

QA REPORT

TO: Bradley A. Hedges, Ph.D.
Executive Director

FROM: Shawna Watts-Shumaker, MBA
Quality Assurance Coordinator

SUBJECT: Quality Assurance Activities for May 2005
Chart Reviews for March 2005

SUBMITTED: June 16, 2005

I: MAJOR UNUSUAL INCIDENTS

There were two major unusual incidents for the month of May. On 05/04/2005, case manager Amanda Moore accompanied client #02111502 to Fairfield Medical Center for an evaluation after Our Place staff called Lancaster Police as the result of the client being suspended from that agency and subsequently wielding a knife at Our Place. The client was found at a fire station nearby and voluntarily gave the knife over to Amanda Moore, who gave it to the police officers at the scene. The client was evaluated at Fairfield Medical Center and admitted. The incident was reported to the Fairfield County ADAMH Board on 5/5/2005.

The second incident occurred on 5/05/2005. Client #05051006 collapsed while at the agency and the Lancaster paramedics were called. The client was accompanied to Fairfield Medical Center by an MRDD caseworker. The incident was reported to the Fairfield County ADAMH Board on 5/5/2005.

There was one duty to warn required during May. On 5/3/2005, client #02013109 made a threat against a two individuals. Local law enforcement, the Director of Our Place, and the identified victims were informed of the threats. Client #02013109 was hospitalized at Fairfield Medical Center due to this incident.

II: TRANSFERS FROM STATE HOSPITALS

There was one transfer from a state hospital in May. Client #04121605 was admitted to Twin Valley on 03/23/2005 and discharged on 5/12/2005. Joe Dunson saw the client on 05/17/2005.

There was one client released from community hospitalization in May. Client #02010309 was admitted to Fairfield Medical Center on 05/03/2005 and discharged on 05/05/2005. AJ Bierly saw the client on 05/05/2005.

III: PLANT/PHYSICAL HEALTH AND SAFETY

No health or safety issues were identified by the building inspection in the month of May.

IV: RECORDS COMPLETENESS REVIEW (March)

Clinicians	Percent Compliant With Standard	Chart Included AOD Services	Chart Included CSP Services
Chris Ray's Team			
Dr. Chris Ray	98	NO	NO
Bonnie Daniels	96	NO	NO
Rick Gehlbach	98	NO	NO
Chris Johnson*	80	NO	NO
Tricia Ostrander	97	NO	NO
Team Score	94*		
Robin Rippeth's Team			
Dr. Robin Rippeth	97	NO	NO
Steve Ford	98	NO	YES
Mike Selegue	99	NO	NO
Heather Stevens	97	NO	YES
Paula Moreland	99	NO	YES
Karis Mason	99	NO	NO
Misty Coleman	95	NO	YES
Jessica Mitchell*	93	NO	YES
Adrienne Harris	98	NO	NO
Ellen Marshall*	87	NO	NO
Team Score	96		
Scott Craft's Team			
Dr. Scott Craft	97	NO	NO
Joe Dunson	97	NO	YES
A.J. Bierly	97	NO	YES
Amanda Moore	96	NO	YES
Team Score	97		
Brad Hedges' Team			
Dr. Brad Hedges	100	NO	NO
Claire Robitaille	99	NO	NO
Dean Bachelor	96	NO	NO
Team Score	98		
Franklin County Team			
Joni Grim	97	NO	NO
Team Score	97		

*Denotes that the clinician did not meet the target threshold of 95% compliance with the standards.

Eighty-seven percent of the clinicians met the 95% threshold for the record review.

Reasons that clinicians did not meet the threshold and the percentage of records reviewed are as follows:

- Thirteen percent of the records reviewed were missing a copy of the current medical card.
- Thirteen percent of the records reviewed were missing forms or had incomplete forms in the chart.
- Signatures were missing on some forms in the chart for 35% of the clinicians.
- In forty-three percent of the records reviewed there was at least one session recorded that did not match the billing record.
- Thirty percent of the records reviewed had an Individual Service Plan on the chart that needed to be updated.
- Thirteen percent of the records reviewed did not have a reviewed health assessment.
- Twenty-two percent of clinicians were missing case notes for billed services.

V: PEER REVIEW (March)

Clinicians	Percent Compliant With Standard	Chart Included AOD Services	Chart Included CSP Services
Chris Ray's Team			
Dr. Chris Ray	97	NO	NO
Bonnie Daniels*	89	NO	NO
Rick Gehlbach	98	NO	NO
Chris Johnson	95	NO	NO
Tricia Ostrander	98	NO	NO
Team Score	95		
Robin Rippeth's Team			
Dr. Robin Rippeth	98	NO	NO
Steve Ford	97	NO	YES
Mike Selegue	91	NO	NO
Heather Stevens	94	NO	YES
Paula Moreland	93	NO	YES
Karis Mason	98	NO	NO
Misty Coleman	93	NO	YES
Jessica Mitchell*	85	NO	YES
Adrienne Harris	98	NO	NO
Ellen Marshall*	88	NO	NO
Team Score	94		
Scott Craft's Team			
Dr. Scott Craft	100	NO	NO
Joe Dunson	99	NO	YES
A.J. Bierly	97	NO	YES
Amanda Moore	94	NO	YES
Team Score	98		
Brad Hedges' Team			
Dr. Brad Hedges	100	NO	NO
Claire Robitaille	97	NO	NO

Dean Bachelor	97	NO	NO
Team Score	98		
Franklin County Team			
Joni Grim	99	NO	NO
Team Score	99		

*Denotes that the clinician did not meet the target threshold of 90% compliance with the standards.

Ninety-six percent of the clinicians met the 90% threshold for peer review.

- Thirty percent of the records reviewed for peer review showed that the clinician did not complete the required forms, or make the necessary referrals.
- Sixty-one percent of the records were not maintained consistently in that case notes were not completed and not billed for. Also, the client, clinician and the supervisor have not signed the progress note or other necessary documentation.

VI: UTILIZATION REVIEW (May)

Clinician	Number of Clients Assigned	Number of Clients Seen	Average Number of Contacts Per Client Seen
Dean Bachelor	27	9	3.1
Dr. Brad Hedges	53	14	1.2
Dr. Chris Ray	72	29	1.7
Dr. Robin Rippeth	34	18	1.8
Dr. Scott Craft	85	29	2.4
Steve Ford	79	42	2.3
Bonnie Daniels	69	42	1.8
Joni Grim	88	34	2.9
Chris Johnson	130	39	2.0
Claire Robitaille	51	36	1.7
Rick Gehlbach	56	47	1.7
Mike Selegue	91	67	1.4
Heather Stevens	39	38	2.5
Joe Dunson	22	21	5.3
Misty Coleman	61	35	3
A.J. Bierly	38	30	3.7
Amanda Moore	37	27	5.4
Tricia Ostrander	94	30	2.0
Paula Moreland	43	32	2.7
Karis Mason	42	41	2.4
Adrienne Harris	54	44	1.8
Ellen Marshall	72	33	1.8
Jessica Mitchell	20	19	2.1
Elizabeth Stutz	9	16	2.1

The No Show rate for May was 17%. When considering both the no show rate and the cancellation rate, this figure is 27%.

