

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: MD**  
**APPLICATION YEAR: 2013**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2013**  
*[Secs. 504 (d) and 505(a)(3)(4)]*  
**STATE: MD**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])

\$ 11,872,051

Of the Federal Allocation (1 above), the amount earmarked for:

A. Preventive and primary care for children:

\$ 5,489,034 ( 46.23 %)

B. Children with special health care needs:

\$ 4,738,295 ( 39.91 %)

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

C. Title V administrative costs:

\$ 404,501 ( 3.41 %)

(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)

\$ 9,176,099

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

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

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

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

\$ 9,176,099

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 8,262,484

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

\$ 21,048,150

(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:	\$ <u>140,000</u>
b. SSDI:	\$ <u>100,000</u>
c. CISS:	\$ <u>0</u>
d. Abstinence Education:	\$ <u>530,058</u>
e. Healthy Start:	\$ <u>0</u>
f. EMSC:	\$ <u>0</u>
g. WIC:	\$ <u>112,449,752</u>
h. AIDS:	\$ <u>0</u>
i. CDC:	\$ <u>120,388,778</u>
j. Education:	\$ <u>0</u>
k. Home Visiting:	\$ <u>1,301,284</u>
l. Other:	\$ <u>0</u>

Family Planning	\$ <u>4,302,533</u>
Hearing Detection &	\$ <u>146,657</u>
Injury	\$ <u>1,317,723</u>
Newborn Screening	\$ <u>237,271</u>
PREP	\$ <u>949,458</u>
Primary Care/Rural H	\$ <u>656,030</u>

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 242,519,544

**11. STATE MCH BUDGET TOTAL**

\$ 263,567,694

(Partnership subtotal + Other Federal MCH Funds subtotal)

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form2\_Main  
**Field Name:** SPRANS  
**Row Name:** Other Federal Funds - SPRANS  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
ECCS Grant - \$140,000

**FORM 3**  
**STATE MCH FUNDING PROFILE**  
*[Secs. 505(a) and 506(a)(1-3)]*  
**STATE: MD**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 12,045,757	\$ 12,045,757	\$ 11,931,568	\$ 11,931,568	\$ 11,955,050	\$ 11,940,135
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 9,307,147	\$ 9,307,147	\$ 8,948,669	\$ 8,948,669	\$ 8,966,288	\$ 8,955,101
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b>	\$ 21,352,904	\$ 21,352,904	\$ 20,880,227	\$ 20,880,227	\$ 20,921,338	\$ 20,895,236
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 86,003,388	\$ 86,003,388	\$ 105,935,463	\$ 105,935,463	\$ 113,707,133	\$ 113,707,133
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 107,356,292	\$ 107,356,292	\$ 126,815,690	\$ 126,815,690	\$ 134,628,471	\$ 134,602,369
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**  
*[Secs. 505(a) and 506(a)(1-3)]*  
**STATE: MD**

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 11,963,971	\$ 11,940,135	\$ 11,863,538	\$	\$ 11,872,051	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 8,965,479	\$ 8,624,571	\$ 8,897,654	\$	\$ 9,176,099	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>7. Subtotal</b>	\$ 20,919,450	\$ 20,564,706	\$ 20,761,192	\$ 0	\$ 21,048,150	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 129,454,241	\$ 129,454,241	\$ 131,150,864	\$	\$ 242,519,544	\$
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 150,373,691	\$ 150,018,947	\$ 151,912,056	\$ 0	\$ 263,567,694	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

None

**FORM 4**  
**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**  
*[Secs 506(2)(2)(iv)]*  
**STATE: MD**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 2,571,159	\$ 2,571,159	\$ 2,456,960	\$ 2,456,960	\$ 2,971,107	\$ 2,546,333
b. Infants < 1 year old	\$ 2,868,135	\$ 2,868,135	\$ 2,868,135	\$ 2,868,135	\$ 2,830,478	\$ 2,307,113
c. Children 1 to 22 years old	\$ 9,346,107	\$ 9,346,107	\$ 8,987,629	\$ 8,987,629	\$ 8,936,427	\$ 9,085,195
d. Children with Special Healthcare Needs	\$ 5,594,080	\$ 5,594,080	\$ 5,594,080	\$ 5,594,080	\$ 5,805,320	\$ 5,829,652
e. Others	\$ 629,637	\$ 629,637	\$ 629,637	\$ 629,637	\$ 0	\$ 783,177
f. Administration	\$ 343,786	\$ 343,786	\$ 343,786	\$ 343,786	\$ 378,006	\$ 343,766
<b>g. SUBTOTAL</b>	<b>\$ 21,352,904</b>	<b>\$ 21,352,904</b>	<b>\$ 20,880,227</b>	<b>\$ 20,880,227</b>	<b>\$ 20,921,338</b>	<b>\$ 20,895,236</b>
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 100,000		\$ 289,172		\$ 224,511	
b. SSDI	\$ 100,000		\$ 94,644		\$ 94,644	
c. CISS	\$ 143,489		\$ 0		\$ 0	
d. Abstinence Education	\$ 557,798		\$ 569,676		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 68,516,641		\$ 88,576,661		\$ 96,900,831	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 8,427,999		\$ 8,298,035		\$ 8,283,512	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
FP/Injury	\$ 0		\$ 0		\$ 5,632,822	
PCR/PHHS	\$ 0		\$ 0		\$ 2,570,813	
Family Planning	\$ 4,080,909		\$ 3,991,508		\$ 0	
Injury	\$ 1,490,197		\$ 1,467,042		\$ 0	
Preventive Health BG	\$ 0		\$ 1,985,279		\$ 0	
Primary Care/Rural H	\$ 575,057		\$ 663,446		\$ 0	
Preventive Health BG	\$ 2,011,298		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	<b>\$ 86,003,388</b>		<b>\$ 105,935,463</b>		<b>\$ 113,707,133</b>	

**FORM 4**  
**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**  
 [Secs 506(2)(2)(iv)]  
 STATE: MD

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 2,586,320	\$ 2,387,383	\$ 2,688,788	\$	\$ 2,507,937	\$
b. Infants < 1 year old	\$ 2,802,689	\$ 2,183,533	\$ 2,293,249	\$	\$ 2,465,619	\$
c. Children 1 to 22 years old	\$ 8,577,383	\$ 9,059,958	\$ 8,920,381	\$	\$ 9,006,415	\$
d. Children with Special Healthcare Needs	\$ 5,589,845	\$ 5,514,493	\$ 5,638,784	\$	\$ 5,632,560	\$
e. Others	\$ 1,003,213	\$ 1,022,127	\$ 771,297	\$	\$ 1,031,118	\$
f. Administration	\$ 380,000	\$ 397,212	\$ 438,663	\$	\$ 404,501	\$
<b>g. SUBTOTAL</b>	\$ 20,919,450	\$ 20,564,706	\$ 20,761,192	\$ 0	\$ 21,048,150	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 437,274		\$ 2,380,865		\$ 140,000	
b. SSDI	\$ 93,713		\$ 93,737		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 486,560		\$ 530,068	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 112,043,869		\$ 109,561,818		\$ 112,449,752	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 8,546,040		\$ 9,986,880		\$ 120,388,778	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 1,301,284	
<b>l. Other</b>						
Family Planning	\$ 4,307,837		\$ 4,573,336		\$ 4,302,533	
Hearing Detection &	\$ 0		\$ 0		\$ 146,667	
Injury	\$ 1,387,061		\$ 0		\$ 1,317,723	
Newborn Screening	\$ 0		\$ 0		\$ 237,271	
PREP	\$ 0		\$ 0		\$ 949,458	
Primary Care/Rural H	\$ 0		\$ 757,924		\$ 656,030	
Injury Prevention	\$ 0		\$ 1,342,988		\$ 0	
PHHS	\$ 0		\$ 1,966,786		\$ 0	
Preventive Health S	\$ 2,032,809		\$ 0		\$ 0	
Primary Care/Rura	\$ 605,638		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 129,454,241		\$ 131,150,864		\$ 242,519,544	

**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** PregWomenExpended

**Row Name:** Pregnant Women

**Column Name:** Expended

**Year:** 2010

**Field Note:**

The budgeted amount for family planning services was mistakenly placed in the row for pregnant women. This amount is now being accounted for as other.

2. **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:**

Funding shifted to cover the costs of services for children ages 1-22

3. **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:**

The budgeted amount for family planning services was mistakenly placed in the row for infants. This amount is now being accounted for as other.

4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** AllOthersExpended

**Row Name:** All Others

**Column Name:** Expended

**Year:** 2010

**Field Note:**

The budgeted amount for family planning services was mistakenly placed in the row for pregnant women. This amount is now being accounted for as other.

5. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** AdminExpended

**Row Name:** Administration

**Column Name:** Expended

**Year:** 2011

**Field Note:**

Indirect costs increased as a number of vacancies were filled.

