Title V Block Grant Application
Forms (2-21)
State: KY
Application Year: 2013

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- Form 3 - State MCH Funding Profile
- Form 4 - Budget Details By Types of Individuals Served and Sources of Federal Funds
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FORM 2

MCH BUDGET DETAILS FOR FY 2013

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: KY

1. FEDERAL ALLOCATION
(Item 15a of the Application Face Sheet [SF 424]) $ 11,131,292
Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

$ 6,264,511 (56.28 %)

B.Children with special health care needs:

$ 3,884,821 (34.9 %)
(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V admininstrative costs:

$ 981,960 (8.82 %)
(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424) $ 0

3. STATE MCH FUNDS (Item 15c of the SF 424) $ 36,355,790

4. LOCAL MCH FUNDS (Item 15d of SF 424) $ 0

5. OTHER FUNDS (Item 15e of SF 424) $ 17,976,900

6. PROGRAM INCOME (Item 15f of SF 424) $ 0

7. TOTAL STATE MATCH (Lines 3 through 6) $ 54,332,690
(Below is your State's FY 1989 Maintainence of Effort Amount)
$ 22,552,700

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL) $ 65,463,982
(Total lines 1 through 6. Same as line 15g of SF 424)

9. OTHER FEDERAL FUNDS
(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS:	$ 0
b. SSDI:	$ 65,357
c. CISS:	$ 150,000
d. Abstinence Education:	$ 0
e. Healthy Start:	$ 0
f. EMSC:	$ 0
g. WIC:	$ 132,137,900
h. AIDS:	$ 0
i. CDC:	$ 0
j. Education:	$ 0
k. Home Visiting:	$ 10,320,305
l. Other:	
Birth Defects Regist	$ 179,904
	$

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9) $ 142,853,466

11. STATE MCH BUDGET TOTAL $ 208,317,448
(Partnership subtotal + Other Federal MCH Funds subtotal)

Form Notes for Form 2

None

Field Level Notes

1. **Section Number:** Form2_Main
   Field Name: HomeVisiting
   Row Name: Other Federal Funds - Home Visiting
   Column Name:
   Year: 2013
   Field Note:
   The Formula Grant equals $3,348,963;
   the Competitive Grant equals $6,971,342

2. **Section Number:** Form2_Main
   Field Name: OtherFedFundsOtherFund
   Row Name: Other Federal Funds - Other Funds
   Column Name:
   Year: 2013
   Field Note:
   Maternal, Infant & Early Childhood Home Visiting Formula
   Maternal, Infant & Early Childhood Home Visiting Competitive
   Birth Defects Registry & Surveillance

FORM 3

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: KY

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation *(Line1, Form2)*	$ 11,471,220	$ 10,521,672	$ 11,322,259	$ 12,059,197	$ 11,355,963	$ 7,437,573
2. Unobligated Balance *(Line2, Form2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
3. State Funds *(Line3, Form2)*	$ 36,719,700	$ 46,204,803	$ 34,967,800	$ 34,967,800	$ 39,984,700	$ 31,832,473
4. Local MCH Funds *(Line4, Form2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
5. Other Funds *(Line5, Form2)*	$ 32,185,300	$ 33,914,008	$ 40,131,800	$ 39,306,219	$ 39,553,100	$ 45,610,301
6. Program Income *(Line6, Form2)*	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
7. Subtotal	$ 80,376,220	$ 90,640,483	$ 86,421,859	$ 86,333,216	$ 90,893,763	$ 84,880,347
	(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)					
8. Other Federal Funds *(Line10, Form2)*	$ 110,802,600	$ 125,889,173	$ 117,684,744	$ 125,666,205	$ 137,314,400	$ 123,815,389
9. Total *(Line11, Form2)*	$ 191,178,820	$ 216,529,656	$ 204,106,603	$ 211,999,421	$ 228,208,163	$ 208,695,736
	(STATE MCH BUDGET TOTAL)					

FORM 3

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: KY

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation *(Line1, Form2)*	$ 11,354,415	$ 10,111,574	$ 11,354,415	$	$ 11,131,292	$
2. Unobligated Balance *(Line2, Form2)*	$ 0	$ 0	$ 0	$	$ 0	$
3. State Funds *(Line3, Form2)*	$ 34,342,500	$ 29,272,628	$ 39,540,300	$	$ 36,355,790	$
4. Local MCH Funds *(Line4, Form2)*	$ 0	$ 0	$ 0	$	$ 0	$
5. Other Funds *(Line5, Form2)*	$ 41,333,300	$ 17,439,286	$ 18,592,000	$	$ 17,976,900	$
6. Program Income *(Line6, Form2)*	$ 0	$ 0	$ 0	$	$ 0	$
7. Subtotal	$ 87,030,215	$ 56,823,488	$ 69,486,715	$ 0	$ 65,463,982	$ 0
	(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)					
8. Other Federal Funds *(Line10, Form2)*	$ 144,893,800	$ 124,417,734	$ 143,818,400	$	$ 142,853,466	$
9. Total *(Line11, Form2)*	$ 231,924,015	$ 181,241,222	$ 213,305,115	$ 0	$ 208,317,448	$ 0
	(STATE MCH BUDGET TOTAL)					

Form Notes for Form 3

None

Field Level Notes

1. **Section Number:** Form3_Main
   Field Name: FedAllocExpended
   Row Name: Federal Allocation
   Column Name: Expended
   Year: 2011
   Field Note:
   The Commission will use the remaining block grant funds in the first quarter of state fiscal year 2012.

2. **Section Number:** Form3_Main
   Field Name: FedAllocExpended
   Row Name: Federal Allocation
   Column Name: Expended
   Year: 2010
   Field Note:
   2008 Budget for State funds did not include funds from the Commission for Children with Special Health Care Needs. This affected the carry forward for following years.

3. **Section Number:** Form3_Main
   Field Name: UnobligatedBalanceExpended
   Row Name: Unobligated Balance
   Column Name: Expended
   Year: 2010
   Field Note:
   2008 budget did not include funds for Commission for Children with Special Health Care Needs. This was overlooked.

4. **Section Number:** Form3_Main
   Field Name: StateMCHFundsExpended
   Row Name: State Funds
   Column Name: Expended
   Year: 2011
   Field Note:
   Funding for the HANDS program was budgeted in FY11, however HANDS funds can no longer be used for match for the block grant as they are being used as a match for the Home Visiting Grants. In addition, FY11 included state general fund reductions.

5. **Section Number:** Form3_Main
   Field Name: StateMCHFundsExpended
   Row Name: State Funds
   Column Name: Expended
   Year: 2010
   Field Note:
   Additional Federal WIC funds and other carry forward dollars were added during the year.

6. **Section Number:** Form3_Main
   Field Name: OtherFundsExpended
   Row Name: Other Funds
   Column Name: Expended
   Year: 2011
   Field Note:
   Funding for the HANDS program was budgeted in FY11, however HANDS funds can no longer be used for match for the block grant as they are being used as a match for the Home Visiting Grants.

7. **Section Number:** Form3_Main
   Field Name: OtherFundsExpended
   Row Name: Other Funds
   Column Name: Expended
   Year: 2010
   Field Note:
   Additional carry forward dollars were added during the year.

8. **Section Number:** Form3_Main
   Field Name: OtherFedFundsExpended
   Row Name: Other Federal Funds
   Column Name: Expended
   Year: 2011
   Field Note:
   Budget adjustments in federal funds were made in FY11. Prior year carry-forward is included in the budgeted amount. This can result in current grant not being fully expended in the current year.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: KY

	FY 2008		FY 2009		FY 2010	
I. Federal-State MCH Block Grant Partnership	**BUDGETED**	**EXPENDED**	**BUDGETED**	**EXPENDED**	**BUDGETED**	**EXPENDED**
a. Pregnant Women	$ 11,978,021	$ 12,015,585	$ 12,738,461	$ 12,696,844	$ 12,738,461	$ 12,477,410
b. Infants < 1 year old	$ 11,093,737	$ 11,299,630	$ 12,871,863	$ 13,023,510	$ 12,871,863	$ 12,647,172
c. Children 1 to 22 years old	$ 20,901,244	$ 21,254,040	$ 21,483,222	$ 21,413,036	$ 21,483,222	$ 21,135,207
d. Children with Special Healthcare Needs	$ 29,261,741	$ 27,621,862	$ 32,056,924	$ 31,952,194	$ 32,056,924	$ 31,490,609
e. Others	$ 5,948,816	$ 56,849,306	$ 5,982,998	$ 5,963,451	$ 10,454,902	$ 5,856,744
f. Administration	$ 1,192,661	$ 1,224,400	$ 1,288,391	$ 1,284,181	$ 1,288,391	$ 1,273,205
g. SUBTOTAL	$ 80,376,220	$ 130,264,823	$ 86,421,859	$ 86,333,216	$ 90,893,763	$ 84,880,347
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	$ 0		$ 0		$ 0	
b. SSDI	$ 100,000		$ 94,644		$ 120,200	
c. CISS	$ 140,000		$ 140,000		$ 102,700	
d. Abstinence Education	$ 0		$ 0		$ 0	
e. Healthy Start	$ 0		$ 0		$ 0	
f. EMSC	$ 0		$ 0		$ 0	
g. WIC	$ 110,000,000		$ 116,923,300		$ 136,178,300	
h. AIDS	$ 0		$ 0		$ 0	
i. CDC	$ 562,600		$ 526,800		$ 913,200	
j. Education	$ 0		$ 0		$ 0	
k. Home Visiting	$ 0		$ 0		$ 0	
l. Other						
III. SUBTOTAL	$ 110,802,600		$ 117,684,744		$ 137,314,400	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: KY

	FY 2011		FY 2012		FY 2013	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	$ 12,828,132	$ 8,353,053	$ 10,214,547	$	$ 9,623,205	$
b. Infants < 1 year old	$ 12,962,474	$ 8,466,700	$ 10,353,521	$	$ 9,754,133	$
c. Children 1 to 22 years old	$ 21,634,451	$ 14,149,049	$ 17,302,192	$	$ 16,300,532	$
d. Children with Special Healthcare Needs	$ 32,282,586	$ 21,081,514	$ 25,779,571	$	$ 24,287,137	$
e. Others	$ 6,025,113	$ 3,920,821	$ 4,794,583	$	$ 4,517,015	$
f. Administration	$ 1,297,459	$ 852,351	$ 1,042,301	$	$ 981,960	$
g. SUBTOTAL	$ 87,030,215	$ 56,823,488	$ 69,486,715	$ 0	$ 65,463,982	$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	$ 0		$ 0		$ 0	
b. SSDI	$ 101,100		$ 170,700		$ 65,357	
c. CISS	$ 140,000		$ 218,600		$ 150,000	
d. Abstinence Education	$ 0		$ 0		$ 0	
e. Healthy Start	$ 0		$ 0		$ 0	
f. EMSC	$ 0		$ 0		$ 0	
g. WIC	$ 144,091,600		$ 141,296,100		$ 132,137,900	
h. AIDS	$ 0		$ 0		$ 0	
i. CDC	$ 561,100		$ 510,000		$ 0	
j. Education	$ 0		$ 0		$ 0	
k. Home Visiting	$ 0		$ 0		$ 10,320,305	
l. Other						
Birth Defects Regist	$ 0		$ 180,000		$ 179,904	
Home Visiting	$ 0		$ 1,443,000		$ 0	
III. SUBTOTAL	$ 144,893,800		$ 143,818,400		$ 142,853,466	

Form Notes for Form 4

None

Field Level Notes

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
   Field Name: PregWomenBudgeted
   Row Name: Pregnant Women
   Column Name: Budgeted
   Year: 2010
   Field Note:
   Replace with actual DPH number

2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
   Field Name: PregWomenExpended
   Row Name: Pregnant Women
   Column Name: Expended
   Year: 2011
   Field Note:
   HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
   Field Name: PregWomenExpended
   Row Name: Pregnant Women
   Column Name: Expended
   Year: 2010
   Field Note:
   Funds unexpended in 2010 will be used in first quarter 2011.

4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
   Field Name: Children_0_1Budgeted
   Row Name: Infants <1 year old
   Column Name: Budgeted
   Year: 2010
   Field Note:
   Add DPH

5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
   Field Name: Children_0_1Expended
   Row Name: Infants <1 year old
   Column Name: Expended
   Year: 2011
   Field Note:
   HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
   Field Name: Children_0_1Expended
   Row Name: Infants <1 year old
   Column Name: Expended
   Year: 2010
   Field Note:
   Funds unexpended in 2010 will be used in first quarter 2011.

