Abstract

1. Name of entity applying for funding
2. Mailing Street
3. Mailing City
4. Mailing State
5. Mailing Postal Code
6. First Name
7. Last Name
8. Your Pronouns
9. Title
10. Email
11. Approximately how many children ages 0-3 are seen at your practice(s) annually?
12. From the above 0-3 population, percentage with Medicaid coverage
13. Describe the practice's target population for HealthySteps (including payer mix and total number of children birth to three within the practice(s))
14. Practice has reviewed why they would like to implement HealthySteps and has decided what they want to achieve by implementing the model.
    - Yes
    - No
    - Unsure
15. What are your key goals for implementing HealthySteps at your site?

Narrative and Experience

16. Describe the practice's overall strategy for implementing HealthySteps.

17. How will HealthySteps fill gaps in unmet needs within the practice and community?

18. How will the implementation of HealthySteps enhance other practice initiatives?

19. Has the practice implemented similar models of care (including other evidence-based models)? Describe the practice's experience with continuous quality improvement and how this work could inform HealthySteps efforts.

21. Have there been previous efforts to secure funding and/or implement HealthySteps? Describe any anticipated challenges related to implementing HealthySteps that you may encounter.

Staff Support for HealthySteps

22. Site has identified an individual to serve as a HealthySteps Specialist.

24. Site has a staff member who can provide clinical/reflective supervision for the HealthySteps Specialist.

25. How many HealthySteps Specialists will be trained at your practice if funding is granted?

26. Will your HealthySteps Specialist have the necessary qualifications and/or licensure requirements to independently bill for their services?

27. Please describe the qualifications and licensures of the HealthySteps Specialist(s) you have on staff or that will be hired and to be trained as HealthySteps Specialist(s)

28. Practice has a medical provider (i.e., MD, DO or NP) who will support HealthySteps implementation by advocating for and demonstrating initial and ongoing practice changes.

29. Practice has identified a team dedicated to support HealthySteps implementation within the practice.

30. Site has identified a staff member who is skilled in data collection, evaluation and using data for improvement.

31. Site has a person whose main role is to help facilitate access to community resources and other referrals.

32. The practice will have dedicated office space within the office suit that allows non-physician staff to have private meetings with families.

Long-Term Viability of the Program

33. Practice has secured funding for initial implementation (training and HealthySteps Specialist).

35. Practice has a documented sustainability plan in place beyond initial funding.

36. How will the practice ensure the long-term viability of HealthySteps?
    Please describe how the practice will address potential HealthySteps Specialist turnover, how associated model costs will be covered after funding ends, etc.

37. Practice is billing and being reimbursed for the screenings listed above and/or behavioral health codes.

38. Practice plans to seek insurance reimbursement for HealthySteps Specialist services.

39. Have you identified which licensures will allow HealthySteps Specialists to independently bill Medicaid and/or private insurers for HealthySteps related services in your state?

40. Describe any plans to receive reimbursement for HealthySteps services and/or explore innovative payment partnerships with payers.

41. Describe the practice's plans to expand the model's reach and growth over time.

42. Site has a formal Continuous Quality Improvement (CQI) process/team.

43. Describe any future continuous quality improvement (CQI) measures to reexamine work flows to maximize sustainability efforts and ensure the long-term viability of the HealthySteps model.

Data Collection

44. Describe the data systems currently used by the practice. Please include any electronic health record(s) and if applicable, any supplemental databases that would be relevant to HealthySteps.

45. Which EHR is utilized within the practice?

    - Allscripts
    - Athena
    - Centricity
    - Cerner
    - eClinicalWorks
    - Epic
    - Greenway
    - Other EHR

46. Your practice's EHR has been setup/configured to track HealthySteps families.

48. The HealthySteps Specialist will have access to read and document within the EHR.

49. HealthySteps Specialist will be able to communicate with physicians within the EHR.

50. Describe how the practice will update existing electronic health record capabilities to accommodate data collection for HealthySteps and highlight any potential barriers or indicate the willingness to utilize Welly which is a HIPPA-compliant, mobile friendly, care coordination and data reporting web-based platform available for use by HealthySteps sites.

51. Describe any previous efforts and the associated successes and challenges to update electronic health record capabilities.

52. Practice has the capacity to extract screening data from EMR and/or other data systems for aggregate reporting.

53. Developmental Screening - Regular, validated screening (not surveillance) of traditional child development milestones (language, motor, etc.) from birth to age three.

54. Social Emotional Screening - Regular, validated screening (not surveillance) of child social emotional development from birth to age three.

55. Autism Screening - Validated screening (not surveillance) of children for autism at 18 &/or 24 months.

56. Maternal Depression - Regular, validated screening (not surveillance) of all new mothers for maternal depression.

57. Family Needs Screening - Regularly screen (not surveillance) all families for protective and risk factors (aka Social Determinants of Health).

58. Team Based Well Child Visits - Non-physician staff engage families during well-child visits to provide education and support in coordination with primary care providers.

59. Referral Tracking and Follow-up - Practice has procedure in place to track & follow-up on referrals.

60. Data Collection - Practice records data on (check all that apply):
    - Screening results
    - Social determinants of Health
    - Maternal depression
    - Family demographics, i.e., insurance status, gender, race, etc.
    - Developmental Screening
    - Social/Emotional Screening
    - Autism Screening
    - Practice does not collect any of these data points

61. The practice regularly monitors aggregate screening rates for the screenings listed above (i.e., identifies the population to be screened, what percentage were eligible to be screened and what percentage were screened).

62. Site can provide documentation of current screening rates through EHR data extraction

Describe your practice's plan to collect and report data on annual screening rates as part of the HealthySteps National Office's Annual Site Reporting process.

63. Will the practice undertake any additional evaluation activities as part of implementing HealthySteps?

64. Practice has working relationships with community partners to which families are referred, whereby individual professionals across agencies or sectors meet regularly to collaborate and/or coordinate care

65. Service providers that support those that have mental and behavioral health needs.

66. Basic services are those like county mental health departments or similar programs Communities with more expansive services have the basic services available, but also a system of private practices, public clinics, university clinics open to public, adult psychiatric services, child psychiatric services, etc.

67. Service providers that help support families with child development and Social Determinants of Health needs.

68. Basic services are services that are available to any community; WIC, TANF, EI. Communities with a wide variety of supports are those that include basic services but also homeless services, shelters, intimate partner violence services, rehab, food bank, diaper bank, etc.

69. Community professionals, resource agencies, and/or multi-sector systems of care come together to identify and address barriers and access to care for young children and families (e.g., Accountable Community for Health, Help Me Grow, etc.)

Other Required Components

70. Please upload a Program budget – see Attachment A: HealthySteps Exploration Guide for a HealthySteps Sample Budget Template

71. Please upload a Letter of Commitment from the Lead Physician and Lead Administrator or C-suite champion (where the physician is not one and the same)