Environmental Health Services/Food & Drug Control Program's main office

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of samples collected

LaPAS PI Code: 24206

1. **Type and Level**: Outcome and Supporting

2. **Rational:** This indicator is a valid measure of performance and measures the number of mandated samples collected by specific programs within this activity. This sampling is required by state/federal partners of this activity for the intra/interstate shipment of milk and oysters. Also, beaches are mandated to meet quality standards set forth by USEPA. Additionally, private water samples are mandated upon public request.

3. **Use:** This indicator will be used to determine that mandated quality sample numbers are collected at required intervals and meet criteria set forth by federal partners of this activity. Additionally, it helps in classifying specific oyster harvesting waters and beach area advisories. Private water samples satisfy the public request for sampling to determine potable water.

4. **Clarity:** No clarification necessary.

5. **Accuracy, Maintenance, Support:** Indicator is subjected to audits by the Louisiana Legislative Auditor. These sampling requirements are audited by USFDA, USEPA and individual program audits.

6. **Data Source, Collection and Reporting:** Internal and external databases are maintained by individual programs. Collection entries are daily and reports are compiled as results are provided by laboratory.

7. **Calculation Methodology:** All calculation methodology is determined by mandated criteria set for the by federal partners of this activity. Private water samples are calculated and maintained by the individual program using a summation of the total number of samples collected.

8. **Scope:** This indicator is a statewide number and can be broken down by region/parish or individual oyster growing and/or beach recreational areas.

9. **Caveats:** Criteria set forth by federal partners of this activity may be adjusted to specific geographical areas.

10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Environmental Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE: Through the Sanitarian Services activity, to protect public health though preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2016.

INDICATOR NAME: Percentage of required samples in compliance

LaPAS PI Code: 11886

1. **Type and Level**: Output, Outcome/Quality: Supporting

2. **Rational:** This indicator is a valid measure of performance and measures the percentage of mandated samples collected by specific programs within this activity. This sampling is required by federal partners of this activity for the interstate shipment of milk and oysters. Also, beaches are mandated to meet quality standards set forth by USEPA.

3. **Use:** This indicator will be used to determine that mandated quality samples are collected at required intervals and meet criteria set forth by federal partners of this activity. Additionally, it helps in determining specific oyster harvesting and beach area closures and re-openings.

4. **Clarity:** No clarification necessary.

5. **Validity, Reliability and Accuracy:** Indicator is subjected to audits by the Louisiana Legislative Auditor. At this time, no audits have been performed by Louisiana Legislative Auditor. However, these sampling requirements are audited by USFDA, USEPA and individual program audits.

6. **Data Source, Collection and Reporting:** Internal and external databases are maintained by individual programs within this activity. Collection entries are daily and reports are compiled as results are provided by laboratory.

7. **Calculation Methodology:** All calculation methodology is determined by mandated criteria set for the by federal partners of this activity.

8. **Scope:** This indicator is a statewide number and can be broken down by region/parish or individual oyster growing and beach recreational areas.

9. **Caveats:** Criteria set forth by federal partners of this activity may be adjusted to specific geographical areas.

10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of sewerage system applications submitted

LaPAS PI Code: 24210

1. **Type and Level**: Input/Output: Supporting

2. **Rationale**: This indicator is a valid measure of performance and measures the number of sewage system applications taken for the installation of onsite wastewater treatment systems.

3. **Use:** The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.

4. **Clarity:** Needs no additional clarification.

5. **Accuracy, Maintenance, Support:** Information is available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and can be reviewed by supervision.

6. **Data Source, Collection and Reporting:** Data is entered into Sanitarian Event Tracking System (SETS) and reports are compiled monthly or quarterly.

7. **Calculation Methodology:** Indicator uses a standard calculation of the summation of the total number of applications taken.

8. **Scope:** This indicator is an aggregated statewide number and can be broken down by region/parish.

9. **Caveats:** None

10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services **PROGRAM:** Personal Health Services

PERFORMANCE INDICATOR DOCUMENTATION

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of new sewage systems properly installed

LaPAS PI Code: 24208

1. **Type and Level**: Output: Supporting

2. **Rationale**: This indicator is a valid measure of performance and measures the number of new individual sewage systems installed. It was selected to monitor the number of new individual sewage systems installed on an annual basis. This indicator represents the finalization of the sewage permitting process.

3. **Use:** This indicator is mandated and represents the number of requests for service to the public. The indicator can be used for performance based budgeting and internal management including staffing levels. Indicator may also be used for comparative analysis and/or historical reference.

4. **Clarity:** No additional clarification necessary.

5. **Accuracy, Maintenance, Support:** Data is code specific and entered into Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and reviewed by supervision. Reports are compiled monthly or quarterly.

6. **Data Source, Collection and Reporting:** Data is entered into Sanitarian Event Tracking System (SETS) and reports are compiled monthly or quarterly.

7. **Calculation Methodology:** Indicator uses a standard calculation of the summation of the total number of existing individual sewage systems inspected.

8. **Scope:** This indicator is an aggregated statewide number and can be broken down by region/parish.

9. **Caveats:** None

10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Sanitarian Services

OBJECTIVE XIII: Personal Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2019.

INDICATOR NAME: Number of existing sewage system inspections

LaPAS PI Code: 24209

1. **Type and Level**: Output: Supporting

2. **Rationale**: This indicator is a valid measure of performance and measures the number of existing individual sewage systems inspected. The indicator was selected to help determine that inspections and monitoring of existing systems by this activity are an effective measure and evaluation of onsite wastewater treatment quality

3. **Use:** This indicator is a part of public demand for a service and resources must be allocated for it due to legislative mandate. It will be used for internal management and/or performance-based budgeting purposes.

4. **Clarity:** No additional clarification necessary.

5. **Accuracy, Maintenance, Support:** Information is code specific and available on the Sanitarian Event Tracking System (SETS). All data entries are entered daily into SETS and can be reviewed by supervision.

6. **Data Source, Collection and Reporting:** Data is code specific and entered into Sanitarian Event Tracking System (SETS). Reports can be compiled as needed.

7. **Calculation Methodology:** Indicator uses a standard calculation of the summation of the total number of existing individual sewage systems inspected.

8. **Scope:** This indicator is an aggregated statewide number and can be broken down by region/parish.

9. **Caveats:** This indicator is weakened because of the lack of inspections by this activity and/or program staff due to budget/time constraints.

10. **Responsible Person:** Tenney Sibley, Chief of Sanitarian Services

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Environmental Health Services

ACTIVITY: Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective:
Engineering Services engineers and scientists work to make sure that no citizen or visitor to Louisiana is made ill or dies from poor quality drinking water, poor plumbing or poor sanitation. The Safe Drinking Water Program is a federal program delegated to DHH by U. S. Environmental Protection Agency. Through the self-generated funds for drinking water, support is leveraged to other mandated unfunded programs such as plumbing, swimming pools, public building, institutions, campgrounds and sewage collection and treatment. Public health engineering also support parish sanitarians, who collect samples, for the majority of the state laboratory equipment and staff with the volume of drinking water samples collected and analyzed annually. Each Engineering Services employee performs multiple jobs and tasks for a variety of mandated programs. Required EPA Safe Drinking Water Program elements include: database maintenance and reporting, rule compliance and enforcement, facility inspections, bacteriological, chlorine, and chemical monitoring, cross connection control, water security and emergency response, public notice and communication, complaint response, operator certification, operator and management training.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Percent of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards

LaPAS PI Code: This is a new indicator name that combines two existing PIs already being tracked with LaPAS Codes 2497 and 24518.

1. **Type and Level**: Outcome and Key

2. **Rationale**: This is a National Water Program Measure used by EPA to determine the performance of state water programs.

3. **Use:** Indicator is used to measure and evaluate the success and coordination of each component of the Safe Drinking Water Program; sample collection, transport, laboratory analysis, reporting, data manipulation, compliance determination, technical assistance, operator training, reporting to EPA, and follow-up.

4. **Clarity:** Community Public Water System – water system serving at least 15 service connections used by year-round residents or regularly serves 25 year-round residents. This indicator combines two existing performance indicators including 1) Percentage of public water systems meeting bacteriological maximum contaminant level (MCL) compliance (LaPAS Code: 2497) and 2) Percentage of public water systems meeting chemical (MCL) compliance (LaPAS Code 24518).

5. **Accuracy, Maintenance, Support:** No legislative audit has been performed. Samples are analyzed by the State Lab and DHH-certified Labs. Sample data and compliance determinations (violation) are maintained in a statewide database.

6. **Data Source, Collection and Reporting:** State Laboratory and Safe Drinking Water Information System (SDWIS) database, a) Collection: monthly, quarterly, yearly b) Reporting: quarterly

7. **Calculation Methodology:** Population served by community water systems in compliance divided by the total population of community systems on record.

8. **Scope:** Disaggregated – part of a larger whole.

9. **Caveats:** There is reporting delay due to when compliance is determined. Compliance is determined after the 10th of month following each month or quarter and is reported by the end of that month, thus there is a 30 day delay when the data can be calculated and reported.

10. **Responsible Person:** Jake Causey, P.E., Chief Engineer/Safe Drinking Water Administrator, Phone: 225-342-7395, Fax: 225-342-7303, Email: Jake.Causey @la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Percentage of community water systems that have undergone a Class 1 sanitary survey within the past three years as required by state and federal regulations.

LaPAS PI Code: 24521

1. **Type and Level**: Efficiency and Key

2. **Rationale**: Percentage of Public Water Systems in compliance with mandated EPA criteria

3. **Use:** Indicator is used to evaluate effectiveness of resource commitment in achieving EPA mandated output levels and relative impact on desired outcomes.

4. **Clarity:** Public Water System – water system serving 15 service connections or 25 persons. This indicator is the same as an existing PI titled "Percentage of required onsite evaluations (sanitary surveys) conducted for public water systems (LaPAS Code: 24521). This name change is necessary to provide plain language to clearly describe what is being tracked and provides the specific standard that is being attempted to attain.

5. **Accuracy, Maintenance, Support:** Annual onsite evaluation (survey) of Public Water Systems

6. **Data Source, Collection and Reporting:** Safe Drinking Water Information System (SDWIS) database, a) Collection: annual b) Reporting: annual

7. **Calculation Methodology:** Number of public water systems evaluated (surveyed)/total number of required evaluations (surveys) on record

8. **Scope:** Disaggregated – part of a larger whole

9. **Caveats:** None

10. **Responsible Person:**
    Jake Causey, P.E.
    Chief Engineer/Safe Drinking Water Administrator
    Phone: 225-342-7395
    Fax: 225-342-7303
    Email: Jake.Causey @la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Percentage of water and sewer plans reviewed within 60 days of receipt of submittal

LaPAS PI Code: New

1. **Type and Level**: Efficiency and Key

2. **Rationale**: Percentage of plans reviewed within the mandated 60-day deadline

3. **Use:** Indicator is used to evaluate effectiveness of resource commitment in achieving State mandated output levels and relative impact on desired outcomes.

4. **Clarity:** Engineering Plans and Specifications for Public Water Systems, Community Sewage Systems, Schools, Institutions, State-owned Facilities, and Public Pools. This is an existing indicator that has been edited to clearly identify what is being reviewed. The original wording is "Percentage of plans reviewed within 60 days of receipt of submittal."

5. **Accuracy, Maintenance, Support:** Daily reviews conducted by regional engineers

6. **Data Source, Collection and Reporting:** Plans Review Tracking Database, a) Collection: monthly b) Reporting: quarterly

7. **Calculation Methodology:** Number of plans reviewed within 60-days/total number of plans received on record

8. **Scope:** Disaggregated – part of a larger whole

9. **Caveats:** None

10. **Responsible Person:** Jake Causey, P.E.
    Chief Engineer/Safe Drinking Water Administrator
    Phone: 225-342-7395
    Fax: 225-342-7303
    Email: Jake.Causey @la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Number of Louisiana public water systems provided financial and technical assistance

LaPAS PI Code: 24523

1. **Type and Level**: Output and Key

2. **Rationale**: The primary purpose of the DWRLF is to make loans; however, federal law requires that a portion of grant funds be set-aside to provide technical assistance to water systems and to provide assistance with Capacity Development in the form of technical assistance and training. This indicator is an aggregate of the other three indicators.

3. **Use:** This indicator is used to measure the overall performance of the DWRLF program and its subsidiary programs.

4. **Clarity:** N/A

5. **Accuracy, Maintenance, Support:** This data is not audited but is considered valid, reliable and accurate because each DWRLF staff member maintains a spreadsheet listing of the date, name of water system, and type of assistance provided each time a request for assistance is received.

6. **Data Source, Collection and Reporting:** The data for this indicator is taken directly from the other three indicators.

7. **Calculation Methodology:** Count of all loan closings and cases where technical assistance is provided for capacity development or other purposes.

8. **Scope:** This service is available to all public water systems in Louisiana

9. **Caveats:** None, however see caveats for the other three indicators.

10. **Responsible Person:** Jennifer Meyer, Manager

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Percentage of surface water public water systems monitored annually for chemical compliance.

LaPAS PI Code: 24520

1. **Type and Level**: Efficiency and Key

2. **Rationale**: Percentage of Public Surface Water Systems in compliance with mandated EPA criteria

3. **Use:** Indicator is used to measure and evaluate the success and coordination of each component of the chemical monitoring program; sample collection, transport, laboratory analysis, reporting, data manipulation, compliance determination, reporting to EPA, and follow-up

4. **Clarity:** MCL – Maximum Contaminant Level: Public Water System – water system serving 15 service connections or 25 persons.

5. **Accuracy, Maintenance, Support:** Annual chemical monitoring of Public Water Systems utilizing surface water as a source

6. **Data Source, Collection and Reporting:** Safe Drinking Water Information System (SDWIS) database, a) Collection: annual b) Reporting: annual

7. **Calculation Methodology:** Number of surface water systems monitored/total number of surface systems on record

8. **Scope:** Disaggregated – part of a larger whole

9. **Caveats:** None

10. **Responsible Person:** Jake Causey, P.E.
    Chief Engineer/Safe Drinking Water Administrator
    Phone: 225-342-7395
    Fax: 225-342-7303
    Email: Jake.Causey @la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Total number of CEU hours received by certified public water and community sewage operators from DHH approved training courses.

LaPAS PI Code: 24522

1. **Type and Level:** Output: General

2. **Rationale**: Number of DHH approved training hours received by water and wastewater operators

3. **Use:** Indicator is used in determination of required program-wide resource commitments to achieve EPA compliance mandates

4. **Clarity:** Number of DHH approved hours of training received by water and wastewater operators and reported to Operator Certification Program and entered in Operator Certification Software (OCS) database by Op Cert staff

5. **Accuracy, Maintenance, Support:** Daily updates to Operator Certification Software (OCS) database by Op Cert staff

6. **Data Source, Collection and Reporting:** Operator Certification Software (OCS) database, a) Collection: daily b) Reporting: quarterly

7. **Calculation Methodology:** Summation of number of classes and training hours received and input into OCS database at time report is due

8. **Scope:** Aggregated – Statewide summation of DHH approved water and wastewater operator training

9. **Caveats:** None

10. **Responsible Person:**
    Jake Causey, P.E.
    Chief Engineer/Safe Drinking Water Administrator
    Phone: 225-342-7395
    Fax: 225-342-7303
    Email: Jake.Causey @la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Number of low-interest loans made

LaPAS PI Code: 24524

1. **Type and Level**: Output and Key

2. **Rationale**: The primary purpose of the DWRLF is to make loans. This indicator measures the number of loans made by the program.

3. **Use:** This indicator is used for many reports including performance based budgeting.

4. **Clarity:** N/A

5. **Accuracy, Maintenance, Support:** This data is valid, reliable and accurate. Information on loan closings made during each year is part of the annual audit of the DWRLF program made by the Legislative Auditor's Office.

