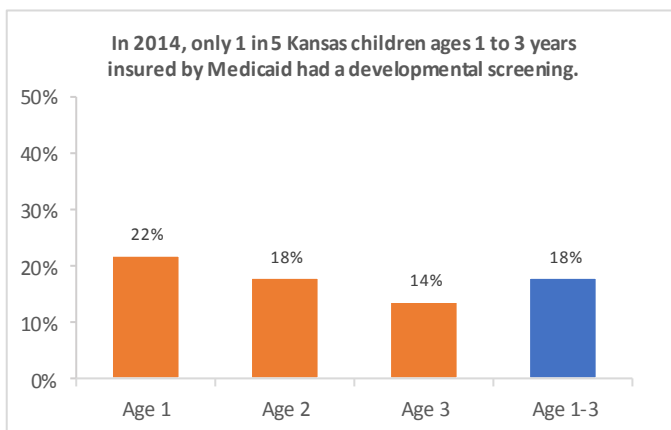


# Developmental Screening: Kansas

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.

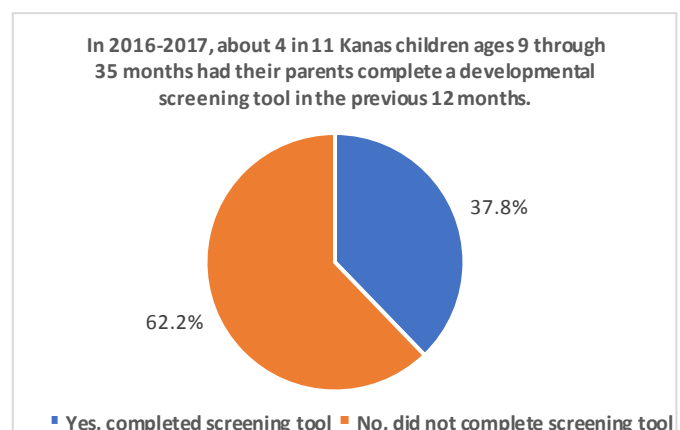


Medicaid Measure	Title V MCH Measure
The percentage of children screened for the risk of developmental, behavioral, and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday	The percentage of children, ages 9 through 35 months, receiving a developmental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



This fact sheet, created by the Kansas Department of Health and Environment Bureau of Epidemiology and Public Health Informatics and Bureau of Family Health demonstrates the alignment of the Title V Maternal & Child Health (MCH) and Medicaid measures. The Title V Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs and their families.

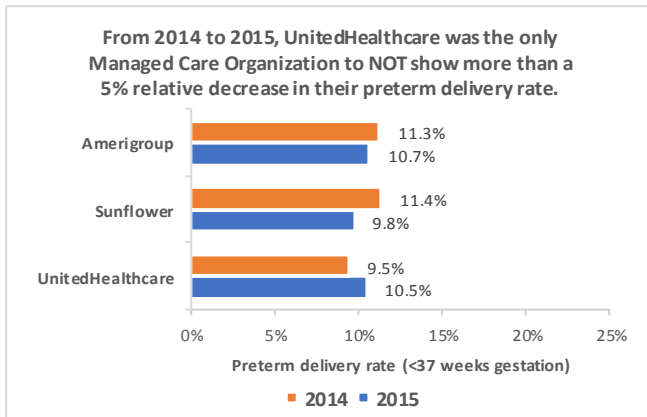


# Preterm Birth: Kansas

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.

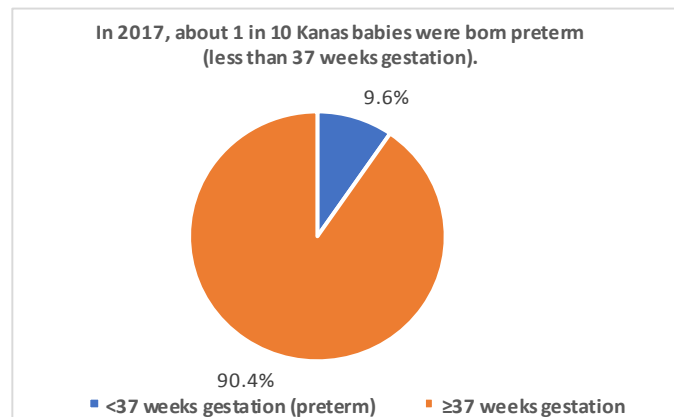


Medicaid Measure	Title V MCH Measure
Percent of deliveries with gestational age <37 weeks	Percent of preterm births (<37 weeks gestation)



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.



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