7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
   Field Name: Children_1_22Budgeted
   Row Name: Children 1 to 22 years old
   Column Name: Budgeted
   Year: 2010
   Field Note:
   Replace with actual DPH number

8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
   Field Name: Children_1_22Expended
   Row Name: Children 1 to 22 years old
   Column Name: Expended
   Year: 2011
   Field Note:
   HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
   Field Name: Children_1_22Expended
   Row Name: Children 1 to 22 years old
   Column Name: Expended
   Year: 2010
   Field Note:
   Funds unexpended in 2010 will be used in first quarter 2011.

10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
    Field Name: CSHCNExpended
    Row Name: CSHCN
    Column Name: Expended
    Year: 2011
    Field Note:
    HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

11. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
    Field Name: CSHCNExpended
    Row Name: CSHCN
    Column Name: Expended
    Year: 2010
    Field Note:
    Funds unexpended in 2010 will be used in first quarter 2011.

12. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2010
Field Note:
Add DPH

13. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2011
Field Note:
HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

14. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2010
Field Note:
Funds unexpended in 2010 will be used in first quarter 2011.

15. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2010
Field Note:
Add DPH

16. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2011
Field Note:
HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

17. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2010
Field Note:
Funds unexpended in 2010 will be used in first quarter 2011.

FORM 5

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: KY

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	$ 38,024,186	$ 40,788,217	$ 38,953,442	$ 39,019,881	$ 48,357,692	$ 38,196,157
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	$ 23,473,704	$ 26,285,740	$ 24,881,451	$ 24,800,162	$ 23,318,377	$ 24,615,301
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	$ 14,550,482	$ 17,221,692	$ 16,357,598	$ 16,304,157	$ 14,671,604	$ 16,127,266
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	$ 4,327,848	$ 6,344,834	$ 6,229,368	$ 6,209,016	$ 4,546,090	$ 5,941,623
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	$ 80,376,220	$ 90,640,483	$ 86,421,859	$ 86,333,216	$ 90,893,763	$ 84,880,347

FORM 5

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: KY

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	$ 39,227,650	$ 25,570,570	$ 31,269,022	$	$ 29,458,792	$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	$ 25,056,601	$ 16,478,812	$ 20,151,147	$	$ 18,984,555	$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	$ 16,472,745	$ 10,796,463	$ 13,202,476	$	$ 12,438,157	$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	$ 6,273,219	$ 3,977,643	$ 4,864,070	$	$ 4,582,478	$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	$ 87,030,215	$ 56,823,488	$ 69,486,715	$ 0	$ 65,463,982	$ 0

Form Notes for Form 5

None

Field Level Notes

1. **Section Number:** Form5_Main
   Field Name: DirectHCBudgeted
   Row Name: Direct Health Care Services
   Column Name: Budgeted
   Year: 2010
   Field Note:
   Add 13243435 to DPH

2. **Section Number:** Form5_Main
   Field Name: DirectHCExpended
   Row Name: Direct Health Care Services
   Column Name: Expended
   Year: 2011
   Field Note:
   HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

3. **Section Number:** Form5_Main
   Field Name: DirectHCExpended
   Row Name: Direct Health Care Services
   Column Name: Expended
   Year: 2010
   Field Note:
   Form 4 was corrected causing changes to Form 5.

4. **Section Number:** Form5_Main
   Field Name: EnablingBudgeted
   Row Name: Enabling Services
   Column Name: Budgeted
   Year: 2010
   Field Note:
   Add 2314768 to DPH

5. **Section Number:** Form5_Main
   Field Name: EnablingExpended
   Row Name: Enabling Services
   Column Name: Expended
   Year: 2011
   Field Note:
   HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

6. **Section Number:** Form5_Main
   Field Name: EnablingExpended
   Row Name: Enabling Services
   Column Name: Expended
   Year: 2010
   Field Note:
   Form 4 was corrected causing changes to Form 5.

7. **Section Number:** Form5_Main
   Field Name: PopBasedBudgeted
   Row Name: Population-Based Services
   Column Name: Budgeted
   Year: 2010
   Field Note:
   Add 670558 to DPH

8. **Section Number:** Form5_Main
   Field Name: PopBasedExpended
   Row Name: Population-Based Services
   Column Name: Expended
   Year: 2011
   Field Note:
   HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

9. **Section Number:** Form5_Main
   Field Name: PopBasedExpended
   Row Name: Population-Based Services
   Column Name: Expended
   Year: 2010
   Field Note:
   Form 4 was corrected causing changes to Form 5.

10. **Section Number:** Form5_Main
    Field Name: InfrastrBuildBudgeted
    Row Name: Infrastructure Building Services
    Column Name: Budgeted
    Year: 2010
    Field Note:
    Add 545240 to DPH

11. **Section Number:** Form5_Main
    Field Name: InfrastrBuildExpended
    Row Name: Infrastructure Building Services
    Column Name: Expended
    Year: 2011
    Field Note:
    HANDS funding no longer used as match for the block grant, as well as State General Funds reductions.

12. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2010
Field Note:
Form 4 was corrected causing changes to Form 5.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: KY

Total Births by Occurrence: 54,653 | **Reporting Year: 2011**

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	54,653	100	10	7	7	100
Congenital Hypothyroidism	54,653	100	316	38	38	100
Galactosemia	54,653	100	70	4	4	100
Sickle Cell Disease	54,653	100	8	7	7	100
Other Screening (Specify)						
Biotinidase Deficiency	54,653	100	92	19	19	100
Congenital Adrenal Hyperplasia	54,653	100	98	4	4	100
Cystic Fibrosis	54,653	100	94	12	12	100
Homocystinuria	54,653	100	1	0	0	
Maple Syrup Urine Disease	54,653	100	2	0	0	
Hyperphenylalaninemia	54,653	100	0	0	0	
beta-ketothiolase deficiency	54,653	100	2	0	0	
Tyrosinemia Type I	54,653	100	1	0	0	
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	54,653	100	28	1	1	100
Tyrosinemia Type II	54,653	100	8	0	0	
Argininemia	54,653	100	1	0	0	
Argininosuccinic Acidemia	54,653	100	7	0	0	
Hypermethioninemia	54,653	100	0	0	0	
Isovaleric Acidemia	54,653	100	5	0	0	
Methylmalonic Acidemia	54,653	100	0	0	0	
Propionic Acidemia	54,653	100	1	0	0	
Carnitine Uptake Defect	54,653	100	20	0	0	
3-Methylcrotonyl-CoA Carboxylase Deficiency	54,653	100	21	1	1	100
Methylmalonic acidemia (Cbl A,B)	54,653	100	14	5	5	100
Multiple Carboxylase Deficiency	54,653	100	3	0	0	
2-Methylbutyryl-CoA Dehydrogenase Deficiency	54,653	100	3	0	0	
Trifunctional Protein Deficiency	54,653	100	1	0	0	
Glutaric Acidemia Type I	54,653	100	21	0	0	
Isobutyryl-CoA Dehydrogenase Deficiency	54,653	100	3	1	1	100
Glutaric Acidemia Type II	54,653	100	5	0	0	
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	54,653	100	38	6	6	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	54,653	100	7	2	2	100
3-Hydroxy 3-Methyl						

Glutaric Aciduria	54,653	100	3	0	0	
Short-Chain Acyl-CoA Dehydrogenase Deficiency	54,653	100	25	2	2	100
Malonic acidemia	54,653	100	0	0	0	
Carnitine Acylcarnitine Translocase Deficiency	54,653	100	0	0	0	
Methylmalonic acidemia (Cbl C,D)	54,653	100	1	1	1	100
Citrullinemia Type 1	54,653	100	2	0	0	
Citrullinemia Type 2	54,653	100	0	0	0	
Non-ketotic Hyperglycinemia	54,653	100	1	0	0	
Tyrosinemia Type III	54,653	100	1	0	0	
Carnitine palmitoyl transferase deficiency I	54,653	100	2	0	0	
Carnitine palmitoyl transferase deficiency II	54,653	100	4	0	0	
2-Methyl-3-hydroxybutyric aciduria	54,653	100	0	0	0	
3-Methylglutaconic aciduria	54,653	100	3	0	0	
Ethylmalonic encephalopathy	54,653	100	2	0	0	
Sickle hemoglobin-C disease	54,653	100	22	1	1	100
Sickle cell S-ß thalassemia	54,653	100	5	1	1	100
Various Hemoglobinopathies (includes Hb E)	54,653	100	17	8	8	100

Screening Programs for Older Children & Women (Specify Tests by name)

(1) Use occurrent births as denominator.
(2) Report only those from resident births.
(3) Use number of confirmed cases as denominator.

Form Notes for Form 6

None

Field Level Notes

1. **Section Number:** Form6_Main
   Field Name: BirthOccurence
   Row Name: Total Births By Occurence
   Column Name: Total Births By Occurence
   Year: 2013
   Field Note:
   2011 data is preliminary and numbers could change.

   This number will be different from the total births denominator used on various other reporting forms in the system due to calculating the indicator based on KY resident births.

FORM 7

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: KY

Number of Individuals Served - Historical Data by Annual Report Year

Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	10,602	10,974	10,038	9,528	8,518
Infants < 1 year old	20,699	28,957	25,831	54,749	53,554
Children 1 to 22 years old	92,688	186,965	196,540	208,662	198,266
Children with Special Healthcare Needs	8,862	8,920	8,893	8,439	7,668
Others	119,025	71,309	55,221	55,793	56,279
Total	251,876	307,125	296,523	337,171	324,285

Reporting Year: 2011

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	7,478	64.9	0.0	0.5	33.7	0.8
Infants < 1 year old	54,653	44.3	0.0	52.2	2.7	1.1
Children 1 to 22 years old	184,268	59.2	0.0	4.4	36.1	0.3
Children with Special Healthcare Needs	18,986	67.6	0.0	27.0	5.3	0.0
Others	55,833	20.6	0.0	6.5	71.5	1.3
TOTAL	321,218					

Form Notes for Form 7

Not all infants will be eligible for services provided by Title V; however, all infants do receive a newborn metabolic screen and this is a Title V program, so we have included all live born infants receiving a newborn screen in the infant total row. The information regarding payment source for infants was obtained from the live birth certificate payment source field.

Field Level Notes

1. **Section Number:** Form7_Main
   Field Name: CSHCN_TS
   Row Name: Children with Special Health Care Needs
   Column Name: Title V Total Served
   Year: 2013
   Field Note:
   Totals include 7885 CCSHCN, 11,101 First Steps
2. **Section Number:** Form7_Main
   Field Name: CSHCN_XIX
   Row Name: Children with Special Health Care Needs
   Column Name: Title XIX %
   Year: 2013
   Field Note:
   5905 CCSHCN + 6941 First Steps
3. **Section Number:** Form7_Main
   Field Name: CSHCN_Private
   Row Name: Children with Special Health Care Needs
   Column Name: Private/Other %
   Year: 2013
   Field Note:
   1642 CCSHCN + 3487 First Steps
4. **Section Number:** Form7_Main
   Field Name: CSHCN_None
   Row Name: Children with Special Health Care Needs
   Column Name: None %
   Year: 2013
   Field Note:
   338 CCSHCN + 673 First Steps

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: KY

Reporting Year: 2011

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	54,653	45,832	4,703	60	261	176	0	3,621
Title V Served	27	22	2	0	0	1	2	0
Eligible for Title XIX	40,018	35,884	2,881	174	275	121	0	683
INFANTS								
Total Infants in State	55,189	44,484	5,089	73	706	57	3,272	1,508
Title V Served	59,520	48,031	7,015	219	526	375	3,353	1
Eligible for Title XIX	34,726	28,781	4,532	146	253	97	0	917

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	51,859	2,739	55	0	0	0	0	2,739
Title V Served	12	15	0	0	0	0	0	15
Eligible for Title XIX	37,138	2,335	545	0	0	0	0	2,335
INFANTS								
Total Infants in State	51,499	3,690	0	0	0	0	0	3,690
Title V Served	54,856	4,664	0	0	0	0	0	4,664
Eligible for Title XIX	32,198	1,796	732	0	0	0	0	1,796