6. **Data Source, Collection and Reporting:** The data source is actual loans closed during the year; this data is reported to EPA in the Annual Report for the DWRLF Program. The data is collected as loans are closed throughout the year.

7. **Calculation Methodology:** Count of loans closed during the fiscal year

8. **Scope:** This service is available to all public water systems in Louisiana

9. **Caveats:** In some cases two loans are closed for the same project at the same time because of different sources of repayment. These are counted separately due to the additional effort required to close two loans instead of one.

10. **Responsible Person:** Jennifer.wilson@la.gov**,** Drinking Water Revolving Loan Fund Program Manager; Office: 225-342-8143

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Number of public water systems provided technical assistance

LaPAS PI Code: 24525

1. **Type and Level**: Output; Key

2. **Rationale**: Public water systems require technical assistance on a routine basis.

3. **Use:** This indicator is used for many reports including performance based budgeting. Management also uses it to assess employee/contractor performance.

4. **Clarity:** This can be as simple as a question in a phone call as complex as an on-site visit to discuss issues.

5. **Accuracy, Maintenance, Support:** This data is not audited but is considered valid, reliable and accurate because each DWRLF staff member maintains a spreadsheet listing of the date, name of water system, and type of assistance provided each time a request for assistance is provided.

6. **Data Source, Collection and Reporting:** Data is collected by each DWRLF staff member by keeping records of the number of requests for technical assistance received and responses made by personal visits, telephone, regular mail and email. Data is collected continuously and reported quarterly.

7. **Calculation Methodology:** Count of the number of cases of technical assistance provided to water systems during the year

8. **Scope:** This service is available to all public water systems in Louisiana

9. **Caveats:** A single water system may request Technical assistance multiple times during the year. Each request where assistance is provided is counted separately.

10. **Responsible Person:** Jennifer.wilson@la.gov**,** Drinking Water Revolving Loan Fund Program Manager; Office: 225-342-8143

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: Personal Health Services

ACTIVITY: Public Health Engineering

Objective XIV: Personal Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2019.

INDICATOR NAME: Number of water systems provided capacity development technical assistance

LaPAS PI Code: 24526

1. **Type and Level:** Output and Key

2. **Rationale**: Capacity Development purpose is to assess public water systems in the area of financial, managerial and technical; then assist with any issues they have in these areas.

3. **Use:** This indicator is used for many reports including performance based budgeting. Management also uses it to assess employee/contractor performance.

4. **Clarity:** N/A

5. **Accuracy, Maintenance, Support:** This data is not audited but is considered valid, reliable and accurate because each DWRLF staff member maintains a spreadsheet listing of the date, name of water system, and type of assistance provided each time a request for assistance is provided.

6. **Data Source, Collection and Reporting:** Data is collected by each DWRLF staff member by keeping records of enquiries related to capacity development received and responses made by personal visits, telephone, regular mail and email. Data is collected continuously and reported quarterly. Additionally, the DWRLF has approved other organizations' management classes delivered to anyone involved in the management of water systems including managers, supervisors, board members, and elected officials. Each system attending one of these classes is counted as a separate provision of capacity development technical assistance.

7. **Calculation Methodology:** Count of the number of cases of technical assistance related to capacity development provided to water systems during the year

8. **Scope:** This service is available to all public water systems in Louisiana

9. **Caveats:** A single water system may request assistance with Capacity Development multiple times during the year. Each request where assistance is provided is counted separately.

10. **Responsible Person:** Jennifer.wilson@la.gov**,** Drinking Water Revolving Loan Fund Program Manager; Office: 225-342-8143

09-330 OFFICE OF BEHAVIORAL HEALTH

PROGRAM A: ADMINISTRATION

Principal Customers/Users of the Program and Benefits: The Office of Behavioral Health (OBH) Program of Administration and Support and its related activities are responsible for the provision of behavioral health treatment, support, and prevention services to Louisiana citizens with mental and addictive disorders. OBH is both a monitor of a comprehensive and integrated array of community-based and residential services offered by the contacted statewide management organization (SMO) and through the Louisiana Behavioral Health Partnership (LBHP) and is a direct provider of the necessary safety-net behavioral services that are not currently offered by the SMO, but which may be included through the LBHP at a future time.

OBH's mission is to lead the effort to build and provide a comprehensive, integrated, person-centered system of prevention and treatment services that promote recovery and resilience for all citizens of Louisiana. OBH assures public behavioral health services are accessible, have a positive impact, are culturally and clinically competent and are delivered in partnership with all stakeholders.

Potential Internal/External Factors That Could Significantly Affect The Achievement of Goals or Objectives in This Program: Through the Executive Management Team, and review of quality/ performance data, both internally and obtained through the SMO, OBH regularly assesses that factors that could affect the achievement of the strategic goals and objectives. Among the major factors of concern: Provider network sufficiency; Client/Member satisfaction; Lack of sufficient funds; Loss of T.O. leading to the inadequate number of behavioral health professionals and administrative staffing to maintain safety-net services; Seriously inadequate pharmacy budget; Inadequate maintenance of all OBH facilities and operations; Lack of stakeholder involvement and advocacy; and the persistent and strong stigma about mental and addictive disorders on the part of the general public

Methods Used to Avoid Duplication of Effort: OBH, working in close partnership with the SMO through all LBHP and stakeholders , conduct regular meetings and conferences to ensure that duplication of effort is minimized and to further ensure that objectives and strategies established complement each other in the fulfillment of overall program goals. Areas of LBHP (both SMO and OBH Central Office) responsibility and staff roles are clearly delineated and coordinated among the major operational areas: Care Management; Quality Management; Utilization Management; Business Intelligence and Performance Monitoring; Member Services; Provider Services; and Communications.

Program Evaluations Used to Develop Goals, Objectives, And Strategies: OBH regularly reviews performance data, and survey data by recipients of service collected through the SMO and directly by OBH to determine if the LBHP is meeting the stated goals/objectives.

According to the active OAD/OMH record retention schedule, budget records are to be kept as follows: In Office: one (1) calendar year (CY), Records Center: 3CY and Destroy After: four (4) CY. The Strategic Plan, Operational Plan and LAPAS are classified as budget documents and the Office of Behavioral Health will adhere to its record retention policy

OBH annually conducts an in-depth review of its strategic plan to ensure that it reflects current environmental, programmatic and fiscal configurations. As a result of this review, the strategic plan is revised to reflect a new mission, vision and goals, as warranted. To ensure that OBH strategic plan is coordinated throughout the organizational and management levels of the department, regularly reviewed and updated, and utilized for management decision-making and resource allocation, the formulation of the OBH strategic plan adheres to management strategies implemented by the Executive Team (Health Plan Management, Administration, Adult, Child and Family Operations). These strategies, at a minimum, will include:

Training: Ongoing training is provided to ensure staff develops the necessary skills to understand and apply the concepts of the OBH strategic plan.
Input: Gathering input from all level of the agency's functional areas. Focus groups are conducted with Team Leaders and participants representing functional areas essential to support agency priorities to generate a draft of the plan.
Communication: Receiving and sending information at the central office and the regional and district levels.
Coordination: Using technology to enhance communication and participation, e.g., teleconferences, videos, electronic media, etc.
Performance measurement: Formulation of objectives that are Specific, Measurable, Attainable, Results oriented and Time-bound. Performance indicators are formulated to ensure monitoring of progress in goal/objective attainment.
Evaluation: The Strategic Plan will be revised, as warranted, to reflect fiscal, managerial and programmatic changes. These revisions will be conducted using the same strategies as the original plan, as warranted. Plan revisions will utilize strategies that are pertinent to the task at hand.

DHH Executive leadership undertook the challenge of improving Louisiana's health care system by designing and carrying out "Transformational Priorities" that reflect the Department's vision and mission and carry the highest potential impact. The three themes guiding the Department's work are: 1) Building Foundational Change for Better-Health Outcomes; 2) Promoting Independence through Community-based Care 3) Managing Smarter for Better Performance. There are nine initiatives under this theme with the common theme of making significant change. The completion of each and all of the initiatives span SFY 2013 to SFY 2019

Goals that carried forward from the FY SFY 2013 to SFY 2019 plan include a continued effort to streamline operations, improve services, measure outcomes, assure efficient spending and implement community-based expansion. The three themes guiding the Department's work are: 1) Building Foundational Change for Better-Health Outcomes; 2) Promoting Independence through Community-based Care 3) Managing Smarter for

Better Performance. There are nine initiatives under this theme with the common theme of making significant change. The completion of each and all of the initiatives will span SFY 2013 to SFY 2019. OBH pledges to continue its mission to improve the health of our state through the implementation of Bayou Health and the Behavioral Health Partnership. The leadership will be working with stakeholders to chart a course forward to restructure the organization and delivery of long-term supports and services to improve quality of care, decrease fragmentation and create a more coordinated system of care. OBH will press on with its mission to improve the birth outcomes of our state, as we identify new strategies to promote healthier moms and babies. OBH will continue to move forward with systems modernization and promotion of health information technology to better inform care decisions and improve health outcomes.

OBH transformational initiatives included in 2012 Business Plan and reiterated in the current Leadership business road map include:

Behavioral Health Partnership (LBHP)
Coordinated System of Care (CSoC)
Integrating Behavioral Health Business Practices and Treatment Approaches

Program Goal: To assure that critical functions of the SMO are being performed within expected standards per contract stipulations. The critical functions include that members have access to and receive needed services, providers are timely reimbursed, and members are receiving the support needed to successfully navigate the LBHP system of care.

Statutory Authority for Goal: LA R.S. 36:258(E), LA R.S. 28:1-723

Objective 1: : By focusing on enhancing individual outcomes, the SMO will improve the quality of care and behavioral health of Louisiana citizens and will assure that all members are adequately served through the LBHP as demonstrated by 100% achievement of deliverables of the contracted critical functions by FY 2019. Some of the most significant deliverables to measure this objective are the percentage of clean claim processed (95%) and the handling of calls as measured by average speed of answer (ASA) (within 30 sec) and call abandonment rate (< 3%).
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Primary Persons Who will Benefit from or Be Significantly Affected by Objective: The targeted persons who will benefit from this objective will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION GOAL 1

OBJECTIVE I: : By focusing on enhancing individual outcomes, the SMO will improve the quality of care and behavioral health of Louisiana citizens and will assure that all members are adequately served through the LBHP as demonstrated by 100% achievement of deliverables of the contracted critical functions by FY 2019. Some of the most significant deliverables to measure this objective are the percentage of clean claim processed (95%) and the handling of calls as measured by average speed of answer (ASA) (within 30 sec) and call abandonment rate (< 3%).

INDICATOR NAME: Percentage of licensed behavioral health clinics managed/contracted by OBH/LGEs operating as integrated behavioral health services sites

1. Type and Level: Output; K

2. **Rationale**: Indicates the extent of basic outpatient treatment services (diagnosis and evaluation, treatment and support, medication) in the community statewide.

3. **Use:** Measure of extent of community behavioral health center programs available for service statewide

4. **Clarity:** Self-explanatory

5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. The Executive Staff has determined that this indicator is a valid measure of the performance issue.

6. **Data Source, Collection and Reporting:** Appropriations Bill. Funds appropriated for community mental health centers statewide. Annual report of licensed mental health centers.

7. **Calculation Methodology:** The number of licensed integrated behavioral health clinics managed/contracted by OBH/LGEs divided by total number of licensed behavioral health clinics managed/contracted by OBH/LGEs.
8. **Scope:** Statewide

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. OBH/LGE behavioral health clinics is defined as those outpatient clinics either operated or contracted by OBH or an LGE that provides behavioral health services such as addiction, mental health or a combination of both services.

10. **Responsible Person:** OBH Central Office; Karen Stubbs, Deputy Assistant Secretary 3 Health Plan Management, Telephone: 225-342-2594, Karen.Stubbs@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION Goal 1

OBJECTIVE: By focusing on enhancing individual outcomes, the SMO will improve the quality of care and behavioral health of Louisiana citizens and will assure that all members are adequately served through the LBHP as demonstrated by 100% achievement of deliverables of the contracted critical functions by FY 2019. Some of the most significant deliverables to measure this objective are the percentage of clean claim processed (95%) and the handling of calls as measured by average speed of answer (ASA) (within 30 sec) and call abandonment rate (< 3%).

INDICATOR NAME: Number of clean claims processed within 30 days

1. **Type and Level**: Efficiency; K

2. **Rationale**: Assuring providers' claims are being processed in a timely and effective manner so that providers are paid appropriately for applicable services.

3. **Use:** This indicator is part of the Performance Guarantee that the Statewide Management Organization is contractually obligated to comply with in order to avoid financial penalties.

4. **Clarity:** "Clean claim" means a claim that can be processed without obtaining additional information from the provider of the service or from a third party. It includes a claim with errors originating in the State or Contractor's claim system. It does not include a claim from a provider who is under investigation for fraud and abuse or a claim under review for medical necessity.

5. **Validity, Reliability and Accuracy:** Claims data is submitted monthly by Magellan. In addition, OBH verifies claims submitted in the form of encounters to Molina. This particular indicator is also reported annually via the performance guarantee data provided by the SMO.

6. **Data Source, Collection and Reporting:** Claims data is submitted monthly. This particular indicator is also reported annually via the performance guarantee data provided by the SMO.

7. **Calculation Methodology:** Number of claims paid within time frame specified using monthly system-generated reports.

8. Scope: N/A

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Person:** OBH Central Office; Karen Stubbs, Deputy Assistant Secretary 3 Health Plan Management, Telephone: 225-342-2594, Karen.Stubbs@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE: By focusing on enhancing individual outcomes, the SMO will improve the quality of care and behavioral health of Louisiana citizens and will assure that all members are adequately served through the LBHP as demonstrated by 100% achievement of deliverables of the contracted critical functions by FY 2019. Some of the most significant deliverables to measure this objective are the percentage of clean claim processed (95%) and the handling of calls as measured by average speed of answer (ASA) (within 30 sec) and call abandonment rate (< 3%).

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5. **Validity, Reliability and Accuracy:** Claims data is submitted monthly by Magellan. In addition, OBH verifies claims submitted in the form of encounters to Molina. This particular indicator is also reported annually via the performance guarantee data provided by the SMO.

6. **Data Source, Collection and Reporting:** Claims data is submitted monthly. This particular indicator is also reported annually via the performance guarantee data provided by the SMO.

7. **Calculation Methodology:** Measurement is percent paid within time frame specified using monthly system-generated reports.

8. Scope: N/A

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Person:** OBH Central Office; Karen Stubbs, Deputy Assistant Secretary 3 Health Plan Management, Telephone: 225-342-2594, Karen.Stubbs@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE: By focusing on enhancing individual outcomes, the SMO will improve the quality of care and behavioral health of Louisiana citizens and will assure that all members are adequately served through the LBHP as demonstrated by 100% achievement of deliverables of the contracted critical functions by FY 2019. Some of the most significant deliverables to measure this objective are the percentage of clean claim processed (95%) and the handling of calls as measured by average speed of answer (ASA) (within 30 sec) and call abandonment rate (< 3%).

INDICATOR NAME: Average speed to answer calls to member/provider services

1. **Type and Level**: Efficiency; S

2. **Rationale**: Assuring that members' and providers' calls are being attended to in a timely fashion so that member/provider dissatisfaction is avoided and the possibility of failure to provide services is limited.

3. **Use:** This indicator is part of the Performance Guarantee that the Statewide Management Organization is contractually obligated to comply with in order to avoid financial penalties.

4. **Clarity:** The SMO operates a call center to provide customer services to members/providers of the LBHP, e.g., handle grievances, answer questions regarding benefits, discuss authorizations, and resolve any other member/provider issues.

5. **Validity, Reliability and Accuracy**: Claims data is submitted monthly by Magellan**.** This particular indicator is also reported annually via the performance guarantee data provided by Magellan.

6. **Data Source, Collection and Reporting:** Data is collected via the electronic SMO Call Center data system and reports are generated monthly.

