

**Wisconsin Department of Health Services
 Foster Care Medical Home (Care4Kids)
 Quality Measures Operational Guide
 Measurement Year (MY) 2021**

This Guide provides an overview of the quality measures and operational details that support Wisconsin Department of Health Services’ Foster Care Medical Home initiative. It includes information pertinent to submission of data and calculation of results.

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I. Program Goals and Quality Approach

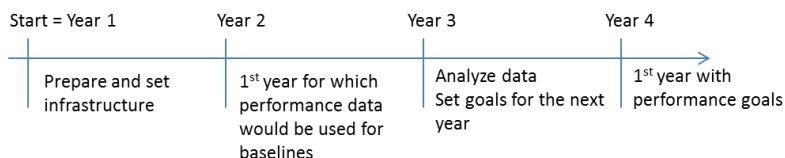
Care4Kids provides comprehensive, coordinated physical, dental, developmental and behavioral health services for children in out of home care delivered through a medical home model.

The program has been designed to ensure that children in out of home care receive high quality, trauma-informed health care that includes early screening and comprehensive health assessment at the time of entry into out of home care, an enhanced schedule of well child checks, and access to dental and evidence-informed behavioral health services.

The Care4Kids medical home will provide comprehensive and coordinated health care services based on a child-centric, individualized treatment plan. Care is integrated across multiple elements of the broader health care system including primary and specialty care, dental, developmental, behavioral health, inpatient hospital, and community services and supports. Expected outcomes include improved quality, timeliness and access to necessary health services, as well as coordinated health service delivery including transitional planning, to assure continuity of health care throughout the child’s stay in out of home care and up to an additional twelve months after discharge from out of home care.

Quality Approach:

1. Initial measures focus primarily on process objectives that track timely access to care and service utilization including the out of home care health screen and comprehensive initial health assessment, care plan development, measures of clinical prevention services (developmental and behavioral health screenings, immunizations, dental, etc.) and access to needed mental health services including oversight of psychotropic medications.
2. Measures TBD may include impact of Care4Kids on emergency department visits and hospitalizations, population health, trauma-informed practice and service delivery, and methods to measure child and/or caregiver satisfaction with Care4Kids health care coordination, provider network, and service delivery.
3. The DHS intends to use the timeline described below re: the use of quality measures:



Note: Year 1 begins January 1, 2014

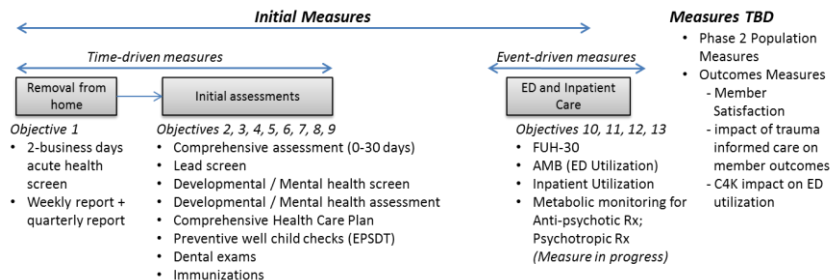
Measurement Year 2021 (MY2021):

The Department set performance targets for MY2016 for selected Initial Measures to track performance related to the provision of additional dollars for Care Coordination Staff and an Assessment/Evaluation team in MY2016. The Department will continue in MY2021 to track performance of the Care Coordination Staff and an Assessment/Evaluation team against the performance targets set in MY2016. A complete list of MY2021 Foster Care Medical Home (Care4Kids) Performance Targets can be found in Section IV of this Guide.

II. Objectives and Measures:

All objectives and measures may be found in Addendum VII of the Foster Care Medical Home Contract for Services January 1, 2020 – December 31, 2021.

Overview of measures:



Objective 1: Timely Out of Home Care Health Screen

Description: Out of Home Care Health Screen is completed within 2 business days of the child’s removal date.

Measure: 1: Number and % of children who had a timely health screen.

