

# **CHILD HEALTH AND DISABILITY PREVENTION PROGRAM DIRECTOR/DEPUTY DIRECTOR TRAINING - SECTION XI**

## **Performance Measures**

# BACKGROUND AND COMPLETION

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# Performance Measures

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- ❑ Performance Measures (PMs) are used to track the effectiveness and success of program activities over a five year period.
  - ❑ The PMs are also used to evaluate the attainment of CMS goals and outcomes during this period.
  - ❑ Five CHDP and two HCPCFC PMs were selected by State staff with local program input to represent the focus of CMS programs.
  - ❑ Local programs can also choose to report on additional optional PMs. See slides 25 - 31.
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- ❑ The annual reporting of PMs documents local program activities that meet the CMS Scope of Work requirement.
- ❑ Measuring the progress towards successful implementation and achievement of PMs is one of the ways program accountability is determined.

- ❑ The CHDP and HCPCFC Performance Measures are found under the Plan and Fiscal Guidelines link on the CHDP Website.



The screenshot shows the California Department of Health Care Services (DHCS) website. The main navigation bar includes links for HOME, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, FORMS, LAWS & PUBLICATIONS, and DATA & STATISTICS. The current page is titled "Child Health and Disability Prevention Program" and features a description of the program, a "Program Overview" section with three columns of links (Individuals, Providers & Partners, and Local CHDP Programs), and a "QUICK LINKS" sidebar on the right. The footer contains the website URL "dhcs.ca.gov" and a search bar.

**Child Health and Disability Prevention Program**

The Child Health and Disability Prevention (CHDP) is a preventive program that delivers periodic health assessments and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health assessments are provided by enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.

Program Overview

Individuals	Providers & Partners	Local CHDP Programs
<ul style="list-style-type: none"> <li>Find Out if You Qualify</li> <li>Know the Benefits</li> <li>How to Apply</li> <li>Contact a CHDP Program</li> <li>CHDP Information Brochure</li> <li>Notice of Privacy Practices and HIPAA</li> </ul>	<ul style="list-style-type: none"> <li>Becoming a CHDP Provider</li> <li>CHDP Provider Manual</li> <li>County Surveillance Data Pediatric Nutrition Data and Asthma Data</li> <li>Enrollment Requirements</li> <li>Head Start</li> <li>How to Submit a Claim</li> <li>Periodicity Schedules</li> <li>Program Description</li> <li>Provider Information Notices</li> <li>Reimbursement</li> <li>Responsibilities</li> <li>School Entry Health Exam Requirement</li> <li>Support and Educational Materials</li> </ul>	<ul style="list-style-type: none"> <li>Business Objects</li> <li>Forms</li> <li>Health Care Program for Children in Foster Care</li> <li>Letters</li> <li>Local Program Guidance Manual</li> <li>County Surveillance Data PedNSS and Asthma Data</li> <li>Periodicity Schedules</li> <li>Plan and Fiscal Guidelines</li> <li>Publications</li> <li>Training</li> <li>Webinars</li> </ul>

