Investing for Results

CPPA

Comprehensive Program Performance Assessment

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2019 – 2020 Guide

Version 1

Program Classification

By design, some programs are intended to provide direct benefits to children and families. These programs primarily target outcomes that are classified as either measurable conditions and/or outcomes. Contracts for these programs include **outcome** performance measures and targets. Performance assessment for these programs will be conducted using CPPA Version 1, which includes an analysis of outcome achievement.

The Comprehensive Program Performance Assessment is based on a 100-point scale, below outlines the points assigned for each category in CPPA, Version 1:

Category	Points Possible
Program Overview	Not Scored
Program Operations	16
Program Data Quality	20
Program Fidelity	44
Program Outcomes	20
TOTAL	100

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CPPA Quality Assurance: The Most Common Oversights

CPPA Review Team: Take note of the below most common oversights while completing your CPPA. All CPPA reports require your own quality assurance review to ensure the report is clear, accurate and easily understood by any audience.

IN GENERAL

1. Not viewing the CPPA Report as a formal communication from CSC to the Provider agency (or otherwise, as requested). The CPPA report should be clear and accurate.

2. Not completing a final review of CPPA to catch any possible errors PRIOR to submitting for QA review.

3. Not answering all applicable questions or, if a question is not applicable, explaining why it is not.

4. Not spelling out acronyms the first time they are used.

5. Not scoring a question correctly. For example, giving full points while noting one or more items did not meet the target.

6. Copying language from mid-year CPPAs stating that "this will be addressed in the end of the year CPPA" when the report is in fact the end of year CPPA.

7. Having inconsistencies when doing CPPA reports on multiple providers for the same program. CPPA reports should be consistent for same programs where consistency is possible.

8. When copying narrative from CPPA to CPPA, failure to confirm language is still applicable. Specifically, confirming measures and targets are consistent with those in the contract.

QUESTION-SPECIFIC

9. P-04, P-19, and P-19A: Leaving this question(s) blank – either state who the auditor is or state that no audit is applicable for this CPPA period.

10. P-17, P-18, P-20, and P-21: Not filling in the "Scoring Process".

11. P-25 and P-24: Not listing what the "target" is as well as not showing how the score is calculated.

12. P-30: Not completing this question and referencing the audit. Credentials are to be confirmed via monitoring by Program Officer if timing of the audit doesn't align with CPPA review period.

13. P-05: Not proofing the program description language in P-5 – a number of reports have inaccuracies or incorrect language. Note: Program descriptions must be edited in CRM PRIOR to creating the new CPPA.

14. P-33: Not stating what the contract capacity is as part of the response.

15. P-30: Listing individual's names in the "Additional Notes" section (these should not be part of the report).

16. Having inconsistencies in numbers (unless explained), such as:

    - P-10 the number of budgeted staff needs to be correct (and should be consistent with other references in the CPPA report to the number of staff).
    - P-12 or P-13 (number of families or children contracted) should be consistent with response to P-33 (programs maintain contract capacity).
    - P-31 should be consistent with P-23 and 24.
    - P-11, P-18 (staffing numbers) should be consistent.

17. Rec A or Rec B: When a program is not in "Green", if a progressive intervention plan is **not** being recommended, not providing justification. Also, there were a number of reports where Rec A was not filled in.

Category: Program Overview (Not Scored)
Questions P – 01 through P – 04

Question #   **P – 01**

Question: CSC Program Officer assigned to the program

Question #   **P – 02**

Question: CSC Evaluation Officer or Analyst assigned to the program

Question #   **P – 03**

Question: CSC Budget Specialist assigned to the program

Question #   **P – 04***

Question: CSC Agency Compliance Auditor who completed most recent audit

Scoring Process/Guidance

*Question P-04 is only completed if questions P-19 and P-19A are applicable during the CPPA period. Manually enter the response to P – 04 in the scoring process notes in CRM. All other questions should be automatically populated. Program Officer to confirm accuracy and update CRM as applicable.

Quality Assurance Tip: Either state who the auditor is or state that no audit is applicable for this CPPA period.

Category: Program Overview (Not Scored)
Question: P – 05

Question: Program Description

CSC Staff: Program Officer*

Source: CRM/Contract

Scoring Process/Guidance

* Program Description field will be automatically populated. The description will be pulled from the "Program Description" field in the program section of CRM. Program Officer should confirm accuracy of the description and consistency with program description in the current contract.

Quality Assurance Tip: Program descriptions must be edited in CRM PRIOR to creating the new CPPA.

Category: Program Overview
Question: P – 06 (Not Scored)

Question: Evidence-based classification of the program

Rating:
- Exemplary
- Effective
- Promising
- Emerging
- Not Evidence-Based

CSC Staff: Program Officer

Source: Evaluation Team Member, as needed

Scoring Process/Guidance

Question is answered through consultation and confirmation with the Evaluation Team.

Category: Program Overview
Question: P – 07 (Not Scored)

Question: Which CSC goals (outcomes), measurable conditions or interventions does the program target?

CSC Staff: Program Officer

Source: Contract

Scoring Process/Guidance

Enter which outcomes, measurable conditions or interventions the program targets as outlined in the contract.

Category: Program Overview
Question: P – 08 (Not Scored)

Question: Program stability

Rating: No Changes
Program Expansion
Program Contraction
Change of Program Model

CSC Staff: Program Officer

Source: Program Contract File

Scoring Process/Guidance

Choose rating that best defines any program changes from previous contract year to current contract year. Definitions are as follows:

No Changes   Program model did NOT have any major changes.

Program Expansion   There was an increase in contracted capacity, addition of targeted zip codes/areas, addition of services.

Program Contraction   There was a decrease in contracted capacity or targeted zip codes/areas, discontinuation of services.

Program Model Change   There was a revision of the program model's core components resulted in change of how the program is implemented.

Category: Program Overview
Question: P – 10 (Not Scored)

Question: Number of budgeted direct program staff*

CSC Staff: Budget Specialist

Source: SAMIS Position Management Module (PMM)

Scoring Process/Guidance

Quality Assurance Tip: The number of budgeted staff needs to be correct (and should be consistent with other references in the CPPA report to the number of staff.

Enter number of budgeted direct service staff persons. This response will be a whole number (the number of people, not the FTE count).

*For Lead Agency contracts, this calculation includes staff in the CSC contract and those funded through the subcontract(s).

Category: Program Overview
Question: P – 11 (Not Scored)

Question: Average vacancy length, in days, for budgeted direct program staff*

CSC Staff: Budget Specialist

Source: SAMIS Position Management Module (PMM)

Scoring Process/Guidance

Calculate the average number of vacancy days for CSC-funded direct positions in the program (may cross fiscal years). Count the number of vacancies during the CPPA reporting period. Count the total number of vacant days for each vacant CSC-funded direct position (may cross fiscal years). Enter the average number of vacancy days that is calculated based on the total number of vacancy days divided by the total number of CSC-funded direct positions that experienced a vacancy.

EXAMPLE: Remember, the number of vacancy days may cross fiscal years - days that are outside of the current CPPA reporting period.