Numerator: Children newly entering out of home care in the report period with health screen completed before the end of the day on the second business day from the removal date (example: youth removed on 1/4/16, screen completed before the end of 1/6/16).

Denominator: All children newly entering out of home care in the report period.

Comment:

1. Newborns being detained from the birth hospital are an exemption, per Article IV, A (2.a).
2. Children detained from an inpatient hospital setting are an exemption, per Article IV, A (2.a).
3. Children taken into protective custody at the time of or subsequent to the completion of a forensic evaluation may be granted an exemption under specific circumstances, per Article IV, A (2.a)
4. Children with an out-of-home care placement date prior to January 1, 2014 or children becoming eligible for Care4Kids without a new allegation of abuse or neglect (removal date may be post 1/1/2014) are an exemption, per Article IV, A (2.a).
5. Children placed directly in secure detention are an exemption.

Objective 2: Timely Comprehensive Initial Health Assessment

Description: Within 30 days of enrollment in Care4Kids, children will have a comprehensive initial assessment of their health.

Measure: 2: Number and % of children newly enrolled in Care4Kids during the report period who have a Comprehensive Initial Health Assessment completed within 30 days of their enrollment date.

Numerator: Children newly enrolled in Care4Kids during the report period with a completed Comprehensive Initial Health Assessment within 30 days of their enrollment date.

Denominator: All children newly enrolled in Care4Kids in the report period.

Comment:

1. Children enrolled fewer than 30 days will be removed from the denominator
2. Children remaining in an inpatient hospital setting for more than 30 days from enrollment will have 30 days from their discharge date to receive the expected Comprehensive Initial Health Assessment.
3. Children retroactively enrolled by 30 days or more are expected to be seen within 30 days of Children's Hospital being notified of enrollment. Children's Hospital will report these members separately.
4. Children's Hospital will report on children enrolled as of the first 834 report received by Children's Hospital after the end of the reporting period.
5. Report will break out Comprehensive Initial Health Assessments that take place at COEs.
6. Children with out-of-home care placement dates prior to January 1, 2014 and children enrolling in Care4Kids without a new allegation of abuse or neglect (removal date may be post 1/1/2014) will be reflected as "compliant" in the calculation if they are up to date with HealthCheck periodicity and have documentation of the most recent HealthCheck that occurred during their out-of-home care placement.

Objective 3: Timely Developmental and/or Mental Health Screen

Description: Within 30 days of enrollment in Care4Kids, children will have a developmental and/or mental health screen completed using a validated screening tool.

Measure: 3: Number and % of children newly enrolled in Care4Kids during the report period who have an expected screen (developmental or mental health) completed within 30 days of their enrollment date.

Numerator: Children age 60+ days newly enrolled in Care4Kids during the report period with a completed developmental or a mental health screen within 30 days of enrollment.

Denominator: All children age 60+ days newly enrolled in Care4Kids during the report.

Objective 4: Timely Developmental Assessment

Description: Children newly enrolled in Care4Kids screened as needing a developmental assessment receive a developmental assessment.

Measure: 4: Of children 2-60 months newly enrolled in Care4Kids whose developmental screen indicated a need for a developmental assessment, number and % who had a completed developmental assessment.

Numerator: Children (2-60 months in age) newly enrolled in Care4Kids during the report period with a completed developmental screen that indicated the need for a developmental assessment and who have a documented developmental assessment within 90 days of the positive screening date.

Denominator: All children (2-60 months in age) newly enrolled in Care4Kids during the report period screened as needing a developmental assessment within 30 days of enrollment.

Comment:

1. Children already enrolled in services will be considered exempt from this measure.

Objective 5: Timely Mental Health Assessment

Description: Children newly enrolled in Care4Kids screened as needing a mental health assessment receive a mental health assessment.

Measure: 5: Of children newly enrolled in Care4Kids whose mental health screen indicated a need for a mental health assessment, number and % who had a completed mental health assessment.

