

Section I  
Attachment D  
Current Service Assessment

Service	Rate ability to provide the service: 1=poor, 3=good, 5=excellent	Rate priority placed on the service by the LHD: 1=low, 3=medium, 5=high	Do other organizations in the community offer this service?	If yes, do they provide the service to Medicaid and uninsured populations?	Is there an unmet need in the community related to this service?	Comment on how these services can be or are being improved.
EPSDT (CHEC)	1 2 3 4 5	1 2 3 4 5	Yes No Unknown		Yes No Unknown	
Well child care	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Well adolescent care	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Pediatric and/or adult immunizations	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Prenatal care	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Family planning	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Comprehensive primary care	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Preventive dental/oral health	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	

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Violence/injury prevention	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Tobacco prevention/control	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Lead screening	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Nutritional counseling	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
WIC	1 2 3 4 5	1 2 3 4 5	Yes No Unknown		Yes No Unknown	
Case management	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Family support services	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Home health care	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
School-based services	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Outreach	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Transportation	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	

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Child care	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Culturally & linguistically appropriate services (including interpreter services)	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Other _____	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Other _____	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Other _____	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Other _____	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Other _____	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	
Other _____	1 2 3 4 5	1 2 3 4 5	Yes No Unknown	___ Medicaid ___ Uninsured	Yes No Unknown	