

St. Clair County Community Mental Health
Contract Provider Compliance Complaints – Quarterly Report
(SCCCMH Performance Indicator – CCC M-74)

Name of Reporting Entity: _____

Quarter Reported: ☐ **Quarter 1** (Oct-Dec) ☐ **Quarter 2** (Jan-March) ☐ **Quarter 3** (April-June) ☐ **Quarter 4** (July-Sept)

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To comply with service contract requirements, the Contract Agency will submit a quarterly report listing all corporate compliance complaints received over the quarter. Additionally, please list any compliance investigations initiated that were not in response to a report. If there were none, please indicate zero (0) and submit this form.

Number of compliance complaints received in the above-noted quarter: _____

Did the Contract Agency initiate any compliance investigations that were not in response to a report? ☐ No ☐ Yes # _____

For each complaint, please provide the following information (please use additional form(s) if reporting more than 3 complaints):

Date of Complaint	Referred to SCCCMH? If no, please complete Findings & Outcome.	Category of Complaint* (Select all that apply)	Findings	Outcome
Example: 11/20/2024	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fraud/Waste/Abuse <input checked="" type="checkbox"/> HIPAA/Privacy/Security Violation <input type="checkbox"/> Policy Violation <input type="checkbox"/> Ethical Violation <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Training <input type="checkbox"/> Policy Revision <input type="checkbox"/> Process Revision <input type="checkbox"/> Employee Discipline <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fraud/Waste/Abuse <input type="checkbox"/> HIPAA/Privacy/Security Violation <input type="checkbox"/> Policy Violation <input type="checkbox"/> Ethical Violation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Pending	<input type="checkbox"/> Training <input type="checkbox"/> Policy Revision <input type="checkbox"/> Process Revision <input type="checkbox"/> Employee Discipline <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fraud/Waste/Abuse <input type="checkbox"/> HIPAA/Privacy/Security Violation <input type="checkbox"/> Policy Violation <input type="checkbox"/> Ethical Violation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Pending	<input type="checkbox"/> Training <input type="checkbox"/> Policy Revision <input type="checkbox"/> Process Revision <input type="checkbox"/> Employee Discipline <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fraud/Waste/Abuse <input type="checkbox"/> HIPAA/Privacy/Security Violation <input type="checkbox"/> Policy Violation <input type="checkbox"/> Ethical Violation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Pending	<input type="checkbox"/> Training <input type="checkbox"/> Policy Revision <input type="checkbox"/> Process Revision <input type="checkbox"/> Employee Discipline <input type="checkbox"/> Other: _____

*The complaint may fall under more than one category. Please select all that apply: Medicaid Fraud/Waste/Abuse (e.g., billing/coding errors, false claim, kickback, excluded employee, etc.), HIPAA/Privacy/Security Violation, Policy Violation, Ethics Violation (e.g., conflict of interest), and/or Other.

Signature & Job Title

Print Name

Date

Please submit completed form(s) to [Denise Choiniere](#) (SCCCMH Quality Improvement Specialist).
For any compliance-related questions, please reach out to [Joy Vittone](#) (SCCCMH Corporate Compliance Supervisor).