Numerator: All children newly enrolled in Care4Kids during the report period with a completed mental health screen that indicated the need for a mental health assessment, and who have a documented mental health assessment within 90 days of the positive screening.

Denominator: All children newly enrolled in Care4Kids during the report period who were screened as needing a mental health assessment within 30 days of enrollment.

Comment:

1. Children already enrolled in services will be considered exempt from this measure.

Objective 6: Timely Comprehensive Health Care Plan

Description: All children enrolled in Care4Kids will have an up-to-date Comprehensive Health Care Plan.

Measure: 6(a): Number and % of children newly enrolled in Care4Kids during the report period who have a Comprehensive Health Care Plan developed within 60 days of their enrollment date.

Numerator: All children newly enrolled in Care4Kids within the report period with a Comprehensive Health Care Plan developed within 60 days of their enrollment date.

Denominator: All children newly enrolled (including children re-enrolled more than 6 months after the child's last disenrollment) in Care4Kids during the report period.

Comment:

1. Children enrolled fewer than 60 days are an exemption
2. Children's Hospital will report on children enrolled as of the first 834 report received by Children's Hospital after the end of the reporting period.
3. Children retroactively enrolled by 45 days or more will have a completed Comprehensive Health Care Plan within 60 days of Children's Hospital being notified of enrollment. Children's Hospital will report these members separately.
4. Children re-enrolled less than six months after the child's last disenrollment may continue to use the child's previously developed Comprehensive Health Care Plan. The Comprehensive Health Care Plan must be reviewed and updated if indicated, per Article II, D.(2).

Measure: 6(b): Number and % of Comprehensive Health Care Plans that have been updated once in the last six-months.

Numerator: All children enrolled in Care4Kids during the report period that have a Comprehensive Health Care Plan that has been updated within six months from the date of the previous Comprehensive Health Care Plan.

Denominator: All children continuously enrolled in Care4Kids (including children re-enrolled less than 6 months after the child's last disenrollment) who are due for an updated Comprehensive Health Care Plan.

Objective 7: Health Check periodicity

Description: All children enrolled in Care4Kids will be up to date with expected HealthCheck periodicity.

Measure: 7: Number and % of children who are up to date with expected HealthCheck exams as defined by the enhanced periodicity schedule.

Numerator: All children enrolled in Care4Kids who are up to date with their last expected HealthCheck exam during the reporting period as defined by the enhanced periodicity schedule.

Denominator: All children enrolled in Care4Kids.

Comment:

1. Enhanced periodicity schedule for well child exams:
 - Every month for the first 6 months of age;
 - Every three months between ages 6 months and 2 years of age;
 - Twice a year after 2 years of age
2. Where applicable, the Comprehensive Initial Health Assessment will count as the last expected HealthCheck exam following which the recommended enhanced periodicity schedule will apply.
3. Compliance is defined to allow the following age-related variance regarding the date of completion of the last expected HealthCheck exam:
 - For children ages 6 months and under during the report period: the allowable variance includes the 20 days subsequent to the expected date of completion
 - For children ages 7 months to 24 months during the report period: the allowable variance includes the 30 days subsequent to the expected date of completion
 - For children ages 25 months and older during the report period: the allowable variance includes the 60 days subsequent to the expected date of completion

Objective 8: Timely Comprehensive Dental Exam

Description: Children enrolled in Care4Kids age 12 months and older will be seen twice yearly for comprehensive dental exams. Children age 12 months and older with no previous comprehensive dental exam history will receive a comprehensive dental exam within 3 months of enrollment.

Measure **8(a): Number and % of children newly enrolled in Care4Kids who received a comprehensive dental exam within 3 months of enrollment.**

Numerator: Number of children age 12 months and older newly enrolled in Care4Kids during the report period who received an initial comprehensive dental exam within 3 months of their enrollment date.

Denominator: All children ages 12 months and older newly enrolled in Care4Kids during the report period that did not have a comprehensive dental exam documented in the 3 months prior to their enrollment.