FORM NOTES FOR FORM 8

Data Sources:
For Deliveries:
Total deliveries in state: KY vital statistics files, live birth certificate files, occurence births for year 2011.
Title V served: CDP reporting system, PSRS database, year 2011
Eligible for Title XIX: KY Medicaid Management Information System, Medicaid data warehouse, Year 2011

For Infants:
Total Infants in state: US Census Bureau, state specific population estimates by race and ethnicity from the 2010 census.
TItle V served: CDP reporting system, PSRS database, year 2011
Eligible for Title XIX: KY Medicaid Management Information System, Medicaid data warehouse, Year 2011

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
   Field Name: InfantsTitleV_All
   Row Name: Title V Served
   Column Name: Total All Races
   Year: 2013
   Field Note:
   Data for this indicator does contain duplicate records, therefore, the total number of infants served will be greater than the total number of infants in the state.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: KY

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: KY

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 462-6122	(800) 462-6122	(800) 462-6122	(800) 462-6122	(800) 462-6122
2. State MCH Toll-Free "Hotline" Name	Maternal and Child Health Information Toll Free Line	Maternal and Child Health Information Toll Free Line	Maternal and Child Health Information Toll Free Line	Maternal and Child Health Information Toll Free Line	Adult and Child Health Information Toll Free Line
3. Name of Contact Person for State MCH "Hotline"	Ruth Ann Shepherd	Ruth Ann Shepherd	Ruth Ann Shepherd	Ruth Ann Shepherd	Ruth Ann Shepherd
4. Contact Person's Telephone Number	(502) 564-2154	(502) 564-2154	(502) 564-2154	(502) 564-2154	(502) 564-2154
5. Contact Person's Email	ruth.shepherd@ky.gov	ruth.shepherd@ky.gov	ruth.shepherd@ky.gov	ruth.shepherd@ky.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	2569	2916	2070

Form Notes for Form 9

None

Field Level Notes

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2013
[SEC. 506(A)(1)]
STATE: KY

1. State MCH Administration:
(max 2500 characters)

The Kentucky Department for Public Health administers Title V programs and services through Kentucky's local health departments. There are 59 local and district health departments that provide Title V programs and services in 120 counties. DPH allocates 34.9% of the MCH Block Grant to the Commission for Children with Special Health Care Needs. Other funds are allocated to our University partners, the University of Kentucky and the University of Louisville. The universities provide training for local health department and state DPH staff and research including Maternal Mortality Review and Fetal and Infant Mortality Review (FIMR), as well as Injury Prevention services.

Block Grant Funds	
2. Federal Allocation (Line 1, Form 2)	$ 11,131,292
3. Unobligated balance (Line 2, Form 2)	$ 0
4. State Funds (Line 3, Form 2)	$ 36,355,790
5. Local MCH Funds (Line 4, Form 2)	$ 0
6. Other Funds (Line 5, Form 2)	$ 17,976,900
7. Program Income (Line 6, Form 2)	$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	$ 65,463,982

9. Most significant providers receiving MCH funds:

Local Health Departments
University of Kentucky
University of Louisville

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	7,478
b. Infants < 1 year old	54,653
c. Children 1 to 22 years old	184,268
d. CSHCN	18,986
e. Others	55,833

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Well Child and Adolescent Preventive Health Services, pregnancy prevention; projects and prenatal care for low income women not eligible for Medicaid, Folic Acid Supplementation, EPSDT, KCHIP Outreach, WIC, Abstinence Education and Positive Youth Development, Early Childhood mental Health, Early Childhood Oral Health, Healthy Start in Childcare, Substance abuse education, Immunizations, Commission for Children With Special Health Care Needs clinics and working with special needs children in foster care, Case management and Services, Lead Screening and Case management, Fluoride Varnish and Dental Sealants, HANDS Home Visitation program, Family Planning Services, Coordinated School Health, Obesity and Nutrition Counseling, Tobacco Cessation counseling, Tobacco Quitline, Mobile Dental Clinics, First Steps program, Injury Prevention program Breastfeeding Coalitions, Physical Activity, Nutrition, Tobacco And Asthma (PANTA) School Resource Guide, Centering in Pregnancy, Suicide Prevention, Diabetes Education, March of Dimes Prematurity Campaign and Demonstration project. Other grants projects and programs.

b. Population-Based Services:
(max 2500 characters)

Prenatal care and education for program eligible pregnant woman, metabolic screening of all newborns, follow-up case management and treatment in University Specialty Clinics, fluoridation of water in all communities, Lead Screening and Case Management, Child Fatality Review and Injury Prevention, Grief Counseling Services, Healthy Start in Childcare, Early Childhood Mental Health, Early Childhood Oral Health, Folic Acid Awareness and Supplementation, HANDS Home Visitation Services, Newborn Hearing Screening, Rape Prevention, Safe Kids Coalitions, Kentucky Birth Surveillance Registry, Neonatal Intensive Care and Follow-Up, Oral Health education and preventive services, Coordinated School Health.

c. Infrastructure Building Services:
(max 2500 characters)

Kentucky State Laboratory for expanded Newborn Screening, Folic Acid Partnership, Kentucky Pediatric Society, Get Healthy Kentucky Board, Capacity Building through local health departments and University Partners including training, assessment, research, program improvement and evaluation, KIDS Smile, KIDS NOW Advisory Board, Coordinated School Health Advisory Council, Suicide Prevention workgroup, Lead Poisoning Prevention Advisory Workgroup, Physical Activity, Nutrition, Tobacco and Asthma (PANTA Plus) School Resource Guide, Kentucky Women's Health Research Registry, Pediatric Nurses training, Family Planning Nurses training, prenatal Local Health Department Nurse training, New School Nurse Assurance/Quality Improvement review process, and the Kentucky General Assembly.

12. The primary Title V Program contact person:

Name	Ruth Ann Shepherd, MD, FAAP, CPHQ
Title	Kentucky Title V Director
Address	275 E. Main Street
City	Frankfort
State	Kentucky
Zip	40621
Phone	502-564-4830
Fax	502-564-8389
Email	ruth.shepherd@ky.gov
Web	http://chfs.ky.gov

13. The children with special health care needs (CSHCN) contact person:

Name	Jackie Richardson
Title	Executive Director
Address	310 Whittington Parkway, Suite 200
City	Louisville
State	KY
Zip	40222
Phone	(502) 429-4430, ext. 281
Fax	(502) 429-4489
Email	jackie.richardson@ky.gov
Web	http://www.chfs.ky.gov/ccshcn

Form Notes for Form 10

None

Field Level Notes

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]
STATE: KY

Form Level Notes for Form 11

NPM 2: Information derived from averaging responses to two (2) questions on CCSHCN clinic comment cards: 1. Those responding "yes" to the question "Do you feel that CCSHCN staff listen to you regarding your care (or your child's care)?" (96.4%); and 2. Those responding "very satisfied" or "satisfied" to the question "How satisfied are you with the care you (or your child) received today at CCSHCN?" (97.6%) Average of 96.4% & 97.6% = 97% NPM 3: Numerator (KY 0-18 with Primary Care Physician) Denominator (KY 0-18) NPM 4: Numerator: KY CCSHCN enrollees 0-18 w/private or public insurance Denominator: KY CCSHCN enrolleed 0-18 NPM 5: Numerator: KY CCSHCN enrollees 0-18 with specified note type Denominator KY CCSHCN enrollees 0-18 NPM 6: Information derived from averaging CUP (information system) data query with two (2) questions on CCSHCN comment cards: 1. (CUP) KY children ages 14-18 with plans for an adult health care provider; (56.4%) 2. Those responding "becoming as independent as possible" to "Has CCSHCN staff ever discussed the following topics with you (or your child)?" (73.1%); and 3. Those responding "getting the education and skills needed for a job" to "Has CCSHCN staff ever discussed the following topics with you (or your child)?" (65.1%) Average of sum of numerators divided by sum of denominators = 61.7% SPM 7: Numerator (0-18 CCSHCN-enrolled with BMI>=85% as of 6/30/11) Denominator (0-18 CCSHCN-enrolled with a BMI measurement as of 6/30/11)

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	98	99	99.2	99.5	99.8
Annual Indicator	97.6	98.6	99.2	99.7	99.9
Numerator	526	725	860	965	960
Denominator	539	735	867	968	961
Data Source		KY Newborn Screening Database	KY Newborn Screening Database	KY Newborn Screening Database	KY Newborn Screening database
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	99.9	99.9	99.9	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #1
   Field Name: PM01
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is prelminary and numbers could change.

2. **Section Number:** Form11_Performance Measure #1
   Field Name: PM01
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

3. **Section Number:** Form11_Performance Measure #1
   Field Name: PM01
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	67	68	69	91	97
Annual Indicator	64.1	62.5	87.8	96.8	97.0
Numerator	5,261	3,999	431	1,800	3,695
Denominator	8,206	6,398	491	1,860	3,810
Data Source		CCSHCN Database (FY 08)	CCSHCN Family/Consumer Survey #11 & 11a	See field notes/CCSHCN Clinic Comment Cards	CCSHCN Clinic Comment Cards
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	97	97	97	97	97
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2
   Field Name: PM02
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   NPM 2:
   Information derived from averaging responses to two (2) questions on CCSHCN clinic comment cards:
   1. Those responding "yes" to the question "Do you feel that CCSHCN staff listen to you regarding your care (or your child's care)?" (96.4%); and
   2. Those responding "very satisfied" or "satisfied" to the question "How satisfied are you with the care you (or your child) received today at CCSHCN?" (97.6%)
   Average of 96.4% & 97.6% = 97%

2. **Section Number:** Form11_Performance Measure #2
   Field Name: PM02
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 Data from CCSHCN Needs Assessment Consumer/Family Survey - average of 2 separate questions addressing satisfaction and partnership in making decisions. Responses filtered to CCSHCN respondents.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	92	93	93	94	94
Annual Indicator	91.3	92.0	91.9	94.6	93.7
Numerator	7,618	7,724	7,320	7,348	7,387
Denominator	8,343	8,393	7,964	7,769	7,885
Data Source		CCSHCN Database (FY 08)	CCSHCN CUP Information System	CCSHCN CUP Information System	CCSHCN CUP Information System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3
   Field Name: PM03
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   NPM 3
   Numerator (KY 0-18 with Primary Care Physician)
   Denominator (KY 0-18)

2. **Section Number:** Form11_Performance Measure #3
   Field Name: PM03
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Data derived from CCSHCN CUP information system

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	93	99	99	99	99
Annual Indicator	92.4	90.9	93.1	95.8	95.7
Numerator	8,125	7,626	7,417	7,444	7,547
Denominator	8,791	8,393	7,964	7,769	7,885
Data Source		CCSHCN Annual Report for FY 08 and CCSHCN Database	CUP Database	CUP Database	CUP Database
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	96	96	96	96	96
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4
   Field Name: PM04
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   NPM 4:
   Numerator: KY CCSHCN enrollees 0-18 w/private or public insurance
   Denominator: KY CCSHCN enrolleed 0-18

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	93	93	96	97	98
Annual Indicator	92.9	95.5	95.9	97.4	96.4
Numerator	7,749	7,928	7,558	7,564	7,603
Denominator	8,343	8,304	7,880	7,769	7,885
Data Source		CCSHCN Database (FY 08)	CCSHCN CUP Information System	CCSHCN CUP Information System	CCSHCN CUP Information System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	97	97	97	97	97
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5
   Field Name: PM05
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   NPM 5:
   Numerator: KY CCSHCN enrollees 0-18 with specified note type
   Denominator KY CCSHCN enrollees 0-18

2. **Section Number:** Form11_Performance Measure #5
   Field Name: PM05
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Data derived from CCSHCN CUP information system.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	53	30	53	54	67
Annual Indicator	55.4	62.4	61.0	59.5	61.7
Numerator	897	902	831	1,366	1,372
Denominator	1,618	1,445	1,362	2,297	2,224
Data Source		CCSHCN Database (FY 08)	CCSHCN CUP Information System	See field notes/CUP & Comment Cards	CUP & Comment Cards
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	65	66	67	68	69
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6
   Field Name: PM06
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   NPM 6:
   Information derived from averaging CUP (information system) data query with two (2) questions on CCSHCN comment cards:
   1. (CUP) KY children ages 14-18 with plans for an adult health care provider; (56.4%)
   2. Those responding "becoming as independent as possible" to "Has CCSHCN staff ever discussed the following topics with you (or your child)?" (73.1%); and
   3. Those responding "getting the education and skills needed for a job" to "Has CCSHCN staff ever discussed the following topics with you (or your child)?" (65.1%)
   Average of sum of numerators divided by sum of denominators = 61.7%

2. **Section Number:** Form11_Performance Measure #6
   Field Name: PM06
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Data derived from CCSHCN CUP information system.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	92	86	86	88	78
Annual Indicator	80.9	76.8	56	72.5	73
Numerator					
Denominator					
Data Source		CDC's NIP Survey	CDC's NIP Survey	CDC's NIP Survey	CDC's NIP Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	74	74	78	78	80
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #7
   Field Name: PM07
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   Numerator and denominator data are not available. Data is from the CDC NIP survey. Data is from 2010. The 4:3:1:3:3 series coverage is based on the original definition for this series. It is not recommended for comparison to years prior to 2009 because of the changes made in the way the HiB vaccine is now measured and the vaccine shortage that affected a large percent of children that were included in the 2009 and 2010 samples.

