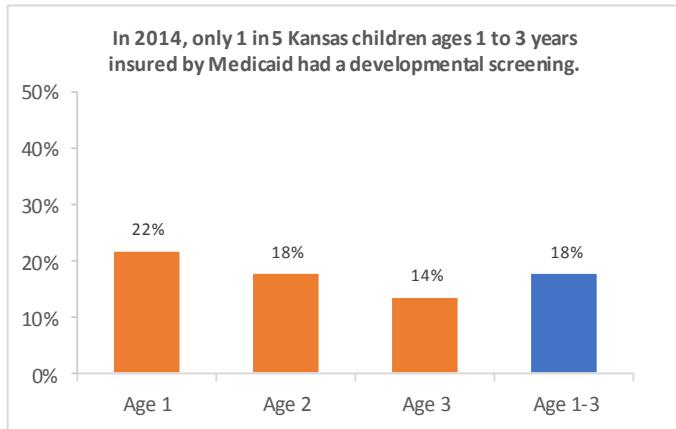


Developmental Screening: Kansas

Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends developmental screening starting at nine months.

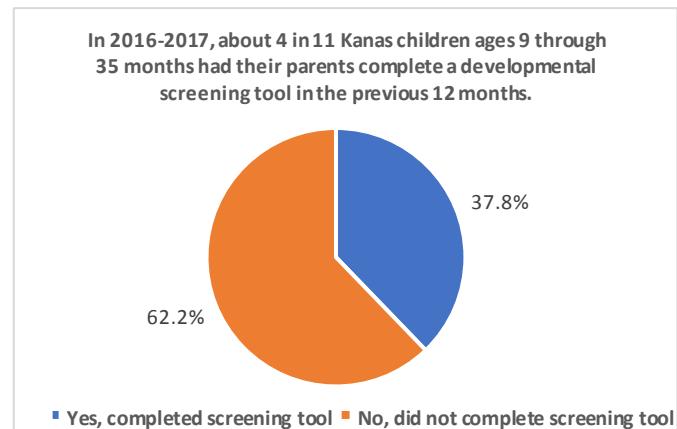


Medicaid Measure	Title V MCH Measure
The percentage of children screened for the risk of developmental, behavioral, and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday	The percentage of children, ages 9 through 35 months, receiving a developmental screening using a parent-completed screening tool



Source: Medicaid Data Analytic Interface (DAI), 2014; Medicaid Focus package, 2014

Measure is part of the Child Core Set for the Centers for Medicare & Medicaid Services. Data represent administrative claims for



Source: National Survey of Children's Health, 2016-2017
Measure is a national performance measure. Data represent children who had an annual visit with a healthcare provider and their parent reported completing a developmental screening tool.

Making a Difference

Kansas Medicaid has adopted the *Bright Futures/American Academy of Pediatrics Periodicity Schedule* as a standard for pediatric preventive services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) programs. The schedule recommends developmental screening at 9, 18 and 30 months. Local Maternal & Child Health (MCH) Programs follow *Bright Futures* guidelines and schedules.

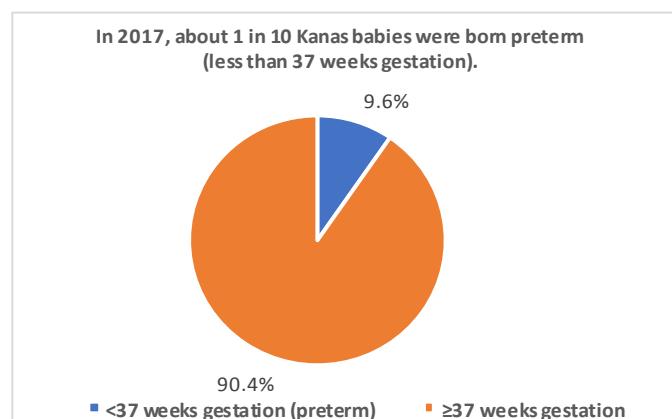
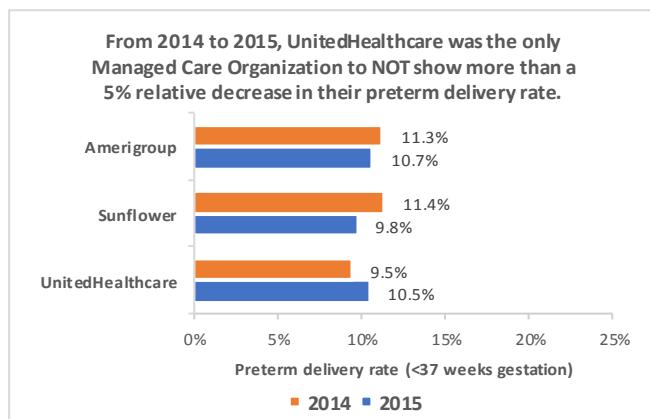
Kansas Title V program is working to increase the proportion of children age 1 month to Kindergarten entry statewide who receive a parent-completed developmental screening annually, as part of a child well visit with a health care provider. Improving coordination of referral and services among early care and education, home visitors, medical homes, and early intervention is also a central focus.

Preterm Birth: Kansas

Babies born preterm, before 37 completed weeks of gestation, are at increased risk of immediate life-threatening health problems, as well as long-term complications and developmental delays. Among preterm infants, complications that can occur during the newborn period include respiratory distress, jaundice, anemia, and infection. Long-term complications can include learning and behavioral problems, cerebral palsy, lung problems, and vision and hearing loss.



Medicaid Measure	Title V MCH Measure
Percent of deliveries with gestational age <37 weeks	Percent of preterm births (<37 weeks gestation)



Source: KanCare Annual Report to CMS, 2017

The measure is a pay-for-performance measure. Every year the Managed Care Organizations (MCOs) must demonstrate a 5% relative decrease in preterm birth. Data represent administrative claims provided by the MCOs and were recalculated by the external

Source: KDHE Bureau of Epidemiology and Public Health Informatics
Data represent the percent of live births where the gestational age on the birth certificate was less than 37 weeks.

Making a Difference

Prior spontaneous preterm birth and decreased cervical length are two non-modifiable risk factors for preterm births. Progesterone therapy helps reduce the risk of preterm birth among high risk pregnant women. The Kansas Title V program is working to increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40% by 2018, and increase annually thereafter. The Kansas Title V program is increasing patient, family and community understanding of progesterone use and full-term births. Another focus is promoting universal practice protocols and tools to timely, reliably, and effectively screening women for history of preterm birth and short cervix.