**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: MD**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,697,710	\$ 1,697,710	\$ 1,583,511	\$ 1,583,511	\$ 1,571,270	\$ 3,482,667
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 8,190,711	\$ 8,190,711	\$ 7,832,233	\$ 7,832,233	\$ 6,524,185	\$ 6,209,917
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,492,527	\$ 3,492,527	\$ 3,492,527	\$ 3,492,527	\$ 4,862,982	\$ 5,545,388
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 7,971,966	\$ 7,971,966	\$ 7,971,966	\$ 7,971,966	\$ 7,962,901	\$ 5,657,264
<b>V. Federal-State Title V Block Grant Partnership Total</b> (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.)	\$ 21,352,904	\$ 21,352,904	\$ 20,880,227	\$ 20,880,227	\$ 20,921,338	\$ 20,895,236

**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: MD**

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 2,529,026	\$ 2,073,565	\$ 3,766,140	\$	\$ 3,668,159	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 7,839,371	\$ 7,381,515	\$ 6,174,671	\$	\$ 5,773,945	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,850,823	\$ 4,705,258	\$ 5,236,577	\$	\$ 4,890,938	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 7,700,230	\$ 6,404,368	\$ 5,583,804	\$	\$ 6,715,108	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (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.)	\$ 20,919,450	\$ 20,564,706	\$ 20,761,192	\$ 0	\$ 21,048,150	\$ 0

**FORM NOTES FOR FORM 5**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Fewer funds were devoted to direct services.
2. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
The original budgeted amount incorrectly allocated direct funds to the infrastructure category for children with special health care need services.
3. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
More funds shifted from the direct and enabling services to population based services than had been expected.
4. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Additional local health department funding was used to support population based services for children including vision and hearing screening.
5. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
More funds shifted to population based services.
6. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
The original budgeted amount incorrectly allocated direct funds to the infrastructure category for children with special health care need services.

FORM 6

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

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

STATE: MD

Total Births by Occurrence: 73,783

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	77,299	104.8	97	3	3	100
Congenital Hypothyroidism	77,299	104.8	771	35	35	100
Galactosemia	77,299	104.8	24	0	0	
Sickle Cell Disease	77,299	104.8	184	52	52	100
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	77,299	104.8	44	1	1	100
Cystic Fibrosis	77,299	104.8	33	11	11	100
Homocystinuria	77,299	104.8	175	0	0	
Maple Syrup Urine Disease	77,299	104.8	86	0	0	
Other	77,299	104.8	128	57	57	100
beta-ketothiolase deficiency	77,299	104.8	0	0	0	
Tyrosinemia Type I	77,299	104.8	136	0	0	
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	77,299	104.8	35	0	0	
Argininosuccinic Acidemia	77,299	104.8	63	0	0	
Citrullinemia	77,299	104.8	20	2	2	100
Isovaleric Acidemia	77,299	104.8	36	1	1	100
Propionic Acidemia	77,299	104.8	48	1	1	100
Camitine Uptake Defect	77,299	104.8	80	0	0	
3-Methylcrotonyl-CoA Carboxylase Deficiency	77,299	104.8	31	3	3	100
Methylmalonic acidemia (Cbl A,B)	77,299	104.8	48	0	0	
Multiple Carboxylase Deficiency	77,299	104.8	0	0	0	
Trifunctional Protein Deficiency	77,299	104.8	0	0	0	
Glutaric Acidemia Type I	77,299	104.8	33	0	0	
Sickle Cell Anemia (SS-Disease)	77,299	104.8	184	52	52	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	77,299	104.8	128	4	4	100
Medium-Chain Acyl-CoA Dehydrogenase						

Deficiency	77,299	104.8	26	4	4	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	77,299	104.8	0	0	0	
3-Hydroxy 3-Methyl Glutaric Aciduria	77,299	104.8	48	0	0	
Methylmalonic Acidemia (Mutase Deficiency)	77,299	104.8	48	0	0	
S-Beta Thalassaemia	77,299	104.8	9	1	1	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**

The numbers provided in Form 6 are reported to the OGCSHCN from the Maryland Department of Health and Mental Hygiene's Laboratories Administration, which runs the newborn bloodspot screening program for the state. The total births by occurrence for 2011 are not yet available from the Vital Statistics Administration, so the 2010 number of 73,783 is being used provisionally. In years past, the number of infants receiving at least one screen (column A) for various conditions is usually higher than the total births by occurrence in the reporting year, resulting in a percentage in column B that is greater than 100%. For 2011 that number is 77,299. The newborn bloodspot screening program usually screens more babies than are actually born in the state in a given year, as some infants born in neighboring states and the District of Columbia end up being screened through Maryland's program.

**FIELD LEVEL NOTES**

- 1. Section Number:** Form6\_Main  
**Field Name:** BirthOccurrence  
**Row Name:** Total Births By Occurrence  
**Column Name:** Total Births By Occurrence  
**Year:** 2013  
**Field Note:**  
Total Births by Occurrence is from Maryland Vital Statistics Administration (VSA), 2010 Final Report. 2011 numbers are not yet available. For reporting year 2010 (last year, Maryland reported 74,999 occurrent births in this field - the 2009 numbers reported by VSA. The final 2010 total occurrent births reported by VSA to CDC were 75,059, or a difference of 60 births. For this reporting year, we anticipate a higher number of occurrent births for the reporting year (CY2011) but according to the Title V MCHB Reporting Guidance, we must use VSA numbers. The most timely numbers we have are what VSA reported for CY2010, which is 73,783. The number of newborns screened in CY2011 is higher: 77,299, so the percentages calculated for Column A of Form 7 will be over 100% as a result.
- 2. Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2013  
**Field Note:**  
Total Births by Occurrence is from Maryland Vital Statistics Administration (VSA), 2010 Final Report. 2011 numbers are not yet available. For reporting year 2010 (last year, Maryland reported 74,999 occurrent births in this field - the 2009 numbers reported by VSA. The final 2010 total occurrent births reported by VSA to CDC were 75,059, or a difference of 60 births. For this reporting year, we anticipate a higher number of occurrent births for the reporting year (CY2011) but according to the Title V MCHB Reporting Guidance, we must use VSA numbers. The most timely numbers we have are what VSA reported for CY2010, which is 73,783. The number of newborns screened in CY2011 is higher: 77,299, so the percentages calculated for Column A of Form 7 will be over 100% as a result.
- 3. Section Number:** Form6\_Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2013  
**Field Note:**  
Total Births by Occurrence is from Maryland Vital Statistics Administration (VSA), 2010 Final Report. 2011 numbers are not yet available. For reporting year 2010 (last year, Maryland reported 74,999 occurrent births in this field - the 2009 numbers reported by VSA. The final 2010 total occurrent births reported by VSA to CDC were 75,059, or a difference of 60 births. For this reporting year, we anticipate a higher number of occurrent births for the reporting year (CY2011) but according to the Title V MCHB Reporting Guidance, we must use VSA numbers. The most timely numbers we have are what VSA reported for CY2010, which is 73,783. The number of newborns screened in CY2011 is higher: 77,299, so the percentages calculated for Column A of Form 7 will be over 100% as a result.
- 4. Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2013  
**Field Note:**  
Total Births by Occurrence is from Maryland Vital Statistics Administration (VSA), 2010 Final Report. 2011 numbers are not yet available. For reporting year 2010 (last year, Maryland reported 74,999 occurrent births in this field - the 2009 numbers reported by VSA. The final 2010 total occurrent births reported by VSA to CDC were 75,059, or a difference of 60 births. For this reporting year, we anticipate a higher number of occurrent births for the reporting year (CY2011) but according to the Title V MCHB Reporting Guidance, we must use VSA numbers. The most timely numbers we have are what VSA reported for CY2010, which is 73,783. The number of newborns screened in CY2011 is higher: 77,299, so the percentages calculated for Column A of Form 7 will be over 100% as a result.
- 5. Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2013  
**Field Note:**  
Total Births by Occurrence is from Maryland Vital Statistics Administration (VSA), 2010 Final Report. 2011 numbers are not yet available. For reporting year 2010 (last year, Maryland reported 74,999 occurrent births in this field - the 2009 numbers reported by VSA. The final 2010 total occurrent births reported by VSA to CDC were 75,059, or a difference of 60 births. For this reporting year, we anticipate a higher number of occurrent births for the reporting year (CY2011) but according to the Title V MCHB Reporting Guidance, we must use VSA numbers. The most timely numbers we have are what VSA reported for CY2010, which is 73,783. The number of newborns screened in CY2011 is higher: 77,299, so the percentages calculated for Column A of Form 7 will be over 100% as a result.
- 6. Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2013  
**Field Note:**  
Total Births by Occurrence is from Maryland Vital Statistics Administration (VSA), 2010 Final Report. 2011 numbers are not yet available. For reporting year 2010 (last year, Maryland reported 74,999 occurrent births in this field - the 2009 numbers reported by VSA. The final 2010 total occurrent births reported by VSA to CDC were 75,059, or a difference of 60 births. For this reporting year, we anticipate a higher number of occurrent births for the reporting year (CY2011) but according to the Title V MCHB Reporting Guidance, we must use VSA numbers. The most timely numbers we have are what VSA reported for CY2010, which is 73,783. The number of newborns screened in CY2011 is higher: 77,299, so the percentages calculated for Column A of Form 7 will be over 100% as a result.