CPPA Reporting period: October 1, 2013 – June 30, 2014
- Position A: vacant 55 days (vacant 9/1/13 – 10/15/13, and again 4/1/14 – 4/10/14) (The position became vacant during a PRIOR CPPA period and became vacant a second time.
- Position B: vacant 15 days (vacant 3/1/14 – 3/15/15)

Total vacant days: 70 days / 2 affected positions = 35 days' average length of vacancy for budgeted program staff

*For Lead Agency contracts, this calculation includes staff in the CSC contract and those funded through the subcontract(s).

Quality Assurance Tip: Staffing numbers should be consistent for P-11 and P-18 if not, justification is required.

Category: Program Overview
Question: P – 12 (Not Scored)

Question: Number of Families Contracted

CSC Staff: Program Officer

Source: Contract

Scoring Process/Guidance

Enter number of families the program has been contracted to serve or caseload, as outlined in contract. In scoring process, indicate if contracted capacity increased or decreased with effective date.

Quality Assurance Tip: (Number of families or children contracted) should be consistent with response to P-33 (programs maintain contract capacity).

Category: Program Overview
Question: P – 13 (Not Scored)

Question:	Number of Children Contracted
CSC Staff:	Program Officer
Source:	Contract

Scoring Process/Guidance

Enter number of children the program has been contracted to serve. In scoring process, indicate if contracted capacity increased or decreased with effective date.

Quality Assurance Tip: (Number of families or children contracted) should be consistent with response to P-33 (programs maintain contract capacity)

Category: Program Overview

Question: P – 14 (Not Scored)

Question:	Ages served
CSC Staff:	Program Officer
Source:	Contract

Scoring Process/Guidance

Enter ages served as outlined in contract.

Category: Program Operations

Question: P – 17

Question:	Number of Provider-initiated budget amendments
Points Possible:	1
Rating:	▪ High Fidelity: 1 or less Provider-initiated budget amendments = 1 point ▪ Low Fidelity: 2 or more Provider-initiated budget amendments = 0 points
CSC Staff:	Budget Specialist
Source:	SAMIS

Scoring Process/Guidance

If a Provider has more than 1 Provider-initiated budget amendment, they get rated 0 points. If a Provider has only 1 Provider-initiated budget amendment as allowed by our fiscal guidelines, they would get 1 point. Note: Any amendments initiated due to the under-expenditure "sweep" is considered CSC-initiated, not Provider-initiated.

Quality Assurance Tip: Please indicate how many amendments and whether CSC or provider initiated.

Category: Program Operations

Question:	Percent of Direct Staff Turnover
Points Possible:	3
Rating:	▪ High Fidelity: 0 – 35% = 3 points
	▪ Moderate Fidelity: 36 – 50% = 1.5 points
	▪ Low Fidelity: 51 – 100% = 0 points
CSC Staff:	Budget Specialist
Source:	SAMIS

Scoring Process/Guidance

Enter a percentage that is calculated based on the total number of CSC-funded direct employees turned over in this fiscal year divided by the total number of program employees funded by CSC.* Turnover occurs when a position is vacated. Determine the number of instances of staff turnover during this fiscal year.

Please do not include the following:
- Seasonal employees
- Employees on approved Federal Medical Leave Act (FMLA)
- Staff that have been promoted**

Budget Specialist is to confirm that SAMIS is accurate and up to date for the applicable timeframe with HR or fiscal personnel at the agency being assessed.

This question is not applicable for fee for service contracts.

*For Lead Agency contracts, this calculation includes ALL staff providing direct services to the children and/or families. This includes direct staff in the CSC contract and those funded through the subcontract(s).
**In Scoring Process narrative, it is required that you note the number of staff excluded in calculation due to promotions.

Quality Assurance Tip: Staffing numbers should be consistent for P-11 and P-18 if not, justification is required.

Category: Program Operations

Question: P – 19*

Question: Total disallowed amount resulting from the most recent CSC audit

Possible Points: 2

Rating: Disallowed amount equals which of the following:
- High Fidelity: 0.00 - 0.01% of contracted allocation and less than $5,000 = 2 points
- Moderate Fidelity: >0.01% of contracted allocation – $4,999.99 and less than $5,000 = 1 points
- Low Fidelity: ≥$5000.00 = 0 points
- Not applicable this assessment period
- Not applicable for this program

CSC Staff: CSC Agency Compliance Auditor

Source: SAMIS

Scoring Process/Guidance

The disallowed amount represents all disallowances (previous contract years) and adjustments (current contract year) identified in the most recent CSC Final Audit Report. If more than one CSC audit occurred within the same CPPA period, we will use the aggregate amount.

Calculation – The total amount of disallowances / the total amount of the contract for the period audited x 100

*This question should only be completed once annually at the end of the fiscal year. If the only audit report available was used for the previous year's annual CPPA select N/A, since there is no new information available to assess.

Quality Assurance Tip:
- Either state who the auditor is or state that no audit is applicable for this CPPA period.
- Provide description of the disallowed amount and the nature of the disallowance.

Category: Program Operations

Question: P – 19A

Question: Total number of repeat findings from the most recent CSC audit

Possible Points: 2

Rating:
- High Fidelity: No repeat findings = 2 points
- Low Fidelity: One or more repeat findings = 0 points

CSC Staff: CSC Agency Compliance Auditor

Source: Audit Report

Scoring Process/Guidance

The score is based on the total number of repeat findings from the most recent CSC audit to include fiscal, program and agency repeat findings. If there are multiple cases of the same issue/finding, only one repeat finding will be included in the scoring (i.e. If there were 3 repeat findings identified all associated with pre-paid expenses, the total # of repeat findings is 1.). If more than one CSC audit occurred within the same CPPA period, the aggregate number will be used for the scoring.

Important Note:

Any audit findings in Section 7.c of Exhibit B (specifically "Provider Engagement") will not be included in the calculation for this questions.

Category: Program Operations

Question: P – 20

Question: **Program's History of Progressive Intervention**

Points Possible: 5

Rating: High Fidelity: None = 5 points

Moderate Fidelity: Level 1 = 2.5 points
Low Fidelity: Level 2/3 = 0 points

CSC Staff: Program Officer

Source: Program Contract File

Scoring Process/Guidance

Provider was placed on progressive intervention more than once in two-year timeframe (current fiscal year and previous timeframe). If one of those interventions was designated as a Level Two or higher (corrective action), the Program Officer would select Level 2/3 = 0

points. If both were designated as a Level One (improvement plan), the Program Officer would select Level 1 = 2.5 points.

Category: Program Operations

Question: 100% of the required documents per contract have been submitted by deadline specified in the contract (to-date).

Points Possible: 3

Rating:
- High Fidelity: Yes = 3 point
- Moderate Fidelity: Yes = 1.5
- Low Fidelity: No = 0 points

CSC Staff: Program Officer

Source: Program Contract File and Documentation

Scoring Process/Guidance

Select Yes or No based on submission of required documents by Provider. Note: Late submissions are ONLY accepted (and not rated "Low Fidelity") if formal request and approval by Program Officer is documented.

Category: Data Quality

Question: P – 22

Question: Is data submitted on time?