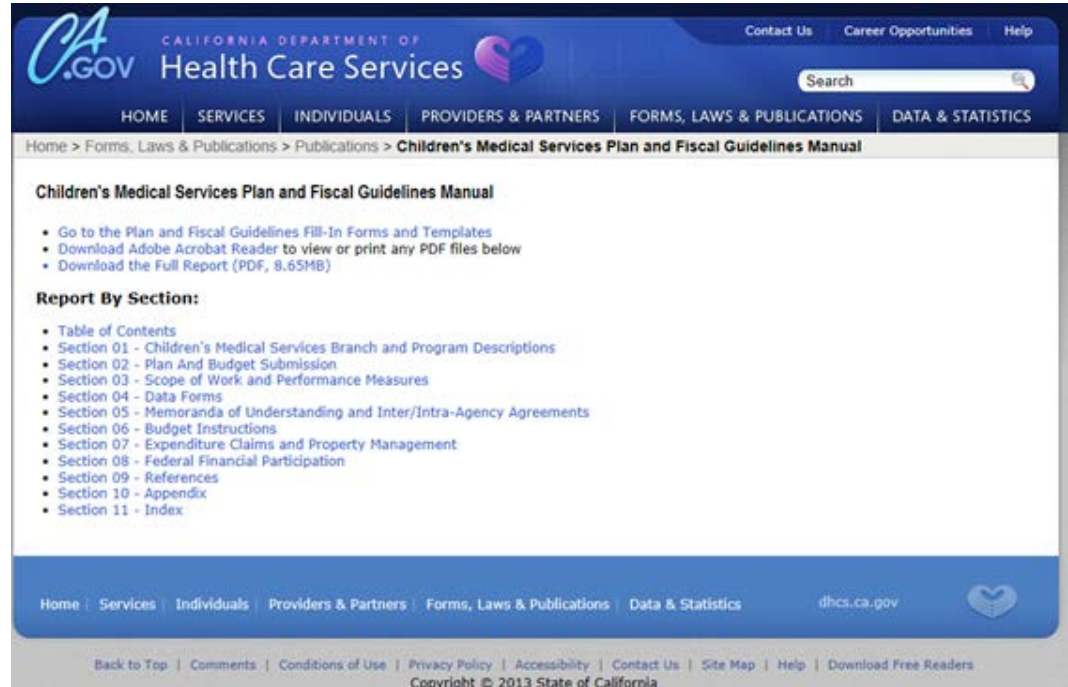
**QUICK LINKS**

- Medi-Cal Helpline
- About DHCS
- DHCS A-Z Index
- Fraud & Abuse
- HIPAA
- Laws and Regulations
- Legislative and Governmental Affairs
- LHP Transition
- Low Income Health Program
- Medi-Cal Procurements
- Medi-Cal Waivers
- Newsroom
- Privacy
- Subscribe:DHCS Stakeholder Announcements
- Waiver Implementation

**RELATED LINKS**

- California Health and Human Services Agency
- Office of the Governor

- CHDP & HCPCFC Performance Measure forms and instructions are found in Section 3 Scope of Work and Performance Measures.
- The forms can be downloaded in Word format by using the link Fill-in Forms & Templates.



The screenshot displays the website for the California Department of Health Care Services. The header includes the CA.GOV logo, the department name, and navigation links for Contact Us, Career Opportunities, and Help. A search bar is located in the top right. The main navigation menu includes Home, SERVICES, INDIVIDUALS, PROVIDERS & PARTNERS, FORMS, LAWS & PUBLICATIONS, and DATA & STATISTICS. The current page is titled "Children's Medical Services Plan and Fiscal Guidelines Manual" and is part of a breadcrumb trail: Home > Forms, Laws & Publications > Publications > Children's Medical Services Plan and Fiscal Guidelines Manual. The page content includes a list of links for downloading forms and templates, and a "Report By Section:" list with 11 items, including a Table of Contents and sections 01 through 11. The footer contains a secondary navigation menu, the website URL dhcs.ca.gov, and a copyright notice for 2013 State of California.

# Directions for Completion

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- ❑ Data is to be reported annually for each PM.
  - ❑ Reports are due each year by November 30<sup>th</sup>, evaluating performance of the previous fiscal year.
  - ❑ An electronic version should be sent via email to the CMS Regional Administrative Consultant, [DHCSAdmin@dhcs.ca.gov](mailto:DHCSAdmin@dhcs.ca.gov).
  - ❑ CCS, CHDP and HCPCFC programs under joint administration should submit a single joint report.
  - ❑ PMs should be reported on the appropriate form identified for each PM.
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- ❑ CHDP Deputy Directors should look at what data is needed for the PMs ASAP and make sure the information is being collected.
- ❑ Develop new tracking tools as needed to collect the data.
- ❑ In order to evaluate this data it must be tracked over time.



# CHDP PERFORMANCE MEASURES 1-5

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# CHDP Performance Measure 1 – Care Coordination

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The degree to which the local program provides effective Care Coordination to CHDP eligible children.

- ❑ **Definition:** Effective CHDP care coordination is measured by determining the percentage of health condition(s) coded 4 or 5 where follow-up care is initiated within 120 days of local program receipt of the PM 160.
- ❑ **Numerator:** Number of conditions coded 4 or 5 where the follow-up care was initiated within 120 days of receipt of the PM 160.
- ❑ **Denominator:** Total number of conditions coded 4 or 5 on a PM 160, excluding children lost to contact.
- ❑ **Data Source:** Local program tracking system.



