



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

December 28, 2012

CHDP Information Notice No.: 12-C

TO: CHILD HEALTH DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS,
DEPUTY DIRECTORS, NUTRITIONISTS, HEALTH EDUCATORS, PUBLIC HEALTH
NURSES INCLUDING PROVIDER RELATIONS AND FOSTER CARE NURSES,
AND REGIONAL OFFICE STAFF

SUBJECT: REVISED PERFORMANCE MEASURES

This CHDP program Information Notice contains the current CHDP Performance Measures, for submission of the Report of Performance Measures found in the Children's Medical Services (CMS) Plan and Fiscal Guidelines (PFG), Section 03, Scope of Work. The Report of Performance Measures is due November 30, of each year commencing with 2013.

Introduction

The use of performance measures to evaluate the effectiveness and success of public health program interventions and activities is part of public health practice. With time, effective program activities enable the attainment of CHDP goals and outcomes. Reporting on the CHDP and Health Care Program for Children in Foster Care (HCPCFC) performance measures is a Scope of Work requirement. Starting in Fiscal Year (FY) 2002-03, the CMS local programs, including CHDP and the HCPCFC, have been using tracking systems and other data collection methods to measure their work with communities, provider networks, and target populations.

Report of Performance Measures

The CMS PFG, Section 03 commencing on page 11 outlines the annual reporting requirements of the Performance Measures and provides direction for the completion and annual reporting of the Performance Measures. These results are summarized in the Performance Measure Profile, found on page 12 of the same Section 03. For example, the total score for Performance Measure number one is written in the Performance Measure Profile with a copy of the Report Form for Performance Measure number one attached.

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The second element for the Report of Performance Measures is a brief narrative not to exceed two or three pages. Please send one original and one copy of the CMS Report of Performance Measures to the local program's CMS Regional Administrative Consultant by November 30, of each year.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Dimand', with a long horizontal flourish extending to the right.

Robert J. Dimand, MD
Chief Medical Officer
Children's Medical Services

COUNTY _____

FISCAL YEAR _____

HCPCFC Performance Measure 1 - Care Coordination

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

Definition: CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective HCPCFC care coordination is measured by determining the percentage of health condition(s) coded 4 or 5 where follow-up care is initiated within 120 days of local program receipt of the PM 160.

Numerator: Number of conditions coded 4 or 5 where the follow up care was initiated within 120 days of receipt of the PM 160.

Denominator: Total number of conditions coded 4 or 5 on a PM 160, excluding children lost to contact.

Reporting Form:

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

Data Source: Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department

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HCPCFC Performance Measure 2 - Health and Dental Exams for Children in Out-of-Home Placement

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

Definition: This measure is based on characteristics that demonstrate the degree to which the PHN in the HCPCFC facilitates access to health and dental services as evidenced by documentation of a health and dental exam in the health education passport.

Numerator 1: Number of children in out-of-home placement with a preventive health exam, according to the CHDP periodicity schedule documented in the Health and Education Passport, and

Numerator 2: Number of children in out-of-home placement with a preventive dental exam, according to the CHDP dental periodicity schedule documented in the Health and Education Passport.

Denominator: Number of children in out-of-home placement during the previous fiscal year supervised by Child Welfare Services or Probation Department.

Reporting Form:

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

Data Source/Issue: Child Welfare Services Case Management System (CWS/CMS), and county specific data for Probation Department.

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CHDP Performance Measure 1 - Care Coordination

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

Definition: CHDP health assessments may reveal condition(s) requiring follow-up care for diagnosis and treatment. Effective CHDP care coordination is measured by determining the percentage of health condition(s) coded 4 or 5 where follow-up care is initiated¹ within 120 days of local program receipt of the PM 160.

Numerator: Number of conditions coded 4 or 5 where the follow-up care was initiated within 120 days of receipt of the PM 160.

Denominator: Total number of conditions coded 4 or 5 on a PM 160, excluding children lost to contact.