7. **Calculation Methodology:** Measured using monthly system-generated reports from first ring to live answer on 24/7 single point of entry 800 line.

8. **Scope:** All members/providers statewide

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Person: :** OBH Central Office; Karen Stubbs, Deputy Assistant Secretary 3 Health Plan Management, Telephone: 225-342-2594, Karen.Stubbs@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

ACTIVITY: ADMINISTRATION

OBJECTIVE I : By focusing on enhancing individual outcomes, the SMO will improve the quality of care and behavioral health of Louisiana citizens and will assure that all members are adequately served through the LBHP as demonstrated by 100% achievement of deliverables of the contracted critical functions by FY 2019. Some of the most significant deliverables to measure this objective are the percentage of clean claim processed (95%) and the handling of calls as measured by average speed of answer (ASA) (within 30 sec) and call abandonment rate (< 3%).

LaPAS PI Code: New

INDICATOR NAME: Percentage of abandoned calls

1. **Type and Level**: Efficiency; K

2. **Rationale**: Assuring that members'/providers' calls are being attended to in a timely fashion so that member dissatisfaction is avoided and the possibility of failure to provide services is limited.

3. **Use:** This indicator is part of the Performance Guarantee that the Statewide Management Organization is contractually obligated to comply with in order to avoid financial penalties.

4. **Clarity:** An abandoned call is a call made to the SMO call center by a member/provider where the member/provider hangs up before the call is answered. It is often because the caller is frustrated with the time on hold.

5. **Validity, Reliability and Accuracy:** This measure is based on electronic data collected by the SMO calling center automated call monitoring system.

6. **Data Source, Collection and Reporting:** Call Center reporting provided monthly.

7. **Calculation Methodology: Numerator:** Number of calls that were abandoned **Denominator:** Number of calls received **Units reported:** Expressed as a relative percentage.

8. **Scope:** All calls made to the SMO call center.

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Person: Responsible Person: :** OBH Central Office; Karen Stubbs, Deputy Assistant Secretary 3 Health Plan Management, Telephone: 225-342-2594, Karen.Stubbs@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

Indicator Name: Total number of admissions Outpatient Gambling

LaPAS PI Code: Outpatient Gambling (3003**)**

1. Type and Level: Output, GPI

2. Rationale: Measures the need for and utilization of service.

3. **Use:** In conjunction with other indicators, it assists in determining the demand and need for services.

4. **Clarity:** No clarification needed.

5. Validity, Reliability and Accuracy: Not previously audited by the Office of the Legislative Auditor. Data collection and methodology follows established procedures, as outlined in this document. This indicator gives a historical perspective and it does not appear as key or support.

6. Data Source, Collection and Reporting: Data entry staff at the facility level inputs data electronically into LADDS. State office staff generates a computerized monthly report. Collection is on-going from admission through discharge, and reporting is quarterly.

7. **Calculation:** The number of admissions is the sum of all admissions using I44 (Admission Date; Initial Interview) by modality.

8. Scope: Total of all facilities is tabulated.

9. **Caveats:** None noted.

10. **Responsible Person:** Clinic and facility managers, designated state office management information system staff

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

Indicator Name: Number of services provided Outpatient Gambling

LaPAS PI Code: Outpatient Gambling - 3007

1. **Type and Level**: Output, GPI

2. Rationale: Provides information necessary to judge the effectiveness of a program and it is a measure of resource utilization.

3. Use: Helps evaluate demand for services and program capabilities, and assists on planning for resource allocation.

4. Clarity: No clarification needed.

5. **Validity, Reliability and Accuracy:** Not previously audited by the Office of the Legislative Auditor. Data collection and methodology follows established procedures, as outlined in this document. This indicator gives a historical perspective and it does not appear as key or support.

6. **Data Source, Collection and Reporting:** Services are recorded on client services tickets at the point of service. Data is entered by designated facility staff into a web application. State office staff generates a monthly report. Collection is on-going from admission through discharge, and reporting is quarterly.

7. **Calculation:** The number of services provided uses S1 (Service Date; Service Ticket Form) and question S4 (Service; Service Ticket Form). It is the total number of services provided to clients broken down by modality.

8. **Scope:** Addition of services reported from all facilities.

9. **Caveats:** None noted.

10. **Responsible Person:** Clinic and regional/district managers and state office management information system staff.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

Indicator Name: Total number of admissions Inpatient Compulsive Gambling

LaPAS PI Code: Inpatient Compulsive Gambling – 8217

1. **Type and Level**: Output, GPI

2. **Rationale:** Measures the need for and utilization of service.

3. **Use:** In conjunction with other indicators, it assists in determining the demand and need for services.

4. Clarity: No clarification needed.

5. Validity, Reliability and Accuracy: Not previously audited by the Office of the Legislative Auditor. Data collection and methodology follows established procedures, as outlined in this document. This indicator gives a historical perspective and it does not appear as key or support.

6. Data Source, Collection and Reporting: Data entry staff at the facility level inputs data electronically into LADDS. State office staff generates a computerized monthly report. Collection is on-going from admission through discharge, and reporting is quarterly.

7. Calculation: The number of admissions is the sum of all admissions using I51 (Admission Date; Initial Interview) by modality.

8. **Scope:** Total of all facilities is tabulated.

9. **Caveats:** None noted.

10. Responsible Person: Clinic and facility managers; designated state office management information system staff

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION - CSoC)

OBJECTIVE II: OBH in conjunction with partnering state agencies (DCFS, OJJ and DOE) will establish an effective Coordinated System of Care that assures enrollment of 2400 children during SF 15-19.

LaPAS PI Code: New

INDICATOR NAME: Number of children enrolled in the Coordinated System of Care (CSoC) in Phase I by region.

1. **Type and Level**: Output, K

2. **Rationale**: The Coordinated System of Care (CSoC) was created to serve up to 2400 youth statewide who are in or at-risk of out of home placement. The process to build regionally based systems of care that are capable of enrolling their cap (240) region is one which involves community development, organizational development of a Wraparound Agency (WAA) and Family Support Organization (FSO) and provider network development. The ability to enroll increasing numbers of children reflects progress in all of these areas.

3. **Use:** The CSoC Governance Board and CSoC Quality Assurance will review this information quarterly. The CSoC State Team will review it monthly. If enrollment numbers are not rising or maintaining (once a region has achieved capacity) there will be discussion with the regions' Wraparound Agency (WAA) and Family Support Organization (FSO) as well as the SMO to understand what specific factors may be contributing. This will include engagement in a Continuous Quality Improvement process that begins by digging into the data to understand referral patterns and referral sources and is followed by brainstorming and discussion about potential challenges to the referral and enrollment processes.

4. **Clarity:** Initial implementing regions: Jefferson Parish, Capital area, Alexandria area, Monroe area and Shreveport area.

5. **Validity, Reliability and Accuracy:** We will use data from the SMO who is responsible for tracking all CSoC enrollments.

6. **Data Source, Collection and Reporting**: The SMO collects this information in real time. It will be reviewed monthly, but can be done more frequently as needed.

7. **Calculation Methodology:** The indicator will be calculated by using the electronic dataset from the SMO.

8. **Scope:** This is aggregate data for the state as well as by implementing region.

9. **Caveats**: None

10. **Responsible Person:** Connie Goodson, CSoC Director, Telephone: 225-342-4624 Fax: (225) 342-3931 Email Connie.Goodson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ACTIVITY: ADMINISTRATION - CSoC

OBJECTIVE II: OBH in conjunction with partnering state agencies (DCFS, OJJ and DOE) will establish an effective Coordinated System of Care (CSoC) that assures enrollment of 2400 children during SF 13-17.

LaPAS PI Code: New

INDICATOR NAME: Number of Coordinated System of Care (CSoC) implementing regions

1. Type and Level: Output, K

2. **Rationale:** The Coordinated System of Care (CSoC) was created to serve up to 2400 youth in 10 Act 1225 regions who are in or at-risk of out of home placement. The process to build regionally based systems of care that are capable of enrolling children and youth is one which involves community development, organizational development of a Wraparound Agency (WAA) and Family Support Organization (FSO) and provider network development. The ability for OBH to engage and develop new regions reflects on our ability to bring the initiative to scale.

3. **Use:** The CSoC Governance Board, CSoC Quality Assurance Committee and CSoC State Team will review this information quarterly. If progress is not made, there will be discussion to understand what specific factors may be contributing. This will include engagement in a focused discussion to develop individualized plans that allow CSoC to move into non-implementing regions.

4. **Clarity:** See rationale

5. **Validity, Reliability and Accuracy:** This information will be collected by the CSoC State Team.

6. **Data Source, Collection and Reporting:** The CSoC State Team is charged with leading statewide expansion efforts and will collect this information.

7. **Calculation Methodology:** The indicator will be calculated by using the data from the CSoC State Team.

8. **Scope**: This data will be specific by Act 1225 region. Please clarify CSoC is currently available in the following regions of the state:

Act 1225 Region 2 (Capital area) including: Ascension, East Baton Rouge (includes Zachary, City of Baker and Central Community school systems), West Baton Rouge, East Feliciana, West Feliciana, Iberville, and Pointe Coupee

Act 1225 Region 7 (Alexandria area) including: Avoyelles, Grant, LaSalle, Vernon, Rapides, Catahoula, Concordia, and Winn parishes.

Act 1225 Region 8 (Shreveport area) including: Caddo, DeSoto, Natchitoches, Red River, Sabine, Bienville, Bossier, Claiborne, Jackson, and Webster parishes.

Act 1225 Region 9 (Monroe area) including: Morehouse, Ouachita (includes the City of Monroe School System), East Carroll, Franklin, Jackson, Lincoln, Madison, Richland, Tensas, Union and West Carroll parishes.

Jefferson Parish

9. Caveats: None

10. **Responsible Person:** Connie Goodson, CSoC Director, Telephone: 225-342-4624 Fax: (225) 342-3931 Email Connie.Goodson@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE III: Monitor provider network efficiency/sufficiency to assure that service types and capacity meet system needs on an annual basis, using the Statewide Management Organization Satisfaction Survey. Efficiency/sufficiency of the provider network will be demonstrated by achieving 85% positive outcome during FY 2015-19.

INDICATOR NAME: Percentage of providers meeting accessibility standards (urban/ rural)

LaPAS PI Code: New,

1. Type and Level: Outcome, K

2. **Rationale**: The SMO runs reports of location for all providers and distance within each parish statewide. They also map these providers in order to determine where there are provider gaps or gaps in critical services. Standards for access can be determined using these reports and maps.

3. **Use:** Utilizing the mapping information provider by the SMO, provider network recruitment / development efforts can be planned to ensure adequate access to critical services statewide.

4. **Clarity:** Accessibility is the limit of time set for access to care from the time of request for service to receipt of that service for various levels of care; for example, access to inpatient psychiatric care within 24 hours of request. These standards are set by the program and reference national standards.

5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This measure is based on the data from the SMO claims adjudication system, which is audited by OBH. These reports will be reviewed by OBH Provider network staff and utilized to inform ongoing recruitment, provider development activities to be initiated by Magellan.

6. **Data Source, Collection and Reporting:** This data will be collected via routine reports from the SMO and will be reviewed by OBH provider network staff. These reports will be reviewed by OBH Provider network staff and utilized to inform ongoing recruitment, provider development activities to be initiated by SMO

7. **Calculation Methodology:** Percentage of providers within the 30/60 mile distance standards currently reported.

8. **Scope:** Performance will be reported statewide and available at a parish level.

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection. This indicator in particular may reflect environmental restrictions such as transportation and communication difficulties in the rural areas.

10. **Responsible Person:** Russell Semon, LPC is the current OBH provider network liaison for the LBHP. 1525 Fairfield Ave, Ste. 559, Shreveport, Louisiana 71101 Phone:(318) 676-7432 Fax:(318) 676-7497

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION AND HEALTH PLAN MANAGEMENT

ACTIVITY: ADMINISTRATION AND HEALTH PLAN MANAGEMENT-

OBJECTIVE III : Monitor provider network efficiency/sufficiency to assure that service types and capacity meet system needs on an annual basis, using the Statewide Management Organization Satisfaction Survey. Efficiency/sufficiency of the provider network will be demonstrated by achieving 85% positive outcome during FY 2015-19.

LaPAS PI Code: New

INDICATOR NAME: Percentage of overall provider satisfaction

LaPAS PI Code: New

1. Type and Level: Outcome, K

2. **Rationale**: Magellan performs provider satisfaction surveys for network providers and follows up on concerns, issues, and problems to be resolved. OBH will acquire these reports and monitor results in accordance with its responsibility to monitor the LBHP provider network.

3. **Use:** To determine the level of provider satisfaction and follow up by Magellan to resolve issues identified. Planning for network enhancements, improvement.

4. **Clarity:** Self- explanatory

5. **Validity, Reliability and Accuracy:** Reports from the SMO are routinely reviewed by OBH Certification staff.

6. **Data Source, Collection and Reporting:** This data will be collected via routine reports from Magellan. These reports will be reviewed by OBH Provider network staff and utilized to inform ongoing provider development activities to be initiated by Magellan.

7. Calculation Methodology: Percentage of providers indicating satisfaction with Magellan and participation in the LBHP. Magellan will report satisfaction based on their provider survey and calculation methodology.

8. **Scope**: Statewide and Parish level**.**

9. **Caveats**: None

10. **Responsible Person**: Russell Semon, LPC 1525 Fairfield Ave, Ste. 559, Shreveport, Louisiana 71101; Phone: (318) 676-7432 Fax: (318) 676-7497

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE III: Monitor provider network efficiency/sufficiency to assure that service types and capacity meet system needs on an annual basis, using the Statewide Management Organization Satisfaction Survey. Efficiency/sufficiency of the provider network will be demonstrated by achieving 85% positive outcome during FY 2015-19.

LaPAS PI Code: New

INDICATOR NAME: Number of onsite audits completed

1. **Type and Level:** Output, S

2. **Rationale**: The Office of Behavioral Health and the SMO will perform audits of documentation provided by agencies and individuals participating in the LBHP. The audit function is important to program / provider integrity and assuring that minimal competencies as well as other organizational, licensure, accreditation, state regulatory standards are met and maintained.

3. **Use:** To monitor provider attestations, documentation, training, etc. in order to assure optimal adherence to standards established for participation in the LBHP.

4. **Clarity:** Self explanatory

5. **Validity,** Reliability and Accuracy: Actual number of audits completed. This data will be collected via credentialing and pre-contract site visit reports from the Magellan and data collected by OBH Certification staff. Reviewed and reported by OBH certification.

6. **Data Source, Collection and Reporting:** This data will be collected via reports from Magellan provider network and data collected by OBH certification staff. These reports will be reviewed by OBH Provider network staff and utilized to inform ongoing provider certification, recruitment, provider development activities to be initiated both by OBH and the SMO.

7. **Calculation Methodology:** Number of audits performed quarterly.

8. **Scope:** Cumulative performance will be reported each quarter. Audits will be performed on organizations identified through provider calls, based on random sampling of all providers, and those involved in the credentialing, contacting process statewide.

9. **Caveats**: None

10. **Responsible Person:** Russell Semon, LPC 1525 Fairfield Ave, Ste. 559, Shreveport, Louisiana 71101 Phone: (318) 676-7432 Fax: (318) 676-7497

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: ADMINISTRATION

ACTIVITY: ADMINISTRATION

OBJECTIVE IV: Assure provision of education and training necessary to accomplish the OBH core organizational processes during SF 15-29
.

LaPAS PI Code: New

INDICATOR NAME: Number of trainings provided addressing competencies necessary to assure performance of core organizational processes.

1. **Type and Level:** Output, S

2. **Rationale**: As OBH continues to transform from its traditional role of service provider to service monitor, competencies necessary to achieve and be successful in core organizational processes will be essential.