# CHDP Performance Measure 1 – Reporting Form

<b>Element</b>	<b>Number of conditions coded 4 or 5 where follow-up care was initiated</b>  (Numerator)	<b>Total number of conditions coded 4 or 5, excluding children lost to contact</b>  (Denominator)	<b>Percent (%) of conditions where follow-up care was initiated within 120 days</b>
Conditions found on children eligible for fee-for-service Medi-Cal that required follow-up care			
Conditions found on children eligible for State-funded CHDP services only (Aid code 8Y) that required follow-up care			

# CHDP Performance Measure 2 – New Provider Orientation

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The percentage of new CHDP providers with evidence of quality improvement monitoring by the local CHDP program through a New Provider Orientation.

- ❑ **Definition:** The number of new CHDP providers (i.e., M.D., D.O., N.P., P.A.) added within the past fiscal year who were oriented by the local program staff.
  - ❑ **Numerator:** The number of new CHDP providers who completed an orientation within the past fiscal year.
  - ❑ **Denominator:** The number of new CHDP providers in the county or city (local program) added within the past fiscal year.
  - ❑ **Data Source:** Local program tracking system.
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# CHDP Performance Measure 2 – Reporting Form

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<b>Number of New Providers who Completed Orientation</b> (Numerator)	
<b>Number of New Providers</b> (Denominator)	
<b>Percent (%) of New Providers Oriented</b>	

# CHDP Performance Measure 2 – Reporting Form Optional

- Local programs may choose to use the optional tracking form at the bottom of Performance Measure 2 Reporting Form to document orientation and training to existing providers and

Provider	Provider Location	Date of Orientation	Number of Licensed Staff in Attendance	Number of Non-Licensed Staff in Attendance
1.				
2.				
3.				
4.				

# CHDP Performance Measure 3 – Provider Site Recertification

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The percentage of CHDP provider sites (excludes newly enrolled providers) who have completed recertification within the past fiscal year. The purpose of this PM is to ensure that all providers are recertified at least once every three years. This PM is a benchmark to ensure that providers are recertified using the Facility and Medical Record Review Tools. These tools ensure that providers maintain CHDP standards for health assessments.

- ❑ **Definition:** An office visit which includes a medical record review and a facility review or Critical Element Review with a Managed Care Plan.
- ❑ **Numerator:** The number of CHDP provider sites who have completed the Recertification within the past fiscal year using the facility review tool and medical record review tool.
- ❑ **Denominator:** The number of active CHDP provider sites in the county/city due for recertification within the fiscal year.
- ❑ **Data Source:** Local program tracking system.



# CHDP Performance Measure 3 – Reporting Form

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<b>Number of Completed Site Recertifications</b>	<b>(Numerator)</b>	
<b>Number of Active CHDP Provider Sites Due for Recertification</b>	<b>(Denominator)</b>	
<b>Percent (%) with Completed Recertifications</b>		



# CHDP Performance Measure 3 – Reporting Form Optional

- Provider site visits may occur for reasons other than site recertification. Local programs may choose to document their workload activities on the optional tracking form at the bottom of Performance Measure 3 Reporting Form.

Other reasons for provider site visits:	Number of Visits
1. Provider change in location or practice	
2. Problem resolution such as, but not limited to, billing issues, parental complaints, facility review and/or other issues. <sup>1</sup>	
3. Medical record review	
4. Office visits for CHDP updates or in-service activities	
5. Other - Please specify:	

# CHDP Performance Measure 4 – Desktop Review: Dental, Lead

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Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the 5-year Performance Measure cycle, or select different provider sites each year.

- ❑ **Definition:** A targeted desktop review for three high volume providers within the county/city by determining the percent of PM 160s that have documentation for:
  - ❑ Referred to a dentist at 1 year exam (12-14 months of age)
  - ❑ Lead test or a referral for the test at 1 year exam (12-14 months of age)
- ❑ **Numerator:** The number of PM 160 elements recorded correctly per selected providers for the specific ages.
- ❑ **Denominator:** The total number of PM 160s reviewed per selected providers for the specific ages.
- ❑ **Data Source:** Local program tracking system.

