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On the **Child Health form**, the grantee provides details on programs promoting and/or facilitating well-child visits, the quality of well-child visits, developmental screenings, and injury prevention among children.

# APPLICABLE REPORT TYPES

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation Performance Reports (NCCPR)
- Project Period End Reports (PPER)

**Figure 1: Child Health Forms** 

Child Health Forms			
Applicable Forms	Report Types		
Applicable Forms	NCPR	NCCPR	PPER
Child Health - CH 1	✓	✓	✓
Child Health - CH 2	✓	✓	✓
Child Health - CH 3	1	1	<b>✓</b>
Child Health - CH 4	✓	✓	✓

### FORM INSTRUCTIONS

### **CH 1 DETAIL SHEET**

The following information is under the **Child Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

- 1. Child Health (CH 1) Well-Child Visit
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

### Figure 2: Child Health 1: Detail Sheet

h Child Health (CH 1)	
▶ DG0000	Due In: 52 Days   Status: Not Started
▶ Resources ☑	
Fields with ★ are required.	
▼ CH 1 Detail Sheet	
Child Health (CH 1) - Well-Child Visit	The percent of programs promoting and/ or facilitating well-child visits.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating well-child visits.
Goal	To ensure supportive programming for well-child visits.
Level	Grantee
Domain	Child Health
Definition	A participant is considered to have received the last recommended a well child visit based on the AAP schedule when they have been seen by a healthcare provider for preventive care, generally to include age-appropriate developmental screenings and milestones, and immunizations, in the month recommended by AAP. The AAP recommends children be seen by a healthcare provider for preventive care at each of the following ages: by 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 24 months/2 years, 30 months, 3 years, and then annually thereafter.
Benchmark Data Sources	National Survey of Children's Health K4Q20
Grantee Data Sources	Title V National Performance Measure #10
Significance	Routine pediatrician visits are important to (1) prevent illness and injury through immunizations and anticipatory guidance, (2) track growth and development and refer for interventions as needed, (3) address parent concerns (e.g., behavior, sleep, eating, milestones), and (4) build trusting parent-provider relationships to support optimal physical, mental, and social health of a child.  Show less

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Are you promoting and/or facilitating well-child visits in your program? The grantee may select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For Non-Competing Continuation Reports (NCCPRs) and Project Period End Reports
  (PPERs), the grantee is required to fill out Tier 1 and may only proceed to the next tier after
  providing a response.

Figure 3: Child Health 1: Tier 1



#### TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Through what activities are you promoting and/or facilitating well-child visits? Select all that apply.

- The grantee may proceed to the next tier only after responding to the required questions.
- Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
- The grantee may proceed to the next tier only after responding to the required questions.

- 2. Activity Data Collection Form: How many are reached through those activities?
  - a. Participants/Public: Enter an integer from 0-999,999.
  - b. Providers/Health Care Professionals: Enter an integer from 0–999,999.
  - c. Community/Local Partners: Enter an integer from 0–999,999.
  - d. State or National Partners: Enter an integer from 0–999,999.
- 3. Comments: The grantee may add comments. (NOTE: This is not a required field.)

### Note the following requirements and additional information before completing this section:

- All the above fields (except for *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after providing a response to this question.

## Figure 4: Child Health 1: Tier 2 and 3

Through what activities are yo	u promoting and/ or facilitating	g well-child visits?				
Technical Assistance						
Training						
Product Development						
Research/ Peer-Review	ed Publications					
Outreach/ Information D	issemination/ Education					
☐ Tracking/ Surveillance						
<ul> <li>Screening/ Assessment</li> </ul>						
☐ Referral/ Care Coordina	tion					
☐ Direct Service						
0 0 111 1						
	n					
Quality Improvement Ini  Activity Data Collection Forr  How many are reached through the Processes/ Mechanisms	n	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total	
Activity Data Collection Forr	n nose activities?		Community/ Local Partners	State or National Partners	Total	20
Activity Data Collection Forr	n nose activities? Participants/ Public	Professionals				20
Activity Data Collection Forr low many are reached through the Processes/ Mechanisms	n nose activities?  Participants/ Public	Professionals 5	5	5		