2. **Section Number:** Form11_Performance Measure #7
   Field Name: PM07
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Numerator and denominator data are not available. Data is from the CDC NIP survey.

3. **Section Number:** Form11_Performance Measure #7
   Field Name: PM07
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Numerator and denominator data are not available. Data is from the CDC NIP survey.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	23	23	23	23	21
Annual Indicator	25.0	24.7	24.3	21.5	18.9
Numerator	2,139	2,098	2,045	1,812	1,590
Denominator	85,420	85,072	84,044	84,346	84,346
Data Source		KY live birth certificate files and U.S. Census Bu	KY live birth certificate files year 2009	KY live birth certificate files year 2010	KY live birth cert file
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	18	18	18	17.5	17.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8
   Field Name: PM08
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   The 2011 Census population estimates are not currently available therefore the denominator reflects 2010 census population estimates

2. **Section Number:** Form11_Performance Measure #8
   Field Name: PM08
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   The 2010 Census population estimates are not currently available therefore the denominator reflects 2009 census population estimates.

3. **Section Number:** Form11_Performance Measure #8
   Field Name: PM08
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	30	31	31	25	25
Annual Indicator	29.0	23.9	23.9	23.9	23.9
Numerator	15,222	18,790	18,790	18,790	18,790
Denominator	52,489	78,505	78,505	78,505	78,505
Data Source		U.K. denatl sealant program data	UK dental sealant program data	UK dental sealant program data	UK dental sealant program data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	26	26	26	27	27
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #9
   Field Name: PM09
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is currently not available data for this indicator actually reflects year 2008.

2. **Section Number:** Form11_Performance Measure #9
   Field Name: PM09
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is currently not available data for this indicator actually reflects year 2008.

3. **Section Number:** Form11_Performance Measure #9
   Field Name: PM09
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   The annual indicator declined and the annual performance objective was set at an increase and cannot be changed for this reporting year. Future objectives have been modified based on the current reporting year.

   2009 data is currently not available data for this indicator actually reflects year 2008.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	4.5	3	2.5	2.5	2
Annual Indicator	2.5	2.9	3.0	2.1	1.2
Numerator	21	24	25	18	10
Denominator	828,157	833,890	841,552	849,409	849,409
Data Source		KY vital stats death certificate files & U.S. cens	KY vital stats death cert files	KY vital stats death cert files	KY vital stats death cert files
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	1.1	1.1	1.1	1	1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10
   Field Name: PM10
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change. 2011 census population estimates are not currently available therefore, 2010 population estimates were used for the denominator.

2. **Section Number:** Form11_Performance Measure #10
   Field Name: PM10
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

3. **Section Number:** Form11_Performance Measure #10
   Field Name: PM10
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	26	28	29	29	30
Annual Indicator	23.2	28.9	28.9	29.6	29.6
Numerator	3,416				
Denominator	14,725				
Data Source		CDC National Immunization survey state specific da	CDC National Immunization survey state specific da	CDC National Immunization survey state specific da	CDC National Immunization survey state specific da
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	30	31	31	32	32
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11
   Field Name: PM11
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   Numerator and denominator information is not available for this indicator as the data source is now the CDC National Immunization Survey.

2. **Section Number:** Form11_Performance Measure #11
   Field Name: PM11
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Numerator and denominator information is not available for this indicator as the data source is now the CDC National Immunization Survey.

3. **Section Number:** Form11_Performance Measure #11
   Field Name: PM11
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is not currently available data shown reflects year 2008.

   Numerator and denominator information is not available for this indicator as the data source is now the CDC National Immunization Survey.

   The annual indicator declined and the annual performance objective was set at an increase and cannot be changed for this reporting year. Future objectives have been modified based on the current reporting year.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	99	99	99	99	99
Annual Indicator	99.0	97.8	99.9	96.6	98.1
Numerator	57,619	55,635	55,250	50,713	51,155
Denominator	58,184	56,886	55,290	52,498	52,132
Data Source		EHDI Program (CY 08)	As of 5/20/10	EHDI program/Vital Statistics (6/10/11)	EHDI program/Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	8.5	9	8	9	8
Annual Indicator	8	10	10	8.2	6.8
Numerator					
Denominator					
Data Source		U.S. Census Bureau Current Population Survey for 2	U.S. Census Bureau Current population survey for 2	U.S. Census Bureau Current Population survey for 2	U.S. Census Bureau Current Population Survey for 2
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	6.5	6.5	6	6	6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13
   Field Name: PM13
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data not available yet, so 2010 data is used for preliminary reporting. Data for this indicator was obtained from Census Current Population Survey, Annual Social and Economic Supplement. Numerator and denominator were not available.

2. **Section Number:** Form11_Performance Measure #13
   Field Name: PM13
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data not available yet, so 2009 data is used for preliminary reporting. Data for this indicator was obtained from Census Current Population Survey, Annual Social and Economic Supplement. Numerator and denominator were not available.

3. **Section Number:** Form11_Performance Measure #13
   Field Name: PM13
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Data for this indicator was obtained from Census Current Population Survey, Annual Social and Economic Supplement. Numerator and denominator were not available.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	34	16	31	30	30
Annual Indicator	32.0	32.3	31.3	31.6	31.6
Numerator	18,277	20,294	21,450	23,759	23,759
Denominator	57,117	62,832	68,450	75,189	75,189
Data Source		Pediatric Nutrition Surveillance Survey for KY	Pediatric Nutrition Surveillance Reporting System	Pediatric Nutrition Surveillance System state spec	Pediatric Nutrition Surveillance system state spec
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	29	29	29	28	28
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14
   Field Name: PM14
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 PedNSS data is not currently available therefor, 2010 data was used.

2. **Section Number:** Form11_Performance Measure #14
   Field Name: PM14
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   For data year 2006, children between 2 and 5 who were obese were not included in the numerator only those at risk for being overweight were reported; therefore, the 2006 indicator appears lower than other years. For years 2007 and forward those children receiving WIC between the ages 2 and 5 at risk of overweight or obese were reported in the numerator.

3. **Section Number:** Form11_Performance Measure #14
   Field Name: PM14
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   For data year 2006, children between 2 and 5 who were obese were not included in the numerator only those at risk for being overweight were reported; therefore, the 2006 indicator appears lower than other years. For years 2007 and forward those children receiving WIC between the ages 2 and 5 at risk of overweight or obese were reported in the numerator.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	22	21	20	20	19
Annual Indicator	22.5	22.8	21.4	20.3	20.4
Numerator	13,084	12,891	11,888	10,924	10,711
Denominator	58,164	56,596	55,628	53,756	52,486
Data Source		KY Vital Statistics files, live birth certificate	KY Vital Statistics files live birth cert files	KY Vital Statistics live birth cert files year 201	KY Vital statistics live birth cert files year 201
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	19	18	18	18	17
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15
   Field Name: PM15
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

2. **Section Number:** Form11_Performance Measure #15
   Field Name: PM15
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2009 data is preliminary and numbers could change.

   The annual indicator increased and the annual performance objective was set at an decrease and cannot be changed for this reporting year. Future objectives have been modified based on the current reporting year.

3. **Section Number:** Form11_Performance Measure #15
   Field Name: PM15
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

   The annual indicator increased and the annual performance objective was set at an decrease and cannot be changed for this reporting year. Future objectives have been modified based on the current reporting year.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	7	8	8	7.5	5
Annual Indicator	10.6	9.2	8.6	5.1	6.7
Numerator	30	26	25	15	20
Denominator	282,187	282,620	289,770	296,795	296,795
Data Source		KY vital stats death cert files & U.S. census bure	KY vital stats death cert files	KY vital stats death cert files year 2010	KY vital stats death cert files year 2011
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	6.5	6.5	6	6	5.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16
   Field Name: PM16
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change. 2011 population estimates are currently not available therefore, 2010 population estimates were used for the denominator.

2. **Section Number:** Form11_Performance Measure #16
   Field Name: PM16
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

3. **Section Number:** Form11_Performance Measure #16
   Field Name: PM16
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	70	55	56	58	59
Annual Indicator	54.9	54.9	56.5	58.9	58.7
Numerator	437	405	395	454	430
Denominator	796	738	699	771	733
Data Source		KY vital stats live birth cert files	KY vital stats live birth cert files	KY vital stats live birth cert files year 2010	KY vital stats live birth cert files year 2011
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	59	60	60	61	61
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #17
   Field Name: PM17
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   KY has previously reported this indicator as VLBW born at any faciltiy with a neonatal intensive care unit, but after reexamining the indicator this year we have limited it to VLBW babies born only in a Level 3 center.

   Data for 2011 NUMERATOR is number of very low birth weight (less than 1,500 grams) babies born at level III facilities to KY residents. Denominator is total very low birth weight babies born in state to KY residents.

2. **Section Number:** Form11_Performance Measure #17
   Field Name: PM17
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   KY has previously reported this indicator as VLBW born at any faciltiy with a neonatal intensive care unit, but after reexamining the indicator this year we have limited it to VLBW babies born only in a Level 3 center.

   Data for 2010 NUMERATOR is number of very low birth weight (less than 1,500 grams) babies born at level III facilities to KY residents. Denominator is total very low birth weight babies born in state to KY residents.

3. **Section Number:** Form11_Performance Measure #17
   Field Name: PM17
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

   KY has previously reported this indicator as VLBW born at any faciltiy with a neonatal intensive care unit, but after reexamining the indicator this year we have limited it to VLBW babies born only in a Level 3 center.

   Data for 2009 NUMERATOR is number of very low birth weight (less than 1,500 grams) babies born at level III facilities to KY residents. Denominator is total very low birth weight babies born in state to KY residents.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	80	75	76	73	74
Annual Indicator	72.4	72.5	69.2	73.4	75.2
Numerator	41,103	39,860	38,480	38,064	38,170
Denominator	56,749	55,003	55,628	51,868	50,764
Data Source		KY Vital Statistics Live Birth Certificate files	KY Vital Statistics files, live birth cert files	KY vital stats live birth cert files year 2010	KY vital stats live birth cert files year 2011
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	75.5	75.5	76	76	76.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #18
   Field Name: PM18
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

2. **Section Number:** Form11_Performance Measure #18
   Field Name: PM18
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

3. **Section Number:** Form11_Performance Measure #18
   Field Name: PM18
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]
STATE: KY

Form Level Notes for Form 11

NPM 2: Information derived from averaging responses to two (2) questions on CCSHCN clinic comment cards: 1. Those responding "yes" to the question "Do you feel that CCSHCN staff listen to you regarding your care (or your child's care)?" (96.4%); and 2. Those responding "very satisfied" or "satisfied" to the question "How satisfied are you with the care you (or your child) received today at CCSHCN?" (97.6%) Average of 96.4% & 97.6% = 97% NPM 3: Numerator (KY 0-18 with Primary Care Physician) Denominator (KY 0-18) NPM 4: Numerator: KY CCSHCN enrollees 0-18 w/private or public insurance Denominator: KY CCSHCN enrolleed 0-18 NPM 5: Numerator: KY CCSHCN enrollees 0-18 with specified note type Denominator KY CCSHCN enrollees 0-18 NPM 6: Information derived from averaging CUP (information system) data query with two (2) questions on CCSHCN comment cards: 1. (CUP) KY children ages 14-18 with plans for an adult health care provider; (56.4%) 2. Those responding "becoming as independent as possible" to "Has CCSHCN staff ever discussed the following topics with you (or your child)?" (73.1%); and 3. Those responding "getting the education and skills needed for a job" to "Has CCSHCN staff ever discussed the following topics with you (or your child)?" (65.1%) Average of sum of numerators divided by sum of denominators = 61.7% SPM 7: Numerator (0-18 CCSHCN-enrolled with BMI>=85% as of 6/30/11) Denominator (0-18 CCSHCN-enrolled with a BMI measurement as of 6/30/11)

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Percentage of first time births to Kentucky resident women aged 18 and older who had a pre-pregnancy BMI in either the overweight or obese category.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective					50
Annual Indicator				50.5	50.8
Numerator				10,913	10,793
Denominator				21,590	21,238
Data Source				KY Vital statistics live birth cert files	KY Vital statistics files, live birth cert files
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	50	48.5	48.5	48	48
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #1
   Field Name: SM1
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

2. **Section Number:** Form11_State Performance Measure #1
   Field Name: SM1
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percent of Kentucky high school students who smoked cigarettes on one or more of the past thirty days.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective					26
Annual Indicator				26.1	24.1
Numerator					
Denominator					
Data Source				KY Youth Risk Behavior Survey	KY Youth Risk Behavior Surveillance System 2011 su
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	25	25	24.5	24.5	24
Annual Indicator					
Numerator					
Denominator					

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #2
   Field Name: SM2
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   Numerator and denominator data are not available.