**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: MD**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	74,880	77,430	77,252	77,268	74,999
Infants < 1 year old	78,371	78,738	75,362	78,975	76,511
Children 1 to 22 years old	39,825	43,509	1,656,916	218,968	209,234
Children with Special Healthcare Needs	12,110	10,614	11,968	10,059	22,963
Others	7,973	5,541	7,830	17,958	18,323
<b>Total</b>	213,159	215,832	1,829,328	403,228	402,030

Reporting Year: 2011

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	73,783	62.0	1.0	45.0	2.0	0.0
Infants < 1 year old	71,523	52.0	0.4	0.0	5.0	0.0
Children 1 to 22 years old	1,603,581	33.0	9.0	0.0	5.0	0.0
Children with Special Healthcare Needs	25,864	0.0	0.0	0.0	0.0	100.0
Others	8,179	16.0	0.0	3.0	81.0	0.0
<b>TOTAL</b>	1,782,930					

**FORM NOTES FOR FORM 7**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Estimated based on the number of births in 2010, MD DHMH, Vital Statistics Administration Report, 2010.
2. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XIX  
**Row Name:** Pregnant Women  
**Column Name:** Title XIX %  
**Year:** 2013  
**Field Note:**  
Data Source: Maryland Medicaid Program, calendar year 2011.
3. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XXI  
**Row Name:** Pregnant Women  
**Column Name:** Title XXI %  
**Year:** 2013  
**Field Note:**  
Data Source: Maryland Medicaid Program, calendar year 2011.
4. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Private  
**Row Name:** Pregnant Women  
**Column Name:** Private/Other %  
**Year:** 2013  
**Field Note:**  
Data Source: MD Health Services Cost Review Commission, Inpatient Discharge dataset, 2010.
5. **Section Number:** Form7\_Main  
**Field Name:** PregWomen\_None  
**Row Name:** Pregnant Women  
**Column Name:** None %  
**Year:** 2013  
**Field Note:**  
Data Source: MD Health Services Cost Review Commission, Inpatient Discharge dataset, 2010.
6. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Data Source: US 2010 Decennial Census, MDP.
7. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XIX  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XIX %  
**Year:** 2013  
**Field Note:**  
Data Source: Maryland Medicaid Program, calendar year 2011.
8. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XXI  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XXI %  
**Year:** 2013  
**Field Note:**  
Data Source: Maryland Medicaid Program, calendar 2011.
9. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Private  
**Row Name:** Infants <1 year of age  
**Column Name:** Private/Other %  
**Year:** 2013  
**Field Note:**  
Data not available.
10. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_None  
**Row Name:** Infants <1 year of age  
**Column Name:** None %  
**Year:** 2013  
**Field Note:**  
Data Source: US Census Bureau, American Community Survey, 2010.  
Percent of children <18 without health insurance.
11. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**

Data Source: US 2010 Decennial Census, MDP.

12. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XIX  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XIX %  
**Year:** 2013  
**Field Note:**  
Data Source: Maryland Medicaid Program, calendar year 2011.
13. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XXI  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XXI %  
**Year:** 2013  
**Field Note:**  
Data Source: Maryland Medicaid Program, calendar year 2011.
14. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Private  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Private/Other %  
**Year:** 2013  
**Field Note:**  
Data not available.
15. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_None  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** None %  
**Year:** 2013  
**Field Note:**  
MD Dept of Planning, American Community Survey, 2010, Uninsured children <18.
16. **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:**  
This number, 25,864, includes unduplicated children served through OGCSHCN programs in the top 3 levels (Direct Health Care, Enabling, and Population-Based Services) of the MCHB Funding and Services Pyramid. This includes funds to local health departments (care coordination: 958, respite: 553, clinics: 536, family workshops: 961, and transition services: 72); specialty camps: 159; non-LHD transition services: 537; complex care clinics: 507; specialty care clinics: 11,101; The Harriet Lane Clinic: 1456; Children's Medical Services: 135; medical day care centers: 113; sickle cell disease follow-up: 721; metabolic nutrition: 254; Infant Hearing follow-up: 3274. The Parents' Place of Maryland (1792 parent contacts) and The Children's Resource Line (2169 calls) - these last two numbers are not unduplicated.  
  
Data Source: MD DHMH, Office of Genetics and Children with Special Health Care Needs, FY 2011.
17. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2013  
**Field Note:**  
Family Planning Clients in Calvert, Harford, Kent, St. Mary's, and Wicomico counties for calendar year 2011.  
  
Data Source: MD DHMH, Family Planning program.
18. **Section Number:** Form7\_Main  
**Field Name:** AllOthers\_Unknown  
**Row Name:** Others  
**Column Name:** Unknown %  
**Year:** 2013  
**Field Note:**  
Primary source of coverage for CSHCNs is unknown.

**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: MD**

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
<b>DELIVERIES</b>								
Total Deliveries in State	73,783	37,295	24,324	139	5,087	85	1,265	5,588
Title V Served	73,783	37,295	24,324	139	5,087	85	1,265	5,588
Eligible for Title XIX	45,640	14,162	20,157	82	1,695	52	0	9,492
<b>INFANTS</b>								
Total Infants in State	71,523	34,118	23,146	265	3,926	29	5,549	4,490
Title V Served	71,523	34,118	23,146	265	3,926	29	5,549	4,490
Eligible for Title XIX	37,500	9,340	15,889	53	1,094	30	0	11,094

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	63,532	10,251	0	0	0	0	0	0
Title V Served	63,532	10,251	0	0	0	0	0	0
Eligible for Title XIX	36,148	7,011	2,481	0	0	0	0	0
<b>INFANTS</b>								
Total Infants in State	61,243	10,280	0	0	0	0	0	0
Title V Served	61,243	10,280	0	0	0	0	0	0
Eligible for Title XIX	26,406	6,584	4,510	0	0	0	0	0

**FORM NOTES FOR FORM 8**

Form 6 not complete yet.

**FIELD LEVEL NOTES**

1. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2013  
**Field Note:**  
Data Source: MD DHMH, Vital Statistics Administration, Live births in 2010. Data for 2011 not yet available.
2. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2013  
**Field Note:**  
Data Source: MD DHMH, Vital Statistics Administration, Live births in 2010. Data for 2011 not yet available.  
Note: Assumption is made that all deliveries are served by Title V
3. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2013  
**Field Note:**  
Data Source: MD Medicaid Program, 2011. Based on # of pregnant women served.
4. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2013  
**Field Note:**  
MD Medicaid does not report more than 1 race.
5. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_RaceOther  
**Row Name:** Eligible for Title XIX  
**Column Name:** Other and Unknown  
**Year:** 2013  
**Field Note:**  
MD Medicaid does not report ethnicity separately, therefore 'Other and Unknown' includes 7,011 Hispanic women.
6. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2013  
**Field Note:**  
Data Source: US 2010 Decennial Census, age <1 year.
7. **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 Source: US 2010 Decennial Census, age <1 year.  
Assumes all infants are served by Title V.
8. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2013  
**Field Note:**  
Data Source: MD Medicaid Program, calendar year 2011.
9. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2013  
**Field Note:**  
MD Medicaid does not report more than 1 race.
10. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_RaceOther  
**Row Name:** Eligible for Title XIX  
**Column Name:** Other and Unknown  
**Year:** 2013  
**Field Note:**  
MD Medicaid does not report ethnicity separately, therefore 'Other and Unknown' includes 6584 infants of Hispanic origin.
11. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino

Year: 2013

Field Note:

Data Source: MD DHMH, Vital Statistics Administration, 2010.  
2011 data not yet available.

12. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Data Source: MD DHMH, Vital Statistics Administration, 2010.  
2011 data not yet available.
13. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_Mexican  
**Row Name:** Total Deliveries in State  
**Column Name:** Mexican  
**Year:** 2013  
**Field Note:**  
Data on county of origin not available.
14. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_Cuban  
**Row Name:** Total Deliveries in State  
**Column Name:** Cuban  
**Year:** 2013  
**Field Note:**  
Data on county of origin not available.
15. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_PuertoRican  
**Row Name:** Total Deliveries in State  
**Column Name:** Puerto Rican  
**Year:** 2013  
**Field Note:**  
Data on county of origin not available.
16. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_CentralAmerican  
**Row Name:** Total Deliveries in State  
**Column Name:** Central and South American  
**Year:** 2013  
**Field Note:**  
Data on county of origin not available.
17. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Data Source: MD DHMH, Vital Statistics Administration, 2010.  
2011 data not yet available.  
Assumes all deliveries are served by Title V.
18. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Data Source: MD DHMH, Vital Statistics Administration, 2010.  
2011 data not yet available.  
Assumes all deliveries are served by Title V.
19. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_Mexican  
**Row Name:** Title V Served  
**Column Name:** Mexican  
**Year:** 2013  
**Field Note:**  
Data on county of origin not available.
20. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_Cuban  
**Row Name:** Title V Served  
**Column Name:** Cuban  
**Year:** 2013  
**Field Note:**  
Data on county of origin not available.
21. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_PuertoRican  
**Row Name:** Title V Served  
**Column Name:** Puerto Rican  
**Year:** 2013  
**Field Note:**  
Data on county of origin not available.
22. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_CentralAmerican

**Row Name:** Title V Served  
**Column Name:** Central and South American  
**Year:** 2013  
**Field Note:**  
Data on county of origin not available.

23. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Data Source: MD Medicaid Program, calendar year 2011.

24. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Data Source: MD Medicaid Program, calendar year 2011.

25. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_NotReported  
**Row Name:** Eligible for Title XIX  
**Column Name:** Ethnicity Not Reported  
**Year:** 2013  
**Field Note:**  
Data Source: MD Medicaid Program, calendar year 2011.

26. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_Mexican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Mexican  
**Year:** 2013  
**Field Note:**  
Data by country of origin not available.

27. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_Cuban  
**Row Name:** Eligible for Title XIX  
**Column Name:** Cuban  
**Year:** 2013  
**Field Note:**  
Data by country of origin not available.

28. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_PuertoRican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Puerto Rican  
**Year:** 2013  
**Field Note:**  
Data by country of origin not available.

29. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_CentralAmerican  
**Row Name:** Eligible for Title XIX  
**Column Name:** Central and South American  
**Year:** 2013  
**Field Note:**  
Data by country of origin not available.

30. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalNotHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Data Source: US Decennial 2010 Census, MDP

31. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Data Source: US Decennial Census 2010, MDP

32. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Mexican  
**Row Name:** Total Infants in State  
**Column Name:** Mexican  
**Year:** 2013  
**Field Note:**  
Data not available from MDP by country of origin.

33. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_Cuban  
**Row Name:** Total Infants in State  
**Column Name:** Cuban  
**Year:** 2013  
**Field Note:**

Data not available from MDP by country of origin.

34. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_PuertoRican  
**Row Name:** Total Infants in State  
**Column Name:** Puerto Rican  
**Year:** 2013  
**Field Note:**  
Data not available from MDP by country of origin.
35. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_CentralAmerican  
**Row Name:** Total Infants in State  
**Column Name:** Central and South American  
**Year:** 2013  
**Field Note:**  
Data not available from MDP by country of origin.
36. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Data Source: US Census2010, MDP
37. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
Data Source: US Decennial Census2010, MDP
38. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_Mexican  
**Row Name:** Title V Served  
**Column Name:** Mexican  
**Year:** 2013  
**Field Note:**  
Data not available from MDP by country of origin.
39. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_Cuban  
**Row Name:** Title V Served  
**Column Name:** Cuban  
**Year:** 2013  
**Field Note:**  
Data not available from MDP by country of origin.
40. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_PuertoRican  
**Row Name:** Title V Served  
**Column Name:** Puerto Rican  
**Year:** 2013  
**Field Note:**  
Data not available from MDP by country of origin.
41. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_CentralAmerican  
**Row Name:** Title V Served  
**Column Name:** Central and South American  
**Year:** 2013  
**Field Note:**  
Data not available from MDP by country of origin.
42. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
MD Medicaid Program, calendar year 2011.
43. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2013  
**Field Note:**  
MD Medicaid Program, calendar year 2011.
44. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_NotReported  
**Row Name:** Eligible for Title XIX  
**Column Name:** Ethnicity Not Reported  
**Year:** 2013  
**Field Note:**  
MD Medicaid Program, calendar year 2011.
45. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_Mexican  
**Row Name:** Eligible for Title XIX

**Column Name:** Mexican

**Year:** 2013

**Field Note:**

Data not available from Medicaid by country of origin.

**46. Section Number:** Form8\_II\_ Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_Cuban

**Row Name:** Eligible for Title XIX

**Column Name:** Cuban

**Year:** 2013

**Field Note:**

Data not available from Medicaid by country of origin.

**47. Section Number:** Form8\_II\_ Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_PuertoRican

**Row Name:** Eligible for Title XIX

**Column Name:** Puerto Rican

**Year:** 2013

**Field Note:**

Data not available from Medicaid by country of origin.

**48. Section Number:** Form8\_II\_ Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_CentralAmerican

**Row Name:** Eligible for Title XIX

**Column Name:** Central and South American

**Year:** 2013

**Field Note:**

Data not available from Medicaid by country of origin.

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

	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>
1. State MCH Toll-Free "Hotline" Telephone Number	800-638-8864	(800)-638-8864	(800)-638-8864	(800)-638-8864	(800)-638-8864
2. State MCH Toll-Free "Hotline" Name	Children's Resource Line - please note, this is not a hotline.	Children's Resource Line	Children's Resource Line	Children's Resource Line	Children's Resource Line
3. Name of Contact Person for State MCH "Hotline"	Angela Sittler	Barbara Greer	Barbara Greer	Barbara Greer	Mary Anne Kane-Breschi
4. Contact Person's Telephone Number	410-767-1063	410-767-6730	(410-)767-6730	(410-)767-6730	(410)-767-6743
5. Contact Person's Email	asttler@dhhm.state.md.us	greerb@dhhm.state.md.us	greerb@dhhm.state.md.	greerb@dhhm.state.md.us	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	2169	2502	200

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

	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>
1. State MCH Toll-Free "Hotline" Telephone Number	8004568900	8004568900	800-456-8900	800-456-8900	800-456-8900
2. State MCH Toll-Free "Hotline" Name	MCH Hotline	MCH Hotline	MCH Hotline	MCH Hotline	MCH Hotline
3. Name of Contact Person for State MCH "Hotline"	Evita Burke	Evita Burke	Evita Burke	J. Bobbe Frasier, Jr.	Ameda Johnson
4. Contact Person's Telephone Number	410-767-8847	410-767-8847	410-767-8847	410-767-5705	410-767-5158
5. Contact Person's Email	burkee@dhhm.state.md.us	burkee@dhhm.state.md.us	burkee@dhhm.state.ms.us	FraserB@dhhm.state.md.us	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	37921	40523	56510

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form9\_Main

**Field Name:** calls\_2

**Row Name:** Number of calls received On the State MCH Hbtline This reporting period

**Column Name:** FY

**Year:** 2011

**Field Note:**

Source: Maryland Medical Assistance Program for the period, July 2011 - June 2012.

2. **Section Number:** Form9\_Optional

**Field Name:** hnumber\_1

**Row Name:** State MCH toll-free hotline telephone number

**Column Name:** FY

**Year:** 2013

**Field Note:**

The numbers reported here include calls from parents/providers seeking information on Maryland resources for CYSHCN; calls for Maryland's Infant Hearing program; and calls to OGCSHCN that require language translation services.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2013**  
*[Sec. 506(a)(1)]*  
**STATE: MD**

1. State MCH Administration:  
*(max 2500 characters)*

The Maryland Department of Health and Mental Hygiene's Maternal and Child Health Bureau (MCHB) administers Maryland's Title V MCH Block Grant Program. The Title V Program provides leadership for maternal and child (including children and youth with special health care needs - CYSHCN) issues in Maryland, supports state and community needs assessment and planning activities, develops MCH policies and standards, and supports activities to protect, promote and improve the health of all women, children, adolescents and young adults including those with special health care needs. The Block Grant supports gap-filling direct services for the uninsured and under-insured; enabling services, such as home visiting, care coordination and genetic counseling; population based services, such as newborn screening and blood lead testing; and infrastructure building activities such as systems development for CYSHCN, epidemiological analyses and MCH standards development. FHA also provides leadership and direction for the WC Program, the Title X Family Planning Program, the Primary Care Cooperative Agreement, Preventative health Services, Health Promotions and Tobacco Use Prevention and Oral health. The MCH Program partners and collaborates with other State agencies, advocacy groups, parent groups, providers and community based organizations to support maternal and child health.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,872,051
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 9,176,099
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 21,048,150</b>

9. Most significant providers receiving MCH funds:

	Local health departments
	Tertiary care/academic medical centers
	Universities and colleges
	Community based groups

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

a. Pregnant Women	73,783
b. Infants < 1 year old	71,523
c. Children 1 to 22 years old	1,603,581
d. CSHCN	25,864
e. Others	8,179

11. Statewide Initiatives and Partnerships

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

Pregnant women, mothers and infants: preconception counseling (including folic acid awareness for all women and genetic counseling), direct medical and dental services, family planning services, prenatal care including referrals for mental health and substance abuse services, outreach and enrollment services for Medicaid managed care and MCHIP, public health nurse home visiting, and grief counseling (FIMR/SIDS). Children and adolescents: school health clinics, public health nurse home visiting, oral health services, family planning and early intervention services. CYSHCN: primary and specialty services for uninsured and under-insured children, care coordination, respite care, genetics testing and follow-up, genetics clinics, and medical day care centers.

