DSS commits, as follows, to the development of sound methodologies for each of the FSA Healthcare Outcomes, and timelines for data production.

Initial Medical Screens

Methodology for collection and reporting of these data will be finalized and approved by the Co-Monitors by April 30, 2019.

Baseline data will be calculated for all children who enter DSS custody in MP7.[1]

Interim benchmarks will be submitted to the Co-Monitors for approval by May 30, 2020.

Comprehensive Medical Assessments

Baseline data and **Interim Benchmarks**: [2]

	Class members with a comprehensive medical assessment within 30 days of entering care	Class members with a comprehensive medical assessment within 60 days of entering care
Target	85%	95%
Baseline	37%	51%
Sep-19	57%	71%
Mar-20	76%	90%
Sep-20	80%	92%
Mar-21	85%	95%

Comprehensive Mental Health Assessments

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[1] In the Healthcare Addendum, DSS proposed adding an initial medical screen conducted by a caseworker of all children as they come into care, but this process does not currently exist. Prior to establishing a baseline or creating interim enforceable targets, DSS must establish the methodology, develop the tool, draft and approve the policy, train caseworkers, allow time for data entry, test the data, pull the data, and set interim enforceable targets. DSS will complete each of those steps as follows: Methodology complete by April 30, 2019. The tool developed by May 30, 2019, including designing and vetting the tool with the medical professionals on the Foster Care Advisory Committee. Policy drafted and approved by June 30, 2019. Caseworker training complete by August 31, 2019. Data tested beginning September 2019 and throughout MP7. Data pulled for MP7 cohort (October 1, 2019 - March 31, 2020) by April 2020. Interim Enforceable targets set by May 30, 2020.

[2] DSS worked in collaboration with SCDHHS and developed a methodology using input from DSS Health Care Consultants and suggested techniques by Chapin Hall through their Data Audit process. DSS believes baseline data reported are valid and form a sound basis for the development of interim benchmarks. These data are for the period July 1, 2017 – December 31, 2017, and have not been independently validated by the Co-Monitors. As with all FSA measures, the Co-Monitors will perform a verification process prior to reporting performance for future monitoring periods. Should adjustments be necessary, a final methodology will be finalized and approved by April 1, 2019.

Data reflecting the percentage of all children receiving Comprehensive Mental Health Assessments after entering care are currently available:[3]

Methodology for collection and reporting of data reflecting the percentage of children receiving Comprehensive Mental Health Assessments by April 30, 2019.

Produce data for children receiving Comprehensive Mental Health Assessments for MP5.

Methodology for collection and reporting of data reflecting the percentage of children receiving Comprehensive Mental Health Assessments after identification of need will be finalized and approved by Co-Monitors by June 30, 2019.

Baseline data will be calculated for all children who enter DSS custody in MP7.[4]

Interim benchmarks will be submitted to the Co-Monitors for approval by May 31, 2020.[5]

Developmental Assessments

Baseline data and **Interim Benchmarks**: [6]

	Class members 36 months or nder referred to the state entity responsible for developmental assessments within 30 days	Class members 36 months or under referred to the state entity responsible for developmental assessments within 45 days

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[3] These data are for the period July 1, 2017 – December 31, 2017. They have not been independently validated by the Co-Monitors.

[4] In the Healthcare Addendum, DSS proposed adding nurses to the staff of the Office of Child Health and Wellbeing. One duty of these nurses will be to review the findings of the Comprehensive Medical Assessment and create an action item in CAPSS for all children identified in need of a Comprehensive Mental Health Assessment. Prior to this, these nurses must be hired, data input, data tested, data collected, and interim enforceable targets sets. DSS will complete each of those steps as follows: Nurses will be hired by September 30, 2019. Data will be input by the nurses from October 1, 2019 through March 31, 2020 (MP7). Data will be tested and collected for MP7. Interim enforceable targets will be set by May 30, 2020.

[5] As an alternate, baseline and interim enforceable targets could be set using data reflecting the percentage of children receiving Comprehensive Mental Health Assessments reported for MP5. If this data is used, baselines and interim enforceable targets could be set by May 30, 2019. These could be adjusted, if necessary, once the full methodology to include identification of need is developed and implemented.