2. **Section Number:** Form11_State Performance Measure #2
   Field Name: SM2
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Numerator and denominator data are not available.

   The YRBS survey is only conducted in the odd years, therefore, data for 2010 is actually from the 2009 survey.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Percent of singleton live births to Kentucky residents that are 34-36 weeks (late preterm) at delivery.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective					8.8
Annual Indicator				8.8	8.7
Numerator				4,594	4,426
Denominator				52,097	50,812
Data Source				KY Vital statistics, live birth cert files	KY Vital statistics files, live birth cert files
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	8.6	8.6	8.6	8.5	8.5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #3
   Field Name: SM3
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

2. **Section Number:** Form11_State Performance Measure #3
   Field Name: SM3
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Proportion of Kentucky children birth to 5 years of age who die from child abuse.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective					8.5
Annual Indicator				8.9	9.6
Numerator				25	27
Denominator				282,367	282,367
Data Source				DCBS case files plus death certificates	DCBS case files plus death certificate files
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	9.5	9.5	9	9	8.5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #4
   Field Name: SM4
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   2011 census data is currently not available and will not be until sometime late summer. Therefore, the denominator reflects population estimates from the 2010 census.

2. **Section Number:** Form11_State Performance Measure #4
   Field Name: SM4
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Percent of 12-17 year old Kentucky residents reporting illicit drug use in the past month.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective					12
Annual Indicator				12.3	8.1
Numerator					
Denominator					
Data Source				SAMHSA state specific data on illicit drug use	SAMHSA state specific data on illicit drug use
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	8	8	8	7.5	7.5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #5
   Field Name: SM5
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   Numerator and denominator data are not available.

2. **Section Number:** Form11_State Performance Measure #5
   Field Name: SM5
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Numerator and denominator data are not available.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The number of Medicaid covered women who had at least one dental visit during their pregnancy.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	28	34	34	35	35
Annual Indicator	32.3	33.3	33.2	32.5	32.5
Numerator	11,972	12,332	12,481	12,162	12,140
Denominator	37,053	36,988	37,648	37,438	37,392
Data Source		KY Medicaid claims data warehouse	KY Medicaid claims database	KY Medicaid claims database	KY Medicaid Claims database
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	36	36	37	37	37.5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

None

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Decreased percentage of children, ages 0 to 18, receiving CCSHCN services, with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective					32
Annual Indicator				35.2	36.7
Numerator				596	1,585
Denominator				1,693	4,321
Data Source				CCSHCN CUP database	CCSHCN CUP database
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	35	34	33	32	31
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #7
   Field Name: SM7
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   SPM 7:
   Numerator (0-18 CCSHCN-enrolled with BMI>=85% as of 6/30/11)
   Denominator (0-18 CCSHCN-enrolled with a BMI measurement as of 6/30/11)

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

Degree to which CCSHCN transition action plan is successfully completed and implemented.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective					55
Annual Indicator				46.2	63.5
Numerator				24	33
Denominator				52	52
Data Source				CCSHCN Transition Action Plan Ratings	CCSHCN Transition Action Plan Ratings
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	60	70	80	90	95
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: KY

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	6.4	6.3	6.3	6	6
Annual Indicator	6.5	6.0	6.4	5.7	
Numerator	385	339	360	303	
Denominator	59,335	56,892	55,951	53,368	
Data Source		KY vital stats live birth and death cert files	KY Vital stats live birth and death certificate fi	KY vital stats live birth and death cert files	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	6	5.8	5.8	5.8	
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1
   Field Name: OM01
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Data is too preliminary at this time, therefore, the rate calculated for this indicator is not a valid rate.

2. **Section Number:** Form12_Outcome Measure 1
   Field Name: OM01
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Data is too preliminary at this time, therefore, the rate calculated for this indicator is not a valid rate.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	1.7	1.7	1.6	1.6	2
Annual Indicator	2.1	1.8	1.9	2.1	
Numerator	11.6	10.1	10.1	11	
Denominator	5.4	5.7	5.2	5.3	
Data Source		KY vital stats death cert files	KY vital stats live birth and death certificate fi	KY vital stats live birth and death cert files	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	2	2	1.8	1.8	
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 2
   Field Name: OM02
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

2. **Section Number:** Form12_Outcome Measure 2
   Field Name: OM02
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	3.5	3.5	3	3	2.5
Annual Indicator	4.0	3.5	3.6	2.7	
Numerator	236	199	204	143	
Denominator	58,959	56,892	55,951	53,368	
Data Source		KY vital stats live birth and death cert files	KY vital stats live birth and death cert files	KY vital stats live birth and death cert files	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	2.5	2.5	2.4	2.4	
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 3
   Field Name: OM03
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

2. **Section Number:** Form12_Outcome Measure 3
   Field Name: OM03
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	2.5	2.5	2.4	2.4	2.4
Annual Indicator	2.4	2.5	2.8	3.0	
Numerator	144	140	156	160	
Denominator	58,959	56,892	55,351	53,368	
Data Source		KY vital stats live birth and death cert files	KY vital stats live birth and death cert files	KY vital stats live birth and death cert files	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	2.4	2.2	2.2	2.2	
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 4
   Field Name: OM04
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

2. **Section Number:** Form12_Outcome Measure 4
   Field Name: OM04
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	7.4	7.4	5.2	5.2	8.2
Annual Indicator	5.9	5.7	8.8	8.4	
Numerator	349	325	494	453	
Denominator	58,959	57,258	56,300	53,717	
Data Source		KY vital stats live birth, death, and fetal death	KY vital stats live birth, death and fetal death f	KY vital stats live birth and death cert files	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	8.2	8	8	8	
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5
   Field Name: OM05
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

2. **Section Number:** Form12_Outcome Measure 5
   Field Name: OM05
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	20	19	17	17	18
Annual Indicator	19.2	19.1	19.9	18.1	
Numerator	148	148	156	142	
Denominator	772,748	776,270	785,082	785,082	
Data Source		KY vital stats death cert files & U.S. census bure	KY vital stats death cert files and census pop est	KY vital stats death cert files and census pop est	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	18	17.5	17.5	17.5	
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6
   Field Name: OM06
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change. 2010 population estimates are currently not available therefore, 2009 population estimates were used for the denominator.

2. **Section Number:** Form12_Outcome Measure 6
   Field Name: OM06
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: KY

Form Level Notes for Form 12

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: KY

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

0

Total Score: 9

Rating Key
0 = Not Met
1 = Partially Met
2 = Mostly Met
3 = Completely Met

Form Notes for Form 13

None

Field Level Notes

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: KY FY: 2013

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase ,list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce rates of substance abuse and smoking in pregnant women, mothers of young children, and teens.
2. Reduce rates of obesity in maternal and child health populations in Kentucky, including children and youth with special health care needs.
3. reduce the rate of births to teen mothers in Kentucky.
4. Reduce the number of Kentucky children dying from child abuse or maltreatment.
5. Decrease the infant mortality rate and eliminate the dispartites in infant mortality in Kentucky.
6. Improve the Oral Health status of Kentucky's children, youth, and pregnant mothers.
7. Improve Transition Service for children and youth with special health care needs.
8.
9.
10.

Form Notes for Form 14

None

Field Level Notes

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: KY **APPLICATION YEAR: 2013**

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested *(max 250 characters)*	Reason(s) Why Assistance Is Needed *(max 250 characters)*	What State, Organization or Individual Would You suggest Provide the TA (if known) *(max 250 characters)*
1.	**State Performance Measure Issues** If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: 4	TA for state to perform an inventory and assessment of our current capacity with partners and identifying what areas we need to strengthen by priority to address child maltreatment statewide.	Kentucky recognizes the continued incidence of child maltreatment across the state. With so many programs and initiatives in the state it is critical to determine prioritized, best practices to increase awareness and prevention strategies.	Sally Fogerty
2.	**State Performance Measure Issues** If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: 5	TA to assess current illicit drug use awareness and treatment and expand state assessment capabilities for pregnant women and youth.	Improve and further DPH & DBH initiatives for awareness & prevention.	SBIRT representative.
3.	**Data-related Issues - Needs Assessment** If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	TA to develop plan to establish effective structure of NA process.	Assistance needed to establish methodology & protocols to determine true focus of issues for families of CYSHCN and DPH.	unknown at this time
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
12.	If you selected State or National Performance Measure Issue categories			

	Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

Form Notes for Form 15

None

Field Level Notes

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: KY

SP() #_____1

PERFORMANCE MEASURE:	Percentage of first time births to Kentucky resident women aged 18 and older who had a pre-pregnancy BMI in either the overweight or obese category.
STATUS:	Active
GOAL	To reduce overweight and obesity among women prior to becoming pregnant so that healthier pregnancies may be achieved.
DEFINITION	Total number of KY resident women aged 18+ with a live birth during the reporting year whose BMI was in the overweight or obese category (BMI >=25.0) divided by the total number of live births to KY resident women aged 18+ during the reporting year. **Numerator:** Total number of KY resident women aged 18+ with a live birth during the reporting year whose BMI was in the overweight or obese category (BMI >=25.0) **Denominator:** Total number of live births to KY resident women aged 18+ during the reporting year. **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	MICH 16.5 Increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy.
DATA SOURCES AND DATA ISSUES	Data will be obtained from the KY Vital Statistics system, certificate of live births for the reporting year. BMI will be calculated based off of the Mother's pre-pregnancy height and weight information as recorded on the KY birth certificate. Categories for classifying BMI is based off of the Centers for Disease Control and Prevention recommended cut points for adult women (Overweight = BMI 25.0-29.9 and Obese = BMI >=30.0)
SIGNIFICANCE	Overweight and obestiy during pregnancy poses serious health risks to both the mother and the infant. By working to reduce overweight and obesity in women of childbearing age prior to becoming pregnant this would help to reduce some of the risks and adverse birth outcomes during pregnancy. Obesity is an increasing problem among all populations in both the state and the Nation with efforts focused towards this specific population, targeted interventions could help achieve desired goals quicker.

SP() #_____2	
PERFORMANCE MEASURE:	Percent of Kentucky high school students who smoked cigarettes on one or more of the past thirty days.
STATUS:	Active
GOAL	To reduce the percentage of high school students in the state that are current cigarette smokers.
DEFINITION	The total number of high school students surveyed who reported smoking cigarettes on one or more of the past 30 days (definition of current smoker)divided by the total number of high school students surveyed. **Numerator:** The total number of high school students surveyed who reported smoking cigarettes on one or more of the past 30 days (definition of current smoker). **Denominator:** The total number of high school students surveyed. **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	TU 2.2 Reduce the percent of adolescents in grades 9-12 who smoked cigarettes in the past 30 days.
DATA SOURCES AND DATA ISSUES	Data for this indicator will be obtained from the Youth Risk Behavior Survey. Kentucky participates in this survey every other year as recommended by CDC and submits data to CDC for inclusion in the annual National report. Since this survey is only conducted every other year, data will be unavailable for the even years. Also, numerator and denominator specific numbers will not be avaiable for reporting, only the weighted percentage will be able to be provided for the annual indicator.
SIGNIFICANCE	Cigarette smoking has been a long standing problem in KY especially among the teen population despite on-going efforts to reduce prevalence among this population. It is hoped that with more concentrated efforts toward this specific target population, KY will be able to achieve and sustain a decline among this population thereby creating a healither future adult generation.