Comments:

1. If there is no record of a comprehensive dental exam in the 6 months prior to enrollment, the initial comprehensive dental exam must be completed within 3 months from the date of enrollment
2. If a comprehensive dental exam occurred before 3 months prior to the date of enrollment, the initial comprehensive dental exam must be completed within 3 months from the date of enrollment
3. If a comprehensive dental exam occurred within 3 months prior to the date of enrollment, the initial comprehensive dental exam must be completed within 6 months from the date of the documented comprehensive dental exam – these children are not included in the above measure.
4. Compliance is defined to allow up to a one month variance regarding the date of completion of the comprehensive dental exam.
5. A comprehensive dental exam is defined as a claim or encounter submit containing any of the following procedure codes: 'D0120', 'D0150', 'D0140'.

Measure: **8(b): Number and % of children enrolled in Care4Kids expected to receive a comprehensive dental exam during the report period that received a comprehensive dental exam.**

Numerator: All children enrolled in Care4Kids with an expected date of next dental exam during the report period that received a comprehensive dental exam within 6 months of the previous exam.

Denominator: All children enrolled in Care4Kids with an expected date of next dental exam during the report period.

Comments:

1. Compliance is defined to allow up to a one month variance regarding the date of completion of the comprehensive dental exam.

- 2. A comprehensive dental exam is defined as a claim or encounter submit containing any of the following procedure codes: 'D0120', 'D0150', 'D0140'.

Objective 9: Blood Lead Testing

Description: All children enrolled in Care4Kids 2 years of age will be screened for lead poisoning. The Department will use the latest HEDIS specifications applicable to the dates of service in MY2021.

Measure: 9: Number and % of children enrolled in Care4Kids 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Numerator: All children enrolled in Care4Kids who turned 2 years of age during the report period, with a completed lead screen (at least one lead capillary or venous blood test on or before the child's second birthday).

Denominator: All children who were enrolled in Care4Kids 11 of 12 months prior to and on their second birthday.

Objective 10: Immunization Status

Description: Children enrolled in Care4Kids will be fully immunized within 6 months of enrollment. The Department will use the latest HEDIS specifications applicable to the dates of service in MY2021.

Measure: 10(a): Number and % of children enrolled in Care4Kids that receive combo immunizations in accordance with the latest HEDIS specifications.

Numerator: All children enrolled in Care4Kids who turned 2 years of age during the report period that are up to date on all CIS Combo 3 immunizations.

Denominator: All children who were enrolled in Care4Kids 11 of 12 months prior to and on their second birthday.

Measure 10(b): Number and % of children enrolled in Care4Kids that receive immunizations for adolescents in accordance with the latest HEDIS specifications.

Numerator: All children enrolled in Care4Kids who turned 13 years of age during the report period that are up to date on all IMA Combo 2 immunizations.

Denominator: All children who were enrolled in Care4Kids 11 of 12 months prior to and on their thirteenth birthday.

Objective 11: Outpatient Mental Health Follow Up

Description: HEDIS Measure for Outpatient MH Follow Up within 30 days following Inpatient MH Hospitalization. The Department will use the latest HEDIS specifications applicable to the dates

Measure: 11: Number and % of children 6 years of age and older enrolled in Care4Kids who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge for treatment of selected mental health disorders.

Numerator: Children 6 years of age or more enrolled in Care4Kids during the report period with an outpatient visit, intensive outpatient encounter or partial hospitalization (HEDIS Value Sets) with a mental health practitioner within 30 days after discharge for treatment of selected mental health disorders. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.

Denominator: All children 6 years of age or older enrolled in Care4Kids during the report period who were hospitalized and discharged for treatment of selected mental health disorders. The child must be enrolled in Care4Kids as of their discharge date and 30 or more consecutive days after discharge.

Objective 12: Emergency Department Utilization

Description: The Department will use the latest HEDIS specifications applicable to the dates of service in MY2021.

