

Developmental Screening**GOAL**

Provide age appropriate Developmental Screenings for Medicaid children ages 0-5.

Personnel: _____

COLORADO MEDICAL HOME STANDARD

Age appropriate preventive care and screening are provided or coordinated by the provider on a timely basis.

INDICATOR(S)

1. _____% of all Medicaid insured children ages 0-5 will receive a developmental screen at suggested intervals during well child visits by ___/___/___.

MEASUREMENTS OF PROGRESS

- Monthly / Quarterly (circle one) billing report indicating the number of well child visits billed for that time period.
- Monthly / Quarterly (circle one) billing report indicating the number of developmental screenings billed for that time period.
- Relate all action items to Colorado Medical Home Standards in a time sensitive, result oriented method.

DATA COLLECTION

- Who will pull/create reports? What report format will be used? _____
- Where will you collect the information from (i.e. billing, chart audit, etc.)? _____
- How will you identify eligible patients? Will all children be eligible? _____
- What will report include and who should receive the reports? _____
- How often will data be evaluated and by whom? _____
- What report format will be most useful? _____
- What is your baseline?

8. What will report include and who should receive the reports?

Example Report:

MONTH	# WELL CHILD VISITS	# DEVELOPMENTAL SCREENS
Baseline:		
1st Qtr (Jan-Mar)		
2nd Qtr (Apr-Jun)		
3rd Qtr (Jul-Sep)		
4th Qtr (Oct-Dec)		

Action Plan:

Action plan initiated on: ___/___/___

- By ___/___/___, appropriate staff will meet with ABCD to develop implementation plan and receive training.
- By ___/___/___, eligible patients will be identified, via _____, by _____.
- Is your process (flow) working? Is the plan moving you toward goal achievement?
 - What did you find out? (Record observations, good AND bad.)
- Study: Look at the results of implementing the project. Look at data collected.
 - After 2 months evaluate whether or not the desired percentage is being reached. If not, develop a plan to improve the percentage. Continue to monitor.
 - If goal is being reach, monitor for at least 6 months to be sure that percentage is maintained.
- Consider next steps if goal percentage is maintained.
- Decide what actions should/could be taken to improve outcomes. AND, what could you do to take this project up a notch?
- Repeat process as needed: What other reports/ data might be useful? (ROI, number of Medicaid children treated, time spent completing process, process changes, capacity changes, etc.)
- Consider next Action steps:
 - Have you identified programs in your area in case of referral?
 - How will you track referrals? (Including, did the child make and attend appointment? What was the outcome? Etc.)
 - Contact CCHAP Quality Improvement Coach to discuss next steps.
 - NEW Action plan initiated on: ___/___/___