SP() #3	
Performance Measure:	Percent of singleton live births to Kentucky residents that are 34-36 weeks (late preterm) at delivery.
Status:	Active
Goal	To reduce late preterm births among singleton live born infants in Kentucky.
Definition	Total number of singleton live births to KY resident women that were 34-36 weeks gestation at delivery during the reporting year divided by the total number of singleton live births to KY resident women during the reporting year. **Numerator:** Total number of singleton live births to KY resident women that were 34-36 weeks gestation at delivery during the reporting year. **Denominator:** The total number of singleton live births to KY resident women during the reporting year. **Units:** 100 **Text:** Percent
Healthy People 2020 Objective	MICH 9.1 Reduce the percent of total preterm births. MICH 9.2 Reduce the percent of live births that are late preterm (34-36 weeks gestation).
Data Sources and Data Issues	Data for this indicator will be obtained from the KY Vital Statistics files, certificates of live births for the reporting year. Gestational age will be calculated using the standard developed by the National Center for Heatlh Statistics which utilizes several variables on the birth certificate to calculate a gestational age for each record instead of relying on the obstetric estimate of gestation. This method is perceived as being more accurate instead of using the reported obstetric estimate of gestation.
Significance	Late preterm birth comprises nearly 3/4 of all preterm births in KY. These babies have been shown to have just as many complications and long stays in the NICU as the smaller "mirco-preemies". Since there are higher numbers of babies born during the late preterm stage than at earlier gestational ages, there are more of them and the cost associated with care of these infants is astronomically high. By targeting prevention efforts towards this specific gestational age group, it is hoped that overall preterm birth rates will decline and costs associated with care to families and society will decrease.

SP() #4	
PERFORMANCE MEASURE:	Proportion of Kentucky children birth to 5 years of age who die from child abuse.
STATUS:	Active
GOAL	Reduce the rate of deaths to KY children less than five years of age who die from child abuse.
DEFINITION	Total number of KY children less than five years of age who die from child abuse during the reporting year divided by the total population of KY resident children less than five years of age during the reporting year. **Numerator:** Total number of KY children less than five years of age who die from child abuse during the reporting year. **Denominator:** The total population of KY resident children less than five years of age during the reporting year. **Units:** 100000 **Text:** Rate
HEALTHY PEOPLE 2020 OBJECTIVE	IVP 37 Reduce the rate of child maltreatment deaths.
DATA SOURCES AND DATA ISSUES	Kentucky Department for Community Based Services Divison of Protection and Permanancy client database records and the KY Vital Statistics death certificate files for the reporting year. Both data sources will be used as deaths due to child abuse/neglect are often under reported on death certificates. By utilizing both sources of data (case files plus death certificates) we can ensure that all cases are captured that qualify as a death due to child abuse.
SIGNIFICANCE	The death of a child in any situation greatly impacts the family and community and is a terrible loss. When a child dies as the result of abuse, the impact is even greater. By working to prevent these deaths and strengthening family support, communities are better able to flourish and sustain positive impacts in society over time.

SP() #5	
Performance Measure:	Percent of 12-17 year old Kentucky residents reporting illicit drug use in the past month.
Status:	Active
Goal	To reduce substance abuse among Kentucky's youth and teen population.
Definition	Total number of KY resident youth aged 12-17 who report using illicit substances in the past month during the reporting year divided by the total number of KY resident youth aged 12-17 during the reporting year. **Numerator:** Total number of KY resident youth aged 12-17 who report using illicit substances in the past month during the reporting year. **Denominator:** The total number of KY resident youth aged 12-17 during the reporting year. **Units:** 100 **Text:** Percent
Healthy People 2020 Objective	SA 13.1 Reduce the proportion of adolescents aged 12-17 reporting use of alcohol or any illicit drugs during the past 30 days.
Data Sources and Data Issues	National Survey on Drug Use and Health as conducted by SAMHSA annually. Data is reported on a state level so we will be able to report annually on this indicator. Since this is based off of survey data, the data will be subject to reporting bias since youth will be self reporting drug use. Specific numerator and denominator numbers will not be available for reporting on this indicator, only the percentage since it is based off of a National survey.
Significance	Drug use impairs a society and destroys the life of not only the abuser but family and friends as well. Kentucky recognizes that there are substance abuse issues that exist among it's youth and by tracking the prevalence of illicit drug use, it will provide law enforcement, policy makers, and health care professionals with information necessary to target prevention and intervention efforts with the intent of decreasing prevalence in our youth population.

SP() #_____6	
PERFORMANCE MEASURE:	The number of Medicaid covered women who had at least one dental visit during their pregnancy.
STATUS:	Active
GOAL	To increase the number of Medicaid covered pregnant women that receive at least one dental visit during their pregnancy.
DEFINITION	The number of Medicaid covered pregnant women who had at least one dental visit during their pregnancy. **Numerator:** The number of pregnant women covered by Medicaid who had one or more dental visits during their pregnancy. **Denominator:** All Medicaid covered pregnant women. Members who have had no more than one break in enrollment of up to 45 days during the reporting year should be included in this measure. **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	No corresponding Healthy People 2020 Objective
DATA SOURCES AND DATA ISSUES	Data will be collect through the HCFA reporting system. Information on HCFA dental codes used for this measure are available on pages 92 - 93 of the HEDIS 3.0, Volume 2 - January 1997.
SIGNIFICANCE	The utilization of dental services by Medicaid covered women has reached a critical level in Kentucky. This problem is related to many factors including lack of Medicaid dental providers, inadequate reimbursement rates, client no-shows and a lack of knowledge about the role of preventive care and how to access this benefit.

SP() #_____7	
PERFORMANCE MEASURE:	Decreased percentage of children, ages 0 to 18, receiving CCSHCN services, with a Body Mass Index (BMI) at or above the 85th percentile.
STATUS:	Active
GOAL	To reduce the proportion of CYSHCN who are at risk for being overweight or obese.
DEFINITION	(1) Body Mass Index is defined as the ratio of weight in kilograms to the square of the height in meters. (2) Childhood overweight is defined as a BMI at or above the 95th percentile for children of the same age and sex, based on the reference values included in the National Center for Health Statistics 2000 growth charts. The term "at risk for overweight" is applied to children whose BMI is between the 85th and 95th percentiles. **Numerator:** Number of children enrolled in targeted CCSHCN services (expanding annually) with a BMI at or above the 85th percentile **Denominator:** Number of children enrolled in targeted CCSHCN services (expanding annually) during the reporting period. **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	19.3 Reduce the proportion of children and adolescents who are overweight or obese.
DATA SOURCES AND DATA ISSUES	CCSHCN "CUP" information system. Vital sign function not currently mandatory; first year will be a baseline year, with reporting on pilot clinics.
SIGNIFICANCE	Overweight children (or children at risk of being overweight) represent a serious health problem in the United States, and the prevalence among preschool children has doubled since the 1970s. There have been alarming increases in prevalence in children younger than 5 years of age across all ethnic groups (resulting in a variety of high-profile initiatives focusing on this issue). Onset of overweight in childhood accounts for 25 percent of adult obesity; but overweight that begins before age 8 and persists into adulthood is associated with an even greater degree of adult obesity. Childhood overweight is associated with a variety of adverse consequences, including an increased risk of cardiovascular disease, type 2 diabetes mellitus, asthma, social stigmatization, and low self-esteem. There are special issues and risks for CYSHCN, who have already been diagnosed with any of a variety of conditions and may not be as active as children in the general population. A disparity is documented between CYSHCN and others and, due to its mission and organization, CCSHCN has the capacity to work with these special families on a more initimate level than the general public health system.

SP() #8	
Performance Measure:	Degree to which CCSHCN transition action plan is successfully completed and implemented.
Status:	Active
Goal	To increase the capacity of CCSHCN to provide transitions services for CYSHCN to make transitions to all aspects of adult life, including health care, work, and independence.
Definition	1.Refined transition checklist 2.Tangible outreach to all CCSHCN clients upon 14th, 16th, and 18th birthdays 3.Awareness on available community resources 4.Systems to measure impact of transition efforts 5.Distribution of training documents for providers regarding their roles in the transition process 6.Increased visibility and involvement of CCSHCN Youth Advisory Committee 7.Revised agency procedures to conform to best practice consensus statement on health care transitions for CYSHCN 8.Procedure encouraging children's signature on medical forms starting at age 12 9.Support to CYSHCN regarding accommodations available to enable management of health care issues in educational settings 10.Written health care transition plan by age 12 11.Use of social media to educate CYSHCN about pertinent health & transitions issues 12.Assistance with selection of adult health care providers 13.Transmittal of medical records (with release) to adult medical providers upon discharge **Numerator:** Total annual score on transition action plan. Scoring will be based on a total score (maximum=52), and will be measured yearly for increase or decrease from prior year. Scoring: 0: activities have not yet begun; 1: activities have just begun; 2: activities are progressing; 3: activities are well-established; 4: activities are sustained. **Denominator:** Total possible score on transition action plan (=52) **Units:** 100 **Text:** Percent
Healthy People 2020 Objective	16.23: Increase the proportion of States and jurisdictions that have service systems for children wi
Data Sources and Data Issues	CCSHCN agency policies and practices; checklist/scoresheet completion. Development of criteria for measuring success on each item on worksheet in progress.
Significance	The transition of youth to adulthood became a priority issue nationwide in 2002 with the President's "New Freedom Initiative". Over 90 percent of children with special health care needs now live to adulthood, but are less likely than their non-disabled peers to complete high school, attend college or to be employed. Health and health care are cited as two of the major barriers to making successful transitions. CCSHCN is interested in improving agency capacity at the structural level to better ensure youth receive assistance with transition planning.

Form Notes for Form 16

None

Field Level Notes

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: KY

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY #01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	45.8	78.8	93.4	76.7	76.7
Numerator	1,276	2,244	2,691	2,166	2,166
Denominator	278,330	284,601	288,022	282,367	282,367
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01
   Field Name: HSC01
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 KY inpatient hospital discharge data will not be available until late summer of 2012; therefore, the 2011 numbers actually reflect 2010 data.

   Data includes a primary, secondary or tertiary diagnosis code of 493.0-493.9.

   Data Source: KY inpatient hospital dishcarge database provided by the Kentucky Injury Prevention Research Center (KIPRC) at the Univerisity of Kentucky.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01
   Field Name: HSC01
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 KY inpatient hospital discharge data will not be available until late summer of 2010; therefore, the 2010 numbers actually reflect 2009 data.

   Data includes a primary, secondary or tertiary diagnosis code of 493.0-493.9.

   Data Source: KY inpatient hospital dishcarge database provided by the Kentucky Injury Prevention Research Center (KIPRC) at the Univerisity of Kentucky.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01
   Field Name: HSC01
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Data includes a primary, secondary or tertiary diagnosis code of 493.0-493.9.

HEALTH SYSTEMS CAPACITY #02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	78.8	72.0	72.2	72.5	69.8
Numerator	17,626	51,098	52,452	51,933	49,187
Denominator	22,354	70,991	72,637	71,626	70,425
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02
   Field Name: HSC02
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   Preventive codes for periodic screen based on the HEDIS specifications included the following codes: 99381,99382,99391,99392,99432,V202,V703,V705,V706,V708, and V709

   Data Source: KY Medicaid Data Warehouse

2. **Section Number:** Form17_Health Systems Capacity Indicator #02
   Field Name: HSC02
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Preventive codes for periodic screen based on the HEDIS specifications included the following codes: 99381,99382,99391,99392,99432,V202,V703,V705,V706,V708, and V709

   Data Source: KY Medicaid Data Warehouse

3. **Section Number:** Form17_Health Systems Capacity Indicator #02
   Field Name: HSC02
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Preventive codes for periodic screen based on the HEDIS specifications included the following codes: 99381,99382,99391,99392,99432,V202,V703,V705,V706,V708, and V709

HEALTH SYSTEMS CAPACITY #03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	79.9	61.4	50.2	42.1	51.6
Numerator	528	308	267	246	225
Denominator	661	502	532	584	436
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03
   Field Name: HSC03
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   Numerator and denominator calculations have changed for this indicator. For numerator information, the HEDIS technical specifications for well child visits as accepted for HEDIS measures was used to determine procedure and diagnosis codes used for periodic screen. The HEDIS measures were used since they are a recognized national standard and would provide consistency in reporting over time.