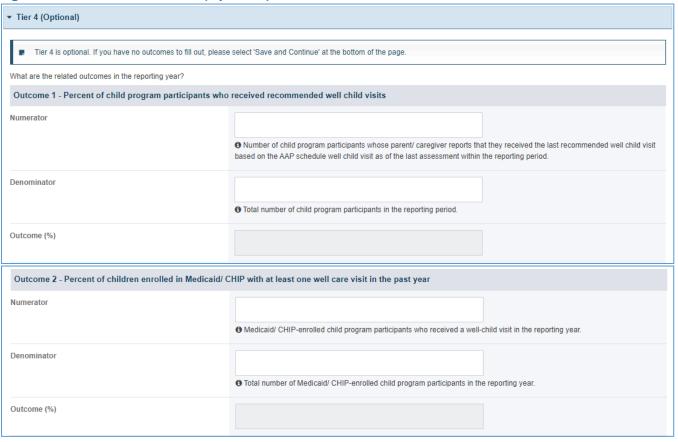
COMMENTS	
0/5000 characters	

In this section, the grantee may respond to the following question(s):

- 1. Outcome 1: Percent of child program participants who received recommended well child visits.
  - a. Numerator: Enter an integer from 0-999,999.
  - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
  - c. *Outcome* (%): The text box will be automatically populated using the values provided above.
- 2. *Outcome* 2: Percentage of children enrolled in Medicaid/CHIP with at least one well-care visit in the past year.
  - a. Numerator: Enter an integer from 0-999,999.
  - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
  - c. *Outcome* (%): The text box will be automatically populated using the values provided above.

NOTE: This field is optional, except for H49 Healthy Start grantees.

### Figure 5: Child Health 1: Tier 4 (Optional)



- 1. The grantee must only fill out Tier 1 for NCPRs.
- 2. For Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs), if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
- 3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

### FORM INSTRUCTIONS

### **CH 2 DETAIL SHEET**

The following information is under the **Child Health Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

- 1. Child Health (CH 2) Quality of Well-child Visit
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

### Figure 6: Child Health 2: Detail Sheet

Child Health (CH 2)		
▶ DG00006863: (U7EMC00021) ZASLAWSKI MCFADYEN	HEALTH CARE AUTHORITY, Mathis, NY	Due In: 52 Days   Status: Not Started
▶ Resources ☑*		
Fields with ★ are required.		
▼ CH 2 Detail Sheet		
Child Health (CH 2) - Well-Child Visit	The percent of programs promoting and/ or facilitating quality of well-child visits.	
Performance Measure	The percent of MCHB funded projects promoting or facilitating quality of well chil	d visits.
Goal	To ensure supportive programming for quality of well child visits.	
Level	Grantee	
Domain	Child Health	
Definition	No further definitions.	
Benchmark Data Sources	N/A	
Grantee Data Sources	Grantee self-reported	
Significance	Comprehensive well-child visits include (1) complete history about birth; prior so surgical, family, and social histories, (2) head-to-toe examination and review of g screening for postpartum depression in mothers of infants up to six months of as screenings (e.g., developmental, vision, hearing, autism), (6) age-appropriate guand encouragement of positive parenting practices (e.g., screen time, nutrition, pappropriate injury prevention guidance (e.g., car seat safety, bicycle helmet, sub	growth, (3) immunization review and delivery, (4) ge, (5) age-appropriate health and development uidance to address parent questions/concerns physical activity, sleep), and (7) developmentally

### TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Are you addressing the quality of well-child visits in your program? The grantee must select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For Non-Competing Continuation Reports (NCCPRs) and Project Period End Reports
  (PPERs), the grantee is required to fill out Tier 1 and may only proceed to the next tier after
  providing a response.

### Figure 7: Child Health 2: Tier 1



#### TIER 2 AND 3 (REQUIRED)

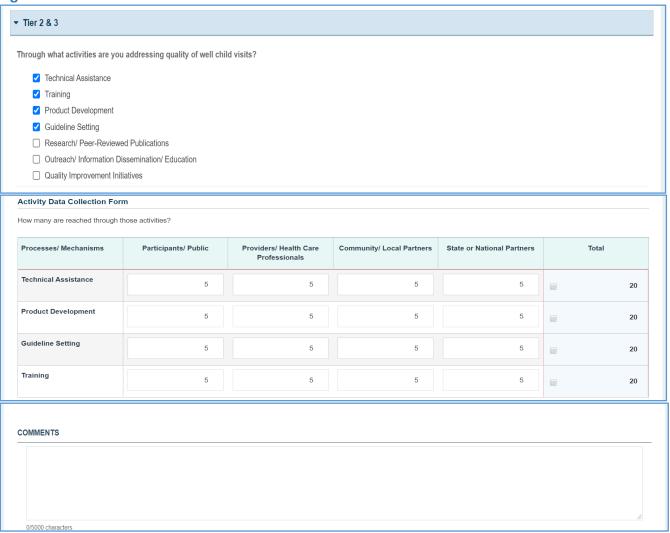
In this section, the grantee must respond to the following question(s):