VII: AOD UTILIZATION REVIEW

There are currently no AOD groups active within the agency. AOD clients continue to be seen on an individual basis outside of the AOD program. We are exploring the possibility of re-developing the AOD program.

VIII: INVOLUNTARY TERMINATIONS

No involuntary terminations were conducted during the month of May 2005.

IX: PROFESSIONAL STAFF ORGANIZATION

The clinical staff maintains current licensure requirements.

Clinician	Workshop Name	Dates Attended	# of CEU's
Claire Robitaille	Effect Management Practices for Non-Profit Organizations	5/16/2005	6
Joe Dunson	Mental Health & Court Systems	05/12/2005	0
Scott Craft	Ethics Roundtable	05/12/2005	3
Scott Craft	Mental Health & Criminal Justice System	05/14/2005	7

X: REVIEW OF WAITING LIST

There were a total of 122 new clients seen in the month of May. Seventy percent of these new clients were from Fairfield County. The total number of clients seen in the month of May was 772.

XI: REVIEW OF SERVICES UNDER CONTRACT

Currently no services are provided under contract to this agency.

XII: FOCUSED REVIEW AREA

The focused area of review for May is to:

- Review QA plan's overall goals and objectives and revise
 - The goals and objectives for QA were reviewed no changes were made. (See attached)
- Review the achievement of accepted professional standards of practice
 - The QA Coordinator reviews monitors training through Monthly Summary Reports as well as monitoring license expirations for all clinicians. The achievement of accepted professional standards of practice was discussed due to the upcoming implementation of an on-line training

program for training within the agency as well as the agency's application to become certified to provide CEU's for both the State of Ohio Psychology Board and the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board. The agency has also conducted training needs and interest survey and will be incorporating this into upcoming training developments.

- Review the resolution of identified problems
 - The QA Committee continues to monitor corrective actions to reviewed charts and looking for ways to improve the efficiency of monitoring corrections including improving comments and suggestions on how to make corrections. The QA Coordinator communicates problems with the clinical supervisors and Executive Director. QA updates are shared with the Board of Directors at every meeting.
- Assess the efficiency of QA activities
 - QA activities remain current. Changes were made during the last year to improve the timeliness of the reports. Chart reviews are reported in a delayed manner because of the extensiveness of this job, however the rest of the information is reported for the current QA month. For example May's report can be written at the beginning of June because the chart reviews included in this report are for March. Chart review lists are prepared at the beginning of each month for the previous month to ensure that QA staff utilizes its time efficiently.
- Review the adequacy of corrective actions
 - Verifying that corrections have been made to charts continues to be a challenge for the QA Committee. The QA Coordinator continues to send out email reminders in Correction Letters are not returned in a timely manner. It was decided that an entire months Correction Letters would be reviewed to identify any problem areas. This is currently in progress.
- Review methods for improving the service delivery system
 - The agency has looked at many ways to improve service delivery in the past few months due to productivity concerns. These reviews have taken place with the agency as a whole, not just the QA Committee. Reminder calls continue to be made, the agency continues to strive to get clients in within two weeks for services. Formal evaluations services and medication somatic services are being scheduled for the most part within 60 days. The case management and home based therapy programs continue to be improved, through researching methodologies that work best. In addition the agency is researching the possibility of re-introducing a formal AOD program.
- Bomb Threat Drill
 - A Bomb Threat Drill has not been conducted, as the QA Coordinator needs to consult the Executive Director and local fire department on the best way to conduct this drill. The building needs to be inspected for an all clear before people can return to be building after the drill.

XIII: RESPONSE TO LAST MONTHS FOCUS REVIEW

There is no response to last month's focused review.

XIV: CLIENT RIGHTS AND GRIEVANCES

There were no client rights or grievance issues for April 2005.

cc: Fairfield County Mental Health and Recovery Services Board
MOPS Board of Directors
MOPS Staff
QA Minutes Logbook

QA GOALS AND OBJECTIVES

Goal: Meet State requirements

Objectives: Clinicians, and other agency staff as applicable, must consistently complete documentation that is required by this agency, the State and the accrediting agencies that this agency is associated with.

Goal: Continuing Education

Objectives: Clinicians must continue to meet the standards of the State toward maintaining their licensure, developing competencies, and improving the quality of care for our clients.

Goal: Clinical Accountability

Objectives: Quality Assurance staff will work with clinician's to make sure that they are providing a thorough assessment, accurate diagnoses, and services that are consistent with the philosophies and standards of this agency and the state of Ohio.

Goal: Provide feedback about utilization of services

Objectives: QA staff will develop an understanding of what services are sought at this agency, how these services are accessed, if these services meet the needs of our clients, what other services are needed, are we attempting to meet the needs of our clients when we don't have the available service (if so how?), and what external services are we as an agency utilizing and what external services are our clients utilizing.

Goal: Ensure a safe environment free of hazards for staff and clients

Objectives: QA staff will conduct monthly physical plant inspections, quarterly fire drills, and monitor MUI's to provide re-education or preventative training to avoid future incidents.