   Preventive codes for periodic screen based on the HEDIS specifications included the following codes: 99381,99382,99391,99392,99432,V202,V703,V705,V706,V708, and V709

   For denominator information, the age calculation changed for determining eligibility. Since age is not static, a child could have been born in the previous year but still be eligible for services and under one year of age in the following year; therefore, calculations were adjusted to reflect this and enrollment numbers have changed.

   Data Source: KY Medicaid Data Warehouse

2. **Section Number:** Form17_Health Systems Capacity Indicator #03
   Field Name: HSC03
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Numerator and denominator calculations have changed for this indicator. For numerator information, the HEDIS technical specifications for well child visits as accepted for HEDIS measures was used to determine procedure and diagnosis codes used for periodic screen. The HEDIS measures were used since they are a recognized national standard and would provide consistency in reporting over time.

   Preventive codes for periodic screen based on the HEDIS specifications included the following codes: 99381,99382,99391,99392,99432,V202,V703,V705,V706,V708, and V709

   For denominator information, the age calculation changed for determining eligibility. Since age is not static, a child could have been born in the previous year but still be eligible for services and under one year of age in the following year; therefore, calculations were adjusted to reflect this and enrollment numbers have changed.

   Data Source: KY Medicaid Data Warehouse

3. **Section Number:** Form17_Health Systems Capacity Indicator #03
   Field Name: HSC03
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Numerator and denominator calculations have changed for this indicator. For numerator information, the HEDIS technical specifications for well child visits as accepted for HEDIS measures was used to determine procedure and diagnosis codes used for periodic screen. The HEDIS measures were used since they are a recognized national standard and would provide consistency in reporting over time.

   Preventive codes for periodic screen based on the HEDIS specifications included the following codes: 99381,99382,99391,99392,99432,V202,V703,V705,V706,V708, and V709

   For denominator information, the age calculation changed for determining eligibility. Since age is not static, a child could have been born in the previous year but still be eligible for services and under one year of age in the following year; therefore, calculations were adjusted to reflect this and enrollment numbers have changed.

HEALTH SYSTEMS CAPACITY #04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	73.4	75.6	74.4	74.3	75.6
Numerator	42,704	42,984	41,361	39,916	39,671
Denominator	58,164	56,892	55,628	53,756	52,486
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. *(Explain data in a year note. See Guidance, Appendix IX.)*					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04
   Field Name: HSC04
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics files, Live birth certificate files; year 2011

2. **Section Number:** Form17_Health Systems Capacity Indicator #04
   Field Name: HSC04
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics files, Live birth certificate files; year 2010

3. **Section Number:** Form17_Health Systems Capacity Indicator #04
   Field Name: HSC04
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   2009 data is preliminary and numbers could change.

HEALTH SYSTEMS CAPACITY #07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	91.5	94.4	95.8	95.7	95.0
Numerator	436,253	461,330	494,162	511,499	517,139
Denominator	477,020	488,685	515,858	534,529	544,538
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A
   Field Name: HSC07A
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   Data Source: KY Medicaid Data Warehouse

2. **Section Number:** Form17_Health Systems Capacity Indicator #07A
   Field Name: HSC07A
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Data Source: KY Medicaid Data Warehouse

HEALTH SYSTEMS CAPACITY #07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	50.6	43.6	52.1	60.4	55.2
Numerator	38,417	55,116	56,874	68,503	64,515
Denominator	75,954	126,302	109,185	113,375	116,834
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B
   Field Name: HSC07B
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   Data Source: KY Medicaid Data Warehouse

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B
   Field Name: HSC07B
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   Data Source: KY Medicaid Data Warehouse

HEALTH SYSTEMS CAPACITY #08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	7.3	7.1	6.9	6.6	6.2
Numerator	1,797	1,795	1,794	1,733	1,589
Denominator	24,709	25,335	26,030	26,094	25,707
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: KY

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
a) *Percent of low birth weight (< 2,500 grams)*	2011	Payment source from birth certificate	10.8	7.5	9
b) *Infant deaths per 1,000 live births*	2011	Payment source from birth certificate	6.6	4.2	5.3
c) *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*	2011	Payment source from birth certificate	65.3	79	75.2
d) *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*	2011	Payment source from birth certificate	70.1	81.2	75.6

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: KY

INDICATOR #06 ***The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.***	**YEAR**	**PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)**
a) *Infants (0 to 1)*	2011	185
b) *Medicaid Children* (Age range 1 to 19) (Age range _____ to _____) (Age range _____ to _____)	2011	150
c) *Pregnant Women*	2011	185

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: KY

INDICATOR #06 ***The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.***	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
a) *Infants (0 to 1)*	2011	200
b) *Medicaid Children* (Age range 1 to 19) (Age range _____ to _____) (Age range _____ to _____)	2011	200
c) *Pregnant Women*	2011	185

Form Notes for Form 18

2011 live birth and death certificate data is preliminary and numbers could change.

Field Level Notes

None

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: KY

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Informatioin)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES **Annual linkage of infant birth and infant death certificates**	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS **Hospital discharge survey for at least 90% of in-State discharges**	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: KY

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: Youth Tobacco Survey	3	No

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

Form Notes for Form 19

None

Field Level Notes

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: KY

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	9.1	9.0	8.8	8.9	9.0
Numerator	5,355	5,147	4,905	4,830	4,733
Denominator	58,959	56,892	55,951	54,128	52,698
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A
   Field Name: HSI01A
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, Live Birth Certificate Files, Year 2011

2. **Section Number:** Form20_Health Status Indicator #01A
   Field Name: HSI01A
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, Live Birth Certificate Files, Year 2010

HEALTH STATUS INDICATOR #01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	7.6	7.4	7.0	7.3	7.3
Numerator	4,256	4,091	3,858	3,825	3,725
Denominator	56,350	55,176	55,204	52,454	51,021
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01B
   Field Name: HSI01B
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, Live Birth Certificate Files, Year 2011

2. **Section Number:** Form20_Health Status Indicator #01B
   Field Name: HSI01B
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, Live Birth Certificate Files, Year 2010

HEALTH STATUS INDICATOR #02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	1.6	1.5	1.4	1.6	1.5
Numerator	927	841	795	864	779
Denominator	58,959	56,892	55,951	54,128	52,698
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #02A
   Field Name: HSI02A
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, Live Birth Certificate Files, Year 2011

2. **Section Number:** Form20_Health Status Indicator #02A
   Field Name: HSI02A
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, Live Birth Certificate Files, Year 2010

HEALTH STATUS INDICATOR #02B

The percent of live singleton births weighing less than 1,500 grams.

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	1.3	1.2	1.1	1.2	1.2
Numerator	742	644	604	652	595
Denominator	56,350	55,176	54,204	52,454	51,021
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #02B
   Field Name: HSI02B
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, LIve Birth Certificate Files, Year 2011

2. **Section Number:** Form20_Health Status Indicator #02B
   Field Name: HSI02B
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, LIve Birth Certificate Files, Year 2010

HEALTH STATUS INDICATOR #03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	6.9	7.9	9.9	4.9	4.2
Numerator	57	66	83	42	36
Denominator	828,157	833,890	841,552	849,409	849,409
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A
   Field Name: HSI03A
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   2011 population estimates are currently not available, therefore, 2010 estimates were used for the denominator.

   Data Source: KY Vital Statistics Files, Death Certificate Files, Year 2011 and population estimates for most recent year

2. **Section Number:** Form20_Health Status Indicator #03A
   Field Name: HSI03A
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, Death Certificate Files, Year 2010 and population estimates for most recent year

HEALTH STATUS INDICATOR #03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	2.5	2.9	3.0	2.1	1.2
Numerator	21	24	25	18	10
Denominator	828,157	833,890	841,552	849,409	849,409
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B
   Field Name: HSI03B
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   2011 population estimates are currently not available therefore, 2010 population estimates were used for the denominator.

   Data Source: KY Vital Statistics Files, Death Certificate Files, Year 2011 and population estimates from the most recent year

2. **Section Number:** Form20_Health Status Indicator #03B
   Field Name: HSI03B
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   Data Source: KY Vital Statistics Files, Death Certificate Files, Year 2010 and population estimates from the most recent year

HEALTH STATUS INDICATOR #03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	26.7	27.4	26.1	18.2	19.3
Numerator	165	152	154	107	113
Denominator	616,889	555,568	589,241	586,763	586,763
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C
   Field Name: HSI03C
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is preliminary and numbers could change.

   2011 population estimates are currenly not available therefore, 2010 population estimates were used for the denominator.

   Data Source: KY Vital Statistics Files, Death Certificate Files, Year 2011 and population estimates from the most recent year

2. **Section Number:** Form20_Health Status Indicator #03C
   Field Name: HSI03C
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   2010 data is preliminary and numbers could change.

   2010 population estimates are currenly not available therefore, 2009 population estimates were used for the denominator.

   Data Source: KY Vital Statistics Files, Death Certificate Files, Year 2010 and population estimates from the most recent year

HEALTH STATUS INDICATOR #04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	136.0	129.5	126.8	120.7	120.7
Numerator	1,126	1,080	1,067	1,025	1,025
Denominator	828,157	833,890	841,552	849,409	849,409
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A
   Field Name: HSI04A
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is currently not available at time of submission therefore 2011 data actually reflect year 2010.

   2011 population estimates are currently not available therefore, 2010 estimates were used for the denominator.

   Data Source: KY inpatient hospital dishcarge database provided by the Kentucky Injury Prevention Research Center (KIPRC) at the Univerisity of Kentucky; population estimates from the most recent year.

   The Kentucky Hospital Association (KHA) is the agency that supplies the hospital discharge data to UK KIPRC has recently changed how emergency department visits are classified and coded. KHA feels that the new method is more accurate and is a better way of classifying ED visits and the previous coding schema underestimated ED visits. Therefore, beginning with the 2010 data, this new coding scheme has been utilized and it does affect the total number of inpatient hospitalizations especially those related to injury. Because of this change in methodology, we feel that the decrease observed is not a true decrease but a reflection of the new methodology and more non-fatal injuries were coded as ED visits rather than as inpatient stays.

2. **Section Number:** Form20_Health Status Indicator #04A
   Field Name: HSI04A
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Data Source: KY inpatient hospital dishcarge database provided by the Kentucky Injury Prevention Research Center (KIPRC) at the Univerisity of Kentucky; population estimates from the most recent year.

   The Kentucky Hospital Association (KHA) is the agency that supplies the hospital discharge data to UK KIPRC has recently changed how emergency department visits are classified and coded. KHA feels that the new method is more accurate and is a better way of classifying ED visits and the previous coding schema underestimated ED visits. Therefore, beginning with the 2010 data, this new coding scheme has been utilized and it does affect the total number of inpatient hospitalizations especially those related to injury. Because of this change in methodology, we feel that the decrease observed is not a true decrease but a reflection of the new methodology and more non-fatal injuries were coded as ED visits rather than as inpatient stays.

HEALTH STATUS INDICATOR #04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	15.7	18.7	20.1	17.2	17.2
Numerator	130	156	169	146	146
Denominator	828,157	833,890	841,552	849,409	849,409
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B
   Field Name: HSI04B
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is currently not available at time of submission therefore, the 2011 numbers actually reflect year 2010.

   2011 population estimates are currently not available therefore, 2010 estimates were used for the denominator.

   Data Source: KY inpatient hospital dishcarge database provided by the Kentucky Injury Prevention Research Center (KIPRC) at the Univerisity of Kentucky; population estimates from the most recent year.