Measure: 12: % of children enrolled in Care4Kids who utilize the emergency department for care.

Numerator: All children enrolled in Care4Kids during the report period that have emergency department (ED) visits.

Denominator: All children enrolled in Care4Kids during the report period.

Comment:

1. This is a utilization measure (# of ED visits per 1000 member months). The HEDIS AMB measure has two components – ED and Outpatient visits. This measure focuses only on ED visits and excludes revenue code 0456 which pertains to Urgent Care.
2. Measure excludes ED visits that resulted in an inpatient admission.
3. Urgent Care exclusion (code 0456) should not be excluded by C4K, since this data will be reported to CMS through MACPro.

Commented [AMW1]: Added to align with HMO Quality Guide.

Objective 13: Inpatient Hospital Utilization

Measure: 13: Number and % of children enrolled in Care4Kids who have 1 or more inpatient hospital stay(s) during the reporting period.

Numerator: All children enrolled in Care4Kids during the report period that have one or more inpatient hospital stays (excluding inpatient mental health hospitalizations)

Denominator: All children enrolled in Care4Kids during the report period.

Objective 14: Anti-Psychotic medication measures

Measure: 14(a): Number and % of children starting on anti-psychotic medication after entering Care4Kids program, for whom all metabolic measures were recorded (BMI, Glucose and/or HbA1c, non-fasting Lipid profile) as baseline, before or at the time of starting on anti-psychotics.

Numerator: # of children receiving all 3 tests (BMI, Glucose and/or HbA1c, non-fasting Lipid profile) as baseline, before or at the time of starting on anti-psychotics. Appropriate lab results from within 3 months prior to starting on anti-psychotics would be acceptable in lieu of newly administered tests. If previous lab results are not available, the 3 metabolic tests should be performed within 30 days of the anchor date.

Anchor date: Date of receipt of the Care4Kids Monthly Report uploaded to the SFTP by DHS.

Denominator: # of children starting on anti-psychotic medication after enrolling in Care4Kids, who were due for the baseline tests during the reporting period. This includes children who started on anti-psychotic medication in the previous reporting period but their due date (30-days) fell in the current reporting period.

Comment:

1. If a child has the tests completed on separate days, the updated labs should be drawn 6 months from the earliest date.
2. If a child is re-enrolled less than six months after the child's last disenrollment the child will continue as they were previously reported either 14a or 14b, and will require another test within six months of the previous test. If the child re-enrolls after 6 months of the last disenrollment date they should be re-categorized (if necessary) and receiving tests within the respective measurement period.

Measure: 14(b): Number and % of children already on anti-psychotic medication before entering Care4Kids program, for whom all metabolic measures were recorded (BMI, Glucose and/or HbA1c, non-fasting Lipid profile) as baseline, within 60 days of entering the program.

Numerator: # of children receiving all 3 tests (BMI, Glucose and/or HbA1c, Lipid profile) as baseline, within 60 days of the anchor date. Appropriate lab results from within 3 months prior to starting on anti-psychotics would be acceptable in lieu of newly administered tests. If previous lab results are not available, the 3 metabolic tests should be performed within 60 days of the anchor date.

Anchor date: Date of receipt of the Care4Kids Monthly Report uploaded to the SFTP by DHS.

Denominator: # of children who had an anti-psychotic prescription dispensed within 90 days prior to enrolling in Care4Kids, who were due for the baseline tests during the reporting period. This includes children who enrolled in the previous reporting period but their due date fell in the current reporting period.

Comment:

1. If a child has the tests completed on separate days, the updated labs should be drawn 6 months from the earliest date.
2. If a child is re-enrolled less than six months after the child's last disenrollment the child will continue as they were previously reported either 14a or 14b, and will require another test within six months of the previous test. If the child re-enrolls after 6 months of the last disenrollment date they should be re-categorized (if necessary) and receiving tests within the respective measurement period.

Measure: 14(c): Number and % of children on anti-psychotic medication for whom all metabolic measures were updated at or near the 6-month mark from the last previous date of metabolic measurement.