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

Pregnant Mothers and Infants: newborn screening, including universal newborn hearing screening, breastfeeding promotion, hepatitis B and congenital syphilis surveillance and monitoring, and dissemination of educational materials about postpartum depression, shaken baby syndrome, lead and other MCH issues. Children and adolescents: immunizations, lead screening, asthma control, dental fluoride program (fluoride tablet/ rinse), teen pregnancy prevention, health education and promotion, obesity prevention, school screenings (hearing, vision, and scoliosis). CYSHCN: family and provider education and training, respite care, genetics service outreach and education.

c. Infrastructure Building Services:  
*(max 2500 characters)*

Title V resources support State and community health assessment, evaluation of public health strategies, policy and standards development, and quality monitoring. Emphasis is on improving/ enhancing MCH epidemiological, fiscal and administrative capabilities to ensure accountability through monitoring of process and outcome measures. Pregnant women, mothers and infants: Maternal mortality review, Improved Pregnancy Outcome Program funds perinatal health coordinator in every jurisdiction and fetal, infant and mortality review processes; Orenshaw Perinatal Health Initiative (promotes regional systems of care), statewide maternal transport system, PRAMS, and coalition building: breastfeeding and FASD. Children and adolescents: early childhood systems planning, lead prevention targeting, asthma surveillance and coalition building, medical consultation for school health, and child fatality review. CYSHCN: strategic planning to improve outcomes for CYSHCN and their families, maintenance of a statewide consortium of CYSHCN stakeholders, development of statewide CYSHCN delivery system, data collection, analysis and dissemination, and statewide clinical genetics service system.

12. The primary Title V Program contact person:

Name Bonnie S. Birkel  
 Title Acting Director, Maternal and Child Health Bureau  
 Address 201 W. Preston Street  
 City Baltimore  
 State Maryland  
 Zip 21201  
 Phone 410-767-6717

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

Name Donna Harris  
 Title Director, Office for Genetics and People with Special Health Care  
 Address 201 W. Preston Street  
 City Baltimore  
 State Maryland  
 Zip 21201  
 Phone 410-767-5642

14. State Family or Youth Leader Contact person:

Name Josie Thomas  
 Title Executive Director, The Parents' Place of Maryland  
 Address 801 Cromwell Park Drive Suite 103  
 City Glen Burne  
 State MD  
 Zip 21061  
 Phone 410-768-9100 x101

Fax \_\_\_\_\_ 410-2333-5233  
Email \_\_\_\_\_ [birkelt@dnh.state.md.us](mailto:birkelt@dnh.state.md.us)  
Web \_\_\_\_\_ <http://fa.dnh.maryland.gov>

Fax \_\_\_\_\_ 410-333-5047  
Email \_\_\_\_\_ [dharris@dnh.state.md.us](mailto:dharris@dnh.state.md.us)  
Web \_\_\_\_\_ <http://fa.dnh.maryland.gov>

Fax \_\_\_\_\_ 410-768-0830  
Email \_\_\_\_\_ [josie@ppmd.org](mailto:josie@ppmd.org)  
Web \_\_\_\_\_ [www.ppmd.org](http://www.ppmd.org)

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form10\_The Family Participation contact person

**Field Name:** FamilyParticipationContact

**Row Name:**

**Column Name:**

**Year:** 2013

**Field Note:**

This is the contact information for Maryland's Family-to-Family Health Information Center and chapter of Family Voices, The Parents' Place of Maryland (PPMD.) PPMD is a close working partner of Maryland's Title V CSHCN program.



**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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	72	55	55.5	56	56.5
Annual Indicator	54.8	54.8	54.8	54.8	69.3
Numerator					
Denominator					
Data Source		SLAITS 2005-2006	SLAITS 2005-2006	SLAITS 2005-2006	NS-CSHCN 2009-10

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

Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	69.3	69.3	69.3	75	77
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:**

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey. However, in 2009-2010 there were wording changes and additions to the questions used to generate this indicator. The data for 2009-2010 are NOT comparable to earlier versions of the survey.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

**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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	62	46	46.5	47	47.5
Annual Indicator	45.6	45.6	45.6	45.6	44.2
Numerator					
Denominator					
Data Source		SLAITS 2005-2006	SLAITS 2005-2006	SLAITS 2005-2006	NS-CSHCN 2009-10
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>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.)</p>					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	44.2	44.2	44.2	48	50
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:**

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2001 and 2005-2006 surveys are not comparable for NPM 3. However, the same questions were used to generate the NPM 3 indicator for both the 2005-2006 and 2009-2010, therefore these two surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**2. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

**3. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

**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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	70.5	65.7	65.9	66.1	66.3
Annual Indicator	65.5	65.5	65.5	65.5	61.5
Numerator					
Denominator					
Data Source		SLAITS 2005-2006	SLAITS 2005-2006	SLAITS 2005-2006	NS-CSHCN 2009-10
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>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.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	61.5	61.5	61.5	67	70
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:**

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. This survey was first conducted in 2001. The same questions were used to generate the NPM 4 indicator for the 2001, 2005-06, and 2009-2010 CSHCN surveys.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

2. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

**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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	75.5	89.5	89.7	89.9	90.1
Annual Indicator	89.3	89.3	89.3	89.3	65.1
Numerator					
Denominator					
Data Source		SLAITS 2005-2006	SLAITS 2005-2006	SLAITS 2005-2006	NS-CSHCN 2009-10
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>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.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	65.1	65.1	65.1	72	75
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:**

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The questions were also revised extensively for the 2009-2010 CSHCN survey. Therefore, none of the three rounds of the surveys are comparable.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**2. Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

**3. Section Number:** Form11\_Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

**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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>12</u>	<u>38</u>	<u>38.5</u>	<u>39</u>	<u>39.5</u>
Annual Indicator	<u>37.5</u>	<u>37.5</u>	<u>37.5</u>	<u>37.5</u>	<u>36.8</u>
Numerator					
Denominator					
Data Source		SLAITS 2005-2006	SLAITS 2005-2006	SLAITS 2005-2006	NS-CSHCN 2009-10
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	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>36.8</u>	<u>36.8</u>	<u>36.8</u>	<u>40.5</u>	<u>43</u>
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:**

For 2011-2014, indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration and the U.S. Centers for Disease Control and Prevention in 2009-2010. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for NPM 6, and findings from the 2005-06 survey may be considered baseline data. However, the same questions were used to generate the NPM 6 indicator for the 2009-2010 survey. Therefore, the 2005-2006 and 2009-2010 surveys can be compared.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**2. Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

**3. Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

**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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	83	86.5	93	83	80
Annual Indicator	92.4	73.6	77.9	65.9	65.9
Numerator	206,988	163,837	178,949	145,026	145,026
Denominator	224,013	222,604	229,716	220,071	220,071
Data Source		MMWR Report, CDC, 2008	MMWR Report, CDC, 2009	MMWR Report, CDC 2010	MMWR Report, CDC 2010

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	70	70	70	70	70
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:**

Source: Percentage is based on data from the MMWR Report "National State and Local Area Vaccination Coverage Among Children Aged 19-35 months, US. 2010".

This percentage was applied to the estimated number of children between the ages of 1-3 in 2010 (denominator) based on U.S. Census Bureau Population Estimates to create a numerator. 4:3:1:3:3:1 series used to calculate coverage rate. Data for 2011 not currently available

2. **Section Number:** Form11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source: Percentage is based on data from the MMWR Report "National State and Local Area Vaccination Coverage Among Children Aged 19-35 months, US. 2010".

This percentage was applied to the estimated number of children between the ages of 1-3 in 2010 (denominator) based on U.S. Census Bureau Decennial Census to create a numerator. 4:3:1:3:3:1 series used to calculate coverage rate.

3. **Section Number:** Form11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source: Percentage is based on data from the MMWR Report "National State and Local Area Vaccination Coverage Among Children Aged 19-35 months, US. 2009". This percentage was applied to the estimated number of children between the ages of 1-3 in 2009 (denominator) based on U.S. Census Bureau Population Estimates to create a numerator. 4:3:1:3:3:1 series used to calculate coverage rate

**PERFORMANCE MEASURE # 08**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	16.4	16.4	17.5	17	16
<b>Annual Indicator</b>	18.3	17.4	16.3	13.5	13.5
<b>Numerator</b>	2,200	2,055	1,879	1,601	1,601
<b>Denominator</b>	120,146	118,208	115,606	118,328	118,328
<b>Data Source</b>		MD Vital Statistics, 2008; U.S. Census Bureau	MD Vital Statistics, 2009; U.S. Census Bureau	MD Vital Statistics, 2010; U.S. Census Bureau	MD Vital Statistics, 2010; U.S. Census Bureau

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

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	13	13	13	12	12
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: Maryland Vital Statistics Administration, 2010 Annual Report; population (denominator) from U.S. Census Bureau Population Estimates. Data for 2011 is currently unavailable.
- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: Maryland Vital Statistics Administration, 2010 Annual Report; population (denominator) from U.S. Census Bureau Population Estimates.
- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: Maryland Vital Statistics Administration, 2009 Annual Report; population (denominator) from U.S. Census Bureau Population Estimates.



