

Investing for Results

CPPA

**Comprehensive Program
Performance Assessment**

2017 – 2018

Guide

Version 2

Program Classification

By design, some programs serve as strategies or components to support the larger system of care and as such, do not have a direct impact on client level outcomes. These programs do not have specific outcome measures in their contracts and will be assessed using CPPA Version 2 which does not include 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	64
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

Questions P – 01 through P – 04 (Not Scored)

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

Question: P – 05 (Not Scored)

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, 2015 – June 30, 2016

- 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: Indicate how many amendments and whether CSC or provider initiated.

Category: Program Operations

Question: P – 18

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: Consider if 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.

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 question.

Quality Assurance Tip:

- Either state who the auditor is or state that no audit is applicable for this CPPA period.
 - Provide description of the repeat finding or indicate if none.
-

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: P – 21

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.

The required documents included in this calculation for 2016-2017 are those with deadline date(s) of 4/1/16 or later.

Category: Data Quality

Question: P – 22

Question: Is data submitted on time?

Points Possible: 4

Rating: Manual Data (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

Automated Data – Activities and Assessments

- 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

Automated Data – Activities OR Assessments

- 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.

Manual data

- 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 – 2 nd 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).

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: P – 24

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 and 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 Assessments⁴ – 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

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: 35

- Rating:**
- High Fidelity: 28 – 35 points earned
 - Moderate Fidelity: 21 – 27 points earned
 - Low Fidelity: 0 – 20 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: 35 for Version 2) 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 5 core components, so they are worth 7 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 7 points)

Core Component 2: Met target of 90% or higher (earned the full 7 points)

Core Component 3: Met target of 90% or higher (earned the full 7 points)

Core Component 4: Within 10% of target (earned half the points = 3.5 points)

Core Component 5: Did not meet target and not within 10% (earned no points = 0)

Total points earned = 24.5 out of 35 = 25 points (24.5 rounded up), 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-25A, 29, 30, 31 or 33).

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

Category: Program Fidelity – Setting

Question: P – 25A

Question: Setting is appropriate for effective implementation of the program

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

The percentage of identified setting characteristics that are observed or the percentage of cases reviewed in the designated setting. Each program type will have pre-set characteristics that include aspects of settings to be rated, i.e. adequate space, safe environment, privacy, noise level, potential for interruption. If applicable, certain characteristics can be identified to result in a low fidelity score – for example, an early childhood classroom that is structurally unsound or blatantly unsafe. Additionally, if the program setting is pre-determined e.g. Strong Minds provider delivering services in a child care setting they should consider this question being N/A based on the contract.

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: Consider if 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 target population

Points Possible: 12

Rating:

- High Fidelity: 81-100% = 12 points
- Moderate Fidelity: 60-80% = 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 – 33

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

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

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?
 - Consider if this should be consistent with client numbers used in P-23 and P-24.
-

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, briefly 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)

CPPA Results

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%

Scoring Process Narrative in CRM

Scoring Process narrative is required for all scored questions.

Considerations of Reactivated Cases

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