Data Source: Local program tracking system.

Reporting Form:

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

¹ Centers for Medicare and Medicaid Services, Publication #45, the State Medicaid Manual, Chapter 5 EPSDT, Section 5310 A <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>

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CHDP Performance Measure 2 - New Provider Orientation

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

Definition: The number of new CHDP providers (i.e., M.D., D.O., N.P., P.A.) added within the past fiscal year who were oriented by the local program staff.

Numerator: The number of new CHDP providers who completed an orientation within the past fiscal year.

Denominator: The number of new CHDP providers in the county or city (local program) added within the past fiscal year.

Data Source: Local program tracking system.

Reporting Form:

Number of New Providers who Completed Orientation (Numerator)	
Number of New Providers (Denominator)	
Percent (%) of New Providers Oriented	

Optional Local Program Data Tracking Form:

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

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CHDP Performance Measure 3 - Provider Site Recertification

The percentage of CHDP provider sites (excludes newly enrolled providers) who have completed recertification within the past fiscal year. Provider site visits may occur for other reasons. These can be documented for workload activities. The purpose of this performance measure is to ensure that all providers are recertified at least once every three (3) years. This performance measure is a benchmark to ensure that providers are recertified using the Facility and Medical Review Tools. These tools ensure that providers maintain CHDP standards for health assessments.

Definition: An office visit which includes a medical record review and a facility review or Critical Element Review with a Managed Care Plan.

Numerator: The number of CHDP provider sites who have completed the Recertification within the past fiscal year using the facility review tool and medical record review tool.

Denominator: The number of active CHDP provider sites in the county/city due for recertification within the fiscal year.

Data Source: Local program tracking system.

Reporting Form:

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

Optional Workload Data Tracking Form:

(Other reasons for a provider site visit by local program. This identifies workload.)

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

¹ **CHDP Provider Manual: Program, Eligibility, Billing and Policy.** California Department of Health Care Services, Child Health & Disability Prevention (CHDP) Program. See website for current updates.

Local Program Guidance Manual Chapter 10: Problem Resolution and/or Provider Disenrollment.

California Department of Health Care Services, Child Health & Disability Prevention (CHDP) Program, May 2005.

Both references available at: <http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDPPubs.aspx#dgmp>.

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CHDP Performance Measure 4 - Desktop Review: Dental, Lead

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

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

- Referred to a dentist at 1 year exam (12-14 months of age)
- Lead test or a referral for the test at 1 year exam (12-14 months of age)

Numerator: The number of PM 160 elements recorded correctly per selected providers for the specific ages.

Denominator: The total number of PM 160s reviewed per selected providers for the specific ages.

Data Source: Local program tracking system.

Reporting Form:

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

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CHDP Performance Measure 5 - Desktop Review: BMI

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

Definition: A targeted desktop review for three (3) high volume providers within the county/city by determining the percent of PM 160s that have documentation for:

- Body Mass Index (BMI) Percentile for ages 2 years and over
- If BMI Percentile is abnormal, the description of weight status category¹ and/or a related diagnosis are listed in the Comments Section.

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

Numerator: The number of PM 160s BMI-related elements correctly documented for ages two (2) years and over.

Denominator: The total number of PM 160s reviewed per selected providers for ages two (2) years and over.