Numerator: # of children with recorded BMI receiving 2 tests (Glucose or HbA1c and Lipid profile) or proper monitoring as defined in the comments section, at or near the 6-month mark from the last previous date of metabolic measurement. The 2 follow-up tests must be performed within the 60-day window defined as the time between the 5th and the 7th month from the last previous date of metabolic measurement.

For children starting anew on antipsychotics, the window would be 5th to the 7th month from the date baseline measurement was done.

For children already on antipsychotics, the window would be 5th to the 7th month from the immediately previous date when the 2-test metabolic measurements were updated.

Denominator: # of children already on anti-psychotics who were due for a "follow-up" during the reporting period, and who were enrolled in Care4Kids during the 60-day window of the follow-up.

Comment:

1. A child will be considered compliant without receiving these tests, if the Health Care Coordination team confirms the following criteria are met:

- a. The BMI is <85th percentile and BMI percentile has not increased >15% in past 6 months
 - b. Their antipsychotic dosage has remained the same or decreased in the past 6 months
 - c. There is not a new antipsychotic medication prescribed in the past 6 months
 - d. Previous metabolic lab results were within normal range. If actual results are not available, it is acceptable to have documentation in a provider's note that labs have been obtained and are within normal range
2. A child is required to receive these tests at least once within a 12 month period (with one month grace period), even if monitoring shows they are stable.
 3. If a child has the tests completed on separate days, the updated labs should be drawn 6 months from the earliest date.
 4. If a child is re-enrolled less than six months after the child's last disenrollment, the child will continue on periodicity with the anchor date being the previous lab date (unless child is due while disenrolled). If the child re-enrolls after 6 months and continues on a qualifying medication they require another test within the respective measurement period as outlines in 14a and 14b.
 5. If the 2 tests are administered prior to 5 months, Care4Kids Medical Director will determine if laboratory results would quality as proper follow-up

Objective 15: Psychotropic medication measure:

Measure: 15: Number and % of children who met the polypharmacy criteria, and for whom an interdisciplinary team case review was performed.

Numerator: # of children who met the polypharmacy criteria and for whom an interdisciplinary team case review (as described below) was performed within 60 days of the provider being alerted to the child's polypharmacy status.

Denominator: # of children who met the polypharmacy criteria during the reporting period.

Comments:

1. The interdisciplinary team would include the assigned HCC, child welfare case manager, and a child psychiatrist, and as appropriate, representation from other primary care and behavioral health care provider staff involved in the delivery of behavioral health care and related services to the child. Foster care caregivers and/or biological parents should be included (either in person or input solicited) when appropriate.
2. The goal of the individualized case reviews would be to ensure cross-system coordination and information-sharing between medical providers, foster parents, mental health workers and the child welfare system to collectively address child-specific behavioral health issues and related psychotropic drug prescribing, and to more effectively support a trauma-informed approach to care, develop a holistic understanding of the child's situation, inform shared case planning, foster creative problem solving and improve oversight and monitoring of psychotropic medication use.

3. There should be documentation of the outcome of the meeting, including action steps and follow up plan.
4. The interdisciplinary case review must be performed within 60 days of the provider being alerted of the child's polypharmacy status.
5. There should be documentation of the outcome of the meeting results in the child's updated care plan, including any recommended action steps and follow up.