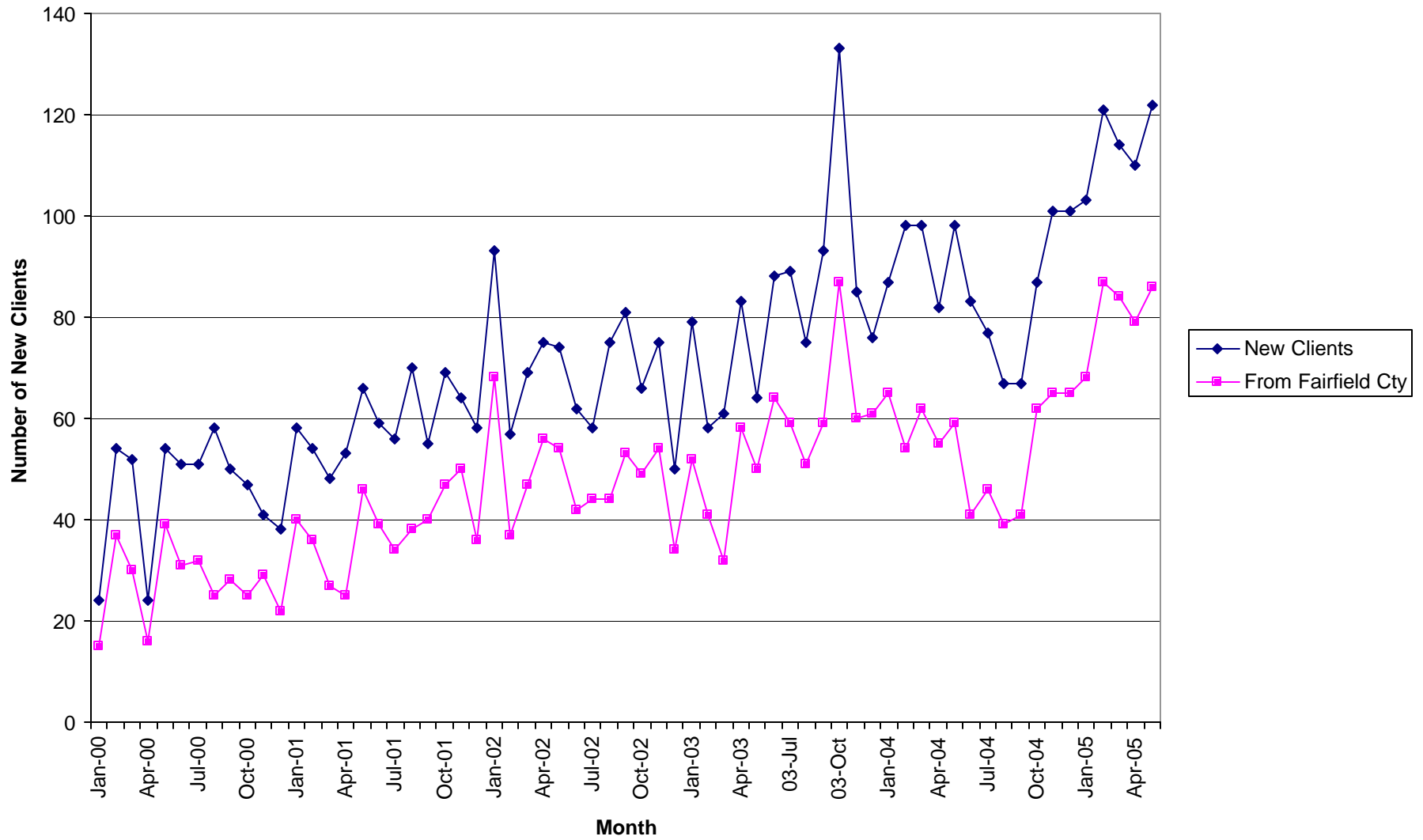
Agency Service Budget Month of May 2005

	Service Provided for Month		Budgeted for Month		Fiscal Y-T-D Provided		Fiscal Y-T-D Budgeted		Variance between Budgeted and Provided Y-T-D	
	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid	Total For All of MOPS	Fairfield County Medicaid
Diagnostic/Assessment	225	109	167	81	2,012	922	1,837	891		
	\$29,196	\$14,104	\$21,708	\$10,529	\$261,601	\$119,799	\$238,792	\$115,821	\$22,809	\$3,978
Individual Counseling	999	603	833	531	9,779	5,881	9,163	5,841		
	\$89,892	\$54,243	\$74,970	\$47,790	\$880,065	\$529,308	\$824,670	\$525,690	\$55,395	\$3,618
Individual CSP	321	217	500	417	3,375	2,462	5,500	4,587		
	\$20,859	\$14,131	\$32,500	\$27,105	\$219,362	\$160,037	\$357,500	\$298,155	(\$138,138)	(\$138,119)
Group CSP	0	0	0	0	0	0	0	0		
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Group	252	30	146	51	2,247	283	1,606	661		
	\$9,953	\$1,196	\$5,764	\$2,013	\$88,692	\$11,185	\$63,405	\$26,096	\$25,287	(\$14,912)
Medication	43	32	53	35	500	339	583	385		
	\$8,881	\$6,573	\$10,921	\$7,212	\$103,009	\$69,772	\$120,133	\$79,333	(\$17,124)	(\$9,561)
AOD Assessment	0	0	0	0	8	4	0	0		
	\$0	\$0	\$0	\$0	\$770	\$385	\$0	\$0	\$770	\$385
AOD Individual	0	0	1	1	0	0	11	11		
	\$0	\$0	\$87	\$87	\$0	\$0	\$960	\$960	(\$960)	(\$960)
AOD Group	0	0	13	17	0	0	143	187		
	\$0	\$0	\$495	\$647	\$0	\$0	\$5,445	\$7,121	(\$5,445)	(\$7,121)
Court Diversion	100	0	120	0	880	0	1,200	0		
	\$3,500	\$0	\$4,200	\$0	\$30,800	\$0	\$42,000	\$0	(\$11,200)	\$0
Jail Diversion	0	0	0	0	180	180	225	225		
	\$0	\$0	\$0	\$0	\$6,300	\$6,300	\$7,875	\$7,875	(\$1,575)	(\$1,575)
Sum \$	\$162,280	\$90,247	\$150,646	\$95,384	\$1,590,599	\$890,485	\$1,652,905	\$1,053,177	(\$62,306)	(\$162,692)

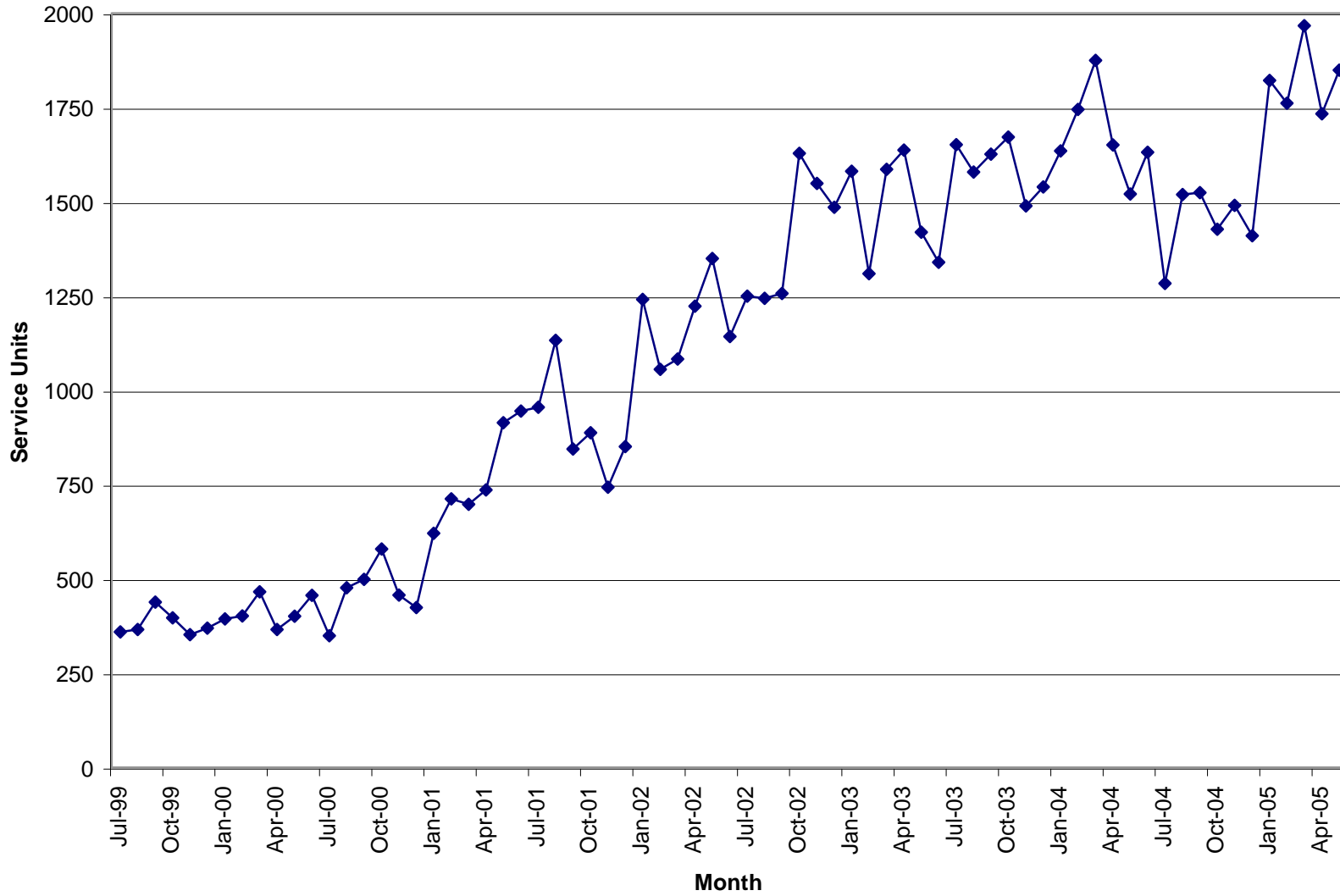
* () figures indicate that MOPS provided fewer services in this category than budgeted.