# CHDP Performance Measure 4 – Reporting Form

Provider	Dental Referral			Lead Test or a Referral		
	Number of PM 160s w/ Dental at 1 year exam (Numerator)	Total PM 160s Reviewed (Denominator)	Percent (%) Compliance	Number of PM160s w/ Lead Test or Referral at 1 year exam (Numerator)	Total PM 160s Reviewed (Denominator)	Percent (%) Compliance
1.						
2.						
3.						

# CHDP Performance Measure 5 – Desktop Review: BMI

Within the past fiscal year, identify the percentage of PM 160s with documentation indicating compliance with the CHDP Periodicity Schedule and Health Assessment Guidelines. Local programs may choose to evaluate the same provider sites over the 5-year Performance Measure cycle, or select different provider sites each year.

❑ **Definition:** A targeted desktop review for three high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- ❑ Body Mass Index (BMI) Percentile for ages 2 years and over
- ❑ If BMI Percentile is abnormal, the description of weight status category in the Comments

BMI percentile	Weight status category
< 5 <sup>th</sup> %ile	Underweight
85 <sup>th</sup> - 94 <sup>th</sup> %ile	Overweight
95 <sup>th</sup> - 98 <sup>th</sup> %ile	Obese
≥ 99 <sup>th</sup> %ile	Obesity ( <i>severe</i> )



# CHDP Performance Measure 5 – Desktop Review: BMI continued

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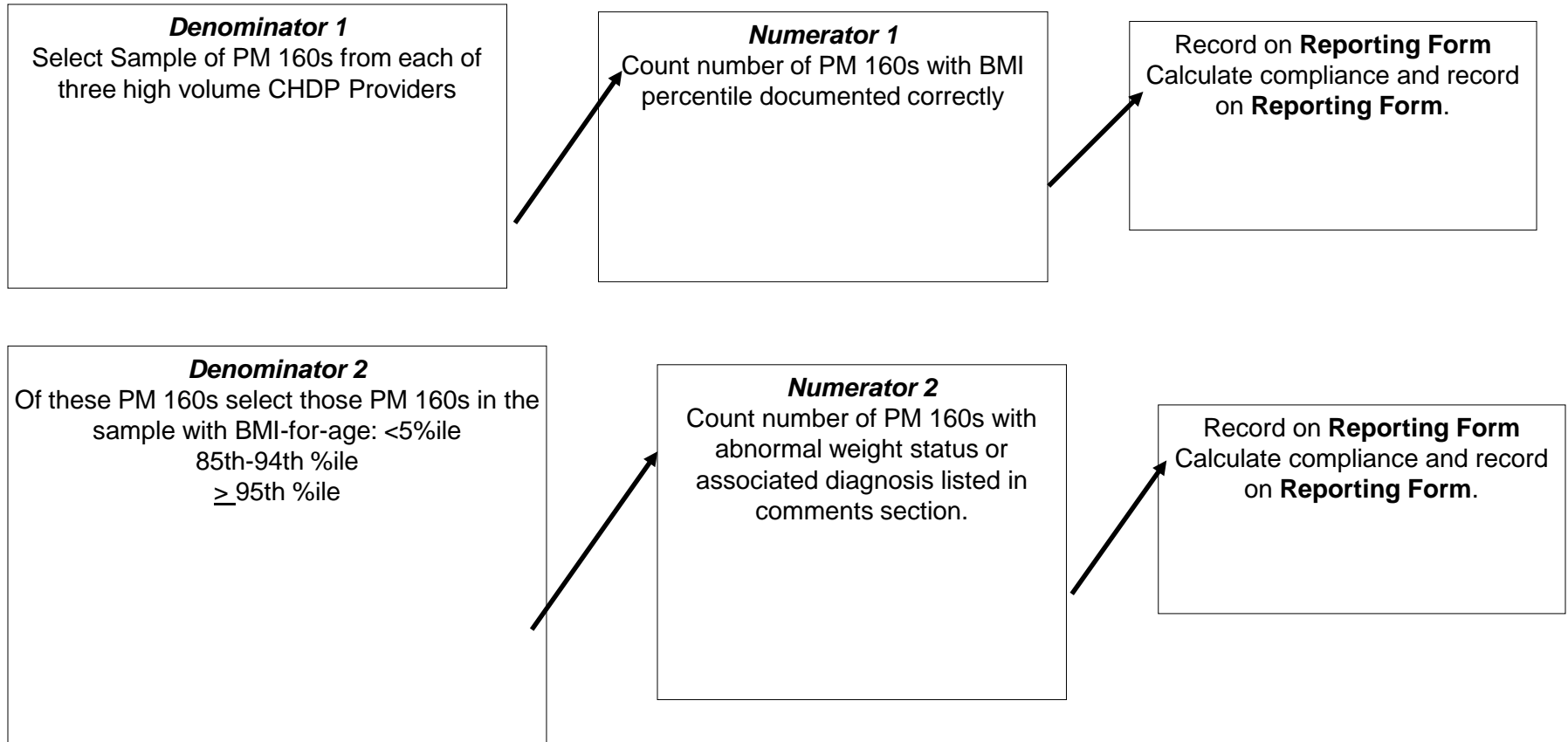
- ❑ **Numerator:** The number of PM 160s BMI-related elements correctly documented for ages two years and over.
  - ❑ **Denominator:** The total number of PM 160s reviewed per selected providers for ages two years and over.
  - ❑ **Data Source:** Local program tracking system.
-