Points Possible: 4

Rating: <u>Manual Data</u> (intermittent or quarterly reports if contain client level data)
- Always on time (100%) - 4 points
- At least 50% of time on time - 2 points
- Less than 50% of time not on time - 0 points

<u>Automated Data – Activities and Assessments</u>
- More than 80% of activities documented on time - 2 points
- 50% to 79% of activities documented on time - 1 points
- Less than 50% of activities documented on time - 0 points
  AND
- More than 80% of assessments documented on time - 2 points
- 50% to 79% of assessments documented on time - 1 points
- Less than 50% of assessments documented on time - 0 points

<u>Automated Data – Activities OR Assessments</u>
- More than 80% of activities OR assessments documented on time - 4 points
- 50% to 79% of activities OR assessments documented on time - 2 points
- Less than 50% of activities OR assessments documented on time - 0 points

CSC Staff: Evaluation Officer

Source: Canned report, customized report

Scoring Process/Guidance

Definition: Timeliness of data refers to the extent to which information submitted by funded programs to CSC is provided on or before the specified due dates or in accordance with business practices established for automated systems. The threshold used to rate timeliness differs for the two types of data submissions. Timeliness of data will be rated for each program according to either manual OR automated guidance.

<u>Manual data</u>
- Will be considered on time if 100% of required forms or worksheets are submitted by the established deadline.

- Manual data does NOT include contracted required documents (i.e. quarterly reports, organization charts, etc. Exception if quarterly report or other required document contains client level data used to evaluate program effectiveness and fidelity.)
- Exceptions to established deadlines need the approval of the CSC evaluator. The CSC evaluator may grant extensions due to technical issues with provider equipment or unexpected issues (e.g., sudden staff turnover, responsible staff on vacation). The initial extensions for manual submission will not exceed 21 days, unless a 2nd extension is granted by the evaluator. Timeliness of those submissions will be tracked electronically.

Programs that submit data manually can receive a total of four points for timely submission. Listed below are some sample ratings for programs submitting data manually.

Table 1A: Sample Ratings for Data Timeliness of Manual Data

Program Name	Number of Data Files or Packets Required	Number of Data Files or Packets Submitted by Due Date	Percentage	Total Points Earned for Timeliness
Program W	12	6	50%	2
Program X	4	3	75%	2
Program Y	4	4	100%	4
Program Z	12	4	33%	0

Automated Data
- Timely data entry is considered as occurring within a specified timeframe from the date of the activity, set by the policies and procedures of the system in which they are operating.
- Provider agencies using Healthy Beginnings Data System (HBDS) must record data within three (3) business days of the occurrence of the activities and assessments; and those using AQUARIUS must record data within two (2) business days of the occurrence of the activities or assessments.
- Data recorded will be considered 'on time' if 80% of activities and assessments have been documented within timeframe established for each system (see above) and will be assessed using the reporting functions of the various data systems.
- Exceptions will be made if there are issues with CSC's data system(s) or those of the provider agency.

Programs that record data in automated systems can receive a total of 4 points – 2 points for timely recording of activities and 2 points for timely recording of assessments. Programs that only record activity OR assessment data in HBDS would only be eligible for a maximum of 2 points for timeliness. Listed below are some sample ratings for programs submitting data in an automated system

Table 1B: Sample Ratings for Data Timeliness of Automated Data

Program Name	Number of Completed Activities	Actual Number of Completed* Activities Recorded Within Established Timeframe	Percentage	Total Points Earned for Timeliness
Program W	750	250	33%	0
Program X	400	300	75%	1
Program Y	800	675	84%	2
Program Z	1,000	900	90%	2

*Activities that have a status of scheduled or pending are not included in assessment of timeliness.

Table 1C: Sample Ratings for Data Timeliness of Automated Assessment Data

Program Name	Number of Assessments Conducted by Program	Actual Number of Completed* Assessments Recorded Within Established Timeframe	Percentage	Total Points Earned for Timeliness
Program W	4	1	25%	0
Program X	6	4	67%	1
Program Y	2	2	100%	2
Program Z	12	10	83%	2

Table 1D: Sample Ratings for Data Timeliness of Automated Assessment and Activity Data

Program Name	Number of Assessments Conducted	Actual Number of Completed Assessments Recorded Within Established Timeframe	Points Earned for Assessments	Number of Completed Activities	Actual Number of Completed * Activities Recorded Within Established Timeframe	Points Earned for Activities	Combined Total Points Earned for Timeliness
Program W	4	1	0	750	250	0	0
Program X	6	4	1	400	300	1	2
Program Y	2	2	2	800	675	2	4
Program Z	12	10	2	1,000	9,000	2	4

*Activities that have a status of scheduled or pending are not included in assessment of timeliness.

Important Note:

- **Changes in Data System – Grace Period**
  When a business rule/practice is amended in the data system, the program team would not assess that information until 30 calendar days (grace period) from the effective period has lapsed. This grace period is allotted since it can take providers up to 30 days to come into full compliance with the new business rule/practice. All changes in the Healthy Beginnings System will be documented in the "What's New" document with the effective date.

Category: Data Quality

Question P – 23

Question: Is data submitted complete?

Points Possible: 8

Rating: Manual, Automated or Both
- High Fidelity: More than 90% of clients have data
  in all required fields = 8 points
- Moderate Fidelity: At least 80-90% of clients have data
  in all required fields = 4 points
- Low Fidelity: Less than 80% of clients have data
  in all required fields = 0 points

CSC Staff: Evaluation Officer

Source: Canned report, customized report

Scoring Process/Guidance

For enrolled clients or enrolled clients who are discharged during a selected date range.

Multiple episodes of service within the same program (i.e., discharged and re-enrolled) within the defined date range are counted separately.

Definition: Completeness of data refers to the extent to which data is entered into required fields, fields do not contain missing data, or responses of "Unknown" for enrolled clients (see Table 2 for common fields examined in CPPA). Data for enrolled, as well as for enrolled and discharged clients, will be included in the CPPA assessment of data completeness. Criteria for enrolled is as follows:
- For HB Entry Agencies – Clients must have completed the initial contact
- For HB Service Providers – Clients must have a signed program specific consent

TABLE 2: Fields Examined for Completeness

Field	Entry Agency Enrolled Clients	Entry Agency Enrolled and Discharged Clients	HB and Non-HB Service Provider Enrolled Clients	HB and Non-HB Service Provider Enrolled and Discharged Clients
Client ID			Manual Submission Only	
External ID			Programs with Dual Data Entry	
Family ID/Case Link ID			Program Specific Element	
Name			Manual Submission Only	
Gender			Manual Submission Only	
Household Composition at Enrollment	Yes		HBDS Only	
Race	Yes		Yes	
Ethnicity	Yes		Yes	
Date of Birth	Yes		Yes	
Primary Language	Yes		Yes	
Zip Code			Yes	
Total Score - Initial Risk Screen[1]	Home Safe Only			
Total Scores – 2nd Level Assessment[2]		Yes		
Pre-Test Scores[3]			Yes	
Total Scores – Interim[3]				Yes
Total Scores – Post[3]				Yes
Non Assessment Outcome data		Yes		Yes
Discharge Date				Yes
Discharge Reason				Yes

In order to obtain the percentage of clients with complete data, identify the number of enrolled, or enrolled and discharged, clients being examined for completeness. Divide the actual number of clients with completed data by the possible number of clients with completed data (See Table 3).

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[1] Specific to HomeSafe; Inter-conception clients are excluded.