56% Percent of Services for Fairfield County
 4% Percent Below Overall MOPS Budget
 15% Percent Below Fairfield County Medicaid

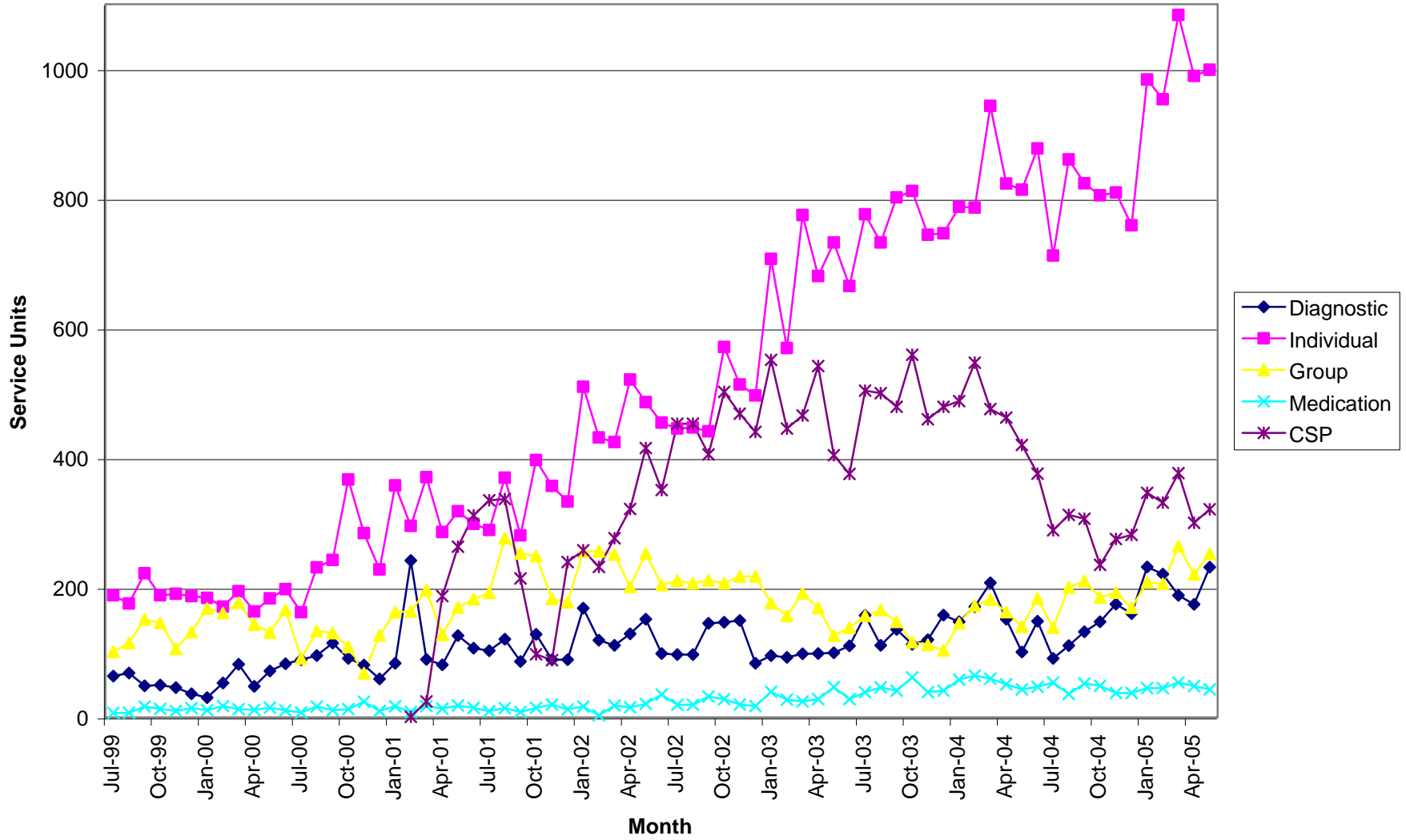
New Clients



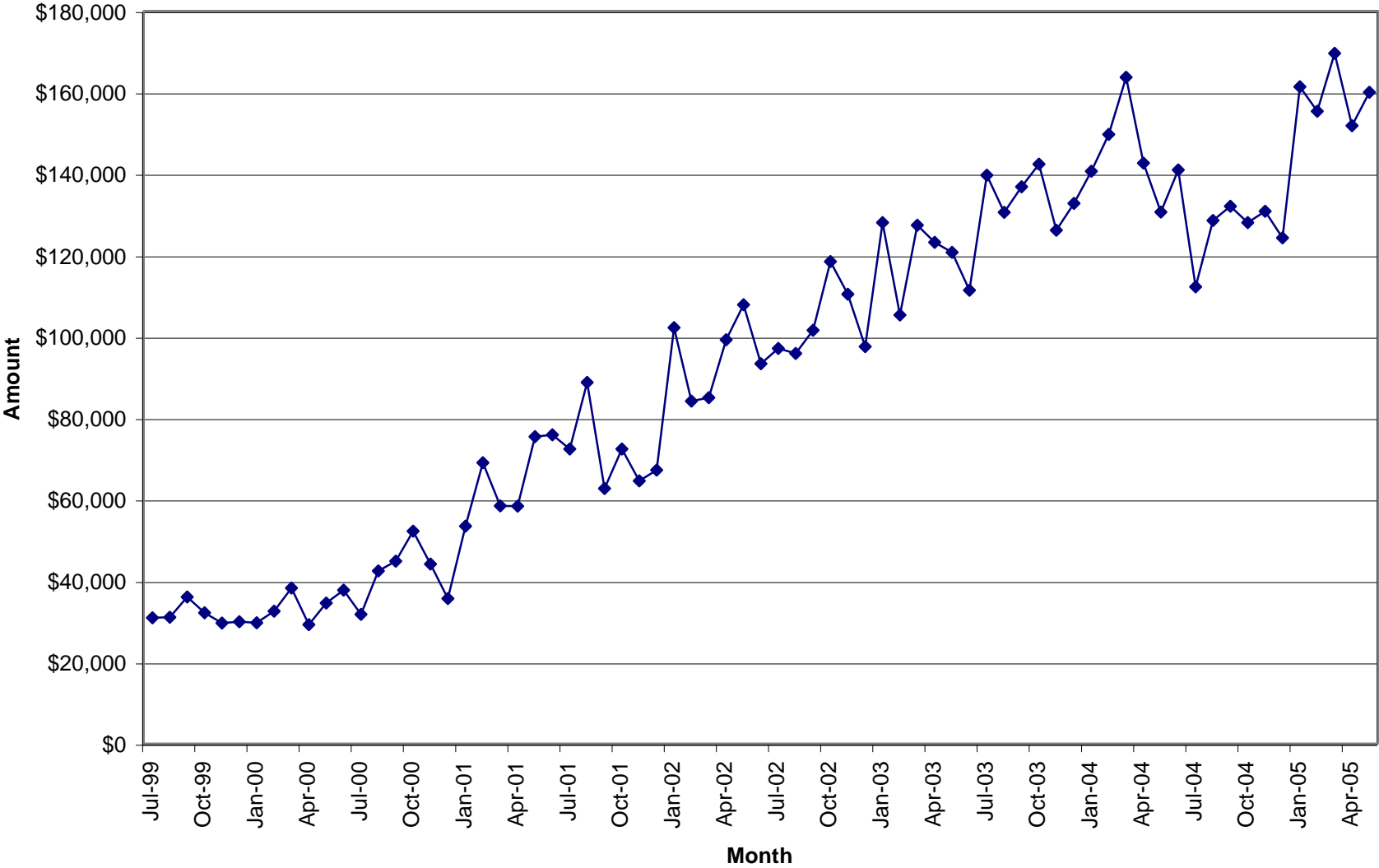