1. Data Submission and Reporting

Reporting Frequency	Measure	Reporting Period	Date report will be sent
Semiannually	Measure 1: Timely Out of Home Care Health Screen	Jan - Jun 2021 Jul - Dec 2021	8/31/2021 2/28/2022
	Measure 2: Timely Comprehensive Initial Health Assessment		
	Measure 3: Developmental / Mental Health Screen within 30 Days of Enrollment		
	Measure 4: Timely Developmental Assessment		
	Measure 5: Timely Mental Health Assessment		
Semiannually	Measure 6a: Timely development of Comprehensive Health Care Plan	Jan – Jun 2021	10/31/2021
	Measure 6b: Timely update of the Comprehensive Health Care Plan		
	Measure 14a: Baseline metabolic monitoring – for kids with antipsychotic medication <i>post</i> -enrollment		
	Measure 14b: Baseline metabolic monitoring – for kids with antipsychotic medication <i>pre</i> - enrollment		
	Measure 14c: Timely on-going metabolic monitoring		8/31/2021
Measure 15: Timely interdisciplinary case review of kids meeting poly-pharmacy criteria			
Semiannually	Measure 6a: Timely development of Comprehensive Health Care Plan	Jul – Dec 2021	4/30/2022
	Measure 6b: Timely update of the Comprehensive Health Care Plan		
	Measure 14a: Baseline metabolic monitoring – for kids with antipsychotic medication <i>post</i> -enrollment		
	Measure 14b: Baseline metabolic monitoring – for kids with antipsychotic medication <i>pre</i> - enrollment		
	Measure 14c: Timely on-going metabolic monitoring		2/28/2022
Measure 15: Timely interdisciplinary case review of kids meeting poly-pharmacy criteria			
Annually	Measure 7: HealthCheck Periodicity	Jan - Dec 2021	9/30/2022
	Measure 9: Blood Lead Testing		
	Measure 10a: Childhood Immunization Status		
	Measure 10b: Immunization for Adolescents		
	Measure 11: Follow-up after Hospitalization for mental health		
	Measure 12: Emergency Department utilization		
Measure 13: In-patient hospital utilization			
Dental Metric Semiannually	Measure 8a: Timely comprehensive dental exam at enrollment	Jan – Jun 2021	2/28/2022
	Measure 8b: Timely comprehensive dental exam periodicity		
	Measure 8a: Timely comprehensive dental exam at enrollment	Jul – Dec 2021	8/31/2022
	Measure 8b: Timely comprehensive dental exam periodicity		

2. Performance Targets

The following table shows the MY2021 Initial Measures selected for Performance Targets, the MY2021 Level Targets, and Report Frequency.

MY2021 Foster Care Medical Home (Care4Kids) Performance Targets					
MY2021 Measures	Timeframe For Historical Averages	Historical Performance Average	Level Target for MY2021	Comment	Report Frequency
Timely Comprehensive Initial Health Assessment	2014 – Q2 2015	56.6% within 30 days	75%	Additional outreach coordination staff will target getting these appointments scheduled. Compliance during Q1 and Q2 2014 was ~80% with similar new enrollment per month as can be expected in 2016.	Semi-Annually
Timely Developmental and/or Mental Health Screen Using a Validated Screening Tool	2014 – Q2 2015	42.3% completed with a validated screening tool	60%	Outreach coordination staff may now conduct the validated screening tools prior to the comprehensive initial health assessment, addressing the barrier of changing provider workflows to use a validated screening tool. Denominator for this measure will change to “all new enrollees” from “kids receiving comprehensive initial health assessment”.	Semi-Annually
Timely Developmental Assessment	2014 – Q2 2015	41% completed	75%	Investing in an in-house assessment team for the clinical model will ensure resources and ability for all assessments. Historical performance data shows that 90 day requirement is reasonable.	Semi-Annually
Timely Mental Health Assessment	2014 – Q2 2015	46.5% completed	75%	Investing in an in-house assessment team for the clinical model will ensure resources and ability for all assessments. Historical performance data shows that 90 day requirement is reasonable.	Semi-Annually
Timely Initial Comprehensive Dental Exam	2014	35.5% completed within 3 months	45%	Ensures measurement of dental is emphasizing establishment of a dental home and care plan.	Semi-Annually
Timely Comprehensive Health Care Plan	2014 – June 2015	92% completed within 60 days	100%	Measure is 100% within CCHP’s control. Additional outreach coordination staff will lower member/staff ratio, helping to ensure comprehensive care plans are completed in a timely manner.	Semi-Annually