[2] Specific to HB clients; Inter-conception clients and infants whose mothers received HB prenatal services are excluded. Adjusted Risk Scores will be treated as a 2nd Level Assessment Score for Prenatal Clients.

[3] These are required for both HB programs and non-HB programs that stipulate use of assessments to measure outcome achievement or developmental/depression surveillance in the contract.

Table 3: Sample Ratings of Data Completeness

Program Name	Possible Number of Clients whose Data is Completed	Actual Number of Clients Whose Data is Completed	Percentage of Clients Whose Data is Completed	Total Points Earned for Completeness
Program W	150	50	33%	0
Program X	400	300	75%	0
Program Y	50	43	86%	4
Program Z	1,000	900	90%	8

Client is defined as "enrolled" or "enrolled and discharged"

Important Note:

- **Changes in Data System – Grace Period**
  When a business rule/practice is amended in the data system, the program team would not assess that information until 30 calendar days (grace period) from the effective period has lapsed. This grace period is allotted since it can take providers up to 30 days to come into full compliance with the new business rule/practice. All changes in the Healthy Beginnings System will be documented in the "What's New" document with the effective date.

Category: Data Quality

Question #   Is submitted data accurate?

Possible Points: 8

Rating: For enrolled clients or enrolled clients who are discharged during a
                 selected date range:
                 Manual, Automated or Both
                 - High Fidelity: 90% or more of clients have accurate data
                   in all required fields = 8 points
                 - Moderate Fidelity: At least 80-89% of clients have accurate data
                   in all required fields = 4 points
                 - Low Fidelity: Less than 80% of clients have accurate data
                   in all required fields = 0 points

CSC Staff: Evaluation Officer

Source: Canned report, customized report

Scoring Process/Guidance

Definition: Accuracy refers to the extent to which data provided is a true reflection of client information and program activities. Accurate data does not contain invalid values (e.g., dates of birth in the future or scores out of range); information that is contradictory to other information submitted; or data that is entered in an inconsistent format. Data for specific fields will be examined for accuracy for clients enrolled in the program, with additional fields being examined for clients who were enrolled <u>and</u> subsequently discharged during the assessment period (See Table 4 for common fields examined in CPPA). Criteria for enrolled is as follows:

- HBDS - For HB Entry Agencies – clients must have completed the initial contact
- HBDS - For HB Service Providers – clients must have a signed program specific consent
- OTHER - For Service Providers recording data manually, enrolled will be defined as a
  direct contact

Quality Assurance Tip: List the target and show scoring calculation.

Table 4: Fields Examined for Accuracy

Field	Entry Agency Enrolled Clients	Entry Agency Enrolled and Discharged Clients	HB and Non-HB Service Provider Enrolled Clients	HB and Non-HB Service Provider Enrolled and Discharged Clients
Date of Birth	Yes		Yes	
Zip Code	Yes		Yes	
Pre-Test Scores			Yes	
Duplicate Assessments[4]	Yes		Yes	
Total Scores – Interim[5]				Yes
Total Scores – Post Test[5]				Yes
Non- Assessment Outcome Data		Yes		Yes
Duplicate Cases		Yes		Yes
Correct Assessment Attached to Internal Referral[6]	Yes		Yes	
External ID[7]			Yes	

Examination of accuracy of fields will be in accordance with the following criteria.

Enrolled Clients
- Total Scores – Pre-tests - Scores must be within the established scoring range
- Dates of birth - Age should be within appropriate range for the program's targeted population
- Zip codes – No zip codes outside of PBC
- Duplicate Assessments [4] – Assessments with the same assessment name, same date conducted, and same entity conducting the assessment will be considered duplicates.
  - A Duplicate Client is considered to exist when a client is associated with two client identification numbers. The program creating the 2nd Client ID would be held accountable for the duplication.
  - Correct Assessment Attached to an Internal Referral – If an assessment drives the referral, the assessment that guided the referral must be attached to the referral. The specific assessments conducted for this purpose are program specific.

Enrolled and Discharged Clients
- Total Scores: Post-test or Interim – Scores must be within established scoring range
- Non-Assessment Outcome Measures – Scores must reflect valid values

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[4] Exceptions will be: HS Prenatal Risk Screen and Infant Risk Screen as the system required the information to be entered on the case side to be populated in HMS screen for clients entering the system prior to 1/1/13.

5 Accuracy of scores will only be examined for assessments that do not have built in validation preventing scores out of range from being entered.

6 The "appropriate" assessment varies by program in accordance with the contract.

7 Examination of External ID will be done only for programs entering into two data systems (e.g., NFP, Healthy Families).

In order to obtain the percentage of clients with accurate data, identify the number of enrolled or enrolled and discharged clients being examined for accuracy. Divide the actual number of clients with accurate data by the possible number of clients with accurate data (See Table 5).

TABLE 5: Sample Ratings of Data Accuracy

Program Name	Actual Number of Clients Whose Data is Accurate	Possible Number of Clients Whose Data is Accurate	Percentage of Clients Whose Data is Accurate	Total Points Earned for Accuracy
Program W	50	150	33%	0
Program X	375	400	94%	8
Program Y	43	50	86%	4
Program Z	300	1,000	30%	0

Client is defined as "enrolled or enrolled and discharged"

Important Note:

Changes in Data System – Grace Period

When a business rule/practice is amended in the data system the program team would not assess that information until 30 calendar days (grace period) from the effective period has lapsed. This grace period is allotted since it can take providers up to 30 days to come into full compliance with the new business rule/practice. All changes in the Healthy Beginnings System will be documented in the "What's New" document with the effective date.

Category: Program Fidelity – Core Components

Question: P – 25

Question: Core components were implemented in accordance with the contract

Points Possible: 14

Rating:
- High Fidelity: 12 - 14 points earned
- Moderate Fidelity: 8 - 11 points earned
- Low Fidelity: 0 – 7 points earned
- Not applicable this reporting period
- Not applicable to this program

CSC Staff: Program Officer

Source: Contract, Service Delivery Activities, canned report, customized report

Scoring Process/Guidance

To determine points possible per core component:
- Divide the max points possible (ex: 14 for Version 1) by the number of core components.

To determine points earned per core component:
- Target met = full points earned (per core component)
- If within 10% of the target = half the points earned
- None of the above = 0 points earned

Then, total points earned for each component all equaling final points earned for this question.

Example: A program has 7 core components, so they are worth two points each (Total points possible divided by number of core components). Each component has a 90% achievement target (this would be based on contract).

Core Component 1: Met target of 90% or higher (earned the full 2 points)
Core Component 2: Met target of 90% or higher (earned the full 2 points)
Core Component 3: Met target of 90% or higher (earned the full 2 points)
Core Component 4: Met target of 90% or higher (earned the full 2 points)
Core Component 5: Met target of 90% or higher (earned the full 2 points)
Core Component 6: Within 10% of target (earned half the points = 1 point)
Core Component 7: Did not meet target and not within 10% (earned no points = 0)

Total points earned = 11 out of 14, moderate fidelity

Important Notes:
- The only core components that should be assessed in this question are those defined in the contract and located in the Scope of Services, Core Components section. If a core component is not clearly expressed in the contract (directly or referenced) it should not be assessed and the Program Officer should move forward with a contract amendment to reflect the measure as a core component in the contract**.**
- A component will NOT be assessed in P-25 if it meets the definition of another CPPA Fidelity question (P-26 through P-33).

