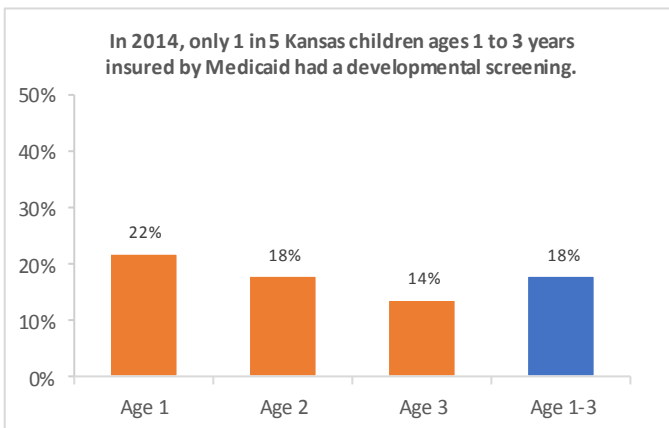


Developmental Screening: Kansas

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.

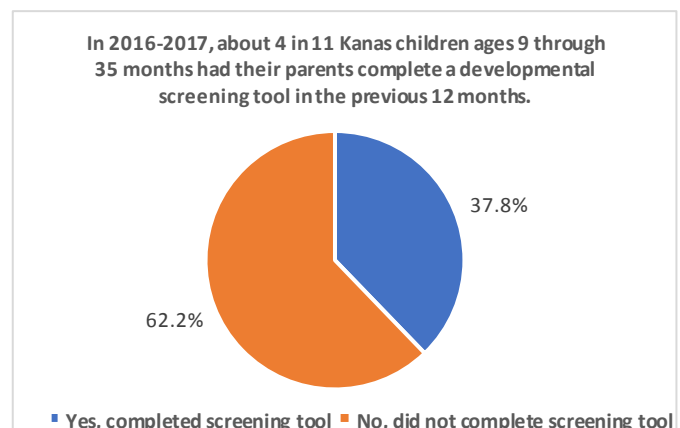


Medicaid Measure	Title V MCH Measure
The percentage of children screened for the risk of developmental, behavioral, and social delays using a standardized tool in the 12 months preceding their first, second, or third birthday	The percentage of children, ages 9 through 35 months, receiving a developmental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

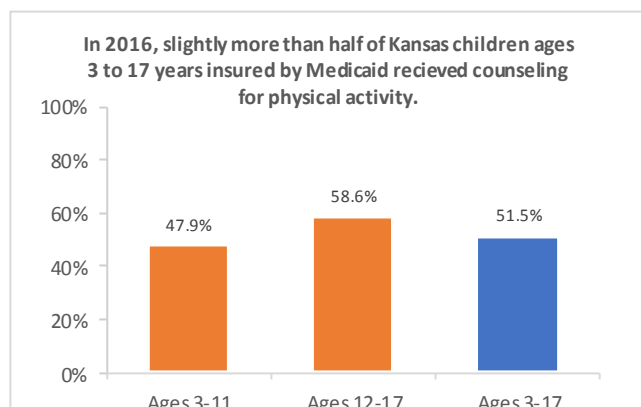


Physical Activity for Children and Adolescents: Kansas

Regular physical activity can improve the health and quality of life for Kansans of all ages, regardless of the presence of chronic disease or disability. Physical activity in children and adolescents reduces the risk of early life risk factors for cardiovascular disease, hypertension, Type II diabetes, and osteoporosis.

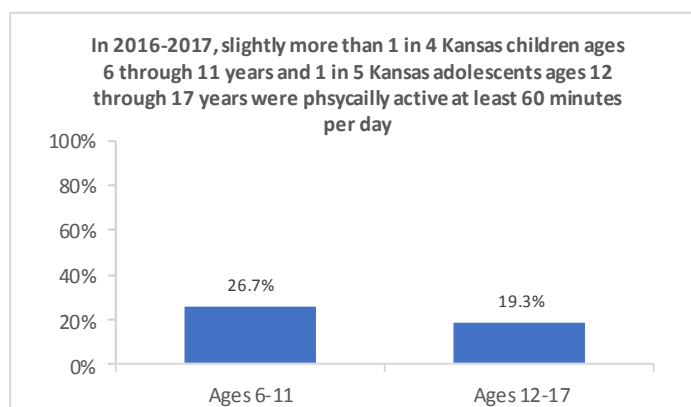


Medicaid Measure	Title V MCH Measure
Percentage of children ages 3 to 17 years who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and had evidence of counseling for physical activity	Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes/day



Source: KanCare Annual Report to CMS, 2018

Measure is part of the Child Core Set for the Centers for Medicare & Medicaid Services. Data represent a random sampling of medical records. The medical record needed to show documentation of counseling for physical activity or referral for physical activity.



Source: National Survey of Children's Health, 2016-2017

Data represent the percent of children (ages 6-11 years) and adolescents (ages 12-17 years) whose parents reported are physically active at least 60 minutes per day.

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 a comprehensive health history and health education for all children. Local Maternal & Child Health (MCH) Programs follow *Bright Futures* guidelines and schedules.

The Kansas Title V program is working towards increasing the percent of children and adolescents (K-12 students) participating in 60 minutes of daily activity. Supporting schools, health departments, and community centers in local initiatives that promote physical activity is 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.