   The Kentucky Hospital Association (KHA) is the agency that supplies the hospital discharge data to UK KIPRC has recently changed how emergency department visits are classified and coded. KHA feels that the new method is more accurate and is a better way of classifying ED visits and the previous coding schema underestimated ED visits. Therefore, beginning with the 2010 data, this new coding scheme has been utilized and it does affect the total number of inpatient hospitalizations especially those related to injury. Because of this change in methodology, we feel that the decrease observed is not a true decrease but a reflection of the new methodology and more non-fatal injuries were coded as ED visits rather than as inpatient stays.

2. **Section Number:** Form20_Health Status Indicator #04B
   Field Name: HSI04B
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Data Source: KY inpatient hospital dishcarge database provided by the Kentucky Injury Prevention Research Center (KIPRC) at the Univerisity of Kentucky; population estimates from the most recent year.

   The Kentucky Hospital Association (KHA) is the agency that supplies the hospital discharge data to UK KIPRC has recently changed how emergency department visits are classified and coded. KHA feels that the new method is more accurate and is a better way of classifying ED visits and the previous coding schema underestimated ED visits. Therefore, beginning with the 2010 data, this new coding scheme has been utilized and it does affect the total number of inpatient hospitalizations especially those related to injury. Because of this change in methodology, we feel that the decrease observed is not a true decrease but a reflection of the new methodology and more non-fatal injuries were coded as ED visits rather than as inpatient stays.

HEALTH STATUS INDICATOR #04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	125.2	112.3	107.8	76.0	76.0
Numerator	701	624	635	446	446
Denominator	559,766	555,568	589,241	586,763	586,763
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C
   Field Name: HSI04C
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 data is currently not avaiable at time of submission therefore the 2011 numbers actually reflect year 2010.

   2011 population estimates are currently not available, therefore, the 2010 estimates were used for the denominator.

   Data Source: KY inpatient hospital dishcarge database provided by the Kentucky Injury Prevention Research Center (KIPRC) at the Univerisity of Kentucky; population estimates from the most recent year.

   The Kentucky Hospital Association (KHA) is the agency that supplies the hospital discharge data to UK KIPRC has recently changed how emergency department visits are classified and coded. KHA feels that the new method is more accurate and is a better way of classifying ED visits and the previous coding schema underestimated ED visits. Therefore, beginning with the 2010 data, this new coding scheme has been utilized and it does affect the total number of inpatient hospitalizations especially those related to injury. Because of this change in methodology, we feel that the decrease observed is not a true decrease but a reflection of the new methodology and more non-fatal injuries were coded as ED visits rather than as inpatient stays.

2. **Section Number:** Form20_Health Status Indicator #04C
   Field Name: HSI04C
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Data Source: KY inpatient hospital dishcarge database provided by the Kentucky Injury Prevention Research Center (KIPRC) at the Univerisity of Kentucky; population estimates from the most recent year.

   The Kentucky Hospital Association (KHA) is the agency that supplies the hospital discharge data to UK KIPRC has recently changed how emergency department visits are classified and coded. KHA feels that the new method is more accurate and is a better way of classifying ED visits and the previous coding schema underestimated ED visits. Therefore, beginning with the 2010 data, this new coding scheme has been utilized and it does affect the total number of inpatient hospitalizations especially those related to injury. Because of this change in methodology, we feel that the decrease observed is not a true decrease but a reflection of the new methodology and more non-fatal injuries were coded as ED visits rather than as inpatient stays.

HEALTH STATUS INDICATOR #05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	17.7	25.3	27.4	31.8	31.0
Numerator	2,428	3,471	3,851	4,607	4,486
Denominator	137,048	137,431	140,591	144,688	144,688
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A
   Field Name: HSI05A
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 population estimates are not currently available through the U.S. Census Bureau therefor, 2010 estimates are being used for 2011.

   Reporting of cases from both private and public providers has improved and more reports are being received which accounts for the increased rate.

   Data Source: KY Dep. for Public Health, Division of Epidemiology and Health Planning, Sexually Transmitted Diseases Branch, Surveillance Section; population estimates from the most recent year

2. **Section Number:** Form20_Health Status Indicator #05A
   Field Name: HSI05A
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Reporting of cases from both private and public providers has improved and more reports are being received which accounts for the increased rate.

   Data Source: KY Dep. for Public Health, Division of Epidemiology and Health Planning, Sexually Transmitted Diseases Branch, Surveillance Section; population estimates from the most recent year

3. **Section Number:** Form20_Health Status Indicator #05A
   Field Name: HSI05A
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Reporting of cases from both private and public providers has improved and more reports are being received which accounts for the increased rate.

   Data Source: KY Dep. for Public Health, Division of Epidemiology and Health Planning, Sexually Transmitted Diseases Branch, Surveillance Section.

HEALTH STATUS INDICATOR #05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2007	**2008**	**2009**	**2010**	**2011**
Annual Indicator	4.9	6.7	7.6	9.8	10.2
Numerator	3,575	4,876	5,476	6,933	7,217
Denominator	728,904	724,479	723,033	710,158	710,158
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. ***(Explain data in a year note. See Guidance, Appendix IX.)***					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B
   Field Name: HSI05B
   Row Name:
   Column Name:
   Year: 2011
   Field Note:
   2011 population estimates are not currently available from the U.S. Census Bureau, therefore, 2010 estimates are being used.

   Reporting of cases by private and public providers has improved as more reports are being received which accounts for the increase.

   Data Source: KY Dep. for Public Health, Division of Epidemiology and Health Planning, Sexually Transmitted Diseases Branch, Surveillance Section; population estimates from the most recent year

2. **Section Number:** Form20_Health Status Indicator #05B
   Field Name: HSI05B
   Row Name:
   Column Name:
   Year: 2010
   Field Note:
   Reporting of cases by private and public providers has improved as more reports are being received which accounts for the increase.

   Data Source: KY Dep. for Public Health, Division of Epidemiology and Health Planning, Sexually Transmitted Diseases Branch, Surveillance Section; population estimates from the most recent year

3. **Section Number:** Form20_Health Status Indicator #05B
   Field Name: HSI05B
   Row Name:
   Column Name:
   Year: 2009
   Field Note:
   Reporting of cases by private and public providers has improved as more reports are being received which accounts for the increase.

   Data Source: KY Dep. for Public Health, Division of Epidemiology and Health Planning, Sexually Transmitted Diseases Branch, Surveillance Section.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	55,189	44,484	5,089	73	706	57	3,272	1,508
Children 1 through 4	227,178	184,198	21,090	474	3,161	230	11,962	6,063
Children 5 through 9	282,012	234,497	25,305	591	3,369	242	11,982	6,026
Children 10 through 14	284,154	240,146	25,634	624	3,296	186	9,735	4,533
Children 15 through 19	296,795	251,435	29,591	750	2,954	204	7,406	4,455
Children 20 through 24	289,968	246,033	27,857	728	3,822	318	5,179	6,031
Children 0 through 24	1,435,296	1,200,793	134,566	3,240	17,308	1,237	49,536	28,616

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	51,499	3,690	0
Children 1 through 4	212,328	14,850	0
Children 5 through 9	267,240	14,772	0
Children 10 through 14	273,297	10,857	0
Children 15 through 19	286,473	10,322	0
Children 20 through 24	276,823	13,145	0
Children 0 through 24	1,367,660	67,636	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	55	33	13	0	0	1	0	8
Women 15 through 17	1,590	1,268	193	0	0	2	0	127
Women 18 through 19	4,358	3,584	524	6	2	5	0	237
Women 20 through 34	41,542	34,920	3,531	44	156	125	0	2,766
Women 35 or older	4,983	4,068	356	8	96	38	0	417
Women of all ages	52,528	43,873	4,617	58	254	171	0	3,555

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	47	8	0
Women 15 through 17	1,492	95	3
Women 18 through 19	4,173	178	7
Women 20 through 34	39,393	2,111	38
Women 35 or older	4,675	306	2
Women of all ages	49,780	2,698	50

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #08A - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	280	213	48	0	1	6	0	12
Children 1 through 4	67	52	13	0	0	2	0	0
Children 5 through 9	27	22	3	0	1	0	0	1
Children 10 through 14	35	31	3	0	0	0	0	1
Children 15 through 19	138	109	26	0	0	0	0	3
Children 20 through 24	261	227	25	1	0	1	0	7
Children 0 through 24	808	654	118	1	2	9	0	24

HSI #08B - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)*

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	263	17	0
Children 1 through 4	61	6	0
Children 5 through 9	25	2	0
Children 10 through 14	34	1	0
Children 15 through 19	135	3	0
Children 20 through 24	252	9	0
Children 0 through 24	770	38	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,146,204	954,760	106,709	2,512	14,362	919	44,357	22,585	2010
Percent in household headed by single parent	35.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010
Percent in TANF (Grant) families	9.2	8.1	24.2	8.5	5.1	23.6	1.3	0.4	2011
Number enrolled in Medicaid	569,205	452,800	79,009	1,878	3,877	1,229	0	30,412	2011
Number enrolled in SCHIP	99,682	85,500	11,997	306	933	193	0	753	2011
Number living in foster home care	6,255	4,830	861	3	4	3	314	240	2011
Number enrolled in food stamp program	1,134,566	953,219	162,146	3,596	6,175	2,429	3,019	3,982	2011
Number enrolled in WIC	173,595	144,601	18,187	462	1,126	1,816	7,403	0	2010
Rate (per 100,000) of juvenile crime arrests	527.9	463.2	1,165.8	238.8	55.7	217.6	387.8	110.7	2011
Percentage of high school drop-outs (grade 9 through 12)	2.2	2.9	6.6	4.2	1.8	0.0	0.0	1.0	2010

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity.(Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,091,713	54,491	0	2010
Percent in household headed by single parent	0.0	0.0	35.0	2010
Percent in TANF (Grant) families	9.3	5.8	0.0	2011
Number enrolled in Medicaid	515,305	25,982	27,918	2011
Number enrolled in SCHIP	94,706	4,523	453	2011
Number living in foster home care	6,255	335	0	2011
Number enrolled in food stamp program	1,081,534	49,050	0	2011
Number enrolled in WIC	158,433	15,162	0	2010
Rate (per 100,000) of juvenile crime arrests	538.5	315.6	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	0.0	5.6	0.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	664,056
Living in urban areas	621,405
Living in rural areas	504,216
Living in frontier areas	1,581
Total - all children 0 through 19	1,127,202

Note:
The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	4,339,367
Percent Below: 50% of poverty	8
100% of poverty	13.4
200% of poverty	29.8

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,023,371
Percent Below: 50% of poverty	12.3
100% of poverty	25.7
200% of poverty	60.4

Form Notes for Form 21

2011 live birth certificate data is preliminary and numbers could change. Women with an unknown age were excluded (Total 170).

2011 death certificate data is preliminary and numbers could change.

Field Level Notes

1. **Section Number:** Form21_Indicator 09A
   Field Name: HSIRace_SingleParentPercent
   Row Name: Percent in household headed by single parent
   Column Name:
   Year: 2013
   Field Note:
   Data not available by race or ethnicity.
   2011 data is currently unavailable.
2. **Section Number:** Form21_Indicator 09A
   Field Name: HSIRace_WICNo
   Row Name: Number enrolled in WIC
   Column Name:
   Year: 2013
   Field Note:
   2011 data is currently unavailable.
3. **Section Number:** Form21_Indicator 09A
   Field Name: HSIRace_DropOutPercent
   Row Name: Percentage of high school drop-outs (grade 9 through 12)
   Column Name:
   Year: 2013
   Field Note:
   2011 data is currently unavailable.
4. **Section Number:** Form21_Indicator 10
   Field Name: Metropolitan
   Row Name: Living in metropolitan areas
   Column Name:
   Year: 2013
   Field Note:
   Data is for children <18 years of age.
5. **Section Number:** Form21_Indicator 11
   Field Name: S11_total
   Row Name: Total Population
   Column Name:
   Year: 2013
   Field Note:
   Data Source: US Census Bureau, 2010 state specific estimates from the one-year American Community survey. Table B17024 Age by Ratio of Income to Poverty level in the Past 12 Months.
6. **Section Number:** Form21_Indicator 12
   Field Name: S12_Children
   Row Name: Children 0 through 19 years old
   Column Name:
   Year: 2013
   Field Note:
   Data reflects children <18 years of age; Census data for poverty ratios cannot be broken out by 0-19.

   Data Source: US Census Bureau, 2010 state specific estimates from the American Community Survey; Table B17024 Age by Ratio of Income to Poverty Level in the Past 12 Months.