Quality Assurance Tip: List the target and show scoring calculation.

Category: Program Fidelity – Dosage
Question: P – 26

Question:	Number and frequency of program sessions were delivered in accordance with the program model
Points Possible:	5
Rating:	▪ High Fidelity: 81-100% = 5 points ▪ Moderate Fidelity: 60-80% = 2.5 points ▪ Low Fidelity: ≤59% = 0 points ▪ Not applicable this reporting period ▪ Not applicable to this program

CSC Staff:	Program Officer
Source:	Contract, canned report, customized report

Scoring Process/Guidance

Definition:

<u>Program Sessions:</u> units of service (e.g., days attended, coaching sessions provided, home visits completed, mentoring contacts made, etc.).

<u>Frequency of session (formerly P-28):</u> how often (e.g., weekly, monthly, daily, etc.) the participant receives services

Note: This question can be answered as the number of sessions, frequency of session or both. This question should be answered in accordance with language in the contract. If the contract defines dosage as number of sessions, use dosage as the criteria.

Program Model Only Defines Number of Sessions: the percentage of eligible cases that participate in the required number of sessions. Number must be in accordance with the range.

- High Fidelity = 81-100% • Moderate Fidelity = 60-80% • Low Fidelity = 0-59%

Program Model Only Defines Frequency of Sessions: the percentage of cases that participate with the expected frequency. Frequency must be in accordance with the range. In the absence of automated data, a sample of chart reviews will serve as the observed value.

- High Fidelity = 81-100% • Moderate Fidelity = 60-80% • Low Fidelity = 0-59%

Program Model Defines Number AND Frequency of Sessions: the question should be answered according to the guidance above. The question rating will be comprised of the number of clients who meet the criteria of both number and frequency of sessions.

Important Note:

If a program element can be addressed in more than one fidelity item e.g., core components and dosage, assess the element ONLY once, selecting the item that is more targeted. In the example given, assess the element in the dosage item, rather than as a core component.

Category: Program Fidelity – Dosage

Question: P – 27

Question:	Length of service was consistent with the program model/contract

Possible Points: 7

Rating:	▪ High Fidelity: 81-100% = 7 points
	▪ Moderate Fidelity: 60-80% = 3.5 points
	▪ Low Fidelity: ≤59% = 0 points
	▪ Not applicable this reporting period
	▪ Not applicable to this program

CSC Staff: Program Officer

Source: Contract, canned report, customized report

Definition: Refers to the length of time (in days, weeks, etc.) that the participant remains active in the program.

Only answer this question if the following conditions are met:
1. Length of service is defined in the contract and is not identical to completed services (P-32)
2. If program was rated on length of service (P-27) then number and frequency of session (P-26) will only be answered in instances when there is a defined definition in the contract for length of service.

The percentage of eligible cases that participate for the expected duration. In the absence of automated data, a sample of chart reviews will serve as the observed value.

TIPS:
- If the element of length of service is defined in the program model and equates to how the program measures successful completion of the program model, the program team should complete P-32 *instead of* this item.
- If a program element can be addressed in more than one fidelity item (e.g., core components and dosage), assess the element ONLY once, selecting the item that is more targeted. In the example given, assess the element in the dosage item, rather than as a core component.

Category: Program Fidelity - Qualifications

Question: P – 29

Question: Direct service staff meet training requirements*

Points Possible: 2.5

Rating:
- High Fidelity: 81-100% = 2.5 points
- Moderate Fidelity: 60-80% = 1 points
- Low Fidelity: ≤59% = 0 points
- Not applicable this reporting period
- Not applicable to this program

CSC Staff: Program Officer

Source: Contract, monitoring report

Scoring Process/Guidance

As stated in the contracts, direct staff is defined as front line staff, supervisors and program managers.

Percent of staff implementing the program who have received the required trainings as specified in the contract. This includes trainings recommended by the program/curriculum developer and CSC required trainings.

*For Lead Agency contracts, this calculation includes ALL staff providing direct services to the children and/or families. This includes direct staff in the CSC contract and those funded through the subcontract(s). Any exceptions to this are to be with the Director of Program Performance and approved by the CPPA QA Team to ensure consistency among all programs.

Quality Assurance Tip: Staffing numbers should be consistent for P-11 and P-18 if not, justification is required.

Category: Program Fidelity – Qualifications

Question: P – 30

Question: Direct service staff have the required credentials/qualifications*

Points Possible: 2.5

Rating:
- High Fidelity: 81-100% = 2.5 points
- Moderate Fidelity: 60-80% = 1 points
- Low Fidelity: ≤59% = 0 points
- Not applicable this reporting period
- Not applicable to this program

CSC Staff: Program Officer

Source: Contract, canned report, customized report

Scoring Process/Guidance

Direct staff is defined as those funded by CSC and named in Exhibit B, Section 4d in the contract.

Percent of staff that meet the position qualifications or credentials as outlined in the contract.

*For Lead Agency contracts, this calculation includes ALL staff providing direct services to the children and/or families. This includes direct staff in the CSC contract and those funded through the subcontract(s). Any exceptions to this are to be with the Director of Program Performance and approved by the CPPA QA Team to ensure consistency among all programs.

Important Notes:
- If a position qualification requires a specific past work history, e.g. five years' experience in child care, that should be reviewed and the results incorporated into this assessment.
- If there is turnover, Program Officer would assess credentials in that review period.

Quality Assurance Tip: Credentials are to be confirmed via monitoring by Program Officer if timing of the audit doesn't align with CPPA review period.

Category: Program Fidelity – Engagement

Question: P – 31

Question: Program is being implemented with the targeted population

Points Possible: 3

Rating:
- High Fidelity: 81-100% = 3 points
- Moderate Fidelity: 60-80% = 1.5 points
- Low Fidelity: ≤59% = 0 points
- Not applicable this reporting period
- Not applicable to this program

CSC Staff: Program Officer

Source: Contract, canned report, customized report

Scoring Process/Guidance

Definition: Target population as defined in the contract. If the language in the contract stipulates allowance of siblings of primary participants, they would be counted as the "target population."

NOTE: If the contract does not clearly define target population, this question may not be applicable OR needs to be defined and documented in first CPPA of the contract year. In this case, the Provider must be formally notified and in agreement on target population to be assessed in this question. This should be a rare occurrence and would require approval by the CPPA Quality Assurance Team and would most likely result in a need to amend the contract.

Percent of clients served who meet the characteristics of the target population. Characteristics may be loosely defined or very specific. For example, children 5 - 12 in West Palm Beach with an identified behavioral risk factor.

TIP:
- In Healthy Beginnings, the target population may be influenced by the Entry Agency, but providers still have the opportunity to reject clients if they do not meet the program standard. It should not be assumed that the target population is appropriate based on receiving referrals from the Entry Agency.

Category: Program Fidelity – Engagement

Question: P – 32

Question:	Percent of cases discharged with completed services
Points Possible:	7
Rating:	▪ High Fidelity: 81-100% = 7 points ▪ Moderate Fidelity: 60-80% = 3.5 points ▪ Low Fidelity: ≤59% = 0 points ▪ Not applicable this reporting period ▪ Not applicable to this program
CSC Staff:	Program Officer
Source:	Contract, canned report, customized report

Scoring Process/Guidance

Percent of cases discharged with completed services. Need to ensure that the percentage is calculated based on the number of persons ELIGIBLE for completion (e.g., if it is a multiple-year program, then the program may serve 250 children, however, only 100 were eligible for completion… and the program ultimately had 50 children complete… which would be 50% rather than 20%).