**PERFORMANCE MEASURE # 10**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	3	3.5	2.9	3	1.7
<b>Annual Indicator</b>	3.1	2.3	1.7	1.1	1.1
<b>Numerator</b>	34	25	19	12	12
<b>Denominator</b>	1,107,687	1,099,652	1,115,865	1,110,385	1,110,385
<b>Data Source</b>		MD Vital Statistics, 2008	MD Vital Statistics, 2009	MD Vital Statistics, 2010	MD Vital Statistics, 2010
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.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	1	1	1	1	1
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD Vital Statistics Administration Report, 2010; Data for 2011 not currently available
- Section Number:** Form11\_Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: MD Vital Statistics Administration Report, 2010
- Section Number:** Form11\_Performance Measure #10  
**Field Name:** PM10  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: MD Vital Statistics Administration Report, 2009

**PERFORMANCE MEASURE # 11**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	44	41	44	44	46
<b>Annual Indicator</b>	43.0	45.5	43.3	45.5	45.2
<b>Numerator</b>	33,565	35,516	33,527	35,516	34,925
<b>Denominator</b>	78,057	78,057	77,430	78,057	77,268
<b>Data Source</b>		NIS, CDC, 2007 and 2007 Birth Data MD Vital Stat.	NIS, CDC, 2009 and 2007 Birth Data MD Vital Stat.	NIS, CDC, 2010 and 2007 Birth Data MD Vital Stat.	NIS, CDC, 2010 and 2007 Birth Data MD Vital Stat.

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

Final

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	46	46	46	46	46
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Source: Data on percentage of infants breastfeeding at 6 months is from the CDC National Immunization Survey 2011, based on births occurring in 2008.

This percentage was applied to the infant population (denominator) in Maryland in 2008 to produce an estimated numerator.

2. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source: Data on percentage of infants breastfeeding at 6 months is from the CDC National Immunization Survey 2010, based on births occurring in 2007.

This percentage was applied to the infant population (denominator) in Maryland in 2007 to produce an estimated numerator.

3. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source: Data on percentage of infants breastfeeding at 6 months is from the CDC National Immunization Survey 2009, based on births occurring in 2006.

This percentage was applied to the infant population (denominator) in Maryland in 2006 to produce an estimated numerator.

**PERFORMANCE MEASURE # 12**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	90	90	98	100	100
Annual Indicator	92.5	98.8	98.7	98.4	98.9
Numerator	68,622	74,276	70,984	69,637	69,592
Denominator	74,196	75,210	71,917	70,782	70,338
Data Source		State IH System	State IH System	State IH System (Oz Database)	State IH System (Oz 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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number: Form11\_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2011

Field Note:

Number of occurrent births is from the Maryland Infant Hearing Program's OZ eSP database. The number of occurrent births is 70,733, however the number of births requiring a screen (excludes deceased, refused, hospice, etc.) is used as the denominator (70,388). This data is for the calendar year 2011.

- Section Number: Form11\_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2010

Field Note:

Number of occurrent births is from the Maryland Infant Hearing Program's OZ eSP database. Calendar year 2010 marks the first full year that this database was fully functional for the entire reporting period.

- Section Number: Form11\_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2009

Field Note:

Number of occurrent births is from MD Vital Statistics and is only provisional at this time. The screening data is primarily from the old state IH system because the new OZ eSP system was not in place for the full year.

While we would like to maintain our progress in screening an increasing percentage of babies before hospital discharge, our historical struggles with databases and providers, make us wary of setting 100% as the measure for satisfactory performance. It may not be realistic.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective		9.6	12.1	10	11	9
Annual Indicator		12.0	10.0	10.0	9.2	9.2
Numerator		163,264	136,300	136,300	125,000	125,000
Denominator		1,360,531	1,363,004	1,363,004	1,355,000	1,355,000
Data Source			U.S. Census Bureau, CPS, 2008-2009	U.S. Census Bureau, CPS, 2008-2009	U.S. Census Bureau, CPS, 2010 ASEC for 2011	U.S. Census Bureau, CPS, 2010 ASEC for 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?					Final	Provisional

  

		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective		9	9	9	8	8
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:**

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010

Children defined as age 18 and under.

2011 data not available

2. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2010

Children defined as age 18 and under.

3. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008-2009 (2-year average of data collected in 2008 and 2009). Children defined as age 18 and under.

**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.

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	32.5	32.5	32	33	32
<b>Annual Indicator</b>	33.0	33.1	33.2	32.2	32.3
<b>Numerator</b>	11,881	14,326	16,302	20,563	21,001
<b>Denominator</b>	36,002	43,317	49,065	63,951	65,020
<b>Data Source</b>		WIC Program Data for 2008	WIC Program Data for 2009	WIC Program Data for 2010	WIC Program Data for 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.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

  

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	31	31	31	31	31
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: Maryland WIC Program data; Maryland WIC estimates for 2011 based on enrollment and BMI analysis for the period, January-December 2011.
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: Maryland WIC Program data; Maryland WIC estimates for 2010 based on enrollment and BMI analysis for the period, July-December 2010.
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: Maryland WIC Program data; Maryland WIC estimates for 2009 based on enrollment and BMI analysis for the period, July-December 2009.

**PERFORMANCE MEASURE # 15**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	10.7	7.6	9	11	9
Annual Indicator	9.3	10.9	9.1	9.3	9.3
Numerator	6,160	7,357	6,051	6,115	6,115
Denominator	66,425	67,625	66,567	65,950	65,950
Data Source		MD PRAMS 2008	MD PRAMS 2009	MD PRAMS, 2010	MD PRAMS, 2010

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	8.5	8.5	8.5	8.5	8.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: Maryland PRAMS 2010; Data for 2011 currently unavailable.
- Section Number:** Form11\_Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: Maryland PRAMS 2010
- Section Number:** Form11\_Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: Maryland PRAMS 2009

**PERFORMANCE MEASURE # 16**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	4.6	4.1	6.6	5	7
Annual Indicator	6.6	4.7	7.0	4.9	4.9
Numerator	27	19	28	20	20
Denominator	408,340	407,227	401,581	406,241	406,241
Data Source		MD Vital Statistics Annual Report 2008	MD Vital Statistics, 2009	MD Vital Statistics, 2010	MD Vital Statistics, 2010
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

  

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	4.5	4.5	4.5	4.5	4.5
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD Vital Statistics Annual Report, 2010; 2011 data is currently unavailable.
- Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: MD Vital Statistics Annual Report, 2010
- Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: MD Vital Statistics Annual Report, 2009

**PERFORMANCE MEASURE # 17**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	89.6	89.7	89.8	92	92
Annual Indicator	89.3	89.4	90.6	91.2	91.2
Numerator	1,138	1,156	1,102	1,031	1,031
Denominator	1,275	1,293	1,217	1,130	1,130
Data Source		MD DHMH, Vital Statistics Admin 2008	MD DHMH, Vital Statistics Admin 2009	MD DHMH, Vital Statistics Admin 2010	MD DHMH, Vital Statistics Admin 2010

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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	93	93	93	93	93
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:  
 Source: MD DHMH Vital Statistics Administration, 2010  
 2011 data is currently unavailable

This is the number of MD residents recorded births- this DOES NOT include MD residents that gave birth outside the state of MD

2. Section Number: Form11\_Performance Measure #17  
 Field Name: PM17  
 Row Name:  
 Column Name:  
 Year: 2010  
 Field Note:  
 Source: MD DHMH Vital Statistics Administration, 2010

This is the number of MD residents recorded births- this DOES NOT include MD residents that gave birth outside the state of MD

3. Section Number: Form11\_Performance Measure #17  
 Field Name: PM17  
 Row Name:  
 Column Name:  
 Year: 2009  
 Field Note:  
 Source: MD DHMH Vital Statistics Administration, 2009

**PERFORMANCE MEASURE # 18**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	82.4	81	80	83	83
Annual Indicator	79.5	80.2	80.2	56.9	56.9
Numerator	62,068	62,003	60,129	41,999	41,999
Denominator	78,057	77,288	74,999	73,783	73,783
Data Source		MD Vital Statistics Annual Report 2008	MD Vital Statistics, 2009 Annual Report	MD Vital Statistics, 2009 Annual Report	MD Vital Statistics, 2009 Annual Report
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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	60	60	60	62	62
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:**

Source: MD Vital Statistics Administration, 2010 Annual Report

Data for 2011 are not yet available.

In January of 2010, a new birth certificate was implemented in Maryland. This new birth certificate now records first trimester prenatal care based on date of last menstrual period and the actual date of the first prenatal care visit. In addition, some hospitals experienced difficulties in reporting using the new measure. Therefore, timing of prenatal care initiation data from MD Vital Statistics for 2010 cannot be compared to prior years.