# CHDP Performance Measure 5 – Reporting Form

Provider	BMI percentile recorded on PM 160s for children ages 2 and older			If BMI percentile is < 5 %, 85 - 94 %, or ≥ 95 %, abnormal weight status category and/or related diagnosis listed in Comments Section		
	Number of PM 160s with BMI %ile recorded (Numerator)	Number of PM 160s reviewed (Denominator)	Percent (%) Compliance	Number of PM 160s with abnormal weight status category/ diagnosis in Comments (Numerator)	Number of PM 160s with abnormal weight status reviewed for diagnosis and follow-up (Denominator)	Percent (%) Compliance
1.						
2.						
3.						

The flow diagram on the next slide is included for instruction in completing this Performance Measure.

# CHDP Performance Measure 5 – BMI Desk Review Flow Diagram



# Optional CHDP Performance Measures



Clinical preventive services for CHDP eligible children and youth are expected in accordance with the CMS/CHDP Health Assessment Guidelines. The delivery of those services is documented on the Confidential Screening/Billing Report (PM 160). Examples of evidence-based performance of these services include focused monitoring for presence of completed fields on the PM 160 for:

- ❑ Number and percent of children 2 years old fully immunized
- ❑ Number and percent of age appropriate children given a WIC referral
- ❑ Number and percent of CHDP health assessments PM 160 coded 4 or 5 for dental where the follow-up appointment was kept
- ❑ Number of providers returning PM 160s within 30 days

**The reporting/tracking forms for the optional Performance Measures will be developed by local programs with the exception of Measures E and G (see slides 28 and 30).**

## Other optional performance measures not associated with the PM 160:

- ❑ The percent of children entering first grade with a health exam certificate or waiver. (See sample Reporting Form for details.)
  - ❑ Percent of local CHDP provider sites that have transitioned to the World Health Organization (WHO) Growth Standards (updated growth charts) for infants and children birth to 24 months.
  - ❑ Review and use of local childhood overweight and obesity data (see sample Performance Measure G for details).
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# Optional CHDP Performance Measure E School Entry Exams

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The percent of children entering first grade in public and private school by school district reporting a “Report of Health Examination for School Entry” (PM171 A) or “Waiver of Health Examination for School Entry” (PM171B).

- ❑ **Definition:** The percent of children entering first grade with a health exam certificate or waiver
  - ❑ **Numerator:** Among those private and public school districts continuing to report: The total number of children entering first grade with:
    - a. Certificate or
    - b. Waiver
  - ❑ **Denominator:** Among those private and public school districts continuing to report: The total number of children enrolled in first grade in public and private school
  - ❑ **Data Source:** Public school districts and private schools serving first grade students.
-



# Optional CHDP Performance Measure E Reporting Form



<b>Number of Children with Certificates (PM 171 A)</b>	(Numerator)	
<b>Total Number of Enrolled in Public and Private Schools</b>	(Denominator)	
<b>Total Percent of Children with Certificates</b>		

<b>Number of Children with Waivers (PM 171 B)</b>	(Numerator)	
<b>Total Number of Enrolled in Public and Private Schools</b>	(Denominator)	
<b>Total Percent of Children with Waivers</b>		

	<b>Percent (%) Compliance</b>
<b><u>Total Number of Certificates + Total Number of Waivers</u></b> <b>Total Number of Enrolled Students</b>	





# Optional CHDP Performance Measure G Childhood Overweight and Obesity

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Identification of the prevalence rate of children with overweight and obesity in a “critical group” according to a defined data source and description of local program use of these data results in health care and community venues.

