Title V Maternal & Child Health 2021-2025 State Action Plan Review
Children with Special Health Care Needs Domain Group

Priority, Performance Measures, and Objectives: Each domain group had the opportunity to review and comment on performance measures, priorities, and objectives at the last meeting. Here is a summary of the final draft priority associated with your domain group.

Priority 5: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.	
NPM 12: Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care. ***Source: NSCH*** o **ESM:** Percent of youth with special health care needs, ages 12 to 21, who have one or more transition goals achieved on their action plan by the target completion date. ***Source: Welligent***	
Obj. 5.1: Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5% by 2025.	
Obj. 5.2 Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5% by 2025.	
Obj. 5.3: Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2025.	
Looking at the objectives for this priority, is there something missing?	**Which one or two objectives would be most actionable and impactful for this group to move forward *first*? What can we accomplish in the next year?**

Priority 5: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.	**Alignment opportunities: What work is already contributing to this objective and its strategies?**
Objective 5.1: Increase the proportion of adolescents and young adults who actively participate with their medical home provider to assess needs and develop a plan to transition into the adult health care system by 5% by 2025.	
5.1.1 Provide technical assistance and support to local health agencies and medical home providers of families served through the Kansas Special Health Care Needs Program (KS-SHCN) to incorporate transition readiness education and resources for youth ages 12 and older.	
5.1.2 Promote the implementation of evidence-based practices and policies with providers serving adolescents and young adults to support transition from pediatric to adult health systems.	
5.1.3 Partner with health care professional organizations to engage with insurers to support adequate reimbursement for transition care services.	
Considering the above objective and strategies…	
Are these the right strategies? Is there something missing?	**Are there <u>other</u> complementary strategies driving this objective underway by you or other partners?**

Priority 5: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.	**Alignment opportunities: What work is already contributing to this objective and its strategies?**
Objective 5.2: Increase the proportion of families of children with special health care needs who report their child received care in a well-functioning system by 5% by 2025.	
5.2.1 Implement national standards through a collaborative network of programs, providers, partners, and families dedicated to advancing the Kansas State Plan for Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN).	
5.2.2 Expand the partnership between Title V and Medicaid to strengthen coordinated services and supports for CYSHCN in managed care and home and community-based services programs.	
5.2.3 Assess gaps in insurance coverage, adequacy, and affordability for families of CYSHCN and engage with key partners to support modification of policies and practices to advance and increase access and coverage of necessary medical and social services.	
5.2.4 Partner with Medicaid and the behavioral health agency to implement policy change to allow family caregivers the opportunity to serve as nursing caregivers through waivers when appropriate.	
5.2.5 Assess statewide barriers to accessing primary and specialty care services for families of CYSHCN, including palliative care, multi-disciplinary specialty care teams, telehealth, and primary care medical homes.	
Considering the above objective and strategies…	
Are these the right strategies? Is there something missing?	**Are there <u>other</u> complementary strategies driving this objective underway by you or other partners?**

Priority 5: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.	**Alignment opportunities: What work is already contributing to this objective and its strategies?**
Objective 5.3: Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2025.	
5.3.1 Provide technical assistance and support to child welfare agencies working with family foster homes to improve coordination across systems and align services for CYSHCN in foster care.	
5.3.2 Expand KS-SHCN Care Coordination eligibility to support families transitioning out of early intervention services, assuring they are connected to appropriate community-based services and resources.	
5.3.3 Provide quarterly Systems Navigation Trainings for parents of CYSHCN.	
Considering the above objective and strategies…	
Are these the right strategies? Is there something missing?	**Are there <u>other</u> complementary strategies driving this objective underway by you or other partners?**

Wrap-Up: Go back through this worksheet and review answers to these questions. Affirm or edit, and add more detail, if appropriate.

- **Which <u>one</u> (or two if absolutely necessary) objectives would be most actionable and impactful for this group to move forward *first* (in the next year)?**

- **What can we accomplish *in the next year* to advance this plan?**

Action Item:

What is my commitment as a council member and the organization I represent to advance this plan?

Type your answer into the chat.