**2. Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source: MD Vital Statistics Administration, 2010 Annual Report

In January of 2010, a new birth certificate was implemented in Maryland. This new birth certificate now records first trimester prenatal care based on date of last menstrual period and the actual date of the first prenatal care visit. In addition, some hospitals experienced difficulties in reporting using the new measure. Therefore, timing of prenatal care initiation data from MD Vital Statistics for 2010 cannot be compared to prior years.

**3. Section Number:** Form11\_Performance Measure #18

**Field Name:** PM18

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source: MD Vital Statistics Administration, 2009 Annual Report

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
*[SECS 485 (2)(2)(B)(ii) AND 486 (A)(2)(A)(ii)]*  
**STATE: MD**

**Form Level Notes for Form 11**

None

**STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR**

Percent of pregnancies that are unintended

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>		60	60	60	60.5	60
<b>Annual Indicator</b>		56.7	42.4	45.5	44.2	44.2
<b>Numerator</b>		44,258	28,967	30,359	28,739	28,739
<b>Denominator</b>		78,057	68,252	66,756	65,072	65,072
<b>Data Source</b>			MD PRAMS Report 2007	MD PRAMS Report, 2009	MD PRAMS Report, 2010	MD PRAMS Report, 2010
<b>Is the Data Provisional or Final?</b>					Final	Provisional

  

		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>		40	40	40	40	40
<b>Annual Indicator</b>	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.					
<b>Numerator</b>						
<b>Denominator</b>						

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD PRAMS Report, 2010; Data for 2011 currently unavailable
  
2. **Section Number:** Form11\_State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: MD PRAMS Report, 2010
  
3. **Section Number:** Form11\_State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: MD PRAMS Report, 2009

**STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR**

Percent of women reporting alcohol use in the last three months of pregnancy

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	10
<b>Annual Indicator</b>	_____	_____	9.9	8.9	8.9
<b>Numerator</b>	_____	_____	6,592	5,840	5,840
<b>Denominator</b>	_____	_____	66,378	65,772	65,772
<b>Data Source</b>		MD PRAMS Report	MD PRAMS Report, 2009 births	MD PRAMS Report, 2010 births	MD PRAMS Report, 2010 births
<b>Is the Data Provisional or Final?</b>				Final	Provisional

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

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD PRAMS Report, 2010. Data for 2011 is currently unavailable
- Section Number:** Form11\_State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: MD PRAMS Report, 2010
- Section Number:** Form11\_State Performance Measure #2  
**Field Name:** SM2  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: MD PRAMS Report, 2009.

**STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR**

Percent of children enrolled in evidence based home visiting programs in Maryland

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	_____ 6
<b>Annual Indicator</b>	_____	6.0	6.0	6.0	7.4
<b>Numerator</b>	_____	2,590	2,590	2,590	4,105
<b>Denominator</b>	_____	43,000	43,000	43,000	55,358
<b>Data Source</b>		Center for Maternal and Child Health			
<b>Is the Data Provisional or Final?</b>				Final	Final

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

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Number of children enrolled in evidence based programs based on reporting from local jurisdictions' home visiting programs, 2011.  
Number of children in need based on US Census Bureau ACS, 2011.

2. **Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Denominator - Approximate number of low income children in the State

3. **Section Number:** Form11\_State Performance Measure #3

**Field Name:** SM3

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

New Performance Measure, data not available

**STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR**

Rate of emergency department visits for asthma per 10,000 children, ages 0-4

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	180
<b>Annual Indicator</b>	_____	188.1	195.2	199.7	199.7
<b>Numerator</b>	_____	7,117	7,428	7,278	7,278
<b>Denominator</b>	_____	378,334	380,606	364,488	364,488
<b>Data Source</b>		HSCRC, Population U.S. Census	HSCRC, Population U.S. Census	HSCRC, Population U.S. Census	HSCRC, Population U.S. Census
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	180	180	180	180	180
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: HSCRC, 2010 ; Population Data from U.S. Census; Data for 2011 currently unavailable
- Section Number:** Form11\_State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: HSCRC, 2010 ; Population Data from U.S. Census;
- Section Number:** Form11\_State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: HSCRC, 2009; Population Data from U.S. Census

**STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR**

Percent of children ages 5-17 enrolled in the Maryland Medicaid Program whose BMI >= 85% of normal weight for height

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	39
<b>Annual Indicator</b>	_____	_____	40.6	40.2	40.2
<b>Numerator</b>	_____	_____	118,823	125,722	125,722
<b>Denominator</b>	_____	_____	292,955	313,130	313,130
<b>Data Source</b>			Healthy Kids Study 2009; MA enroll data	Healthy Kids Study 2010; MA enroll data	Healthy Kids Study 2010; MA enroll data
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	39	38	38	38	38
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 MD Medicaid, Healthy Kids Study, 2010  
 Enrollment data from Maryland Medicaid, December 2010

Data for 2011 are not yet available.
- Section Number:** Form11\_State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 MD Medicaid, Healthy Kids Study, 2010  
 Enrollment data from Maryland Medicaid, December 2010
- Section Number:** Form11\_State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 MD Medicaid, Healthy Kids Study, 2009 dataset  
 Enrollment data from Maryland Medicaid: December 2009

**STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR**

The percent of youth with special health care needs (YSHCN) families who participate in transition planning for their child.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	40
<b>Annual Indicator</b>	_____	_____	_____	36.8	48.9
<b>Numerator</b>	_____	_____	_____	161	111
<b>Denominator</b>	_____	_____	_____	438	227
<b>Data Source</b>				2010 Maryland Parent Survey	2012 Transitioning Youth Parent Survey
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	50	53	55	57	57
<b>Annual Indicator</b>	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.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

This is the first year of reporting for this performance measure, and data comes from the FY12 administration of the Maryland Transition Youth Parent Survey. The Annual Indicator, 48.9%, corresponds to the number of respondents to the survey who reported participating in any type of transition planning for their YSHCN. almost 49% of families report having participated in some type of transition planning for their child. Among those families who reported participating in some type of transition planning (111), 72% (80 families) participated in transition planning through their child's IEP only; 2.7% participated in health care transition planning only; and 25% (28 families) participated in transition planning through their child's IEP and also participated in health care transition planning. These data are provisional.

2. **Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

This is baseline data for this performance measure, and it comes from the 2010 Maryland Parent Survey for the 2010 Title V Needs Assessment. Subsequent years' data will come from annual surveys of Maryland parents about transition issues, to be conducted through the Parents' Place of Maryland with assistance from Maryland Title V program for CYSHCN.

The rate is calculated by taking the number of respondents who report having a child with special health care needs aged 13 to 21 years (the denominator, n=438), and who answered 'yes' to having participated in the development of a transition plan for their child (the numerator, n=161.) It is important to note that 163 of the 438 respondents did not answer this question; 99 respondents answered "no"; and 15 answered "don't know." If this measure was calculated using only those respondents who answered this particular question (161/275), the rate would be 58.5%.

**STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR**

The percent of Maryland Community of Care Consortium for CSHCN (CoC) members who report 5 or more collaborative activities with Consortium partners in the previous 12 months.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____	_____	53
<b>Annual Indicator</b>	_____	_____	_____	51.8	42.9
<b>Numerator</b>	_____	_____	_____	29	15
<b>Denominator</b>	_____	_____	_____	56	35
<b>Data Source</b>				2008 Maryland Community of Care Partnership Profil	2011 Maryland Community of Care Partnership Profil
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	42.9	49	53	57	61
<b>Annual Indicator</b>	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.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

This baseline measurement comes from the 2011 "Maryland Community of Care Partnership Profile," a survey conducted every two years by the Maryland Community of Care Consortium. Several important caveats to consider when interpreting this measure and comparing it to the 2008 baseline data listed for 2010 are: (1) 2008 participants were asked about collaborations in the past 2 years; FY11 participants were asked about collaborations during the past year only; (2) comparisons are of 2 cross sections of COC participants; a subset will have responded at both time points, but these data do not reflect that; and (3) a decrease in the measure from 2008 to FY11 is not necessarily negative if, in fact, the decrease is driven by a different mix of participants. Further analysis of the FY11 data will reveal what drove the change. FY11 provides a good baseline to measure improvements from FY11 to FY15.

**2. Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

This baseline measurement comes from the 2008 "Maryland Community of Care Partnership Profile," a survey conducted yearly every two years by the Maryland Community of Care Consortium. Respondents (members of the Consortium) report on the number and types of collaborations they have had in the past year with other Consortium member organizations.

**STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR**

Percent of performance measure benchmarks Maryland has reached in implementing a Data Sharing plan among it's Title V programs and other government and non-government agencies and organizations.