Total Units of Service



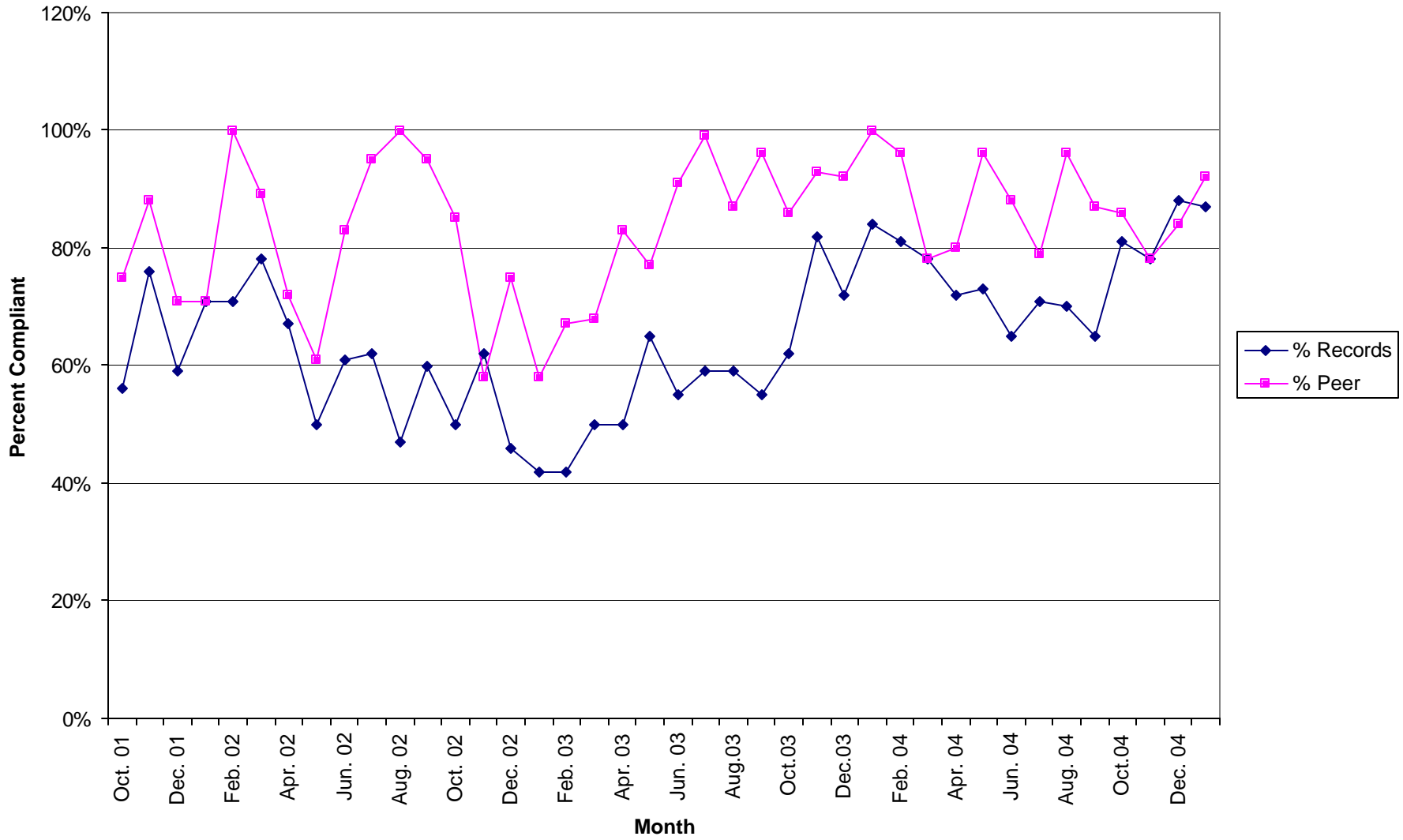
Units of Service



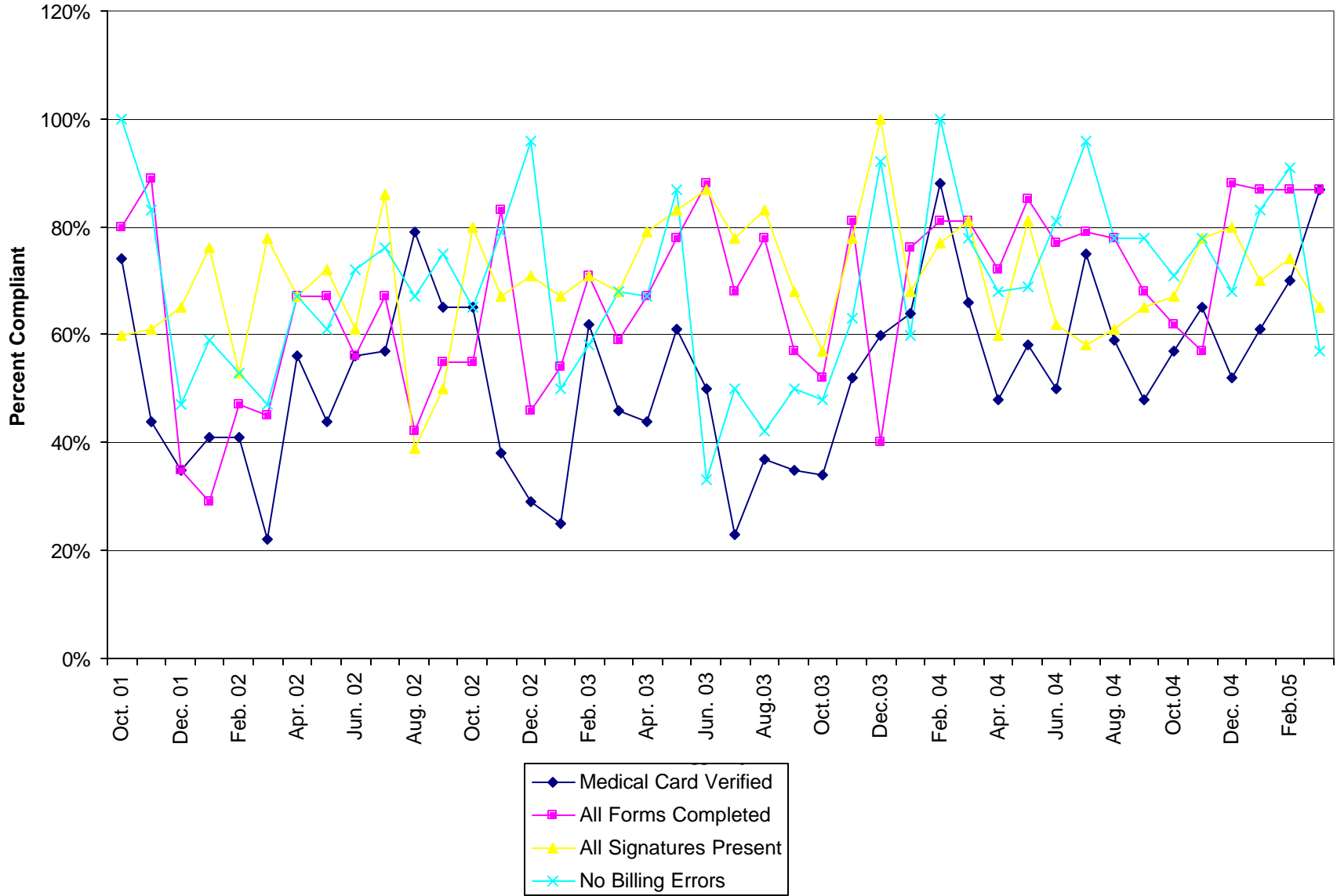
Total Units \$



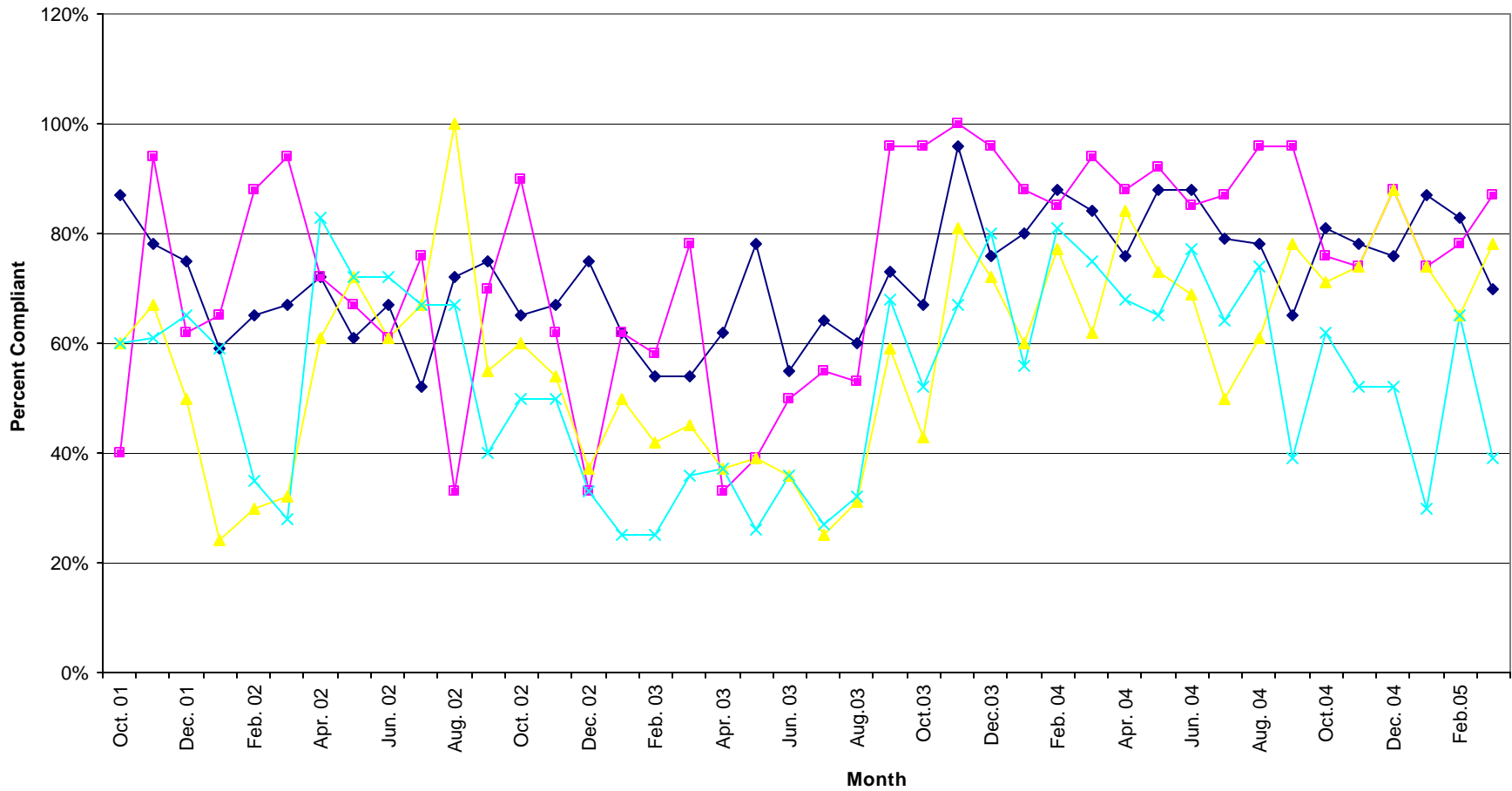
Compliance Review



Selected Record Review Issues



Selected Record Review Issues



- ◆ ISP Completed and Updated
- Health Assessment Completed and Reviewed
- ▲ All Notes Present
- × Record Maintained Consistently