1. Through what activities are you addressing quality of well child visits? Select all that apply.

- Tier 2 is required for NCCPRs and PPERs.
- For **NCPRs**, users are only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier
   3.
- 2. Activity Data Collection Form: How many are reached through those activities?
  - a. Participants/Public: Enter an integer from 0–999,999.
  - b. Providers/Health Care Professionals: Enter an integer from 0–999,999.
  - c. Community/Local Partners: Enter an integer from 0–999,999.
  - a. State or National Partners: Enter an integer from 0-999,999.
- 3. Comments (optional): The grantee may add comments here. (NOTE: This is not a required field.)

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after responding to the required questions.

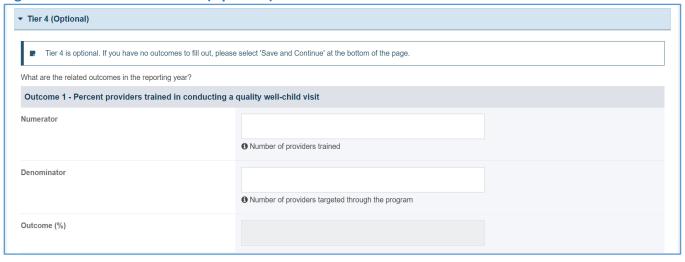
Figure 8: Child Health 2: Tier 2 and 3



In this section, the grantee may respond to the following question(s):

- 1. Outcome 1: Percent of providers trained in conducting a quality well-child visit.
  - a. Numerator: Enter an integer from 0-999,999.
  - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
  - c. *Outcome* (%): The text box will be automatically populated using the values provided above.

### Figure 9: Child Health 2: Tier 4 (Optional)



- 1. The grantee must only fill out Tier 1 for NCPRs.
- 2. For NCCPRs and PPERs, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
- 3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

### FORM INSTRUCTIONS

### **CH 3 DETAIL SHEET**

The following information is under the **Child Health Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

- 1. Child Health (CH 3) Developmental Screening
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

## Figure 10: Child Health 3: Detail Sheet

Child Health (CH 3)	
▶ DG0001	Due In: 52 Days   Status: Not Started
▶ Resources ☑	
Fields with ★ are required.	
▼ CH 3 Detail Sheet	
Child Health (CH 3) - Developmental Screening	Percent of programs promoting developmental screenings and follow-up for children.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating developmental screening and follow-up for children.
Goal	To ensure supportive programming for developmental screenings.
Level	Grantee
Domain	Child Health
Definition	No further definitions.
Benchmark Data Sources	Related to Healthy People 2030 MICH-17: Increase the proportion of children who receive a developmental screening.  (Baseline: 31.1% in 2016-17, Target: 35.8%) Show less
Grantee Data Sources	Title V National Performance Measure #6, Title V National Outcome Measure #12
Significance	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 (AAP) recommends screening tests at the 9, 18, and 24 or 30 month visit. The developmental screening measure is endorsed by the National Quality Forum and is part of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.

#### TIER 1

In this section, the grantee responds to the following question(s):

1. Are you promoting and/or facilitating developmental screening and follow-up in your program? The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For Non-Competing Continuation Reports (NCCPRs) and Project Period End Reports
  (PPERs), the grantee is required to fill out Tier 1 and may only proceed to the next tier after
  providing a response.

### Figure 11: Child Health 3: Tier 1



### TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Through what process/mechanism are you promoting and/or facilitating developmental screening and follow-up? Select all that apply.

- Tier 2 is required for NCCPRs and PPERs.
- For **NCPRs**, users are only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
- The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier
   3.
- 2. Activity Data Collection Form: How many are reached through those activities?
  - a. Participants/Public: Enter an integer from 0–999,999.
  - b. *Providers/Health Care Professionals*: Enter an integer from 0–999,999.
  - c. Community/Local Partners: Enter an integer from 0–999,999.
  - d. State or National Partners: Enter an integer from 0–999,999.

# Note the following requirements and additional information before completing this section:

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- The grantee may proceed to the next tier only after responding to this question.
- Comments: The grantee may add comments. (NOTE: This is not a required field.)