3. **Use:** Training provided addressing competencies necessary to achieve and maintain core organizational processes will be designed to assure transfer of learning and inform ongoing or enhanced workforce development initiatives.

4. **Clarity**: Competencies as those measurable skills, abilities and personality traits that identify successful employees against defined roles within an organization

5. Validity, Reliability and Accuracy: Actual count

6. **Data Source, Collection and Reporting:** This data will be collected via routine reports from within the Office for all training either directly or indirectly provided by Workforce Development. The number of trainings provided will be reported and topics, numbers attending will be available as well. The results of transfer of learning measures will be utilized to determine ongoing training needs and/or enhancements to existing training.

7. **Calculation Methodology:** Total Number of trainings provided targeting competencies necessary to achieve core organizational processes.

8. **Scope:** Number of trainings will be reported for the Office with the data available to further delineate results by training type, participants, and from transfer of learning activities.

9. **Caveats:** None

10. **Responsible Person:** Russell Semon, LPC is the current OBH provider network liaison for the LBHP. 1525 Fairfield Ave, Ste. 559, Shreveport, Louisiana 71101 Phone:(318) 676-7432 Fax:(318) 676-7497

PROGRAM B: BEHAVIORAL HEALTH COMMUNITY

Principle Customers/Users of the Program and Benefits: This program and its related activities is responsible for provision of public behavioral health treatment, support, and prevention services to individuals in the State who experience mental and addictive disorders, including children or adolescents and their families and individuals who are judicially committed.

OBH's mission is to lead the effort to build and provide a comprehensive, integrated, person-centered system of prevention and treatment services that promote recovery and resilience for all citizens of Louisiana. OBH assures public behavioral health services are accessible, have a positive impact, are culturally and clinically competent and are delivered in partnership with all stakeholders.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: The Office of Behavioral Health monitors barriers and external factors which adversely impact the agency achieving the goals and objectives of the strategic plan. Among the most important factors are: Serious loss of State General Fund Revenues, loss of personnel authority leading to the inadequate number of mental health professionals, limitations of Louisiana State Civil Service System, increasing number of uninsured population, serious inadequate pharmacy budget limiting access for newer more effective medications, inadequate maintenance of all OBH facilities, limited transportation availability especially in rural areas affecting service access, lack of family involvement, and persistent and strong public stigma regarding mental and addictive disorders.

Methods Used to Avoid Duplication of Effort: OBH, working in close partnership with the SMO through all LBHP partners and stakeholders, conduct regular meetings and conferences to ensure that duplication of effort is minimized and to further ensure that objectives and strategies established complement each other in the fulfillment of overall program goals. Areas of LBHP (both SMO and OBH Central Office) responsibility and staff roles are clearly delineated and coordinated among the major operational areas: Care Management; Quality Management; Utilization Management; Business Intelligence and Performance Monitoring; Member Services; Provider Services; and Communications.

Program Evaluations Used to Develop Goals, Objectives and Strategies: OBH regularly reviews performance data, and survey data by recipients of service collected through the SMO and directly by OBH to determine if the LBHP is meeting the stated goals/objectives. The SMO is required by contract to implement a comprehensive Quality Management Strategy, which includes collection of standard performance measures and production of reports of the quality and outcomes of services, and to conduct regular Performance Improvement Projects.

Program Goal:

Goal 1: OBH, as a provider of treatment services, will focus on providing those services that are not available through the Louisiana Behavioral Health Partnership (LBHP). In this

role, OBH will continue to serve as the "safety-net" provider for the behavioral health population.

Statutory Authority for Goal: R.S. 36:258(C) and R.S. 28.1-723

Objective I: OBH will assure provision of services not covered under the LBHP at the same level of quality and effectiveness as the partnership so that members are receiving competent services in OBH clinics and by Access to Recovery (ATR) providers, as indicated by at least a 90% satisfaction response by members when surveyed about service access, quality, and outcomes. Target is 90% for FY 15-19.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The targeted persons who will benefit from this objective will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY - BEHAVIORAL HEALTH COMMUNITY—Non-residential

OBJECTIVE 1: : OBH will assure provision of services not covered under the LBHP at the same level of quality and effectiveness as the partnership so that members are receiving competent services in OBH clinics and by Access to Recovery (ATR) providers, as indicated by at least a 90% satisfaction response by members when surveyed about service access, quality, and outcomes. Target is 90% for FY 15-19.

LaPAS PI Code: New

INDICATOR NAME: Percentage of members (adults) reporting positive satisfactory with access to clinic services

1. **Type and Level**: Outcome; Key

2. **Rationale**: Improving the number of adults who are satisfied with services received is an important customer-oriented measure of outcome of service. This is a national outcome measure (NOMS).

3. **Use:** This indicator is utilized in quality of care assessments at the community mental health clinic level and is reported in the state Block Grant Plan

4. **Clarity:** Self-explanatory

5. **Validity, Reliability and Accuracy:** The Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey, published by the National Research Institute Substance Abuse and Mental Health Services Administration (SAMHSA) and it is a standardized instrument that was modified to use as an instrument to survey the clinics.

6. **Data Source, Collection and Reporting**: The Mental Health Statistics Improvement Program (MHSIP) is an Adult Consumer Survey, published by SAMHSA – modified. Collected annually in CMHCs.

7. **Calculation Methodology: Numerator:** Number of adult clients rating a "C" or better on the consumer survey questionnaire: Outcome items. **Denominator:** Number of adult clients surveyed. **Units reported:** Expressed as a relative percentage.

8. **Scope**: All CMHCs statewide .

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Person**: **Responsible Person: :** OBH Central Office; Karen Stubbs, Deputy Assistant Secretary 3 Health Plan Management, Telephone: 225-342-2594, Karen.Stubbs@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY - BEHAVIORAL HEALTH COMMUNITY—Non-residential

OBJECTIVE I: : OBH will assure provision of services not covered under the LBHP at the same level of quality and effectiveness as the partnership so that members are receiving competent services in OBH clinics and by Access to Recovery (ATR) providers, as indicated by at least a 90% satisfaction response by members when surveyed about service access, quality, and outcomes. Target is 90% for FY 15-19.

LaPAS PI Code: New

INDICATOR NAME: Percentage of adults reporting positive satisfaction with quality of clinic services

1. **Type and Level**: Outcome; Key

2. **Rationale**: Improving the number of adults who are satisfied with services received is an important customer-oriented measure of quality of service. This is a national outcome measure (NOMS)

3. **Use:** This indicator is utilized in quality of care assessments at the community mental health clinic level and is reported in the state Block Grant Plan

4. **Clarity:** Self-explanatory

5. **Validity, Reliability and Accuracy: :** The Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey, published by the National Research InstituteSubstance Abuse and Mental Health Services Administration (SAMHSA) and it is a standardized instrument that was modified to use as an instrument to survey the clinics.

6. **Data Source, Collection and Reporting:** The MHSIP (Mental Health Statistics Improvement Program Adult Consumer Survey, published by SAMHSA - modified. Data is collected annually.

7. **Calculation Methodology: Numerator: Nu**mber of adult clients rating a "C" or better on the consumer survey questionnaire: Quality of Care items. **Denominator:** Number of adult clients surveyed. **Units reported:** Expressed as a relative percentage.

8. **Scope:** All CMHCs statewide

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Staff:** OBH Central Office; Karen Stubbs, Deputy Assistant Secretary 3 Health Plan Management, Telephone: 225-342-2594, Karen.Stubbs@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY - BEHAVIORAL HEALTH COMMUNITY—Non-residential

OBJECTIVE I: OBH will assure provision of services not covered under the LBHP at the same level of quality and effectiveness as the partnership so that members are receiving competent services in OBH clinics and by Access to Recovery (ATR) providers, as indicated by at least a 90% satisfaction response by members when surveyed about service access, quality, and outcomes. Target is 90% for FY 15-19.

LaPAS PI Code: New

INDICATOR NAME: Percentage of adults reporting positive satisfactory with outcome of clinic services

1. **Type and Level**: Outcome; Key

2. **Rationale**: Improving the number of adults who are satisfied with services received is an important customer-oriented measure of outcome of service. This is a national outcome measure (NOMS)

3. **Use:** This indicator is utilized in quality of care assessments at the community mental health clinic level and is reported in the state Block Grant Plan

4. **Clarity:** Self-explanatory

5. **Validity, Reliability and Accuracy:** The Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey, published by the National Research Institute Substance Abuse and Mental Health Services Administration (SAMHSA) and it is a standardized instrument that was modified to use as an instrument to survey the clinics.

6. **Data Source, Collection and Reporting**: The Mental Health Statistics Improvement Program (MHSIP) is an Adult Consumer Survey, published by SAMHSA – modified. Collected annually in CMHCs.

7. **Calculation Methodology: Numerator:** Number of adult clients rating a "C" or better on the consumer survey questionnaire: Outcome items. **Denominator:** Number of adult clients surveyed. **Units reported:** Expressed as a relative percentage.

8. **Scope:** All CMHCs statewide

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. Responsible Person: Responsible Person: : OBH Central Office; Karen Stubbs, Deputy Assistant Secretary 3 Health Plan Management, Telephone: 225-342-2594, Karen.Stubbs@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY-Non-residential

OBJECTIVE I: effectiveness as the partnership so that members are receiving competent services in OBH clinics and by Access to Recovery (ATR) providers, as indicated by at least a 90% satisfaction response by members when surveyed about service access, quality, and outcomes. Target is 90% for FY 15-19.

LaPAS PI Code: New

INDICATOR NAME: Annual percentage of adults reporting satisfaction with ATR services

1. **Type and Level**: Outcome; Key

2. **Rationale**: Improving the number of adults who are satisfied with services received is an important customer-oriented measure of satisfaction with services.

3. **Use:** This survey allows ATR to assess and monitor the delivery of adequate care to clients.

4. **Clarity:** Self-explanatory

5. **Validity, Reliability and Accuracy** **Validity, Reliability and Accuracy** The tool used to collect adult consumer satisfaction is the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey, a nationally recognized instrument that has been found to be statistically reliable and valid. Responses to consumer surveys are entered into the ATR electronic clinical record. The University of Louisiana at Lafayette (ULL) maintains the ATR web-based system. The ATR program staff, including program managers and monitors, monitors and review the results of the consumer surveys entered into the ATR system.

6. **Data Source, Collection and Reporting:** Satisfaction Surveys are collected from all adult consumers at the time of discharge from services or when requested by the consumer. Results of surveys will be compiled and reported on a quarterly basis, annual basis, and as needed**.**

7. **Calculation Methodology: Numerator:** Number of adult clients rating a "C" or better on the consumer survey questionnaire: satisfaction items. **Denominator:** Number of adult clients surveyed. **Units reported:** Expressed as a relative percentage.

8. **Scope:** ATR service recipients in the following Areas: Metropolitan Human Services District (MHSD), Capital Area Human Services District (CAHSD), South Central Louisiana Human Services Authority (SCLHSA), Region 4 (Acadiana Region), Region 7 (Northwest Region), Region 8 (Northeast Region), Florida Parishes Human Services Authority (FPHSA), Jefferson Parish Human Services Authority (JPHSA).

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Person: Rhonda Jefferson, ATR Program Manager (225-342-4696 Fax** (225)-342-4696; Fax: (225)-342-6001; Email: Rhonda.Jefferson@la.gov

Goal 2 OBH as a monitor of the Statewide Management Organization (SMO) will assure that the SMO meets all of the contractual requirements stipulated as they pertain to a comprehensive and coordinated service delivery system. OBH will use source data to independently verify that the SMO has developed a sufficient provider network; has properly credentialed providers; has offered training to build and maintain competence; and that the outcomes for members demonstrate effective treatment.

Statutory Authority for Goal: LA R.S. 36:258(E), LA R.S. 28:1-723

Objective I:
OBH, as a monitor of the State Management Organization, will assure that the SMO fulfills its obligations to the state and citizens of Louisiana by operating a system of high quality, readily accessible and cost effective services as indicated by maintaining an adequate provider network, filling provider gaps within 30 days of notice; maintaining 90% provider satisfaction for timely response, returned calls, ease of authorization, and timely claims payment.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The targeted persons who will benefit from this objective will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY- Residential-Non-residential

OBJECTIVE I: OBH, as a monitor of the State Management Organization, will assure that the SMO fulfills its obligations to the state and citizens of Louisiana by operating a system of high quality, readily accessible and cost effective services as indicated by maintaining an adequate provider network, filling provider gaps within 30 days of notice; maintaining 90% provider satisfaction for timely response, returned calls, ease of authorization, and timely claims payment.

LaPAS PI Code: New

INDICATOR NAME: Percentage of provider gaps filled within 30 days of notice

1. **Type and Level:** Output

2. **Rationale**: This will allow OBH to track the amount of access to providers based on acceptable industry standards.

3. **Use:** This indicator will allow OBH to monitor progress towards developing a sufficient provider network.

4. **Clarity:** Self-explanatory

5. **Validity**, Reliability and Accuracy: The State Management Organization (SMO) is a contracted management organization that has performed similar data collection tasks in several states.

6. **Data Source,** Collection and Reporting: This data will be collected through routine reporting of geo-mapping data collected by the State Management Organization. The data will be collected on an annual basis and will represent work that has taken place over the last 12 months.

7. **Calculation Methodology:** This calculation will be made through observing the number of providers by type in a given geographic location. Industry standards require 1 of each provider type within 30 miles for urban areas and within 60 miles for rural areas. This measure will reflect the % of members who have access to each of the designated provider types.

8. **Scope:** The indicators will be able to be aggregated on a statewide level based on provider and member data.

9. **Caveats:** No limitations are noted other than it will require a tracking of data over multiple stakeholders. This will have to be organized through OBH.

10. **Responsible Person:** Russell Semon, LPC is the current OBH provider network liaison for the LBHP. 1525 Fairfield Ave, Ste. 559, Shreveport, Louisiana 71101 Phone:(318) 676-7432 Fax:(318) 676-7497

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY- Residential-Non-residential

OBJECTIVE I: During SF 2013-2014, OBH, as a monitor of the State Management Organization (SMO) will assure that the SMO fulfills its obligations to the state and citizens of Louisiana by operating a system of high quality, readily accessible and cost effective services as indicated by maintaining an adequate provider network, filling 90% of provider gaps within 30 days of reporting and with a 90% of providers reporting satisfaction with the SMO response.

LaPAS PI Code: New

INDICATOR NAME: Percent of providers reporting satisfaction with SMO's response to inquiries, ease and speed of authorization process, ease of submitting claims, and timeliness of claims payment (based on annual SMO provider survey)

1. **Type and Level**: Outcome

2. **Rationale:** This will allow OBH to track overall provider satisfaction with the SMO.

3. **Use:** This indicator will allow OBH to monitor progress towards developing a sufficient provider network.

4. **Clarity:** Self-explanatory

5. **Validity,** Reliability and Accuracy: The SMO is a contracted management organization that conducts similar surveys in several states. The Survey is a standardized provider satisfaction instrument.

6. **Data Source, Collection and Reporting:** This data will be collected through routine reporting of provider satisfaction results by the State Management Organization. The data will be collected on an annual basis.

7. **Calculation Methodology:** Providers shall rate "satisfied" or better on the annual Provider satisfaction survey; the rating method shall be balanced so that there are an equal number of satisfied and not satisfied response options.

8. **Scope:** The indicators will be able to be aggregated on a statewide level based on provider data.

9. **Caveats:** No limitations are noted.

10. **Responsible Person**: Russell Semon, LPC is the current OBH provider network liaison for the LBHP. 1525 Fairfield Ave, Ste. 559, Shreveport, Louisiana 71101 Phone:(318) 676-7432 Fax:(318) 676-7497

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY- Non-residential

OBJECTIVE I: The Office of Behavioral Health, through the Community Based Activity, Prevention services will promote behavioral health wellness as indicated by only 30% percent of individuals served reporting use of alcohol, tobacco and other drugs during the last 30 days and by an annual tobacco non-compliance rate (tobacco sale rate to minors) of no more than 10% during SF 2015-19.

