

Children First Trust Fund

Alabama Medicaid Agency ()

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Susan Jones

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Application Form

About the Agency

Project Name*

Please provide the name of your agency.

Agency Contact*

Name of person to contact for questions about CFTF reporting.

Susan Jones

To Whom Should Plan of Investment Approval be Addressed*

Please provide name and full address of person to whom the Plan of Investment approval letter should be sent.

Flake Oakley, Chief Financial Accountant, Alabama Medicaid Agency, 501 Dexter Avenue, Montgomery, AL 36104

Amount of Funds

Provide the amount of your allocation from CFTF for 2015-16*

\$1,622,342.00

If you will carry over funds from previous year, please provide that amount.

\$0.00

Plan of Investment

According to the law that establishes the Children First Trust Fund, each agency will submit a "Plan of investment [that includes] but [is] not... limited to, a minimum of four (4) quality assurance items...Quality assurance items shall include the number of children receiving service, an identifiable measure of success of services provided and a prioritized standard of successful measures for future plans of investment." (Section 5) Please complete the questions below as they specifically relate to the Children First Trust Fund money allocated to your department and how you will measure and report success.

Overall Impact Statement*

Explain what overall impact the CFTF allocation to your department will have on children, families, and/or the overall well being of the state. What need(s) will be met and/or what impact will your agency's actions have?

Medicaid plans to use this money in the following ways:

1. Provide immunizations for children ages 0-20.
2. Performance of EPSDT screenings for children ages 0-20 to identify health risks and make appropriate referrals
3. Improve oral health; decrease incidence of dental caries by providing dental services to children ages 0-20.
4. Provide lead level screenings for children ages 0-20 to identify children with unsafe lead levels.

Quality Assurance Item 1

Activity*

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

Decrease the incidence of communicable diseases by providing immunizations for children ages 0-20.

Measurement*

How will you measure the activity and/or the impact of the activity?

The number of immunizations provided and the percentage of children immunized will be reported.

Provide the amount budgeted for this quality assurance item.*

\$124,096.00

How often will you measure the success of this quality assurance item?*

Annually

Quality Assurance Item 2

Activity*

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

2. Decrease more costly future health care by assessing and treating medical conditions early; improve

recipients' quality of life by addressing health care needs through the use of EPSDT screenings for children ages 0-20.

Measurement*

How will you measure the activity and/or the impact of the activity?

The number of EPSDT screenings performed and percentage of eligible children screened will be reported..

Provide the amount budgeted for this quality assurance item.*

\$562,753.00

How often will you measure the success of this quality assurance item?*

Annually

Quality Assurance Item 3

Activity*

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

Improve oral health; decrease incidence of dental caries by providing dental services to children ages 0-20

Measurement*

How will you measure the activity and/or the impact of the activity?

The number of dental screenings performed and percentage of eligible children receiving the service.

Provide the amount budgeted for this quality assurance item.*

\$928,086.00

How often will you measure the success of this quality assurance item?*

Annually

Quality Assurance Item 4

Activity*

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

Provide lead level screenings to Medicaid eligible children ages 0-20 in order to reduce the instances of lead poisoning.

Measurement*

How will you measure the activity and/or the impact of the activity?

Determine the number of children eligible for Medicaid that received a screening for lead levels.

Provide the amount budgeted for this quality assurance item.*

\$7,407.00

How often will you measure the success of this quality assurance item?*

Annually

Quality Assurance Item 5 (optional)

Activity

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

[Unanswered]

Measurement

How will you measure the activity and/or the impact of the activity?

[Unanswered]

Provide the amount budgeted for this quality assurance item.

[Unanswered]

How often will you measure the success of this quality assurance item?

Quality Assurance Item 6 (optional)

Activity

List a specific, measurable action your agency will take with the CFTF allocation to contribute to the overall impact

Measurement

How will you measure the activity and/or the impact of the activity?

Provide the amount budgeted for this quality assurance item.

How often will you measure the success of this quality assurance item?

File Attachment Summary

Applicant File Uploads

No files were uploaded