**Definition:** “Critical group” is the age and/or race/ethnic group with the highest prevalence rates of overweight and obesity as indicated by Body Mass Index (BMI)-for-Age  $\geq$  85th percentile in the data source. This supports Goal 4 of the California Obesity Prevention Plan (2010), “Create and implement a statewide tracking and evaluation system”.

Local CHDP program uses of child overweight and obesity data with other agencies and organizations for the purposes of informing and promoting appropriate community and healthcare responses to the prevalence of childhood overweight and obesity. This supports Goal 3 of the California Obesity Prevention Plan (2010), “Healthy Community Environment.”

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# Optional CHDP Performance Measure G Reporting Form

**Data Source:** Most current Pediatric Nutrition Surveillance System (PedNSS) or other similar data report determined by State Children’s Medical Services. Race/Ethnicity and Age. Values are obtained by referring to the right-hand column %  $\geq$  95th of Table 16B. Please attach your county/city Table 16B to your submission.

## Overweight and Obesity Prevalence Rates by Critical Age Group

for \_\_\_\_\_ County/City

Critical Group	Overweight Prevalence Rate Percent BMI-for-Age 85 <sup>th</sup> < 95 <sup>th</sup> %ile	Obesity Prevalence Rate Percent BMI-for-Age $\geq$ 95 <sup>th</sup> %ile	Combined Overweight and Obesity Prevalence Rate Percent BMI-for-Age $\geq$ 85 <sup>th</sup> %ile

\* When the number of records for any age category or race/ethnic group is less than 100, PedNSS does not provide a prevalence rate. Counties that have fewer than 100 records in specific age categories may report on:

1. Broad age categories (children < 5 years or children 5 to < 20 years) or
2. Combine their overweight and obesity prevalence rates or
3. Refer to a nearby local program or statewide prevalence rates.



# CHDP Performance Measure G Reporting Form Optional

## Performance Measure 6 - County/City Use of Childhood Obesity Data

1. Childhood obesity data shared with CHDP Providers to inform about overweight and obesity prevalence rates: <i>(If yes, underline all that apply)</i>	YES	NO
Presentations, in-services, trainings		
Newsletters, media outreach, reports		
Provide educational and resource materials related to healthy eating/active living		
<b>2. Childhood obesity data shared to support local assistance grants and implementation of multi-sector policy strategies to create healthy eating and active living community environments (Goal 3, California Obesity Prevention Plan 2010): <i>(If yes, underline all that apply)</i></b>		
<b>Academic:</b> Universities, Academic Institutions, Educators and Researchers <i>Other (Please specify):</i>		
<b>Community Coalitions/Committees:</b> Health Advisory Committee, Health Collaboratives/Coalitions <i>Other (Please specify):</i>		
<b>Community Planning:</b> City Planners, County Land Use Staff, Built Environmental Groups <i>Other (Please specify):</i>		
<b>Community Programs:</b> Faith-based Groups, YMCA/YWCA, After School programs, Parks and Recreation programs, Child Care, University Cooperative Extension <i>Other (Please specify):</i>		

<b>Health Care:</b> Managed Care Health Plans and Insurers, Hospitals, CCS Program/Special Care Centers, Medical Provider Groups, Medical Societies, Health Associations <i>Other (Please specify):</i>		
<b>Policy Makers:</b> County Board of Supervisors, City Councils, Community Planners, Legislators <i>Other (Please specify):</i>		
<b>Projects or Funding Entities:</b> First Five Commission, Public and Private Foundations/Endowments/Grants <i>Other (Please specify):</i>		
<b>Public Health Programs:</b> WIC, Foster Care, MCAH, Nutrition Network Funded Projects, Health Officers, Epidemiologists, Program Directors <i>Other (Please specify):</i>		
<b>Schools:</b> School Health Nurses, School Health Coordinators, County Office of Education, Elementary, Junior High and High Schools, Head Start, other preschool programs, student groups and parent groups <i>Other (Please specify):</i>		

# HCPCFC PERFORMANCE MEASURES 1-2





# HCPCFC Performance

## Measure 1 – Care Coordination

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The degree to which the local HCPCFC program provides effective care coordination to eligible children.