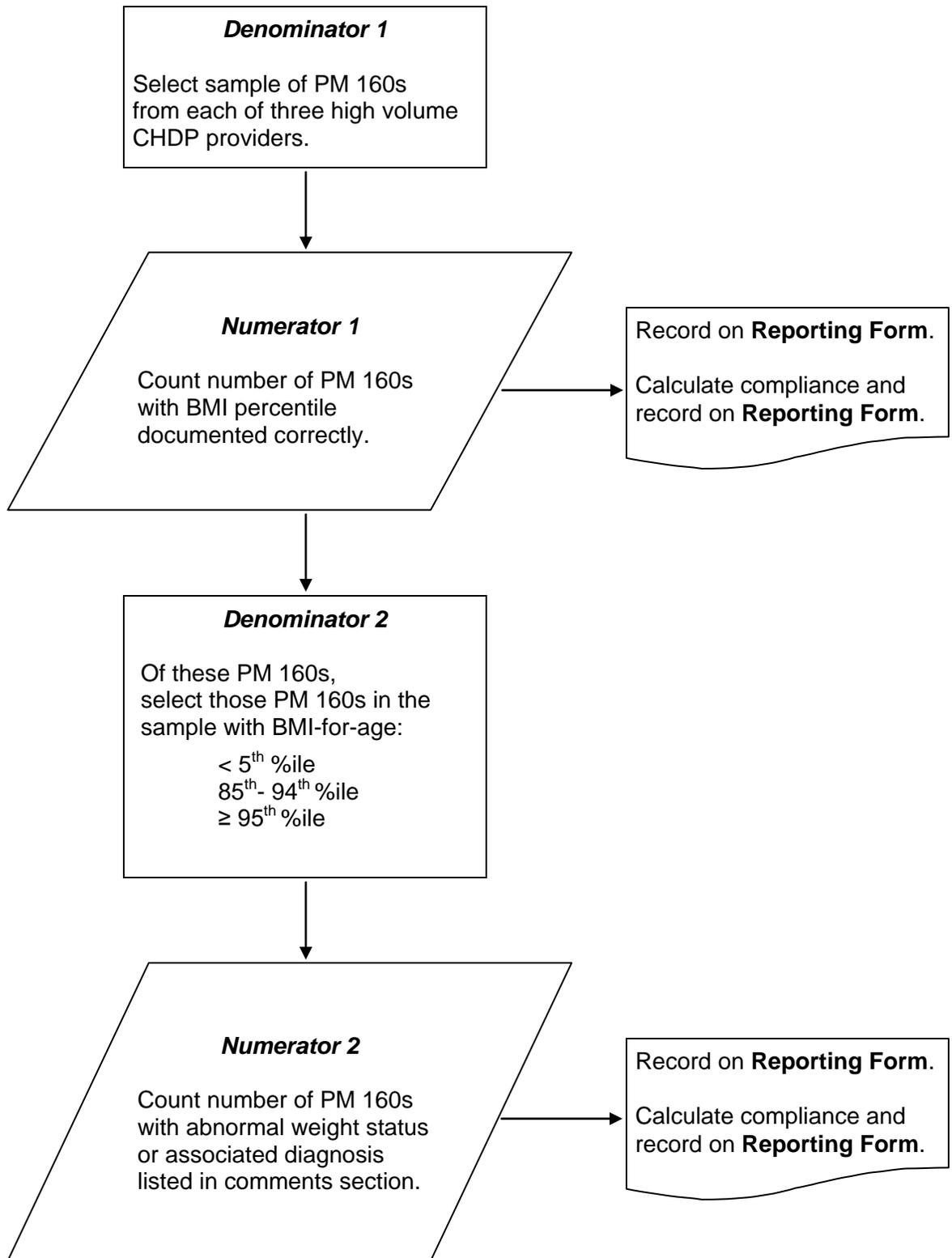
Data Source: Local program tracking system

¹ **CHDP Provider Information Notice No.: 07-13:** Childhood Obesity Implementation Guide from the Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity- 2007. <http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin0713.pdf>

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BMI Desktop Review Flow Diagram:



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Reporting Form for Performance Measure 5-Desktop Review: BMI

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

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CHDP Optional Performance Measures

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

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

Other optional performance measures not associated with the PM 160:

- E. The percent of children entering first grade with a health exam certificate or waiver. (See sample Reporting Form for details.)
- F. Percent of local CHDP provider sites that have transitioned to the World Health Organization (WHO) Growth Standards (updated growth charts) for Infants and Children Birth to 24 Months. See website: <http://www.cdc.gov/growthcharts/>.
- G. Review and use of local childhood overweight and obesity data (See sample Performance Measure G for details).