**Unit Production & Scheduling Proficiency by Clinician
Mid Ohio Psychological Services**

May 2005

	Cancellations	Missed	Diagnostics	Evaluations	AOD Assessments	Individual	Group	Community Support	Medication	Other Units	Total Units	Billable Units	Units Billed+ Missed	Schedule Proficiency	% Canceled	% Missed	Lost Units due to C & M	% of Total Billable Units
Unit Rate			129.99	129.99	96.24	90	39.48	65	195	35								
Dean Bachelor	0	18	0.00	0.00	0.00	6.00	21.00	0.00	0.0		45.00	27.00	45.00	60%	0%	40%	40%	1%
A. J. Bierly*	0	0	0.00	0.00	0.00	0.00	0.00	84.90	0.0		84.90	84.90						4%
Scott Craft	8	13	3.00	0.00	0.00	34.20	39.80	2.60	0.0	100.0	200.60	179.60	192.60	90%	4%	6%	10%	9%
Misty Coleman	18	23	0.00	0.00	0.00	67.40	64.50	0.00	0.0		172.90	131.90	154.90	76%	10%	13%	24%	7%
Steve Ford	8	22	4.00	0.00	0.00	82.50	18.60	2.10	0.0		137.20	107.20	129.20	78%	6%	16%	22%	6%
Rick Gehlbach	14	30	17.30	2.40	0.00	54.00	0.00	2.50	0.0		120.20	76.20	106.20	63%	12%	25%	37%	4%
Joni Grim	7	34	3.10	0.00	0.00	48.00	66.70	2.40	0.0		161.20	120.20	154.20	75%	4%	21%	25%	6%
Adrienne Harris	21	37	8.30	0.00	0.00	55.10	14.50	3.10	0.0		139.00	81.00	118.00	58%	15%	27%	42%	4%
Jessica Mitchell	4	5	2.00	0.00	0.00	36.00	0.00	0.80	0.0		47.80	38.80	43.80	81%	8%	10%	19%	2%
Brad Hedges	4	2	0.00	32.20	0.00	3.00	0.00	0.30	0.0		41.50	35.50	37.50	86%	10%	5%	14%	2%
Chris Johnson	25	29	9.00	0.00	0.00	67.10	0.00	3.60	0.0		133.70	79.70	108.70	60%	19%	22%	40%	4%
Ellen Marshall	18	26	10.50	0.00	0.00	45.90	0.00	2.20	0.0		102.60	58.60	84.60	57%	18%	25%	43%	3%
Karis Mason	25	33	10.20	2.00	0.00	64.10	27.00	2.40	0.0		163.70	105.70	138.70	65%	15%	20%	35%	5%
Paula Moreland	6	21	14.30	0.00	0.00	57.30	0.00	6.50	0.0		105.10	78.10	99.10	74%	6%	20%	26%	4%
Tricia Ostrander	10	9	30.80	0.00	0.00	38.40	0.00	1.60	0.0		89.80	70.80	79.80	79%	11%	10%	21%	4%
Bonnie Daniels	11	18	0.00	0.00	0.00	65.70	0.00	4.50	0.0		99.20	70.20	88.20	71%	11%	18%	29%	4%
Chris Ray	11	19	11.10	9.70	0.00	36.60	0.00	0.00	0.0		87.40	57.40	76.40	66%	13%	22%	34%	3%
Robin Rippeth	5	5	16.90	3.80	0.00	18.50	0.00	1.70	0.0		50.90	40.90	45.90	0%	0%	0%	0%	2%
Claire Robitaille	15	16	3.00	5.50	0.00	57.70	0.00	0.00	0.0		97.20	66.20	82.20	68%	15%	16%	32%	3%
Mike Selegue	9	41	8.00	0.00	0.00	83.00	0.00	0.00	0.0		141.00	91.00	132.00	65%	6%	29%	35%	5%
Charles Snyder	67	56	0.00	0.00	0.00	0.00	0.00	0.00	43.1		166.10	43.10	99.10	26%	40%	34%	74%	2%
Heather Stevens	0	1	4.00	0.00	0.00	54.20	0.00	6.50	0.0		65.70	64.70	65.70	98%	0%	2%	2%	3%
Elizabeth Stutz	12	10	13.50	0.00	0.00	24.10	0.00	0.20	0.0		59.80	37.80	47.80	63%	20%	17%	37%	
Amanda Moore*	0	0	0.00	0.00	0.00	0.00	0.00	120.80	0.0		120.80	120.80	120.80		0%	0%	0%	6%
Joe Dunson *	0	0	0.00	0.00	0.00	0.00	0.00	72.20	0.0		72.20	72.20	72.20		0%	0%		4%
Sum Totals	298	468	169.00	55.60	0.00	998.80	252.10	320.90	43.1	100.0	2705.50	1939.50	2322.60					
Average														66%	10%	17%	28%	4%

* These clinicians do not have a daily scheduler therefore their totals are not reported in the missed or cancelled sessions.

% of Agency \$ Billed by Clinician

May	2005		Weighted							
	DA	EAVAL	AOD	IND	Group	CSP	MED	Other	Tot Units	% of Tot
Unit Rate	\$ 129.99	\$ 129.99	\$ 96.24	\$ 90	\$ 39.48	\$ 65	\$ 195	\$ 35		
Dean Bachelor	0.00	0.00	0.00	6.00	21.00	0.00	0.0	0.0		
	\$0	\$0	\$0	\$540	\$829	\$0	\$0	\$0	\$ 1,369.08	0.86%
A.J. Bierly	0.00	0.00	0.00	0.00	0.00	84.90	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,518.50	\$0.00	\$0.00	\$ 5,518.50	3.45%
Misty Coleman	0.00	0.00	0.00	67.40	64.50	0.00	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$6,066.00	\$2,546.46	\$0.00	\$0.00	\$0.00	\$ 8,612.46	5.38%
Scott Craft	3.00	0.00	0.00	34.20	39.80	2.60	0.0	100.0		
	\$389.97	\$0.00	\$0.00	\$3,078.00	\$1,571.30	\$169.00	\$0.00	\$3,500.00	\$ 8,708.27	5.44%
Steve Ford	4.00	0.00	0.00	82.50	18.60	2.10	0.00	0.00		
	\$519.96	\$0.00	\$0.00	\$7,425.00	\$734.33	\$136.50	\$0.00	\$0.00	\$ 8,815.79	5.51%
Rick Gehlbach	17.30	2.40	0.00	54.00	0.00	2.50	0.00	0.00		
	\$2,248.83	\$311.98	\$0.00	\$4,860.00	\$0.00	\$162.50	\$0.00	\$0.00	\$ 7,583.30	4.74%
Joni Grim	3.10	0.00	0.00	48.00	66.70	2.40	0.00	0.00		
	\$402.97	\$0.00	\$0.00	\$4,320.00	\$2,633.32	\$156.00	\$0.00	\$0.00	\$ 7,512.29	4.69%
Adrienne Harris	8.30	0.00	0.00	55.10	14.50	3.10	0.00	0.00		
	\$1,078.92	\$0.00	\$0.00	\$4,959.00	\$572.46	\$201.50	\$0.00	\$0.00	\$ 6,811.88	4.26%
Jessica Mitchell	2.00	0.00	0.00	36.00	0.00	0.80	0.00	0.00		
	\$259.98	\$0.00	\$0.00	\$3,240.00	\$0.00	\$52.00	\$0.00	\$0.00	\$3,551.98	2.22%
Brad Hedges	0.00	32.20	0.00	3.00	0.00	0.30	0.00	0.00		
	\$0.00	\$4,185.68	\$0.00	\$270.00	\$0.00	\$19.50	\$0.00	\$0.00	\$ 4,475.18	2.80%
Chris Johnson	9.00	0.00	0.00	67.10	0.00	3.60	0.00	0.00		
	\$1,169.91	\$0.00	\$0.00	\$6,039.00	\$0.00	\$234.00	\$0.00	\$0.00	\$ 7,442.91	4.65%
Ellen Marshall	10.50	0.00	0.00	45.90	0.00	2.20	0.00	0.00		
	\$1,364.90	\$0.00	\$0.00	\$4,131.00	\$0.00	\$143.00	\$0.00	\$0.00	\$5,638.90	3.52%
Karis Mason	10.20	2.00	0.00	64.10	27.00	2.40	0.00	0.00		
	\$1,325.90	\$259.98	\$0.00	\$5,769.00	\$1,065.96	\$156.00	\$0.00	\$0.00	\$ 8,576.84	5.36%
Paula Moreland	14.30	0.00	0.00	57.30	0.00	6.50	0.0	0.0		
	\$1,858.86	\$0.00	\$0.00	\$5,157.00	\$0.00	\$422.50	\$0.00	\$0.00	\$ 7,438.36	4.65%
Tricia Ostrander	30.80	0.00	0.00	38.40	0.00	1.60	0.0	0.0		
	\$4,003.69	\$0.00	\$0.00	\$3,456.00	\$0.00	\$104.00	\$0.00	\$0.00	\$ 7,563.69	4.73%
Bonnie Daniels	0.00	0.00	0.00	65.70	0.00	4.50	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$5,913.00	\$0.00	\$292.50	\$0.00	\$0.00	\$ 6,205.50	3.88%
Chris Ray	11.10	9.70	0.00	36.60	0.00	0.00	0.00	0.00		
	\$1,442.89	\$1,260.90	\$0.00	\$3,294.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 5,997.79	3.75%
Robin Rippeth	16.90	3.80	0.00	18.50	0.00	1.70	0.00	0.00		
	\$2,196.83	\$493.96	\$0.00	\$1,665.00	\$0.00	\$110.50	\$0.00	\$0.00	\$ 4,466.29	2.79%
Claire Robitaille	3.00	5.50	0.00	57.70	0.00	0.00	0.00	0.00		
	\$389.97	\$714.95	\$0.00	\$5,193.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,297.92	3.94%
Mike Selegue	8.00	0.00	0.00	83.00	0.00	0.00	0.00	0.00		
	\$1,039.92	\$0.00	\$0.00	\$7,470.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,509.92	5.32%
Charles Snyder	0.00	0.00	0.00	0.00	0.00	0.00	43.10	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,404.50	\$0.00	\$8,404.50	5.25%
Heather Stevens	4.00	0.00	0.00	54.20	0.00	6.50	0.00	0.00		
	\$519.96	\$0.00	\$0.00	\$4,878.00	\$0.00	\$422.50	\$0.00	\$0.00	\$5,820.46	3.64%
Elizabeth Stutz	13.50	0.00	0.00	24.10	0.00	0.20	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$2,169.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,169.00	1.36%
Amanda Moore	0.00	0.00	0.00	0.00	0.00	120.80	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,852.00	\$0.00	\$0.00	\$7,852.00	4.91%
Joe Dunson	0.00	0.00	0.00	0.00	0.00	72.20	0.00	0.00		
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,693.00	\$0.00	\$0.00	\$4,693.00	2.93%
Sum Totals	\$20,213.45	\$7,227.44	\$0.00	\$87,723.00	\$9,952.91	\$20,845.50	\$8,404.50	\$3,500.00	\$160,035.80	

