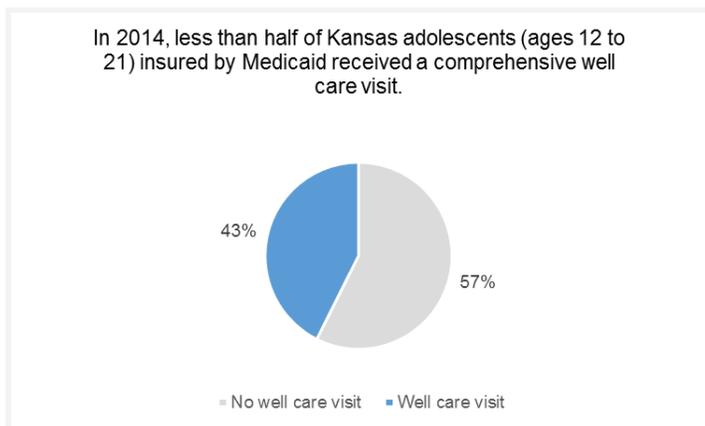


# Adolescent Well Visit: Kansas

Adolescence is an important period of physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for their health habits. Receiving health care services, including annual adolescent preventive well visits, helps adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent diseases.

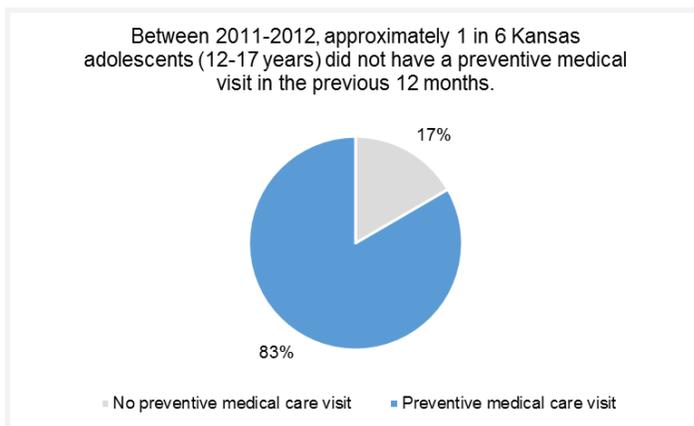


| Medicaid Measure  | Title V MCH Measure  |
|---|--|
| The percentage of enrolled adolescents and young adults 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. | Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year |



Source: KanCare Annual Report to CMS, 2015

Data represent administrative claims for a comprehensive well-care visit.



Source: National Survey of Children's Health, 2011-2012

Data are from a parent-completed survey.

## Making a Difference

Kansas Medicaid has adopted the *Bright Futures/American Academy of Pediatrics Periodicity Schedule* as a standard of care for pediatric preventive services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) programs. The schedule recommends adolescents receive yearly physical examination, depression screening, and anticipatory guidance. Local Maternal & Child Health (MCH) Programs follow *Bright Futures* guidelines and schedules.

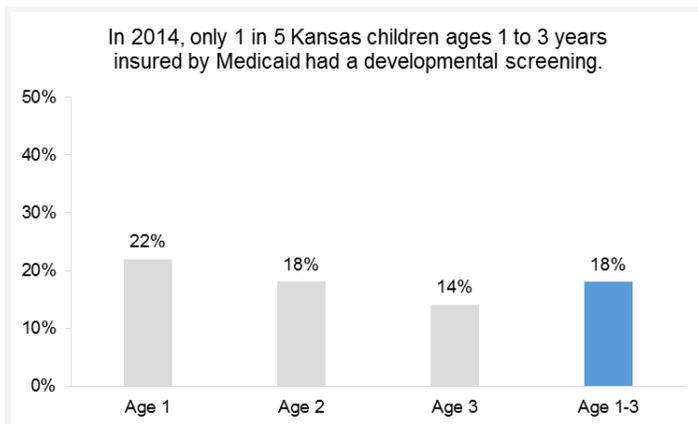
The Kansas Title V program is leading the development of a model for school-based health centers to increase access to preventive health services and comprehensive well-visits for adolescents. The model will provide guidance and information to stakeholder and partners to support local implementation.

# Developmental Screening: Kansas

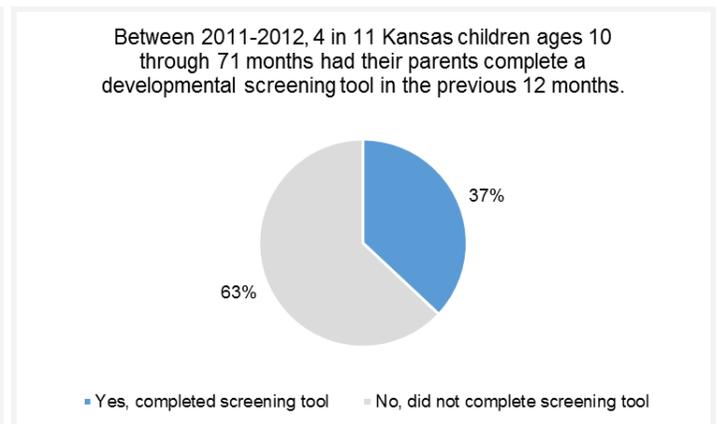
Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American 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 10 through 71 months, receiving a developmental screening using a parent-completed screening tool |



Source: Medicaid Data Analytic Interface (DAI), 2014  
Measure is part of the Child Core Set for the Centers for Medicare & Medicaid Services. Data represent administrative claims for developmental screening.