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OPTIONAL CHDP Performance Measure E - School Entry Exams

The percent of children entering first grade in public and private school by school district reporting a "Report of Health Examination for School Entry" (PM 171 A) or "Waiver of Health Examination for School Entry" (PM 171 B).

Definition: The percent of children entering first grade with a health exam certificate or waiver.

Numerator: Among those private and public school districts continuing to report: The total number of children entering first grade with a:

- A. Certificate or
- B. Waiver

Denominator: Among those private and public school districts continuing to report: The total number of children enrolled in first grade in public and private school.

Data Source/Issue: Public school districts and private schools serving first grade students.

Reporting Form: Local program tracking system

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

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

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

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OPTIONAL CHDP Performance Measure G - Childhood Overweight and Obesity

Review and Use of Local Childhood Overweight and Obesity Data

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

Definition: “Critical group” is the age and/or race/ethnic group with the highest prevalence rates of overweight and obesity as indicated by Body Mass Index (BMI)-for-Age \geq 85th percentile in data source. This supports Goal 4 of the California Obesity Prevention Plan (2010)¹, “Create and implement a statewide tracking and evaluation system.”

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

Data Source: Most current Pediatric Nutrition Surveillance System (PedNSS)² or other similar data report determined by State Children’s Medical Services. If using PedNSS, refer to this table: Annual Report, County/City Specific Data, Growth Indicators by Race/Ethnicity and Age. Values are obtained by referring to the columns BMI-for-Age 85th < 95th %ile and \geq 95th %ile of the table. Please attach a copy of this table with your submission.

Reporting Form*:

**Overweight and Obesity Prevalence Rates by Critical Age Group
for _____ County/City**

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

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

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

¹ <http://www.cdph.ca.gov/programs/COPP/Pages/CaliforniaObesityPreventionPlan.aspx>

² <http://www.dhcs.ca.gov/services/chdp/Pages/CountySurveillanceData.aspx>

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

1. Childhood obesity data shared with CHDP Providers to inform about overweight and obesity prevalence rates: <i>(If yes, underline all that apply)</i>	YES	NO
Presentations, in-services, trainings		
Newsletters, media outreach, reports		
Provide educational and resource materials related to healthy eating/active living		
2. Childhood obesity data shared to support local assistance grants and implementation of multi-sector policy strategies to create healthy eating and active living community environments (Goal 3, California Obesity Prevention Plan 2010): <i>(If yes, underline all that apply)</i>		
Academic: Universities, Academic Institutions, Educators and Researchers Other <i>(Please specify):</i>		
Community Coalitions/Committees: Health Advisory Committee, Health Collaboratives/Coalitions Other <i>(Please specify):</i>		
Community Planning: City Planners, County Land Use Staff, Built Environmental Groups Other <i>(Please specify):</i>		
Community Programs: Faith-based Groups, YMCA/YWCA, After School programs, Parks and Recreation programs, Child Care, University Cooperative Extension Other <i>(Please specify):</i>		
Health Care: Managed Care Health Plans and Insurers, Hospitals, CCS Program/Special Care Centers, Medical Provider Groups, Medical Societies, Health Associations Other <i>(Please specify):</i>		
Policy Makers: County Board of Supervisors, City Councils, Community Planners, Legislators Other <i>(Please specify):</i>		
Projects or Funding Entities: First Five Commission, Public and Private Foundations/Endowments/Grants Other <i>(Please specify):</i>		
Public Health Programs: WIC, Foster Care, MCAH, Nutrition Network Funded Projects, Health Officers, Epidemiologists, Program Directors Other <i>(Please specify):</i>		
Schools: School Health Nurses, School Health Coordinators, County Office of Education, Elementary, Junior High and High Schools, Head Start, other preschool programs, student groups and parent groups Other <i>(Please specify):</i>		