LaPAS PI Code: New

INDICATOR NAME: Number of individuals served by evidence-based prevention programs

1. **Type and Level**: Output, Key

2. **Rationale:** It reflects prevention program's capacity to expand access and capacity of prevention services.

3. **Use:** Used to monitor the needs/demand for prevention services.

4. **Clarity:** It reflects on-going primary prevention programs and one-time service demographics.

5. **Validity, Reliability and Accuracy:** Not previously audited by the Office of the Legislative Auditor. Data collection and methodology follows established procedures, as outlined in this document.

6. **Data Source, Collection and Reporting:** Enrollee (On-going services) records are maintained by primary prevention programs. Participant (One-time service) demographics are maintained by primary prevention programs. Collection is daily, weekly, and/or monthly and reporting is quarterly, semi-annual and annual. Data related to on-going services is best reported in the 4th quarter of the fiscal year. On-going and one-time service activity information is entered into OAD's Prevention Management Information System.

7. **Calculation Methodology:** Actual numbers are reported for on-going activities. Estimates are reported for one-time activities. All reporting includes age, gender, race, and ethnicity.

8. **Scope:** Number of admissions for primary prevention programs and one time services statewide.

9. **Caveats:** This reflects a seasonal productivity therefore; quarterly figures may have low validity. Annual performance should be considered when assessing this indicator.

10. **Responsible Person:** Leslie Brougham Freeman, Director of Prevention Services, 628 North 4th Street, Baton Rouge, LA 70802.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY- Non-residential

OBJECTIVE I : The Office of Behavioral Health, through the Community Based Activity, Prevention services will promote behavioral health wellness as indicated by only 30% percent of individuals served reporting use of alcohol, tobacco and other drugs during the last 30 days and by an annual tobacco non-compliance rate (tobacco sale rate to minors) of no more than 10% during SF 2015-19

INDICATOR NAME: Percentage of individuals, ages 12-17, who are enrolled in evidence-based prevention programs, who reported that they used alcohol, tobacco, and marijuana during the last 30 days.

LaPAS PI Code: New

1. **Type and Level**: Outcome, Key

2. **Rationale:** The goal of the program is to prevent addictive disorders by implementing evidence-based programs that address major social, environmental and psychological factors that promote the early initiation of alcohol, tobacco and other drugs (ATOD) and other high risk behaviors. The earlier that individuals start to use alcohol, tobacco, and other drugs, the more likely it is that there will be longer term adverse effects and related consequences. OBH only funds evidence-based prevention programs that have proven to be effective in universal, selective, and indicated populations.

3. **Use:** In conjunction with other indicators, it helps to determine program effectiveness. A standardized survey is used.

4. **Clarity:** No clarification needed.

5. **Validity, Reliability and Accuracy:** Not previously audited by the Office of the Legislative Auditor. Data collection and methodology follows established procedures, as outlined in this document.

6. **Data Source, Collection and Reporting:** Each evidence-based prevention program has a pre- and post-test that was developed and validated by the developer of each evidence-based program. Pre- and post-tests are administered by staff that have been trained and certified in a particular evidence-based program at the start and completion of each program. A standardized survey administered by designated prevention program staff at the start and completion of program. Questions specific to past 30-day use of alcohol, tobacco, and marijuana have been added to pre- and post-tests for middle and high school programs (ages 12-17). Collection is daily, monthly, and/or quarterly. Pre- and Post-Tests are administered by Scrantron, matched, and scored. Reporting is annual.

7. **Calculation:** Pre- vs. post-test data for individuals age 12-17 on reported past 30-day use of alcohol, tobacco, and marijuana is compared by an external evaluator and OBH Program Staff. It is determined if there has been an increase, maintenance or decrease in reported 30-day use of alcohol, tobacco, and marijuana from an enrollee starting the program, to 30-day use of alcohol, tobacco, and marijuana at completion of the program.

8. **Scope:** Pre-test data all evidence-based prevention program enrollees ages 12 -17 and post-test data for all evidence-based prevention program enrollees ages 12-17.

9. **Caveats:** Individual's ability to comprehend subject matter and motivation; qualification and experience of teachers and presenters; method and quality of instruction. The success of this indicator is measured

by maintenance of abstinence or a decrease in reported past 30-day use of alcohol, tobacco, or marijuana. If this outcome is consistently above set standards/targets, OAD will revise them accordingly.

10. **Responsible Person:** Leslie Brougham Freeman, Director of Prevention Services, 628 North 4th Street, Baton Rouge, LA 70802.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY- Non-residential

OBJECTIVE I : The Office of Behavioral Health, through the Community Based Activity, Prevention services will promote behavioral health wellness as indicated by only 30% percent of individuals served reporting use of alcohol, tobacco and other drugs during the last 30 days and by an annual tobacco non-compliance rate (tobacco sale rate to minors) of no more than 10% during SF 2015-19

Indicator Name: **Cost per participant enrolled (Prevention)**

LaPAS PI Code: 3016

1. **Type and Level**: Efficiency, Supporting

2. **Rationale:** Provides a basis for making cost comparisons across programs and measuring cost effectiveness.

3. **Use:** Provides a measure of change in costs over time. Can provide some of the data needed to compare costs with other programs providing a comparable range of services. It assists in fiscal and programmatic planning, resource allocation and program development and evaluation.

4. Clarity: No clarification needed.

5. **Validity, Reliability and Accuracy:** Not previously audited by the Office of the Legislative Auditor. Data collection and methodology follows established procedures, as outlined in this document.

6. **Data Source, Collection and Reporting:** Designated facility staff inputs the data and a report is generated by state office staff from LADDS. State fiscal office staff provides expenditure data. Expenditure data is retrieved from ISIS. At the program level (state and contract), clients' service tickets are completed by clinicians and entered by data entry staff into LADDS. Monthly computer reports are generated by state office staff. Collection is monthly and reporting is quarterly.

7. Calculation Methodology: Year to date expenditures divided by the number of participants enrolled.

8. Scope: Pre and Post test scores from all participants.

9. Caveats: Has limited usefulness in terms of comparing costs of all prevention programs. Prevention program outcomes must also be considered in determining the overall cost effectiveness of a program.

10. Responsible Person: Clinic and regional/district managers and state office staff (management information system and Fiscal)

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY- Non-residential

OBJECTIVE I: The Office of Behavioral Health, through the Community Based Activity, Prevention services will promote behavioral health wellness as indicated by only 30% percent of individuals served reporting use of alcohol, tobacco and other drugs during the last 30 days and by an annual tobacco non-compliance rate (tobacco sale rate to minors) of no more than 10% during SF 2015-2019.

INDICATOR NAME: Annual tobacco non-compliance rate

LaPAS PI Code: New

1. **Type and Level**: Outcome, Key

2. **Rationale:** In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321), which includes an amendment (section 1926) aimed at decreasing youth access to tobacco. This amendment, named for its sponsor, Congressman Mike Synar of Oklahoma, requires States (i.e., all States, the District of Columbia, and the 8 U.S. Territories) to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. The Synar program is the set of actions put in place by States to implement the requirements of the Synar Amendment. The Amendment was developed in the context of a growing body of evidence about the health problems related to tobacco use by youth, as well as evidence about the ease with which youth could purchase tobacco products through retail sources. The Synar program is a critical component of the success of youth tobacco use prevention efforts.

3. **Use:** States are required to conduct annual, unannounced inspections to determine how accessible tobacco is to minors. States are required to maintain a non-compliance rate of no more than 20% or more specifically that no more than 80% of merchants can sell to minors. The Synar Amendment established penalties for states that do not achieve and maintain a non-compliance of no more than 20%. The penalty is a loss of up to 40% of the state's Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

4. **Clarity:** None need it.

5. **Validity, Reliability and Accuracy:** Not previously audited by the Office of the Legislative Auditor. Data collection and methodology follows established procedures, as outlined in this document.

6. **Data Source, Collection and Reporting:** A stratified random sample of outlets are identified and surveyed by a team of one youth operative and two adult agents. The youth operative attempts to purchase tobacco from unrestricted outlets and tests the access of restricted outlets. The adult agents record characteristics of outlets, inspection events, and outcomes, and cite non-

compliant outlets and clerks. Information about outlets, inspectors, and the inspection event are entered into an electronic data system via laptop at the time of inspection.

7. **Calculation Methodology:** SAMHSA requires that states utilize the Synar Survey Estimation System (SSES) to analyze compliance inspection results. These results are uploaded to WebBGAS, an online portal used to submit required Substance Abuse Prevention and Treatment (SAPT) Block Grant reports.

8. **Scope:** Non-compliance rate can be aggregated down to the region/district level.

9. **Caveats:** This indicator is contingent on the continued partnership with the Louisiana Office of Alcohol and Tobacco Control (OATC) and enforcement of laws and regulations specific to retail availability of tobacco products to minors.

10. **Responsible Person:** Leslie Brougham Freeman, Director of Prevention Services, 628 North 4th Street, Baton Rouge, LA 70802.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: BEHAVIORAL HEALTH COMMUNITY

ACTIVITY: BEHAVIORAL HEALTH COMMUNITY- Non-residential

OBJECTIVE I: The Office of Behavioral Health, through the Community Based Activity, Prevention services will promote behavioral health wellness as indicated by only 30% percent of individuals served reporting use of alcohol, tobacco and other drugs during the last 30 days and by an annual tobacco non-compliance rate (tobacco sale rate to minors) of no more than 10% during SF 2015-19

LaPAS PI Code: New

INDICATOR NAME: Number of individuals educated by suicide prevention trainings

1. **Type and Level**: Efficiency, Support

2. **Rationale:** The ASIST and safeTALK trainings are evidence-based programs and their use is encouraged and supported by the SAMHSA. The goal of these trainings is to increase the capacity of "gatekeepers" involved in the areas of education, mental health, substance abuse, juvenile delinquency, public health, foster care, and other youth serving agencies, to identify, intervene and refer individuals who may be at risk for suicide to appropriate services.

3. **Use:** These trainings increase the knowledge of suicide prevention and the likelihood that intervention skills will be employed to prevent suicides statewide.

4. **Clarity:** No clarification needed.

5. **Validity, Reliability and Accuracy:** Not previously audited by the Office of the Legislative Auditor. Data collection and methodology follows established procedures, as outlined in this document.

6. **Data Source, Collection and Reporting:** Suicide Prevention Trainers maintain sign-in sheets of individuals that attend suicide prevention trainings. Collection is on-going and reports are generated quarterly.

7. **Calculation Methodology:** Actual numbers of individuals attending suicide prevention trainings are reported.

8. **Scope:** Number of individuals and type of suicide prevention training are collected on a statewide basis. These can be broken out by individual training.

9. **Caveats:** These trainings are currently funded by the Garrett Lee Smith Suicide Prevention Grant. Continuation of trainings will be contingent on resources allocated to fund trainings beyond September 29, 2012.

10. **Responsible Person:** Leslie Brougham Freeman, Director of Prevention Services, 628 North 4th Street, Baton Rouge, LA 70802.

PROGRAM C: HOSPITAL-BASED TREATMENT

Principle Customers/Users of the Program and Benefits: This program and its related activities are responsible for the provision of hospital based services to individuals in the state who need inpatient care behavioral health and/or who are judicially committed.

The mission of the Hospital Based Treatment Program is to provide comprehensive, integrated, evidence informed treatment and support services enabling persons to function at their optimal level thus promoting recovery.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in this Program: The provision of hospital based services can be impacted by the same barriers and external factors of OBH overall which adversely impact the agency achieving the goals and objectives of the strategic plan. Among the most important factors are: Serious loss of State General Fund Revenues, loss of personnel authority leading to the inadequate number of mental health professionals, limitations of Louisiana State Civil Service System, increasing number of uninsured population, serious inadequate pharmacy budget limiting access for newer more effective medications, inadequate maintenance of all OBH facilities, limited transportation availability especially in rural areas affecting service access, lack of family involvement, and persistent and strong public stigma regarding mental and addictive disorders.

Methods Used to Avoid Duplication of Effort: OBH provides the only state operated inpatient facilities to serve individuals in Louisiana. Analysis of utilization of services provided continues to ensure that services that are provided are needed to serve the citizens of Louisiana.

Program Evaluations Used to Develop Goals, Objectives and Strategies: OBH regularly reviews performance data, and survey data by recipients of service collected through the SMO and directly by OBH to determine if the program is meeting the stated goals/objectives. All hospital programs are accredited by The Joint Commission and comply with their industry leading quality and safety standards.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT- GOAL 1

OBJECTIVE I: During FY 15-19, through the Hospital-Based Treatment activity, the Office of Behavioral Health will improve behavioral health outcomes of inpatient care by maintaining 30 days readmission rate within the national norm

INDICATOR NAME: Percentage of persons discharges with post discharge care plans transmitted

1. Type and Level: Quality, K
2. **Rationale**: Demonstrates the extent to which inpatient facilities are collaborating with community providers to support successful discharges.
3. **Use:** Provides information relative to the extent to which inpatient facilities are collaborating with community providers to support successful discharges
4. **Clarity:** None needed
5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This indicator is one of The Joint Commission's official performance measures for psychiatric hospitals.
6. Data Source, Collection and Reporting: Hospital medical records reviews
7. **Calculation Methodology:** Numerator – Psychiatric patients for whom the post discharge continuing care plan was transmitted to the next level of care. Denominator – Psychiatric inpatient discharges
8. **Scope:** Statewide aggregated data from OBH inpatient hospitals.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection
10. **Responsible Person:** OBH Central Office, 225-342-4624 Dr. Sue J. Austin, Sue.Austin@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT- GOAL 1

Objective I:
During FY 15-19, through the Hospital-Based Treatment activity, the Office of Behavioral Health will improve behavioral health outcomes of inpatient care by maintaining 30 days readmission rate within the national norm

LAPAS PI Code: 24230

INDICATOR NAME: Percentage of adults discharged from a state hospital and readmitted within 30 days of discharge (statewide)

1. **Type and Level**: Efficiency; K

2. **Rationale:** Measures the percentage of clients readmitted to program. Recidivism is a measure of outcome. This is a National Outcome Measure (NOM).

3. **Use**: To monitor clinical effectiveness of program.

4. **Clarity:** None needed

5. **Validity, Reliability and Accuracy:** Data is gathered from the PIP system which is monitored for accuracy

6. **Data Source, Collection and Reporting**: Patient Information Profile (PIP) data system

7. **Calculation Methodology:** Numerator: The number of state hospital intermediate care patients (age 18 and over) discharged to regional state community mental health clinics and readmitted to any state inpatient facility within 30 days . Denominator: The total number of state hospital intermediate care adult patients discharged to regional state community mental health clinics. Units Reported: Expressed as a percent.

8. **Scope:** Not applicable.

9. **Caveats:** None

10. **Responsible Person:** Central Office, Dr. Sue J. Austin, 225-342-4624 Sue.Austin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT- GOAL 1

OBJECTIVE II: The rate of the use of physical restraints will be below national norm as reported by ORYX.[1]

INDICATOR NAME: Ratio of inpatient restraint hours to inpatient days (Statewide)

1. **Type and Level**: Quality, K

2. **Rationale**: The use of physical restraints in psychiatric hospitals should be seen as a last resort to be used only when there is an immediate risk to the safety of the client or others. National, state, and local initiatives to reduce/eliminate the use of restraints are ongoing.

3. **Use:** Provides information relative to the rate of restraint use by OBH inpatient facilities.

4. **Clarity:** None needed

5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This indicator is one of The Joint Commission's official performance measures for psychiatric hospitals.

6. Data Source, Collection and Reporting: Hospital medical records reviews

7. **Calculation Methodology:** Numerator – Total number of hours that all psychiatric inpatients were in restraints. Denominator – Number of inpatient psychiatric days.

