Children with Special Health Care Needs (CSHCN): Other Initiatives

Activities During Federal Fiscal Year 2023

Direct Assistance Programs (DAPs): DAPs are reviewed annually for necessary revisions – no changes were identified for FY23. An additional diagnosis was added to the medical eligibility list (under the craniofacial anomalies umbrella) plagiocephaly.

Peer Supports for CSHCN: KS-SHCN continued their engagement as a Supporting You Network Program (SY). However, a shift was made from only state status specific conditions to expansion of conditions for all special health care needs populations. Additionally, Title V contracted with two parent advocates from the Family Advisory Council to help with outreach for Supporting You in an effort to expand the network.

Care Coordinator Training and Workforce Development: KS-SHCN staff and SO partners had a one-day in-person training event with designated training curriculum as well as bi-monthly webinars and brain trust calls. Daily support was available to all SO staff via the Lead Care Coordinator (LCC). In FY23 a new care coordinator (CC) mentorship support, with seasoned CC mentoring new CC for the next year, was supposed to be introduced, however do to staff turnover this did not happen. It is hoped that this can be rolled out in the next year or two as staffs settle into their roles.

Plans for Federal Fiscal Year 2025

Peer Supports for CSHCN: Families who have children with special health care needs often experience things that others do not, so to have support from another who has a shared lived experience can be very helpful. While Title V has tried to launch initiatives to increase peer-to-peer supports, success as been minimal. Over the next year the Title V Directors will be working to strengthen Title V's relationship with Families Together, Inc., the local Family to Family (F2F) agency. The goal for FY25 is to develop a mutually beneficial relationship, education about and support for existing programs, and to align efforts to increase family voices across programs.

Care Coordinator Training and Workforce Development: The KS-SHCN Program will continue to provide yearly trainings to the SHCN satellite offices to ensure continued alignment on care coordination practices and a unified approach to patient care plans. During FY25, the Title V team will evaluate the effectiveness of the SHCN satellite to help determine whether expansion of the satellite offices should be pursued.

Universal NPM: Medical Home
Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination.

Patient & Family Centered: As a holistic approach to family and health care, Kansas Title V has long held a strong belief in patient and family centered care, as Medical

Home becomes a universal measure it provides the opportunity for the KS-SHCN Program to evaluate and continue to assure the intentional use of patient and family-centered care. Over the next year, the KS-SHCN program will review the programs, procedures, and Standards for Systems of Care of CYSHCN, which the KS-SHCN program adopted in 2015, to assure the continuation of patient and family centered care.

Foundational Care Coordination: The Title V CSHCN Director will work alongside the KS-SHCN Program to develop a foundational set of trainings for the care coordinators and satellite offices with the intention of offering the trainings for any clinic or hospital once it has been developed and vetted. These core trainings will set up care coordinators for success in helping families navigate the complex medical and care systems in Kansas.

During FY25, the Title V CSHCN Director, KS-SHCN Program Manager, and the Screening and Surveillance Section Director will work to identify core components of the existing care coordination model in Kansas to develop the first set of trainings. This team will also explore what care coordination looks like in different states and discern which elements may bolster existing program.