Important Notes:

- If Length of Service (P-27) is defined in the program model and equates to how the program measures successful completion of the program model, the program team should complete (P-32) instead of (P-27).

- If a program element can be addressed in length of service and completed services, assess the element ONLY once in completed services.

Category: Program Fidelity – Engagement

Question: P – 33

Question: The program maintains capacity as stipulated in the CSC contract

Points Possible: 3

Rating:
- High Fidelity: 81-100% = 3 points
- Moderate Fidelity: 60-80% = 1.5 points
- Low Fidelity: ≤59% = 0 points
- Not applicable this reporting period
- Not applicable to this program

CSC Staff: Program Officer

Source: Contract, canned report, customized report

Scoring Process/Guidance

Percentage of time program maintains capacity. *Consider looking at the average capacity, lowest capacity and highest capacity. The average capacity should be what is used when assigning a fidelity rating. Need to be clear about the distinction between "touched," "served," etc. Some program require minimum dosage before a family/child is considered "served."* If capacity is based on caseloads, consider examining caseloads.

If the contracted capacity is an annual capacity number, the "not applicable this reporting period" should be chosen. The scoring process narrative should note whether or not the program is on track to meet the contracted capacity to raise the concern, if applicable.

Quality Assurance Tip:
- State the contract capacity as part of the response, how is capacity defined in the contract?

Category: Program Outcomes

Question P – 34

Question: Is the program meeting contracted outcomes?

Points Possible: 20

Rating: 1 – 20 points

CSC Staff: Evaluation Officer/Analyst

Source: Outcome analysis

Scoring Process/Guidance

Definition: Outcome Achievement occurs at both the client and the program or system level. As such, it refers to the extent to which programs have been successful in effecting positive change in targeted clients' attitudes, behaviors or conditions; or positive change in the performance of systems through introduction of strategies designed to achieve child outcomes in the long run. As part of the CPPA assessment, outcome achievement will only be examined for programs targeting change at the client level.

Method of Calculation

Outcomes that fall into one of the measurable conditions or sentinel outcomes of the Pathways document are seen as more critical than outcomes not identified in Pathways. For this reason, we are weighing the points assigned to outcomes accordingly. For those identified as measurable conditions or sentinel outcomes, three points will be earned for each outcome achieved. For all other outcomes, one point will be earned for each outcome achieved. The Total Score for the Outcome Achievement will be based on the percentage of outcomes achieved, which is calculated by dividing the Total Actual Points Earned by Total Possible Points. This percentage will be multiplied by total overall points (20) for the Total Score for the Outcome Achievement. See Table 2 below for examples.

Table 2. How to Calculate Total Score for Assessing Outcome Section

Measurable Conditions or Sentinel Outcomes			Other Outcomes			Total Possible Points	Total Actual Points Earned	Percentage of Points Earned	Total Score for the Outcome Achievement
Number of Outcomes	Points Possible	Actual Points Earned	Number of Outcomes	Points Possible	Actual Points Earned				
1	3	3	1	1	0	4	3	75%	75% X 20 = 15
2	6	3	1	1	1	7	4	57%	57% X 20 = 11.4
3	9	0	2	2	2	11	2	18%	18% X 20 = 3.6

Note. Each measurable condition or child outcome (previously known as sentinel outcome) achieved earns three points; each other outcome achieved earns one point.

Assessment Rate[5]: This is the percent of clients eligible to be assessed who had complete and accurate data for each outcome. For each outcome that has an assessment rate less than 85%, the Total Actual Points Earned will be zero.

Clients who are eligible for evaluation of outcome achievement include <u>enrolled clients</u>[6] who have received the recommended dosage and/or who have participated for a designated length of time as specified by the program model, inclusive of follow-up designated periods (e.g., no abuse 12 months post-program completion). Clients terminating services and/or who are at an assessment point (could be the end of a cycle within a program) are eligible for inclusion. For programs that do not have a designated dosage, clients who are discharged with completed services are eligible for evaluation of outcome achievement. See example below:

Example:
- 200 served
- 100 still active (refer to DM 137680 for business rules) at end of reporting period. Of those,
  - **20** completed a cycle but are still active and received recommended minimum dosage
  - 80 have not been in the program long enough to complete cycle or receive recommended minimum dosage
- 100 discharged (refer to DM 137680 for business rules)
- **70** discharged with completed services
- 30 discharged with incomplete services
  - **15** of those discharged with incomplete services received recommended minimum dosage/completed cycle
  - 15 of those discharged with incomplete services did not receive recommended minimum dosage/completed cycle

Example would result in the following:
- Pool of eligible participants of assessing outcomes **that are tied to a cycle (or dosage) is 105**
  - Attrition Rate: Divide 105 by 120. The numerator includes those who are active and have received at least the recommended minimum dosage (20) and those discharged with completed services (70) or discharged having received the recommended minimum dosage (15). The denominator includes those who are active and completed a cycle (20) or discharged (100).
- Pool of eligible participants for assessing outcomes **that occur at end of service is 70**
  - To determine attrition for this outcome would divide 70 by 100. The numerator represents the number who discharged with completed services. The denominator includes all those discharged.

Important Note:

If in the CPPA Guide the criteria for meeting an outcome conflicts with the exclusions, numerators and denominators in the "Outcomes Measures and Targets" section of the program contract, the criteria in the contract should be used.

Assessment involving known measurement error or poor data quality:

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[5] Assessments include any indicator or measure used to evaluate outcome achievement (e.g., birth weight, Pre/post Test Scores, incidences of abuse).
[6] Enrolled participants for HB programs are those with a signed program specific consent or a completed initial contact (for entry agencies). For non-HB programs, enrolled participants are those with at least one direct contact.