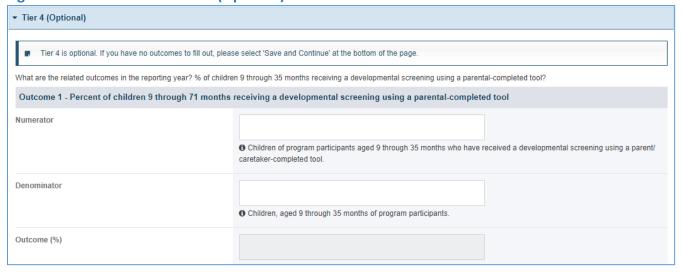
### Figure 12: Child Health 3: Tier 2 and 3

Tier 2 & 3					
Through what processes/ mecl	hanisms are you promoting or f	facilitating developmental scre	ening and follow-up?		
Technical Assistance					
Training					
Product Development					
Research/ Peer-Review	ed Publications				
Outreach/ Information D	issemination/ Education				
☐ Tracking/ Surveillance					
<ul> <li>Screening/ Assessment</li> </ul>					
☐ Referral/ Care Coordina	tion				
□ Direct Service					
<ul><li>Quality Improvement Ini</li></ul>	tiatives				
ctivity Data Collection For					
Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20
raining	5	5	5	5	20
Product Development	5	5	5	5	20
Research/ Peer-Reviewed Publications	5	5	5	5	20
OMMENTS					

In this section, the grantee may respond to the following question(s):

- 1. *Outcome* 1: Percent of children 9–71 months receiving a developmental screening using a parental-completed tool.
  - a. Numerator: Enter an integer from 0-999,999.
  - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
  - c. *Outcome* (%): The text box will be automatically populated using the values provided above.

### Figure 13: Child Health 3: Tier 4 (Optional)



- 1. The grantee must only fill out Tier 1 for NCPRs.
- 2. For NCCPRs and PPERs, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
- 3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

### FORM INSTRUCTIONS

### **CH 4 DETAIL SHEET**

The following information is under the **Child Health Form 4 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

- 1. Child Health (CH 4) Injury Prevention
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

### Figure 14: Child Health 4: Detail Sheet

▶ DG0000€	Due In: 52 Days   Status: Not Started
▶ Resources ☑	
Fields with ★ are required.	
▼ CH 4 Detail Sheet	
Child Health (CH 4) - Injury Prevention	The percent of programs promoting and/ or facilitating injury prevention among children.
Performance Measure	The percent of MCHB funded projects addressing injury prevention and through what processes.
Goal	To ensure supportive programming for injury prevention among children.
Level	Grantee
Domain	Child Health
Definition	No further definitions.
Benchmark Data Sources	Related to HP2030 IVP-02: Reduce emergency department (ED) visits for nonfatal injuries. (Baseline: 9,349.5 ED visits per 100,000 population occurred in 2017 (age adjusted to the year 2000 standard population), Target: 7,738.2 ED visits per 100,000 population). Show less
Grantee Data Sources	Title V National Performance Measure #7 Child Injury, AHRQ Healthcare Cost and Utilization Project: National Inpatient Sample or State Inpatient Database; National Survey of Children's Health, Question G1 in the 6-11 year old survey
Significance	Unintentional injury is the leading cause of child and adolescent mortality, from age 1 through 19. Homicide and suicide, violent or intentional injury, are the second and third leading causes of death for adolescents ages 15 through 19. The total death rate for persons aged 10-19 years decreased 33% between 1999 and 2013, then increased 12% between 2013 and 2016 due to an increase in injury deaths. For those who suffer non-fatal severe injuries, many will become children with special health care needs. Effective interventions to reduce injury exist but are not fully implemented in systems of care that serve children and their families. Reducing the burden of nonfatal injury can greatly improve the life course trajectory of infants, children, and adolescents resulting in improved quality of life and cost savings.

### TIER 1 (REQUIRED)

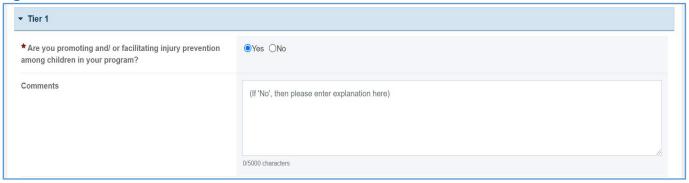
In this section, the grantee must respond to the following question(s):

1. Are you promoting and/or facilitating injury prevention among children in your program? The grantee must select either Yes or No. If the grantee selects No, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For Non-Competing Continuation Reports (NCCPRs) and Project Period End Reports
  (PPERs), the grantee is required to fill out Tier 1 and may only proceed to the next tier after
  providing a response.