- ❑ **Definition:** CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective HCPCFC care coordination is measured by determining the percentage of health condition(s) coded 4 or 5 where follow-up care is initiated within 120 days of local program receipt of the PM 160.
  - ❑ **Numerator:** Number of conditions coded 4 or 5 where the follow-up care was initiated within 120 days of receipt of the PM 160.
  - ❑ **Denominator:** Total number of conditions coded 4 or 5 on a PM 160, excluding children lost to contact.
  - ❑ **Data Source:** CWS/CMS and county specific Probation data
-



# HPCFC Performance Measure 1 – Reporting Form



Number of conditions coded 4 or 5 where the follow-up care was initiated within 120 days of receipt of the PM 160. (Numerator)	
Total number of conditions coded 4 or 5 on a PM 160, excluding cases lost to no contact. (Denominator)	
Percent of conditions coded 4 or 5 where the client received follow-up care within 120 days of receipt of the PM 160.	



# HCPCFC Performance Measure 2 – Health and Dental Exams

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The degree to which the local HCPCFC program ensures access to health and dental care services for eligible children according to the CHDP periodicity schedule.

- ❑ **Definition:** This measure is based on characteristics that demonstrate the degree to which the PHN in the HCPCFC facilitates access to health and dental services as evidenced by documentation of a health and dental exam in the Health and Education Passport.
  - ❑ **Numerator 1:** Number of children in out-of-home placement with a preventive health exam, according to the CHDP periodicity schedule documented in the Health and Education Passport, and
  - ❑ **Numerator 2:** Number of children in out-of-home placement with a preventive dental exam, according to the CHDP dental periodicity schedule documented in the Health and Education Passport.
  - ❑ **Denominator:** Number of children in out-of-home placement during the previous fiscal year supervised by Child Welfare Services or Probation Department.
  - ❑ **Data Source/Issue:** Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department.
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# HCPCFC Performance Measure 2 – Reporting Form

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Element	Number of Children With Exams <i>(Numerator)</i>	Number of Children <i>(Denominator)</i>	Percent of Children with Exams
Number of children in out-of-home placement with a preventive health exam according to the CHDP periodicity schedule documented in the Health and Education Passport. (Numerator)			
Number of children in out-of-home placement with a preventive dental exam according to the CHDP dental periodicity schedule documented in the Health and Education Passport.			

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# Narrative

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In addition to the PM reporting forms, a brief narrative is required that should:

- ❑ Outline the ways the program approached the task of data collection
- ❑ Describe any unique issues related to the PMs (i.e., sampling methodology, validating the data)
- ❑ Include collaborative relationships with other departments and agencies
- ❑ Describe plans to enhance or change interventions or monitoring activities in the coming year
- ❑ Describe plans to share the results of data collections with PCPs, community, and public health agencies.

The narrative, which includes CHDP, CCS, and HCPCFC, should not exceed three pages.

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# PERFORMANCE MEASURE PROFILE

- ❑ The form is used to record the outcome values of each Performance Measure in order to view the progress over time.
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# Performance Measure Profile Form

Performance Measure Profile

		2012-13		2013-14		2014-15		2015-16		2016-17	
Performance Measure Number	CHDP 1	MC	N-MC	MC	N-MC	MC	N-MC	MC	N-MC	MC	N-MC
	2										
	3										
	4 Average for all three providers	BMI		BMI		BMI		BMI		BMI	
		Dental		Dental		Dental		Dental		Dental	
		Lead		Lead		Lead		Lead		Lead	
	5										
	6 (Optional)										
	E (Optional)										
	G (Optional)										
HCPFC 1											
2	Health		Health		Health		Health		Health		
	Dental		Dental		Dental		Dental		Dental		

		2008-09		2009-10		2010-11		2011-12		2012-13	
CCS	1										
	2	MED		MED		MED		MED		MED	
		RES		RES		RES		RES		RES	
		FIN		FIN		FIN		FIN		FIN	
	3 (A)										
	3 (B)										
	4	CCS		CCS		CCS		CCS		CCS	
		MTP		MTP		MTP		MTP		MTP	
	5										