[6] DSS has developed a methodology for reporting these data based on CAPSS enhancements, and believes baseline data reported are valid and form a sound basis for the development of interim benchmarks. These data are for the period July 1, 2017 – December 31, 2017, and have not been independently validated by the Co-Monitors. As with all FSA measures, the Co-Monitors will perform a verification process prior to reporting performance for future monitoring periods. Should adjustments be necessary, a final methodology will be finalized and approved by April 1, 2019.

	of entering care	of entering care
Target	90%	95%
Baseline	19%	20%
Sep-19	29%	30%
Mar-20	39%	40%
Sep-20	64%	67%
Mar-21	90%	95%

Initial Dental Exams

Baseline data and **Interim Benchmarks**: [7]

	Class members ages two and above received a dental examination within 60 days of entering care	Class members ages two and above received a dental examination within 90 days of entering care
Target	60%	90%
Baseline	47%	60%
Sep-19	50%	68%
Mar-20	54%	75%
Sep-20	60%	83%
Mar-21	60%	90%

Periodic Preventative Visits

Baseline data and **Interim Benchmarks**: [8]

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[7] DSS worked with DHHS to develop a methodology for reporting these data based on Medicaid claims data, and believes baseline data reported are valid and form a sound basis for the development of interim benchmarks. These data are for the period July 1, 2017 – December 31, 2017, and have not been independently validated by the Co-Monitors. As with all FSA measures, the Co-Monitors will perform a verification process prior to reporting performance for future monitoring periods. Should adjustments be necessary, a final methodology will be finalized and approved by April 1, 2019.

[8] DSS worked in collaboration with DHHS on a methodology for reporting these data based on CMS (Centers for Medicare and Medicaid Services) guidance, and believes baseline data reported are valid and form a sound basis for the development of interim benchmarks. These data are for the period July 1, 2017 – December 31, 2017, and have not been independently validated by the Co-Monitors. As with all FSA measures, the Co-Monitors will perform a verification process prior to reporting performance for future monitoring periods. Should adjustments be necessary, a final methodology will be finalized and approved by April 1, 2019.

	Class members under the age of six months in care for one month or more received a periodic preventative visit monthly	Class members between six months and 36 months in care for one month or more received a periodic preventative visit in accordance with current American Academy of Pediatrics periodicity guidelines	Class members between six months and 36 months in care for one month or more received a periodic preventative visit semi-annually	Class members 3 years or above in care for six months or more received a periodic preventative visit semi-annually	Class members 3 years or above in care for six months or more received a periodic preventative visit annually
Target	90%	90%	98%	90%	98%
Baseline	76%	74%	80%	40%	79%
Sep-19	79%	77%	84%	50%	83%
Mar-20	83%	81%	88%	63%	88%
Sep-20	86%	86%	93%	77%	93%
Mar-21	90%	90%	98%	90%	98%

Periodic Dental Care

Baseline data and **Interim Benchmarks**: [9]

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[9] DSS worked with DHHS to develop a methodology for reporting these data based on Medicaid claims data, and believes baseline data reported are valid and form a sound basis for the development of interim benchmarks. These data are for the period July 1, 2017 – December 31, 2017, and have not been independently validated by the Co-Monitors. As with all FSA measures, the Co-Monitors will perform a verification process prior to reporting performance for future monitoring periods. Should adjustments be necessary, a final methodology will be finalized and approved by April 1, 2019.

	Class members ages two and above in care for six months or longer received a dental examination semi-annually	Class members ages two and above in care for six months or longer received a dental examination annually
Target	75%	90%
Baseline	76%	85%
Sep-19	75%	86%
Mar-20	75%	87%
Sep-20	75%	89%
Mar-21	75%	90%

Follow-up Care

Methodology for collection and reporting of these data will be finalized and approved by the Co-Monitors by April 1, 2019.

Baseline data will be calculated for all children who enter DSS custody in MP6.

Interim benchmarks will be submitted to the Co-Monitors for approval by November 30, 2019.