Source: National Survey of Children's Health, 2011-2012  
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.

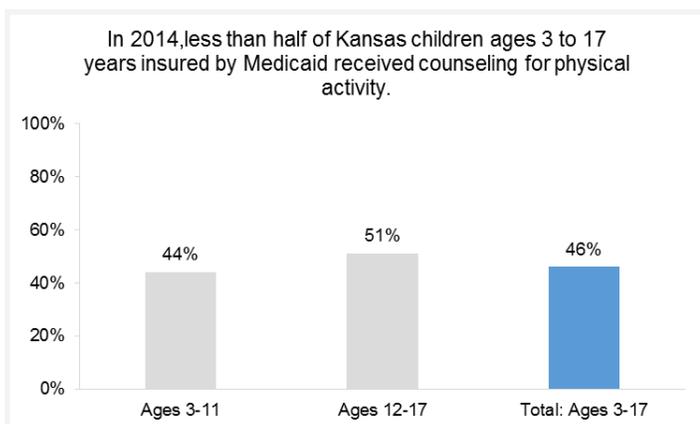


# Physical Activity for Children and Adolescents: Kansas

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.

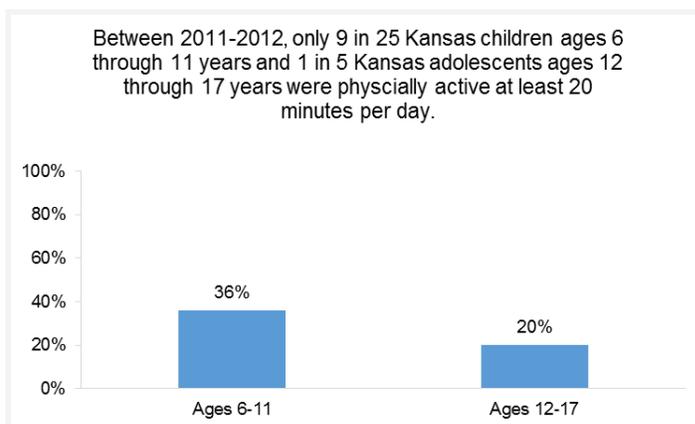


| Medicaid Measure   | Title V MCH Measure  |
|--|--|
| Percentage of children ages 3 to 17 years who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and had evidence of counseling for physical activity | Percent of children 6 through 11 and adolescents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



Source: KanCare Annual Report to CMS, 2015

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, 2011-2012

Currently, data represent the percent of children (ages 6-11 years) and adolescents (ages 12-17 years) whose parents reported are physically active at least 20 minutes a day. In the future, the data will reflect physical activity for at least 60 minutes a 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.



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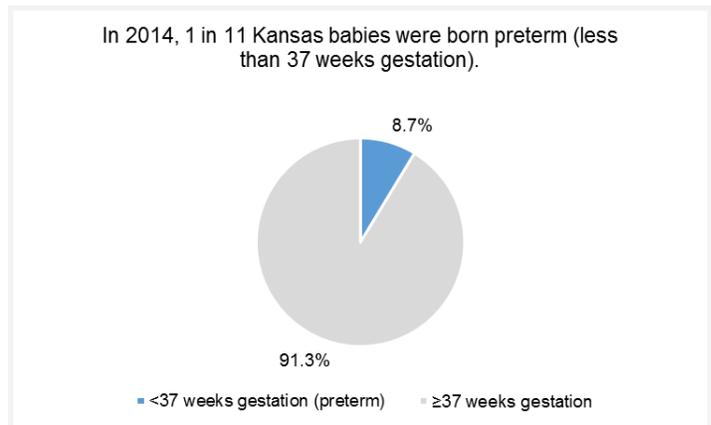
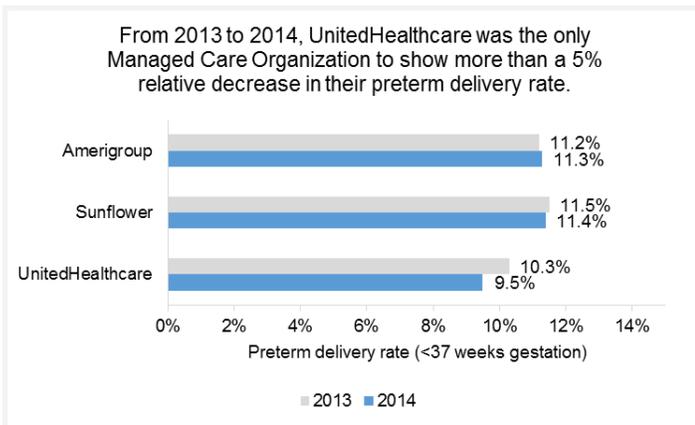


# Preterm Birth: Kansas

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, 2015

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 review board.

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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