8. **Scope:** Statewide aggregated data from OBH inpatient hospitals.

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection

10. **Responsible Person**: OBH Central Office, Dr. Sue J. Austin, 225-342-4624 Sue.Austin@la.gov

[1] **Joint Commission Performance Management Initiative**

Goal 2 To provide for services to individuals involved with the court system in compliance with the consent decree ruling.

> **Objective 1:** The Office of Behavioral Health will maintain substantial compliance with the consent decree ruling.

Primary Persons Who Will Benefit from or Be Significantly Affected by Objective: The targeted persons who will benefit from this objective will be Louisiana citizens with behavioral health challenges seeking public behavioral health services.

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT- GOAL 2

OBJECTIVE I: The Office of Behavioral Health will maintain substantial compliance with the consent decree.

LAPAS PI Code: New

INDICATOR NAME: Percentage of compliance with consent decree factors

1. Type and Level: Quality, K
2. **Rationale**: Consent decree relative to the treatment of forensic clients by DHH mandates significant compliance with certain specific guidelines relative to timeliness of services.
3. **Use:** Provides information relative to the compliance with guidelines set forth in the consent decree.
4. **Clarity:** None needed
5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This indicator is one of The Joint Commission's official performance measures for psychiatric hospitals.
6. Data Source, Collection and Reporting: Monthly consent decree report.
7. **Calculation Methodology:** Numerator – Total number of factors in compliance. Denominator – Total factors
8. **Scope:** Statewide aggregated data from OBH inpatient hospitals.
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection
10. **Responsible Person**: OBH Central Office, Dr. Sue J. Austin, 225-342-4624 Sue.Austin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL BASED TREATMENT

INDICATOR NAME: Number of state hospitals operated statewide

1. **Type and Level**: Output, GPI

2. **Rationale**: Indicates the extent of intermediate and long-term inpatient treatment services available statewide.

3. **Use:** Measure of extent of intermediate and long-term inpatient programs available for service statewide.

4. **Clarity:** Self-explanatory

5. **Validity, Reliability and Accuracy:** A daily census document is generated and submitted to Central Office. The information is in Share Point and Administratration and expert staff has access to information to make sure that data is complete and accurate.

6. **Data Source, Collection and Reporting:** Appropriations Bill - Number of hospitals funded

7. **Calculation Methodology:** Count of total number of state psychiatric hospitals statewide.

8. **Scope:** Statewide

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Person:** OBH Central Office, Dr. Sue J. Austin, 225-342-4624
Sue.Austin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT

INDICATOR NAME: Total persons served- inpatient care Intermediate Care, Adults and Children/Adolescents (as applicable)

1. Type and Level: Output; G

2. **Rationale**: This indicator measures the total number of inpatients receiving services, regardless of treatment type

3. **Use:** To provide management with the total number served during a given time period.

4. **Clarity:** Self-explanatory

5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This measure is based on the data from OBH Information Systems which are regularly reviewed for reliability and accuracy. The Executive Staff has determined that this indicator is a valid measure of the performance issue.

6. **Data Source, Collection and Reporting:** PIP (Patient Information Profile) Hospital Data System.

7. **Calculation Methodology:** Total number of individuals at beginning of period plus the number of individuals admitted during the period

8. **Scope:** Persons served in intermediate civil psychiatric hospitals- Southeast Louisiana State Hospital, East Louisiana State Hospital, and Feliciana Forensic Facility

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Staff:** Central Office, Dr. Sue J. Austin, 225-342-4624 Sue.Austin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT

INDICATOR NAME: Average daily census - inpatient care, Intermediate Care Adults and Children/Adolescents (as applicable)

1. Type and Level: Output; G

2. **Rationale**: To provide a management tool for utilization of resources during a given point in time

3. **Use:** To provide a management tool for utilization of resources during a given point in time

4. **Clarity:** Self-explanatory

5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This measure is based on the data from OBH Information Systems which are regularly reviewed for reliability and accuracy. The Executive Staff has determined that this indicator is a valid measure of the performance issue.

6. **Data Source, Collection and Reporting:** PIP (Patient Information Profile) Hospital Data System.

7. **Calculation Methodology: Numerator:** Number of inpatient days, **Denominator:** Number of days in a given period of time. **Units Reported:** Census count (average).

8. **Scope:** Southeast Louisiana State Hospital, East Louisiana State Hospital, and Feliciana Forensic Facility

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Person:** OBH Central Office, Dr. Sue Austin, Psychologist 5, Telephone 225-342-4624 Sue.Austin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT

INDICATOR NAME: Average daily occupancy rate – Intermediate Care inpatient care, Adults and Children/Adolescents (as applicable)

1. Type and Level: Output; G
2. **Rationale**: To provide a management tool for utilization of resources during a given point in time
3. **Use:** To provide a management tool for utilization of resources during a given point in time
4. **Clarity:** Self-explanatory
5. **Validity, Reliability and Accuracy:** This measure is based on the data from OBH Information Systems which are regularly reviewed for reliability and accuracy.
6. **Data Source, Collection and Reporting:** PIP (Patient Information Profile) Hospital Data System.
7. **Calculation Methodology: Numerator:** Number of patient days, **Denominator:** Number of staffed beds times the days in the time period. **Units Reported:** Persons (average).
8. **Scope:** Southeast Louisiana State Hospital, East Louisiana State Hospital, and Feliciana Forensic Facility
9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.
10. **Responsible Person:** OBH Central Office, Dr. Sue Austin, Psychologist 5 Telephone 225-342-4624 Sue.Austin@la.gov

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM: HOSPITAL-BASED TREATMENT

ACTIVITY: HOSPITAL-BASED TREATMENT

INDICATOR NAME: Average length of stay Intermediate Care- inpatient care, Adults and Children/Adolescents (as applicable)

1. Type and Level: Output; G

2. **Rationale**: To provide a management tool for utilization of resources during a given point in time

3. **Use:** To provide a management tool for utilization of resources during a given point in time

4. **Clarity:** A cumulative average length of stay for all discharged patients during a given period of time

5. **Validity, Reliability and Accuracy:** Not audited by the Office of the Legislative Auditor. This measure is based on the data from OBH Information Systems which are regularly reviewed for reliability and accuracy. The Executive Staff has determined that this indicator is a valid measure of the performance issue.

6. **Data Source, Collection and Reporting:** PIP (Patient Information Profile) Hospital Data System.

7. **Calculation Methodology: Numerator:** Number of adult discharge days **Denominator:** Number of total discharges for a given period of time **Units Reported:** Days (average)

8. **Scope:** Southeast Louisiana State Hospital, East Louisiana State Hospital, and Feliciana Forensic Facility

9. **Caveats:** Performance should not be interpreted based on this indicator alone, but in conjunction with all other performance information available. All indicators are subject to some degree of reporting error at the point of collection.

10. **Responsible Person:** OBH Central Office, Dr. Sue Austin, Psychologist 5 Telephone 225-342-4624 Sue.Austin@la.gov

09-340 Office for Citizens with Developmental Disabilities

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM A: Administration (1000)

ACTIVITY: OCDD Central Office Administrative Services

Principal Customers/Users of Program and Benefits: The Office for Citizens with Developmental Disabilities (OCDD) serves individuals with developmental disabilities and their families in a variety of settings with a wide array of supports and services. People may be supported in their own homes or apartments, in their family homes, in the OCDD-operated supports and services center, and through community services (resource centers). Supports and services are provided to persons with developmental disabilities regardless of age (infants, toddlers, children, and adults).

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program: The internal factors identified include the longer life span of persons with developmental disabilities, which increases the complexity of their health/medical care needs in both residential and community settings. The current social and economic pressures on the families and the lack of appropriate community resources for children and youth who have developmental disabilities and complex needs as well as individuals with developmental disabilities and comorbid complex medical/behavioral/psychiatric needs are resulting in increased difficulties planning for and/or coordinating services for these individuals. Additionally, the time required to fully implement service delivery based on individualized, cost-effective allocation of resources could affect achievement of goals and objectives.

The primary external factors influencing implementation can be characterized as a shortage of resources and inadequate community capacity to serve individuals with complex medical, behavioral and/or psychiatric needs. There is a critical shortage of: 1) psychologists, psychiatrists, physicians, nurses, dentists and therapists with specialized experience in evaluating and/or treating individuals with developmental disabilities; 2) health care and transportation resources in rural areas; and 3) qualified staff and funds to meet the needs of individuals who are waiting for both waiver and non-waiver services. Insufficient opportunities and funding for community housing, employment and recreational activities could significantly affect the achievement of objectives in this program.

Methods Used To Avoid Duplication of Effort: The Administration Program of OCDD supports the Local Governing Entities that coordinate system entry and a variety of community-based supports and services. The program also manages the EarlySteps program, the state-operated supports and services center, and the resource centers. The supports and services center provides living options and related developmental services primarily to individuals with complex medical, behavioral, and/or psychiatric needs. Due to their provision of specialized and regional-based services, in accordance with Louisiana's Developmental Disability law, duplication is not a factor.

Program Evaluations Used To Develop Goals, Objectives And Strategies: As the initial step of preparing the FY 2015-2019 Strategic Plan, OCDD reviewed its current Strategic Plan to determine

continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the developmental disabilities services system. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized by the OCDD Executive Management Team. Groups of staff then addressed their respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

Program A Goal I: To provide system design, policy direction, and operational oversight to the Developmental Disabilities Services System in a manner which promotes person-centeredness, promising practices, accountability, cost effectiveness, and consumer responsiveness.

Statutory Authority for Goals: R.S. 28:451.1 – 455.2

PERFORMANCE INDICATOR DOCUMENTATION

Activity: OCDD Central Office Administrative Services - This activity centralizes the management functions for the Office for Citizens with Developmental Disabilities and provides direction and oversight to the Local Governing Entities in carrying out the legislative mandates and programmatic responsibilities on behalf of people with developmental disabilities and their families. Headquarters also manages the Office's human resources, fiscal, property, and information systems and provides leadership to the state-operated supports and services center and resource centers as they exercise their mandates under state law.

Objective I: To provide programmatic leadership and direction to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2015 through 2019.

Primary Persons who will benefit from or be significantly affected by objective: Individuals with developmental disabilities and their families who receive developmental disabilities services and supports will benefit from or be affected by this objective.

Indicator Name:	**Total number of HCBS and ICF/DD recipients**
LaPAS PI Code:	New
1. Type and Level:	Output/Supporting
2. Rationale, Relevance, Reliability:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
6. Calculation Methodology:	Sum of HCBS recipients and ICF/DD recipients
7. Scope:	Aggregated
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Total HCBS and ICF/DD expenditures**
LaPAS PI Code:	New
1. Type and Level:	Output/Supporting
2. Rationale, Relevance, Reliability:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	Internal reports; while collection is on-going, data will be reported annually.
6. Calculation Methodology:	Sum of HCBS expenditures and ICF/DD expenditures
7. Scope:	Aggregated
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of recipients of HCBS**
LaPAS PI Code:	New
1. Type and Level:	Outcome/Supporting
2. Rationale, Relevance, Reliability:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
6. Calculation Methodology:	Number of HCBS recipients divided by total number of HCBS and ICF/DD services recipients
7. Scope:	Aggregated
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of recipients of ICF/DD services**
LaPAS PI Code:	New
1. Type and Level:	Outcome/Supporting
2. Rationale, Relevance, Reliability:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
6. Calculation Methodology:	Number of ICF/DD service recipients divided by total number of HCBS and ICF/DD services recipients
7. Scope:	Aggregated
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of expenditure for HCBS**
LaPAS PI Code:	New
1. Type and Level:	Outcome/Supporting
2. Rationale, Relevance, Reliability:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
6. Calculation Methodology:	Expenditures for HCBS divided by the total expenditure for HCBS and ICF/DD services
7. Scope:	Aggregated
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of expenditure for ICF/DD services**
LaPAS PI Code:	New
1. Type and Level:	Outcome/Supporting
2. Rationale, Relevance, Reliability:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used in performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; while collection is on-going, data will be reported annually.
6. Calculation Methodology:	Expenditures for ICF/DD services divided by the total expenditure for HCBS and ICF/DD services
7. Scope:	Aggregated
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of budgeted community funding expended**
LaPAS PI Code:	24647
1. Type and Level:	Output/ Key
2. Rationale, Relevance, Reliability:	Will assess efforts to provide programmatic leadership
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	ISIS Monthly Reports; quarterly reporting
6. Calculation Methodology:	Total state-funded community expenditures divided by total budget for community
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit sample.
10. Responsible Person:	Annie Chapman, Fiscal Director, (225) 342-0095, Annie.Chapman@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of re-admissions to an institutional setting (public or private ICF/DD, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition as My Place Louisiana participant**
LaPAS PI Code:	New
1. Type and Level:	Outcome/Supporting
2. Rationale, Relevance, Reliability:	Will verify effectiveness of community waiver supports and My Place supports for transition of individuals from institutions to community-based service options.
3. Use:	Will be used in performance-based budgeting and internal management; will be used as a performance indicator reported to CMS tied to continuation of federal funding.
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD My Place staff; My Place aggregate data set; quarterly reporting
6. Calculation Methodology:	Total number of people re-admitted to an institutional setting within one year of transition
7. Scope:	Aggregated
8. Caveats:	Data is collected by My Place staff. Initial reporting is contingent upon Support Coordination notification. Length of stay is confirmed by My Place staff with the institutional setting and then checked via an annual review of Medicaid billing data. Reporting for impact month may lag by 30 days due to notification and verification processes.
9. Accuracy, Maintenance, Support:	No, monthly validation of aggregate data set entries, annual validation utilizing billing data
10. Responsible Person:	Amy Bamburg, OCDD Grants Director/Program Manager 2, 318-641-2098, Amy.Bamburg@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of individuals transitioned as a My Place Louisiana participant who do not return to an institutional setting (public or private ICF/DD, nursing facility, acute care hospital, psychiatric hospital) for more than 30 days within one year of transition**
LaPAS PI Code:	New
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will verify success of the My Place transitions program and community waiver supports to effect sustainable transitions.
3. Use:	Will be used in performance-based budgeting and internal management; will be used as a performance indicator reported to CMS tied to continuation of federal funding.
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD My Place staff; My Place aggregate data set; quarterly reporting
6. Calculation Methodology:	Number of individuals who do not return to an institutional setting within one year of discharge divided by the number of individuals who are transitioned within year
7. Scope:	Aggregated
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, monthly validation of aggregate data set entries, annual validation utilizing billing data
10. Responsible Person:	Amy Bamburg, OCDD Grants Director/Program Manager 2, 318-641-2098, Amy.Bamburg@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of progress toward My Place Louisiana transitions annual benchmark of number of persons transitioned**
LaPAS PI Code:	New
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will indicate adherence to OCDD obligations for administration of the My Place Louisiana/MFP Rebalancing Demonstration federal funding award.
3. Use:	Will be used in performance-based budgeting and internal management; will be used as a performance indicator reported to CMS tied to continuation of federal funding.
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD My Place staff; My Place aggregate data set; quarterly reporting
6. Calculation Methodology:	Number of persons transitioned divided by annual projected total number of persons transitioned
7. Scope:	Aggregated
8. Caveats:	My Place program's meeting of transition goals is contingent upon: (1) availability of waiver slots/opportunities with timely offers being made to persons in private facility settings, (2) transition referrals from public SSC, and (3) use of money follows the person, either by children from hospital/nursing facility settings or ROW conversion.
9. Accuracy, Maintenance, Support:	No, monthly validation of aggregate data set entries
10. Responsible Person:	Amy Bamburg, OCDD Grants Director/Program Manager 2, 318-641-2098, Amy.Bamburg@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Activity: OCDD Central Office Administrative Services

Objective II: To provide administrative and support functions to Louisiana's Developmental Disabilities Services System in a manner that is responsive to citizens' needs and results in effective/efficient service delivery during FY 2015 through 2019.

