

## **Barrier to Care Initiative Annual Reporting Instructions**

As part of our efforts to address the healthcare access challenges faced by BabyReady recipients, SD Medicaid's BabyReady Program requires that all enrolled clinics complete a Barrier to Care Initiative. The initiative must begin 6-months from the month in which the clinic receives its first caseload(s). The Barrier to Care Initiative selected by the clinic should address a specific challenge your clinic has encountered as a barrier for recipients. The report form serves as a guide for documenting outcomes, data, and the steps your clinic took to improve access to care. Only one initiative per report form will be accepted. Refer to the [BabyReady Manual](#) for additional guidance regarding Barrier to Care initiatives.

### **Reporting Deadline**

Clinics need to submit their final report for their declared initiative by June 30<sup>th</sup> of each year they participate in the program. The BabyReady program appreciates your clinic's commitment to providing timely reports.

Each clinic should submit a separate Barrier to Care form unless multiple clinics within a healthcare system are part of the same initiative. If so, please list the participating clinics when completing the form.

Please do not hesitate to contact us at 605-773-3495 or [Valerie.kelly@state.sd.us](mailto:Valerie.kelly@state.sd.us) if you have questions about BabyReady or need support to achieve your Barriers to care goals or if you require further details or clarification. We appreciate your ongoing support in addressing these critical barriers to care.

**BabyReady**  
**Barrier to Care Initiative Report Form**

Date: \_\_\_\_\_

Reporting period: \_\_\_\_\_

Clinic Name(s): \_\_\_\_\_ Clinic BNPI(s): \_\_\_\_\_

Clinic Address (full): \_\_\_\_\_

**1. Description of Barrier to Care Initiative:** (Please describe your Barrier to Care Initiative.)

**2. Implementation Date**

\_\_\_\_\_

**3. AIM Statement/Goal(s):** (What is the goal or goals you intend to accomplish with your Barrier to Care initiative?)

**4. Metrics Used to Measure Results:** (What metrics will your clinic/system use to measure the results of your initiative?)

**5. Results of Your Efforts:** (What were the qualitative outcomes of your Barrier to Care initiative?)

**6. Supporting Data:** (Provide any quantitative data that supports the results of your efforts. You may opt to include an attachment)

**7. Lessons learned from your initiative:** (Provide any challenges or lessons learned from implementing your initiative)

**8. Will your clinic continue the current Barriers to Care Initiative, or will you be submitting a form to start a new initiative?**

**Name of Initiative submitter:**

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