When known measurement error or poor data quality creates a lack of confidence in the results, the outcome will either not be included in the assessment of agency performance or be deemed "not achieved" depending on the source of the error or data quality issue. If the measurement error or data quality issue is the responsibility of the provider agency, the outcome will be included in the calculation of Actual Points Earned with the provider receiving "0" points for this outcome. If the measurement error or data quality issue is the responsibility of CSC, the outcome will be backed out of the calculation of Total Score for the Outcome Achievement.
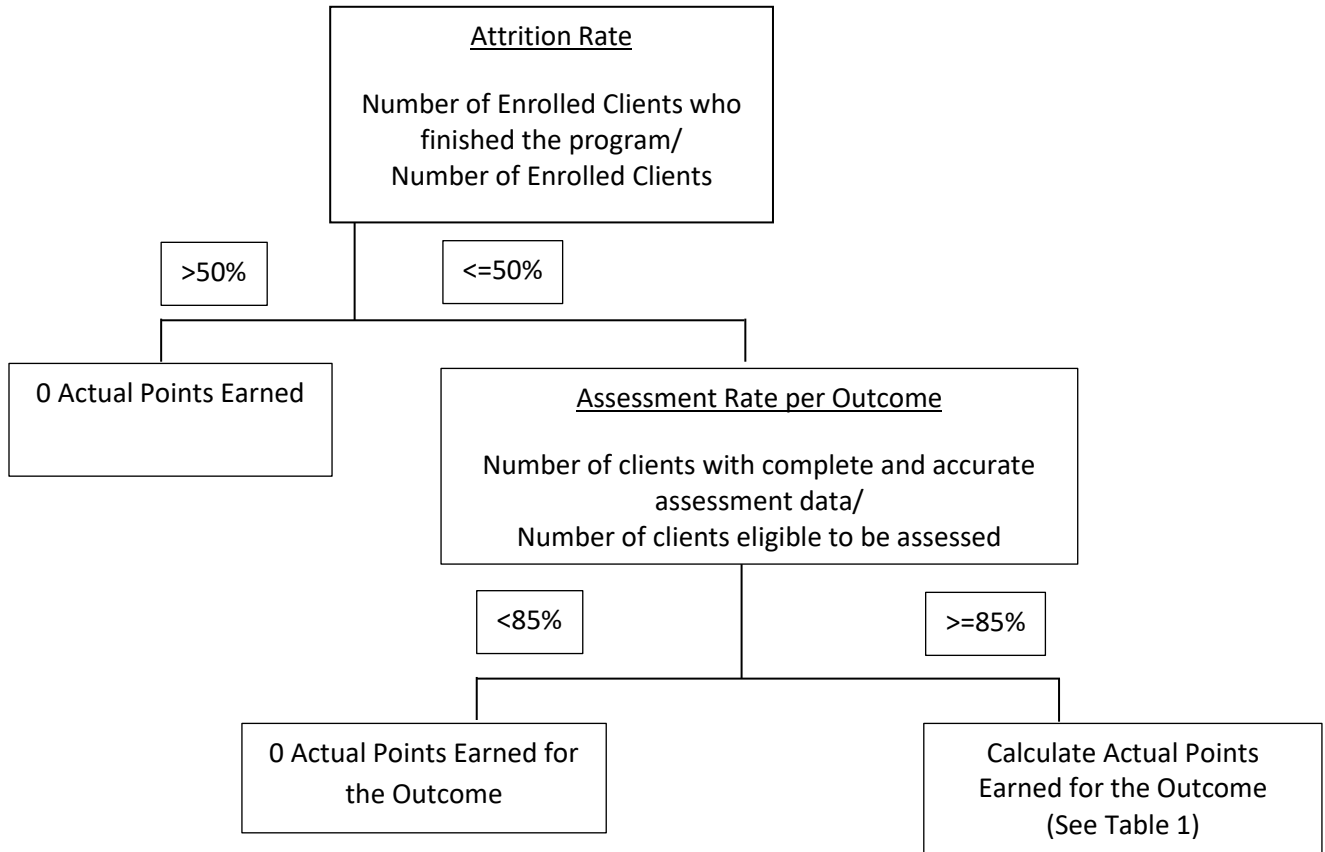
Attrition Rate:
This is the percent of enrolled clients who were terminated with a reason other than "completed services" and/or not receiving the recommended dosage of an intervention.

Determining when Attrition Rate precludes ability to assess outcomes
We recognize that certain aspects of programming contribute to greater levels of attrition (e.g., those with long intervention periods or with more intensive intervention). **In the absence of an established performance target[7] for client attrition, the Attrition Rate cannot exceed 50% of enrolled clients.** For programs that have cycles or phases with outcomes associated with the specific phase, clients who terminated with incomplete services and/or did not receive minimum specified level of service for each cycle or phase of the program will be included. Clients excluded from the calculation of Attrition Rates are those who were discharged with a reason of "unable to locate – services not initiated," "declined – does not consent to services" or "case accepted in error." These cases must correspond to clients with no enrollment date. Both Assessment Rate and Attrition Rate determine whether outcomes will be assessed. See Graph 1 for detailed depiction of the process.

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[7] A performance target is defined as the intended level of performance to be achieved within a specified time period. Performance targets are created relative to program specific performance measures.

Graph 1. Flowchart for Use of Assessment and Attrition Rate

```
                    ┌──────────────────────────────┐
                    │        Attrition Rate        │
                    │                              │
                    │  Number of Enrolled Clients  │
                    │   who finished the program/  │
                    │   Number of Enrolled Clients │
                    └──────────────────────────────┘
              ┌──────────┐          ┌──────────┐
              │   >50%   │          │  <=50%   │
              └──────────┘          └──────────┘
        ┌──────────────────────┐   ┌────────────────────────────────────┐
        │ 0 Actual Points      │   │     Assessment Rate per Outcome     │
        │ Earned               │   │                                     │
        │                      │   │  Number of clients with complete    │
        └──────────────────────┘   │  and accurate assessment data/      │
                                   │  Number of clients eligible to be   │
                                   │  assessed                           │
                                   └────────────────────────────────────┘
                                    ┌────────┐            ┌─────────┐
                                    │  <85%  │            │  >=85%  │
                                    └────────┘            └─────────┘
                        ┌──────────────────────┐   ┌──────────────────────┐
                        │ 0 Actual Points      │   │ Calculate Actual     │
                        │ Earned for the       │   │ Points Earned for    │
                        │ Outcome              │   │ the Outcome          │
                        │                      │   │ (See Table 1)        │
                        └──────────────────────┘   └──────────────────────┘
```

Note:
In a few rare instances there are programs (e.g., TOP) where neither a recommended minimum dosage nor a Discharge Reason that is comparable to "Completed Services" exists. The attrition rate cannot, therefore, be calculated. Since this is a rarity, it is recommended if attrition rate cannot be calculated, the Evaluator and PO should determine whether there are enough eligible clients to determine outcome achievement. The CPPA review committee should be informed that the attrition rate could not be calculated, but an outcome achievement was still measured.

Outcome Scoring Considerations

When to report on outcomes (initial, intermediate, and long term)
Outcomes will be examined for participants who are "eligible" to be included in the outcome assessment. Some programs may allow for initial and intermediate outcomes to be examined within the same contract year, while others may occur in a sequence or be expected to occur in a later time period. For example, for the outcome *children will not experience abuse or neglect 12 months' post program completion,* only children discharged from the program in the year prior would be eligible for assessment of this outcome.

Reporting on "repeat outcomes"
For programs that conduct multiple assessments of the same measure within a given contract year, use the most recent post-test and compare it to the baseline assessment (pre-test). For example, Program X administers both a six-month post assessment and a 12-month post assessment within the same year. Take the most recent post assessment and compare it to the baseline assessment (which could have been administered in the prior year). There may be some assessments that this approach would not work for due to development/maturation. These outcomes will be handled on a case-by-case basis in consultation with the applicable Director.

Scoring of outcomes with more than one indicator or measure (e.g., absences and disciplinary referrals)
When there are two measures or indicators for one outcome and there is improvement in one and not the other, the points will be halved. In an outcome worth 3 points in which one indicator improved, 1.5 points would be assigned. In an outcome worth 1 point in which one indicator improved, .5 points would be assigned.