Primary Persons who will benefit from or be significantly affected by objective: Individuals with developmental disabilities and their families who receive developmental disabilities services and supports will benefit from or be affected by this objective.

Indicator Name:	**Percentage of months in the designated period that reports were delivered accurately and timely**
LaPAS PI Code:	24653
1. Type and Level:	Outcome/ Key
2. Rationale, Relevance, Reliability:	Will assess efforts to provide programmatic leadership
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	Copies of submitted reports from budgetary units; quarterly reporting
6. Calculation Methodology:	Total months reports were submitted accurately and timely divided by the total months in the designated period
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Annie Chapman, Fiscal Director, 225-342-0095, Annie.Chapman@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of people surveyed reporting they had overall satisfaction with services received**
LaPAS PI Code:	22461
1. Type and Level:	Outcome and Quality/ Supporting
2. Rationale, Relevance, Reliability:	Will assess efforts to provide programmatic leadership
3. Use:	Will be used in performance-based budgeting and internal management to measure responsiveness to citizens' needs
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	National database; collected through annual survey; annual reporting
6. Calculation Methodology:	Number of families surveyed reporting "always" or "sometimes" satisfied divided by number of families surveyed
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Dena Vogel, Program Manager 3, (225) 342-0095, Dena.Vogel@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of people surveyed reporting that they had choice in the services they received**
LaPAS PI Code:	22462
1. Type and Level:	Outcome/Supporting
2. Rationale, Relevance, Reliability:	Will measure responsiveness to citizens' needs
3. Use:	Will be used in performance-based budgeting and internal manage to measure responsiveness to citizens' needs
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	National database; collected through annual survey; reported annually
6. Calculation Methodology:	Number of families served reporting "usually" or "sometimes have choice" divided by number of families survey reporting "usually/sometimes" or "seldom/never have choice"
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Dena Vogel, Program Manager 3, (225) 342-0095, Dena.Vogel@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of human services authorities/districts receiving an annual validation visit (from review of reports of validation visits)**
LaPAS PI Code:	24654
1. Type and Level:	Outcome/Supporting
2. Rationale, Relevance, Reliability:	Will measure monitoring of regional performance
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	Internal reports are completed following annual validation visits; data will be reported annually upon completion of all authorities and districts.
6. Calculation Methodology:	Number of authorities/districts surveyed during the fiscal year divided by number of authorities/districts
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Dena Vogel, Program Manager 3, (225) 342-0095, Dena.Vogel@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of months in the fiscal year that a monthly contract report was produced reflecting status of Office contracts**
LaPAS PI Code:	24655
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will assess efforts to provide programmatic leadership
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	Copies of submitted reports from contract manager; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Total months in fiscal year that the contract report was produced with required information divided by the total months in fiscal year
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Annie Chapman, Fiscal Director, 225-342-0095, Annie.Chapman@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM B: Community-Based Supports (2000)

Principal Customers/Users of the Program and Benefits: The Office for Citizens with Developmental Disabilities serves persons with developmental disabilities and their families in community settings with a wide array of supports and services. People are supported in their own homes or apartments and in their family homes. OCDD's community-based programs provide supports and services to persons with developmental disabilities who reside in community settings, including children, adults, and their families. Developmental disabilities services include but are not limited to information and referral services, support coordination services, system entry services, individual and family support services, living options, habilitation services and vocational services.

Potential Factors That Could Significantly Affect the Achievement of Goals or Objectives In This Program: The internal factors identified include the longer life span of persons with developmental disabilities, which increases the complexity of their health/medical care needs in both residential and community settings. The current social and economic pressures on the families and the lack of appropriate community resources for children and youth with complex needs as well as individuals with developmental disabilities and comorbid complex medical/ behavioral/ psychiatric needs are resulting in increased difficulties planning for and/or coordinating services for these individuals. Additionally, the time required to fully implement service delivery based on individualized, cost-effective allocation of resources could affect projected timelines.

The primary external factors influencing implementation can be characterized as a shortage of resources and inadequate community capacity to serve individuals with complex medical and/or behavioral needs. There is a critical shortage of: 1) psychologists, psychiatrists, physicians, nurses, dentists and therapists with specialized experience in evaluating and/or treating individuals with developmental disabilities; 2) health care and transportation resources in rural areas; and 3) qualified staff and funds to meet the needs of individuals who are waiting for both waiver and non-waiver services. Insufficient opportunities and funding for community housing, employment and recreational activities could significantly affect the achievement of objectives in this program.

Methods Used To Avoid Duplication Of Effort: The Local Governing Entities provide community-based services and supports and serve as the single point of entry into the developmental disabilities system. Due to their provision of specialized and regionally based services, in accordance with Louisiana's Developmental Disability law, duplication of effort is not a factor. OCDD avoids duplication through coordinated work efforts with the Louisiana Developmental Disabilities Council which is the federally funded planning agency for developmental disabilities services.

Program Evaluations Used To Develop Goals, Objectives And Strategies: As the initial step of preparing the FY 2015-2019 Strategic Plan, OCDD reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the developmental disabilities services system. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized by the OCDD Executive Management Team. Groups of staff then addressed their respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

Program B Goal I: To develop and manage in a fiscally responsible way the delivery of an array of community-based supports and services so that people with developmental disabilities achieve their person-centered or family-driven outcomes in the pursuit of quality of life, well-being, and meaningful relationships.

Program B Goal II: To increase community capacity and competence in a manner consistent with evidence-based practice and national standards of care in order to meet the identified needs of people with developmental disabilities, including the capacity of families, government agencies, and community organizations and businesses, as well as the capacity of those providing specialized disability supports and services.

Statutory Authority for Goal: R.S. 28:451.1 – 455.2

PERFORMANCE INDICATOR DOCUMENTATION

Activity: OCDD Community Program Development and Management - This activity provides state-wide oversight and management of the delivery of individualized community-based supports and services, including Home and Community-Based (HCBS) waiver services, through assessment, information/choice, planning, and referral, in a manner which affords opportunities for people with developmental disabilities to achieve their personally defined outcomes and goals. Community-based services and programs include, but are not limited to, Flexible Family Funds, Individual & Family Support, State-Funded Case Management, Pre-Admission Screening & Resident Review (PASRR), Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) Certification, Single Point of Entry, EarlySteps, and waivers (New Opportunities Waiver, Children's Choice Waiver, Supports Waiver, and Residential Options Waiver).

Objective I: To provide effective and efficient management, delivery, and expansion of waiver and state-funded community programs and to optimize the use of natural and typical community resources in order to promote and maximize home and community life and prevent and reduce institutional care during FY 2015 through 2019.

Primary Persons who will benefit from or be significantly impacted by the objective: Individuals with developmental disabilities and their families who apply for developmental disabilities services and those who receive community-based services and supports will benefit from this objective.

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of available Residential Options Waiver (ROW) opportunities utilized**
LaPAS PI Code:	22479
1. Type and Level:	Efficiency and Input/ Key
2. Rationale, Relevance, Reliability:	Will indicate adherence to DHH/OCDD rules, policies and procedures related to waiver administration
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External contractor; quarterly reporting
6. Calculation Methodology:	Number of ROW opportunities filled divided by the total number of ROW opportunities available
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of available Supports Waiver (SW) opportunities utilized**
LaPAS PI Code:	22478
1. Type and Level:	Efficiency and Input/ Key
2. Rationale, Relevance, Reliability:	Will indicate adherence to DHH/OCDD rules, policies and procedures related to waiver administration
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External contractor; quarterly reporting
6. Calculation Methodology:	Number of Support Waiver opportunities used divided by the total number of Support Waiver opportunities available
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of available Children's Choice (CC) waiver opportunities utilized**
LaPAS PI Code:	22476
1. Type and Level:	Efficiency and Input/ Key
2. Rationale, Relevance, Reliability:	Will indicate adherence to DHH/OCDD rules, policies and procedures related to waiver administration
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External contractor; quarterly reporting
6. Calculation Methodology:	Number of Children's Choice waiver opportunities filled divided by the total number of Children's Choice waiver opportunities available
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of available New Opportunities Waiver (NOW) opportunities utilized**
LaPAS PI Code:	22477
1. Type and Level:	Efficiency and Input/ Key
2. Rationale, Relevance, Reliability:	Will indicate adherence to DHH/OCDD rules, policies and procedures related to waiver administration
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External contractor; quarterly reporting
6. Calculation Methodology:	Number of NOW opportunities filled divided by the total number of NOW opportunities available
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of waiver participants who have been discharged from their waiver due to admission to a more restrictive setting**
LaPAS PI Code:	24660
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will indicate effectiveness of waiver services to assist people to remain in their homes and communities
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	Internal database; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Number of waiver participants discharged into a more restrictive setting divided by the total number of waiver participants
7. Scope:	Aggregate
8. Caveats:	Data will be collected from the NOW, Children's Choice, Supports Waiver, and ROW. The data collection will be contingent upon the Medicaid and Regions/ Districts/ Authorities collection.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of individuals participating in HCBS waivers who utilize self-direction**
Indicator LaPAS PI Code:	25036
1. Type and Level:	Outcome/Supporting
2. Rationale, Relevance, Reliability:	Will indicate effectiveness of self-direction initiative
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	Clear
5. Data Source, Collection & Reporting:	Internal database; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Total number of individuals participating in HCBS waivers who utilize self-direction
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of persons in individual integrated employment**
Indicator LaPAS PI Code:	25035
1. Type and Level:	Outcome/Supporting
2. Rationale, Relevance, Reliability:	Will indicate effectiveness of Employment First initiative
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	Clear
5. Data Source, Collection & Reporting:	Internal database; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Total number of individuals in integrated employment
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of allocated New Opportunities Waiver (NOW) slots**
LaPAS PI Code:	7964
1. Type and Level:	Output/ GPI
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. **Data Source, Collection & Reporting:**	Internal database; annual reporting
6. Calculation Methodology:	Total number of allocated New Opportunities Waiver (NOW) slots
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of allocated Children's Choice waiver slots**
LaPAS PI Code:	12055
1. Type and Level:	Output/ GPI
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. **Data Source, Collection & Reporting:**	Internal database; annual reporting
6. Calculation Methodology:	Total number of allocated Children's Choice waiver slots
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of allocated Supports Wavier slots**
LaPAS PI Code:	22240
1. Type and Level:	Output/ GPI
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. **Data Source, Collection & Reporting:**	Internal database; annual reporting
6. Calculation Methodology:	Total number of allocated Supports Waiver slots
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of allocated Residential Options Waiver (ROW) slots**
LaPAS PI Code:	22265
1. Type and Level:	Output/ GPI
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. **Data Source, Collection & Reporting:**	Internal database; annual reporting
6. Calculation Methodology:	Total number of allocated Residential Options Waiver (ROW) slots
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of years and months on Request for Services Registry until offered a New Opportunities Waiver (NOW) opportunity**
LaPAS PI Code:	New
1. Type and Level:	Output/ Supporting
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used for performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database maintained by contractor; semi-annual reporting
6. Calculation Methodology:	Average wait time based on calculation of subtracting the dates of offer from dates placed on registry
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of years and months on Request for Services Registry until offered a Children's Choice opportunity**
LaPAS PI Code:	New
1. Type and Level:	Output/ Supporting
2. Rationale:	Will directly measure strategy to optimize the use of community-based services.
3. Use:	Will be used for performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database maintained by contractor; semi-annual reporting
6. Calculation Methodology:	Average wait time based on calculation of subtracting the date of offer from date placed on registry
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of years and months on Request for Services Registry until offered a Supports Waiver opportunity**
LaPAS PI Code:	New
1. Type and Level:	Output/ Supporting
2. Rationale:	Will directly measure strategy to optimize the use of community-based services
3. Use:	Will be used for performance-based budgeting and internal management in assessing effectiveness of the strategy to optimize the use of community-based services while decreasing reliance on institutional services
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database maintained by contractor; semi-annual reporting
6. Calculation Methodology:	Average wait time based on calculation of subtracting the date of offer from date placed on registry
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of decrease in average cost per person for New Opportunities Waiver (NOW) services post implementation of resource allocation model**
LaPAS PI Code:	New
1. Type and Level:	Outcome/ Key
2. Rationale:	Strategies are being implemented to reduce the cost of NOW services and provide more efficient and effective community waiver services through the implementation of a Resource Allocation process.
3. Use:	Will be used for performance-based budgeting process and internal management to assess cost effectiveness of the Resource Allocation process to meet budgetary constraints
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	Internal database; while collection is ongoing, data will be reported annually.
6. Calculation Methodology:	Average cost per person for NOW services post implementation of the resource allocation model divided by the average cost prior to implementation of Resource Allocation
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Ted Kleamenakis, Program Manager 4, (225) 342-0095, Ted.Kleamenakis@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of individuals with developmental disabilities supported through HCBS waivers**
LaPAS PI Code:	New
1. Type and Level:	Outcome/ Key
2. Rationale:	Will assess efforts to provide services that are responsive to citizens' needs
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. **Data Source, Collection & Reporting:**	External database; on-going collection; quarterly reporting
6. Calculation Methodology:	Total number of individuals with developmental disabilities supported through HCBS waivers
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Mark Thomas, Deputy Assistant Secretary for Community Services, (225) 342-0095, Mark.Thomas@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Activity: EarlySteps: Identifying and Providing Services to Infants and Toddlers with Disabilities - This activity provides for Louisiana's early intervention system for children with disabilities and developmental delays ages birth to three and their families. Services provided through this program include: audiology, speech-language therapy, occupational therapy, physical therapy, special instruction, assistive technology, service coordination, medical evaluation, health services, nursing services, vision services, social work services, psychology services, family training, nutritional services, and transportation.

Objective II:
To provide supports to infants and toddlers with disabilities and their families in order to increase participation in family and community activities, to minimize the potential for developmental delay, to reduce educational costs by minimizing the need for special education/related services after reaching school age, and to progress to the level of current national standards during FY 2015 through 2019.

Primary Persons who will benefit from or be significantly impacted by the objective: Infants and toddlers with disabilities (and their families) who without early intervention are likely to require special education/related services will benefit or be impacted by this objective.

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of EarlySteps providers that meet all training requirements**
LaPAS PI Code:	24662
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will indicate adherence to DHH/OCDD rules, policies and procedures related to EarlySteps administration
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; semi-annual reporting
6. Calculation Methodology:	Number of providers that meet all training requirements divided by the total number of providers
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Brenda Sharp, Program Manager 1, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of infants and toddlers in the state that are identified as eligible**
LaPAS PI Code:	24663
1. Type and Level:	Outcome/Key
2. Rationale, Relevance, Reliability:	Will indicate effectiveness of outreach efforts
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; quarterly reporting
6. Calculation Methodology:	Number of infants and toddlers identified as eligible divided by the annual census projection of infants and toddlers
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Brenda Sharp, Program Manager 1, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of Individual Family Services Plans developed within 45 days of referral**
LaPAS PI Code:	24664
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will indicate adherence to DHH/OCDD rules, policies and procedures related to EarlySteps administration
3. Use:	Will be used for performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; semi-annual reporting
6. Calculation Methodology:	Number of IFS plans developed within 45 days of referral divided by the total number of IFS plans developed
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through annual audit of data.
10. Responsible Person:	Brenda Sharp, Program Manager 1, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of Individual Family Services Plans implemented within 30 days of parental consent on the Individual Family Services Plan**
LaPAS PI Code:	24665
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will indicate adherence to DHH/OCDD rules, policies and procedures related to EarlySteps administration
3. Use:	Will be used for performance-based budgeting and internal
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; semi-annual reporting
6. Calculation Methodology:	Number of IFS plans implemented within 30 days of parent consent on the IFS plan divided by the total number of IFS plans implemented
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit sample.
10. Responsible Person:	Brenda Sharp, Program Manager 1, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of families referred for entry to developmental disability services**
LaPAS PI Code:	24666
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will indicate adherence to DHH/OCDD rules, policies and procedures related to EarlySteps administration
3. Use:	Will be used for performance-based budgeting and internal management to assess programmatic leadership
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	External database; quarterly reporting
6. Calculation Methodology:	Number of families referred for entry to developmental disabilities services divided by the number of families who requested referral
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit sample.
10. Responsible Person:	Brenda Sharp, Program Manager 1, (225) 342-0095, Brenda.Sharp@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM F: Pinecrest Supports and Services Center (6000) and OCDD Resource Centers (6000)

Principal Customers/Users of Program and Benefits: The Office for Citizens with Developmental Disabilities (OCDD) serves individuals with developmental disabilities and their families in a variety of settings with a wide array of supports and services. People with more complex medical and/or behavioral needs requiring twenty-four hour active treatment services may be served in the state-operated supports and services center. Additionally, individuals who require specialized, therapeutic behavioral and psychiatric supports/stabilization may be supported through this program. Individual support plans are developed utilizing the OCDD Guidelines for Support Planning for each individual receiving supports and services center services.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives in This Program: The internal factors identified include the longer life span of persons with developmental disabilities which increases the complexity of their health/medical care needs in both residential and community settings. The current social and economic pressures on the families and the lack of appropriate community resources for individuals with complex needs are resulting in increased difficulties of planning for and/or coordinating services for these individuals. Additionally, the time required to fully implement service delivery based on individualized, cost-effective allocation of resources could affect projected timelines.