#### Figure 15: Child Health 4: Tier 1



### TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Through what process/mechanism are you addressing injury prevention? Select all that apply. Please check which child safety domains which program activities were designed to impact. Select all that apply.

- All the above fields are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type (select the best category for the participant.
- The total for the following fields will be automatically populated from the sum of above section.
  - Technical Assistance
  - Research/ Dissemination
  - Training
  - Peer-Reviewed Publications
  - Outreach/ Information Dissemination/ Education
  - Referral/ Care Coordination

- Quality Improvement Initiatives
- Use of Fatality Review Data
- 2. Comments: The grantee may add comments. (NOTE: This is not a required field.)

NOTE: The grantee may proceed to the next tier only after responding to the required questions.

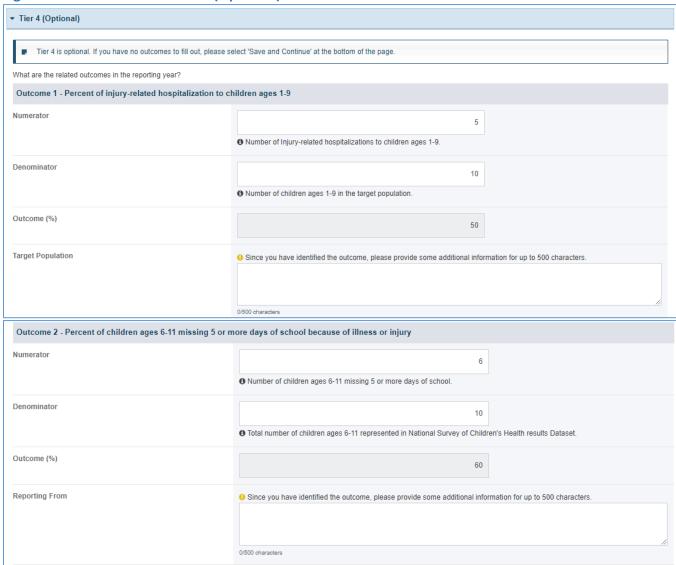
Figure 16: Child Health 4: Tier 2 and 3

▼ Tier 2 & 3					
lier 2 & 3					
* Through what processes/ mechanisms are you addressing injury-prevention?		★ Please check which child safety domains which program activities were designed to			
✓ Technical Assistance		impact:			
✓ Technical Assistance ✓ Training		Motor Vehicle Traffic			
✓ Research/ Dissemination		✓ Suicide/ Self-Harm			
Peer-Reviewed Publications		✓ Falls			
Peer-Reviewed Publications     Outreach/ Information Dissemination/ Education		Bullying			
Referral/ Care Coordination		Child Maltreatment			
Quality Improvement Initiatives		<ul> <li>Unintentional Poisoning</li> </ul>			
☐ Use of Fatality Review Data		<ul> <li>Prescription Drug Overdose</li> </ul>			
		☐ Traumatic Brain Injury			
		Drowning			
		Other			
ctivity Data Collection Form					
low many are reached through those activities?					
Processes/ Mechanisms	Motor Vehicle Traffic	Suicide/ Self-Harm	Falls		
echnical Assistance	5	5	5		
esearch/ Dissemination	5	5	5		
raining	5	5	5		
Processes/	Mechanisms	To	tal		
echnical Assistance		<b>=</b>	15		
esearch/ Dissemination			19		
		003			
raining			15		
DMMENTS					

In this section, the grantee may respond to the following question(s):

- 1. Outcome 1: Percent of injury-related hospitalization of children ages 1–9.
  - a. Numerator: Enter an integer from 0–999,999.
  - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
  - c. *Outcome* (%): The text box will be automatically populated using the values provided above.
  - d. Target Population: Enter text up to 500 characters.
- 2. *Outcome* 2: Percent of children ages 6–11 missing 5 or more days of school because of illness or injury.
  - a. Numerator: Enter an integer from 0-999,999.
  - b. *Denominator*: Enter an integer from 0–999,999. The Denominator must be greater than or equal to the Numerator.
  - c. *Outcome* (%): The text box will be automatically populated using the values provided above.
  - d. Reporting Form: Enter text up to 500 characters.

Figure 17: Child Health 4: Tier 4 (Optional)



- 1. The grantee must only fill out Tier 1 for NCPRs.
- 2. For **NCCPRs** and **PPERs**, if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
- 3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).