

Medicaid Pediatric Relief Performance Improvement Plan

Organization: _____ Practice Site(s) _____
Organization Lead: _____ Email: _____ Phone: _____

Directions: Organizations/practices applying to participate in the Medicaid Pediatric Relief Program are asked to complete the Performance Improvement Plan as part of the application process. The Performance Improvement Plan can be completed by either the organization or the practice site. Organizations that complete the Performance Improvement Plan on behalf of a practice site are asked to include practice site considerations, because work improvement occurs at the practice site level.

Goal: To continue to improve access to primary care with a focus on immunizations and screening rates for healthy physical, cognitive, and social-emotional development

Aim: Practice will meet or exceed the defined quarterly performance or improvement targets for three out of four measures for vaccines required to enter kindergarten, the vaccines required to enter 7th grade and lead screening 1 lead screening by 24 months of age and 2nd lead screening by 36 months of age)

	Goal (Target for the year)*	Target: Dec 2022 (85% of year-end target)	Target: March 2023 (90% of year-end target)	Target: June 2023 (95% of year-end target)	Target: Sept 2023
Kindergarten Readiness	93%	79%	84%	88%	93%
7 th Grade Readiness	76%	65%	68%	72%	76%
1 Lead Screen by 24 Months	90%	76%	81%	86%	90%
2 Lead Screens by 36 Months	65%	55%	58%	62%	65%

Practice Performance Plan/What might your practice do differently to achieve your goals:

<u>Immunizations</u>	<u>What do you want to improve/ accomplish?</u>	<u>What actions do you/practice need to take?</u>	<u>What technical assistance do you need?</u>
<u>Kindergarten readiness</u>			
<u>7th grade readiness</u>			
<u>Lead screening</u>	<u>What do you want to improve/ accomplish?</u>	<u>What actions do you/practice need to take?</u>	<u>What technical assistance do you need?</u>
<u>1st lead by 24 months</u>			
<u>2nd lead by 36 months</u>			

Practice Site(s) Performance Improvement Plan Considerations (if applicable):

Not Applicable ☐

Please complete if **multi-site** practice or **multi-practice** organization. Please provide practice-specific information:

Not Applicable ☐

Practice Site	Practice Specific Lead	Contact information	
		Email	Phone