This chart represents the percentage of the total dollars billed by clinician in May 2005.

Production Summary Report

05/01/2005 to 06/01/2005

Team	Provider	Ratio of Valid SALs	Total Production \$	Production Ratio	Billing Ratio <.42
	Mitchell, Jessica A	100.00%	\$1,980.00	6.43	0.00
	Snyder, Charles	100.00%	\$7,482.50	1.09	0.56
	<i>Average:</i>	100.00%	\$4,731.25	3.76	0.28
		<i>Total:</i>	\$9,462.50		

Thursday, June 30, 2005

Production Summary Report

05/01/2005 to 06/01/2005

Team	Provider	Ratio of Valid SALs	Total Production \$	Production Ratio	Billing Ratio <.42
Adult	Daniels; Bonnie	100.00%	\$6,440.00	2.10	0.45
	Gehlbach; Derrick R	100.00%	\$8,107.60	3.00	0.54
	Johnson; Chris	100.00%	\$7,382.50	2.60	0.82
	Ostrander, Tricia	100.00%	\$7,552.50	2.13	0.58
	Ray; Chris	100.00%	\$5,834.25	1.38	0.67
<i>Average:</i>		100.00%	\$7,063.37	2.24	0.61
<i>Total:</i>			\$35,316.85		

Thursday, June 30, 2005

Production Summary Report

05/01/2005 to 06/01/2005

Team	Provider	Ratio of Valid SALs	Total Production \$	Production Ratio	Billing Ratio <.42
CSP	Bierly; A J	100.00%	\$5,291.65	2.18	0.47
	Craft; Scott	100.00%	\$6,913.75	1.46	0.60
	Dunson; Joseph P	100.00%	\$4,241.25	1.84	0.48
	Martin; Amanda M	100.00%	\$7,881.25	2.80	0.14
<i>Average:</i>		100.00%	\$6,081.98	2.07	0.42
<i>Total:</i>			\$24,327.90		

Thursday, June 30, 2005

Production Summary Report

05/01/2005 to 06/01/2005

Team	Provider	Ratio of Valid SALs	Total Production \$	Production Ratio	Billing Ratio <.42
Franklin	Krzycki, Joni	100.00%	\$6,264.25	2.00	0.59
	Stutz, Elizabeth A	100.00%	\$6,166.90	2.93	1.05
<i>Average:</i>		100.00%	\$6,215.58	2.46	0.82
<i>Total:</i>			\$12,431.15		

Thursday, June 30, 2005

Production Summary Report

05/01/2005 to 06/01/2005

Team	Provider	Ratio of Valid SALs	Total Production \$	Production Ratio	Billing Ratio <.42
Kids	Coleman; Misty	100.00%	\$7,567.50	2.20	0.38
	Ford; Steve	100.00%	\$9,067.50	2.58	0.38
	Harris, Adrienne	100.00%	\$7,703.65	3.93	0.38
	Marshall, Ellen	100.00%	\$6,407.50	2.91	0.84
	Mason, Karis	100.00%	\$8,779.15	4.62	0.34
	Moreland, Paula	100.00%	\$7,884.80	3.10	0.85
	Rippeth; Robin	100.00%	\$4,490.20	1.03	0.80
	Selegue; Mike	100.00%	\$8,887.50	2.35	0.36
	Stevens, Heather N	100.00%	\$6,025.00	2.45	1.18
<i>Average:</i>		100.00%	\$7,423.64	2.80	0.61
		<i>Total:</i>	\$66,812.80		

Thursday, June 30, 2005

Production Summary Report

05/01/2005 to 06/01/2005

Team	Provider	Ratio of Valid SALs	Total Production \$	Production Ratio	Billing Ratio <.42
Mixed	Bachelor; Dean	100.00%	\$860.00	2.04	0.40
	Hedges; Bradley	100.00%	\$4,286.25	0.50	0.95
	Robitaille; Claire	100.00%	\$6,210.00	2.67	0.39
<i>Average:</i>		100.00%	\$3,785.42	1.74	0.58
			<i>Total:</i>	\$11,356.25	
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<i>Agency Average:</i>		100.00%	\$6,388.30	2.49	0.57
			<i>Total:</i>	\$159,707.45	

Thursday, June 30, 2005