Reporting performance by specific target populations
Outcome achievement will be reported for the target population overall and not by sub-groups, unless the contract specifies different expectations for achievement by target population. This does not imply the evaluator should not use statistical techniques to control for differences in group characteristics, which are known to impact the desired outcome (e.g., covariates). The evaluator may use statistical techniques to account for variance caused by group characteristics in order to clarify the effects of treatment.

Recording Results
Once rating information is prepared, it will be entered into CRM, CPPA. The information entered will include the rating, any additional narrative needed to provide the context for the rating, and the following information:
- Each outcome as written in the contract (Scoring)
- The number served and (of those) the number eligible for assessment of outcome achievement and criteria for eligibility for each outcome (Scoring)
- Detail the type of analysis and associated statistical values for each outcome. In cases where there are performance targets established (%), indicate the percentage of cases achieving each outcome along with the numbers used to calculate percentage of achievement. (Scoring)
- Any points assigned to outcome(s); include associated raw and converted points for each outcome. (Scoring)
- Sample descriptions will be limited to a statement that a comparable sample was used. If questions arise, the details (factors matched on and size of comparison sample) will be shared. (Notes)
- For each outcome not assessed, include an explanation of the reason(s) for exclusion. (Notes)

Category: Program Officer Recommendations

Question: REC-A

Question:	Program Officer's Recommendation based on the results of the CPPA results this period. *If Progressive Intervention is the recommendation, Question REC-B is REQUIRED.*
Response:	▪ Continue Status Quo ▪ Progressive Intervention
CSC Staff:	Program Officer

Scoring Process/Guidance

If program lands in the yellow or red score range, but Progressive Intervention is NOT being recommended, justification is REQUIRED in the CRM scoring process narrative. Otherwise, scoring process narrative is optional.

Reference the Progressive Intervention Procedure in PolicyTech for guidance.

Quality Assurance Tip: When a program is not in "Green", if a progressive intervention plan is **not** being recommended, provide justification. Complete this section, do not leave blank.

Category: Program Officer Recommendations

Question: REC-B

Question:	Level of Progressive Intervention being recommended.
Response:	▪ Not applicable this assessment period ▪ Level 1: Performance Improvement ▪ Level 2: Corrective Action ▪ Level 3: Corrective Action
CSC Staff:	Program Officer

Scoring Process/Guidance

In scoring process narrative, <u>briefly</u> list improvement(s) required (specific targets are NOT required at this point). If recommendation varies from the Progressive Intervention Procedure, justification is REQUIRED in the CRM scoring process narrative.

If no progressive intervention is recommended, REC-A equals "Continue Status Quo", choose "Not Applicable this assessment period".

Reference the Progressive Intervention Procedure in PolicyTech for guidance.

Quality Assurance Tip: When a program is not in "Green", if a progressive intervention plan is **not** being recommended, provide justification. Complete this section, do not leave blank.

CPPA Business Rules *(For CSC Use Only)*

<u>**CPPA Results**</u>
CPPA Review Team will need to determine what the appropriate next step(s) is/are according to the following score ranges:

High Score ("Green")	**Moderate Score** ("Yellow")	**Low Score** ("Red")
90% and above	89%-75%	Below 75%

<u>**Scoring Process Narrative in CRM**</u>
Scoring Process narrative is required for all scored questions.
<u>**Considerations of Reactivated Cases**</u>
Unit of analysis: reactivated cases will be at the case program level, as it is most inclusive of all program activities. In cases where there is reactivation, those multiple case program records will be treated as a single record and subtract the time the client was not in services from the total time in services, beginning with enrollment in first case program to discharge from last case program within the same program.
If additional guidance is needed, the program team should work with the quality assurance team to ensure the team uses an approved methodology.

Meeting program objectives: Meeting business rules requirements where there is reactivation: When multiple case program records exist due to reactivation, and there is a program objective (e.g. assessments or contact completed within a timeframe) that could potentially be met or not in more than one instance, the objective will only be considered met when all instances have been met. Additionally, if the objective specifies that clients must be enrolled to be included in the analysis (and more specifically, the denominator), case programs that do not

meet the criteria for being considered enrolled (have discharged reasons indicating no enrollment) will be excluded from the analysis.

Note: Requiring all instances to meet the criteria is consistent with the manner in which data quality is assessed in CPPA. If any single field is found missing or inaccurate, the case program is counted as having missing or inaccurate data.

Changes in Data System – Grace Period
When a business rule/practice is amended in the data system the program team would not assess that information until 30 calendar days (grace period) from the effective period has lapsed.   This grace period is allotted since it can take providers up to 30 days to come into full compliance with the new business rule/practice. All changes in the Healthy Beginnings System will be documented in the "What's New" document with the effective date.

Integrating System Rules into CPPA
Service/Implementation Programs operate within a larger system of care. As a provider in that system of care, the program is not only responsible for implementing its model with high quality and fidelity but the provider must also adhere to the principles, values and business rules that govern the system as outlined in their contract.

Program Performance Measure/Target
The default scoring range should not be used for items that have an approved Program Performance Measure/Target (PPM/T). The following approach should be taken to determine the scoring range for PPM/T:

Contractual Target – 100% = High Fidelity
90% of target - 1 percent less than the contractual target = Moderate Fidelity
Less than 89% of target – 0 = Low Fidelity

Example:

> (P-27) Length of Service – 65% of families who enrolled 12-24 months earlier will be retained for at least 12 months

> Since the contractual target for this measure is 65%, the high fidelity range is: 65% - 100%

> 90% of the 65% of the contractual target is 58.5%, which rounds up to 59%, the moderate fidelity range is: 59% - 64%

> 89% of the 65% contractual target is 57.8%, which rounds up to 58%, the low fidelity range is: 58% - 0%

> The range in this example would be:

- High Fidelity 100 – 65%   • Moderate Fidelity = 64% – 59%   • Low Fidelity 58% – 0%

Point Distribution for PPMT
High Fidelity = all the points associated with that question
Moderate Fidelity = half of the points associated with that question
Low Fidelity = no points

For Example: (P-27) Length of Service (5-point question) – 65% of families who enrolled 12-24 months earlier will be retained for at least 12 months.

The point distribution in this example would be:
- High Fidelity = 5 points   • Moderate Fidelity = 2.5 points   • Low Fidelity = 0 points

Sample Size
In the absence of automated data, a sample of chart reviews will serve as the observed value. If a sample size is required to answer a question, at least 10% of the files should be reviewed. If less than 10% of the files are reviewed, justification needs to be documented in the scoring process notes section for the CPPA question and is subject to approval by the Quality Assurance Team.

Targets "Cheat Sheet"

High, Moderate, and Low Fidelity Percentages for Each Target

Target	High Fidelity	Moderate Fidelity	Low Fidelity
100%	**100%**	**90%-99%**	**89% and lower**
95%	**95%-100%**	**86%-94%**	**85% and lower**
90%	**90%-100%**	**81%-89%**	**80% and lower**
85%	**85%-100%**	**77%-84%**	**76% and lower**
80%	**80%-100%**	**72%-79%**	**71% and lower**
75%	**75%-100%**	**68%-74%**	**67% and lower**
70%	**70%-100%**	**63%-69%**	**62% and lower**
65%	**65%-100%**	**59%-64%**	**58% and lower**

60%	60%-100%	54%-59%	53% and lower
55%	55%-100	50%-54%	49% and lower
50%	50%-100%	45%-49%	44% and lower