The primary external factors influencing implementation can be characterized as a shortage of resources and inadequate community capacity to serve individuals with complex medical, behavioral and/or psychiatric needs. There is a critical shortage of: 1) psychologists, psychiatrists, physicians, nurses, dentists and therapists with specialized experience in evaluating and/or treating individuals with developmental disabilities; 2) health care and transportation resources in rural areas; and 3) qualified staff and funds to meet the needs of individuals who are waiting for both waiver and non-waiver services. Insufficient opportunities and funding for community housing, employment and recreational activities could significantly affect the achievement of objectives in this program.

Methods Used To Avoid Duplication of Effort: The Pinecrest Supports and Services Center Program supports individuals with complex medical and/or behavioral needs requiring twenty-four hour active treatment services as well as individuals who require specialized therapeutic, psychiatric and behavioral support/stabilization. The Resource Centers provide Due to the provision of specialized and regional-based services, in accordance with Louisiana's Developmental Disability Law, duplication is not a factor.

Program Evaluations Used To Develop Goals, Objectives And Strategies: As the initial step of preparing the FY 2015-2019 Strategic Plan, OCDD reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the developmental disabilities services system. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized by the OCDD Executive Management Team. Groups of staff then addressed their respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

Statutory Authority for Goals: R.S. 28:451.1 – 455.2

PROGRAM F: Pinecrest Supports and Services Center (6000)

PERFORMANCE INDICATOR DOCUMENTATION

Activity: Pinecrest Supports and Services Center - Residential Services - This activity manages the state-operated supports and services center, which is part of Louisiana's continuum of developmental disability services. Following Title XIX (Medicaid) regulations, the center's comprehensive services and supports are administered by direct support, professional, health care, support and administrative staff. This activity supports the effort to re-balance expenditures inclusive of emphasis on shifting from institutional to community services consistent with national norms.

Program F Pinecrest Supports and Services Center Residential Services Goal I:
To provide specialized residential services to individuals with developmental disabilities and comorbid complex medical/behavioral/psychiatric needs in a manner that supports the goal of returning or transitioning individuals to community-based options.

Program F Pinecrest Supports and Services Center Residential Services Goal II:
To provide services in a manner that is efficient, effective and supports choice and quality of life.

Objective I: To further decrease reliance on public residential supports and services during FY 2015 through 2019.

Primary Persons who will benefit from or be significantly affected by objective: Individuals with developmental disabilities whose needs and desires indicate that they would be better served in a community-based residential setting will benefit from or be affected by this objective.

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of people transitioned to private provider community options according to assessment/ support team recommendations**
LaPAS PI Code:	22522
1. Type and Level:	Output/ Key
2. Rationale, Relevance, Reliability:	Will verify successful implementation of assessment/ support team recommendations for transition of individuals to private community options
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
6. Calculation Methodology:	Total number of people transitioned to private provider community options according to assessment/support team recommendations
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Shannon Thorn, Acting Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of re-admissions to center within one year of transition**
LaPAS PI Code:	24697
1. Type and Level:	Outcome/ Key
2. Rationale, Relevance, Reliability:	Will verify successful implementation of assessment/ support team recommendations for transition of individuals to private community options
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
6. Calculation Methodology:	Total number people re-admitted to center within one year of transition
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Shannon Thorn, Acting Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of Conditions of Participation in compliance during Health Standards Reviews**
LaPAS PI Code:	22519
1. Type and Level:	Outcome and Quality/ Key
2. Rationale, Relevance, Reliability:	Will verify successful compliance with Title XIX federal regulations for Intermediate Care Facilities for Persons with Developmental Disabilities thus continuing Medicaid funding
3. Use:	Will be used in in assessment of services provided, performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	Annual survey finding report prepared and submitted by Health Standards Section; results will be reported annually.
6. Calculation Methodology:	Number of Conditions of Participation in compliance divided by the total number of Conditions in applicable regulations (Title XIX)
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified
9. **Accuracy, Maintenance, Support:**	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Shannon Thorn, Acting Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Activity: Pinecrest Supports and Services Center - Residential Services

Objective II:
To increase successful re-entry into traditional community settings for individuals with developmental disabilities who require specialized therapeutic, psychiatric and behavioral supports/stabilization during FY 2015 through 2019.

Primary Persons who will benefit from or be significantly affected by objective: Individuals who reside at Pinecrest Supports and Services Center who require specialized, therapeutic psychiatric and behavioral supports/stabilization.

Indicator Name:	**Percentage of individuals discharged who do not return to therapeutic program within one year of discharge**
LaPAS PI Code:	24703
1. Type and Level:	Outcome/ Key
2. Rationale, Relevance, Reliability:	Will verify success of program
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
6. Calculation Methodology:	Number of individuals who do not return to a therapeutic program within one year of discharge divided by the number of individuals who are discharged within year
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Shannon Thorn, Acting Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Average length of stay in the therapeutic program**
LaPAS PI Code:	New
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will verify success of program
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Number of individuals who do not return to a therapeutic program within one year of discharge divided by the number of individuals who are discharged within year
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Shannon Thorn, Acting Administrator, (318) 641-2207, Shannon.Thorn@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Activity: OCDD Resource Centers - This activity directs and manages the Central Louisiana, North Lake, Northwest, and Greater New Orleans resource centers, including the Community Support Teams and Psychologists, which provide training, consultation, and technical assistance to service and caregiver resources in the community (i.e., private support staff agencies, community homes, families, and schools) to meet the medical, behavior and psychiatric support needs of persons with disabilities in existing community settings and to avoid institutional placement. The activity uses public resources to expand private service capacity and assist the private sector in meeting higher, needed standards of care for people with disabilities.

Program F: OCDD Resource Centers Goal I:
To provide a person-centered planning process consistent with a needs-based assessment that focuses on the person's goals and desires and addresses quality of life.

Program F: OCDD Resource Centers Goal II:
To increase the capacity of the Developmental Disabilities Services System to provide opportunities for people to live, work, and learn in integrated community settings.

Program F: OCDD Resource Centers Goal III:
To increase the capacity of the Developmental Disabilities Services System to support people with complex behavioral, mental health, and/or medical needs in all service settings.

Objective I: To increase capacity building activities for private community providers, creating private sector community infrastructure to meet the complex needs and support diversion of individuals from public residential services during FY 2015 through 2019.

Primary Persons who will benefit from or be significantly affected by objective: The primary beneficiaries of this objective are community-based private providers, along with the individuals and their families that they serve/support. Community-capacity building is the key initiatives of the resource centers.

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of individuals served by the resource centers' medical/nursing, allied health and behavioral health professionals who remain in their most integrated setting**
LaPAS PI Code:	New
1. Type and Level:	Outcome/ Key
2. Rationale, Relevance, Reliability:	Will verify the success of the resource centers in supporting individual to remain in their most integrated setting
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
6. Calculation Methodology:	Number of people served by the resource centers who remain in their most integrated setting divided by the number of people served by the resource centers
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Julie Foster, Program Manager 3, 985-543-4113, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed living situations**
LaPAS PI Code:	24699
1. Type and Level:	Outcome and Quality/ Key
2. Rationale, Relevance, Reliability:	Will verify individual's satisfaction with PIQ assessed living situations
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
6. Calculation Methodology:	Number of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed living situations divided by the number of individuals surveyed
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Julie Foster, Program Manager 3, 985-543-4113, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed work/day areas**
LaPAS PI Code:	24700
1. Type and Level:	Outcome and Quality/ Key
2. Rationale, Relevance, Reliability:	Will verify individual's satisfaction with PIQ assessed work/day areas
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; quarterly reporting
6. Calculation Methodology:	Number of individuals reporting satisfaction across the *Partners in Quality* (PIQ) assessed work/day areas divided by the number of individuals surveyed
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Julie Foster, Program Manager 3, 985-543-4113, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of providers receiving resource center services**
LaPAS PI Code:	New
1. Type and Level:	Output/ Supporting
2. Rationale, Relevance, Reliability:	Will verify the number of providers receiving resource center services
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Total number of providers served by resource centers
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Julie Foster, Program Manager 3, 985-543-4113, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of resource center training events**
LaPAS PI Code:	24692
1. Type and Level:	Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will verify the number of resource training events
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Total number of training events offered by the resource centers
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Julie Foster, Program Manager 3, 985-543-4113, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of resource center technical assistance sessions**
LaPAS PI Code:	24694
1. Type and Level:	Output and Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will verify the number of resource center technical assistance sessions
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Total number of resource center technical assistance sessions
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Julie Foster, Program Manager 3, 985-543-4113, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Number of resource center consultations**
LaPAS PI Code:	24694
1. Type and Level:	Output and Outcome/ Supporting
2. Rationale, Relevance, Reliability:	Will verify the number of resource center consultations
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Total number of resource center consultations
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Julie Foster, Program Manager 3, 985-543-4113, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

Indicator Name:	**Percentage of customers that report satisfaction with resource center services**
LaPAS PI Code:	New
1. Type and Level:	Outcome and Quality/ Supporting
2. Rationale, Relevance, Reliability:	Will verify customers' satisfaction with resource center training offered
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	OCDD Database; ongoing collection; semi-annual reporting
6. Calculation Methodology:	Number of customers reporting satisfaction with resource center training offering divided by the number of customers surveyed
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through monthly validation of database entries.
10. Responsible Person:	Julie Foster, Program Manager 3, 985-543-4113, Julie.Foster@LA.GOV

PERFORMANCE INDICATOR DOCUMENTATION

PROGRAM G: Auxiliary Account (A000)

Principal Customers/Users of Program and Benefits: Individuals, who reside in the remaining supports and services center, with a support team recommendation for paid work and/or therapeutic activities will benefit from or be affected by this objective as it provides the funding for implementation of such recommendations.

Potential Internal/External Factors That Could Significantly Affect the Achievement of Goals or Objectives In This Program: An internal factors identified includes the longer life span of persons with developmental disabilities which increases the complexity of their health/medical care needs in both residential and community settings. This factor also increases the complexity of designing strategies to meet personal outcomes in the areas of health, vocation and community integration.

The primary external factors influencing implementation can be characterized as a shortage of resources and inadequate community capacity to provide employment and other community integration opportunities for individuals with complex medical and/or behavioral needs.

Methods Used To Avoid Duplication of Effort: The Auxiliary Administration Program of OCDD supports the state-operated supports and services center which provide living options primarily to individuals with complex medical and/or behavioral needs. Due to their provision of specialized and regional-based services, in accordance with Louisiana's Developmental Disability Law, duplication is not a factor.

Program Evaluations Used To Develop Goals, Objectives And Strategies: As the initial step of preparing the FY 2015-2019 Strategic Plan, OCDD reviewed its current Strategic Plan to determine continued relevance of issues being addressed that affect individuals (adults, children, and toddlers) with developmental disabilities and the developmental disabilities services system. The issues, along with information from previous customer satisfaction surveys and stakeholder feedback, were prioritized by the OCDD Executive Management Team. Groups of staff then addressed their respective areas reviewing current goals, objectives, strategies, and performance indicators and determining the need to continue/delete/add goals, objectives, strategies, and performance indicators.

Program G Goal:
To support people with developmental disabilities with quality of life and the attainment of personal goals.

Statutory Authority for Goals: R.S. 28:451.1 – 455.2

PERFORMANCE INDICATOR DOCUMENTATION

Activity: Auxiliary Services - This activity provides the funding mechanism to provide residents of the supports and services center with paid work opportunities and/or therapeutic activities as recommended by their support teams.

Objective I: To provide residents of the supports and services center with opportunities for paid work and/or therapeutic activities, as recommended by their support teams during FY 2015 through 2019.

Primary Persons who will benefit from or be significantly affected by objective: Individuals, who reside in the remaining supports and services center, with a support team recommendation for paid work and/or therapeutic activities will benefit from or be affected by this objective.

Indicator Name:	**Percentage of individuals of the supports and services center who have paid work and/or therapeutic activities as recommended by support teams**
LaPAS PI Code:	24264
1. Type and Level:	Outcome/ Key
2. Rationale, Relevance, Reliability:	Will verify success of account in providing for recommended activities
3. Use:	Will be used in performance-based budgeting and internal management
4. Clarity:	The indicator name clearly identifies what is being measured.
5. Data Source, Collection & Reporting:	Internal database; ongoing collection; quarterly reporting
6. Calculation Methodology:	Number of individuals in the SSC who have paid work or therapeutic activities divided by the number of individuals who have been recommended for paid work or therapeutic activities by the support teams
7. Scope:	Aggregate
8. Caveats:	No caveats have been identified.
9. Accuracy, Maintenance, Support:	No, accuracy is assured through internal audit.
10. Responsible Person:	Annie Chapman, Fiscal Director, (225) 342-0095, Annie.Chapman@LA.GOV

21-861
Ancillary Account: Safe Drinking Water Revolving Loan Fund

Ancillary Account: Safe Drinking Water Revolving Loan Fund

21-861 Ancillary Program: Safe Drinking Water Revolving Loan Fund

ACTIVITY: Safe Drinking Water Revolving Loan Fund

OBJECTIVE: Through the Safe Drinking Water Revolving Loan Fund activity, to review 100% of the loan applications and associated documents within 60 days of receipt each year through June 30, 2016.

INDICATOR NAME: Percentage of loan applications and associated documents processed within 60 days of receipt

LaPAS PI Code: New

Indicator: Percentage of loan applications and associated documents processed within 60 days of receipt

1. **Type and Level:** Efficiency and Key

2. **Rationale:** This indicator measures the efficiency in which documents are processed to make funds available to loan recipients expeditiously.

3. **Use:** This indicator is used to assist management in assessing compliance with federal law, client/ consumer satisfaction and employee performance.

4. **Clarity:** None

5. **Accuracy, Maintenance, Support:** This data is audited by EPA and is considered valid, reliable and accurate. Monitoring data are collected in database by program staff.

6. **Data Source/Collection/Reporting:**

a. Collection: Data are collected monthly
b. Reporting: Reported annually to U.S. Environmental Protection Agency

7. **Calculation Methodology:** Total number of documents reviewed as a percentage of total number of documents received.

8. **Scope:** Each loan is managed individually.

9. **Caveats:** Volume of data to be reviewed varies, so review time also varies. If an event occurs which requires activation of staff for emergency preparedness, review process may halt until duties return to normal.

10. **Responsible Person:** Jennifer.wilson@la.gov**,** Drinking Water Revolving Loan Fund Program Manager; Office: 225-342-8143