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
Annual Performance Objective					16
Annual Indicator				0.0	33.3
Numerator				0	2
Denominator				6	6
Data Source				Maryland Title V Program Data	Maryland Title V Program Data
Is the Data Provisional or Final?				Final	Final

  

<u>Annual Objective and Performance Data</u>					
	2012	2013	2014	2015	2016
Annual Performance Objective	33	50	67	100	100
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

This measure is based on how many (numerator) of 6 (denominator) benchmarks have been reached: Performance measure benchmarks toward implementing an effective data sharing plan for increased data integration are as follows: 1. Assess data sharing needs 2. Identify barriers to data sharing and propose recommendations to overcome them 3. Develop an implementation plan 4. Obtain feedback from stakeholders on implementation plan and make necessary adjustments 5. Pilot test the implementation plan 6. Implement the plan.

The numerator for FY11, 2, reflects that the first two benchmarks have been completed.

2. **Section Number:** Form11\_State Performance Measure #8

**Field Name:** SM8

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

This measure is based on how many (numerator) of 6 (denominator) benchmarks have been reached: Performance measure benchmarks toward implementing an effective data sharing plan for increased data integration are as follows: 1. Assess data sharing needs 2. Identify barriers to data sharing and propose recommendations to overcome them 3. Develop an implementation plan 4. Obtain feedback from stakeholders on implementation plan and make necessary adjustments 5. Pilot test the implementation plan 6. Implement the plan.

As 2010 was the year the measure was developed, no progress was made during that year, so the measure for 2010 is zero.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
*[SECS 505 (s)(2)(B)(iii) AND 506 (s)(2)(A)(iii)]*  
**STATE: MD**

Form Level Notes for Form 12

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	8.2	8	8	8	7
Annual Indicator	8.0	8.0	7.2	6.7	6.7
Numerator	623	617	541	496	496
Denominator	78,054	77,268	74,999	73,783	73,783
Data Source		MD Vital Statistics 2008	MD Vital Statistics Report, 2009	MD Vital Statistics Report, 2010 births	MD Vital Statistics 2010 birth data
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>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.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6.5	6.5	6.5	6.5	6.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010,  
 2011 data not yet available
  
2. **Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 MD Vital Statistics Report, 2010
  
3. **Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: MD Vital Statistics Report, 2009

**OUTCOME MEASURE # 02**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	2.5	2.5	2.4	2.4	2.3
Annual Indicator	3.0	2.6	3.3	2.9	2.9
Numerator	14	134	136	11.8	11.8
Denominator	4.6	52	4.1	4.1	4.1
Data Source		MD Vital Statistics Report 2008	MD Vital Statistics Report, 2009	MD Vital Statistics Report, 2010	MD Vital Statistics Report, 2010
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

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	2.3	2.3	2.3	2.3	2.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010; Data for 2011 is currently unavailable
- Section Number:** Form12\_Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010
- Section Number:** Form12\_Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: MD Vital Statistics Report, 2009

**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	5.2	5.2	5.1	5.1	5
Annual Indicator	5.8	5.8	5.1	4.7	4.7
Numerator	451	452	386	348	348
Denominator	78,054	77,288	74,999	73,783	73,783

**Data Source**

MD Vital Statistics Report, 2008      MD Vital Statistics Report, 2009      MD Vital Statistics Report, 2010      MD Vital Statistics Report, 2010

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	4.5	4.5	4.5	4.5	4.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010; Data for 2011 currently unavailable
  
2. **Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: MD Vital Statistics Report, 2009; Data for 2010 currently unavailable
  
3. **Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: MD Vital Statistics Report, 2009

**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	2.3	2.2	2.2	2.1	2
Annual Indicator	2.2	2.1	2.1	2.0	2.0
Numerator	171	165	155	148	148
Denominator	78,054	77,288	74,999	73,783	73,783

**Data Source**

MD Vital Statistics Report, 2008      MD Vital Statistics Report, 2009      MD Vital Statistics Report, 2010      MD Vital Statistics Report, 2010

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	1.8	1.8	1.8	1.8	1.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010; Data for 2011 currently unavailable
2. **Section Number:** Form12\_Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010
3. **Section Number:** Form12\_Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: MD Vital Statistics Report, 2009

**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	7.3	8.2	8.2	8.1	6.9
Annual Indicator	8.4	8.3	7.0	6.7	6.7
Numerator	654	646	529	501	501
Denominator	77,430	77,851	75,528	74,284	74,284

**Data Source**

MD Vital Statistics, 2008      MD Vital Statistics Report, 2009      MD Vital Statistics Report, 2010      MD Vital Statistics Report, 2010

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	6.5	6.5	6.5	6.5	6.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010; Data for 2011 currently unavailable
2. **Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010
3. **Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Source: MD Vital Statistics Report, 2009

**OUTCOME MEASURE # 06**

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

	<b>Annual Objective and Performance Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Performance Objective</b>	21.3	17.5	17.5	17.4	16
<b>Annual Indicator</b>	17.9	19.1	16.1	14.3	14.3
<b>Numerator</b>	186	196	167	149	149
<b>Denominator</b>	1,038,851	1,024,290	1,039,354	1,038,862	1,038,862
<b>Data Source</b>		MD DHMH, Vital Statistics Admin 2008	MD DHMH, Vital Statistics Admin 2009	MD DHMH, Vital Statistics Admin 2010	MD DHMH, Vital Statistics Admin 2010
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>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.)</p>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Annual Performance Objective</b>	13.5	13.5	13.5	13.5	13.5
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010; Data for 2011 currently unavailable
- Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Source: MD Vital Statistics Report, 2010
- Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 MD Vital Statistics Report, 2009

FORM 12  
TRACKING HEALTH OUTCOME MEASURES  
[SECS 505 (a)(2)(B)(ii) AND 506 (a)(2)(A)(ii)]  
STATE: MD

Form Level Notes for Form 12

None

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

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

\_\_\_\_\_ 3

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

\_\_\_\_\_ 3

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

\_\_\_\_\_ 3

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).

\_\_\_\_\_ 2

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

\_\_\_\_\_ 2

**Total Score:** \_\_\_\_\_ 14

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

This form was completed by the Executive Director and staff (all of whom are parents of CYSHCN) of The Parents' Place of Maryland (PPMD), Maryland's Family-to-Family Health Information Center and chapter of Family Voices. PPMD is a close working partner of Maryland's Title V CSHCN program and was asked to rate the program's level of family involvement.

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

*[Sec. 505(a)(5)]*

**STATE MD 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. Women's Wellness: Improve the health and wellness of women during the childbearing years to ensure that women are healthy at the time of conception
2. Healthy Pregnancies, Pregnancy Outcomes and Infants: Promote healthy pregnancies, birth outcomes and infants by reducing risky behaviors during pregnancy (e.g., substance abuse) and improving access to prenatal care
3. Healthy Children: Improve early and middle childhood health and promote school readiness and academic success by increasing access to evidence based home visiting programs
4. Access to Health Care for Children: Improve access to preventive, primary, specialty, mental health and oral health care as well as health insurance coverage for all children including those with asthma and other special health care needs
5. Reduce Obesity Across the Lifespan: Promote needed actions to reduce overweight and obesity among children and adolescents and adults
6. Healthy and Productive Youth and Young Adults (Transition to Adulthood): Improve supports for the successful transition of all youth to adulthood
7. Strategic Partnerships: Sustain, strengthen and maximize strategic partnerships through the Community of Care Consortium to address CSHCN core outcomes in Maryland
8. Improve Data Systems and Sharing: Improve state and local capacity to collect, analyze, share, translate and disseminate MCH data and evaluate programs
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

FORM 15  
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MD

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	<b>National Performance Measure Issues</b> 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: <u>5</u>	OGCSHCN would like assistance in organizing conference calls or meetings with other state CSHCN programs who have regional centers, as it would be beneficial to learn from their experiences and expertise.	OGCSHCN hopes to move to a regional center model for the service system for CYSHCN and their families, in which each region of the state has a regional center.	Virginia and Pennsylvania have regional models, any if there are any other states that HRSA/MCHB Title V know of, OGCSHCN would like to consult with those states as well.
2.	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: _____			
3.	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.	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 above, identify the performance measure			

to which this issue pertains by entering  
the measure number here: \_\_\_\_\_

**FORM NOTES FOR FORM 15**

This is the same technical assistance that OGCSHCN intended to request during FY2012; however the request was not made during that time period upon further consideration of the level of preparedness required to move forward with the regional hubs initiative. OGCSHCN anticipates that FY13 will be a more appropriate time for this technical assistance request.

**FIELD LEVEL NOTES**

None

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

SP() # \_\_\_\_\_ 1

**PERFORMANCE MEASURE:**

Percent of pregnancies that are unintended

**STATUS:**

Active

**GOAL:**

Reduce the percentage of unintended pregnancies

**DEFINITION:**

Percent of PRAMS respondents who report that their pregnancies were unintended.

**Numerator:**

Number of PRAMS respondents indicating that their pregnancy was unintended in the calendar year

**Denominator:**

Number of PRAMS respondents in the calendar year

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE:**

Increase the proportion of pregnancies that are intended to 56% (FP-1)

The State Performance measure for Maryland is calculated as the percent of pregnancies that are intended. No derivation from the HP 2020 has been made to calculate intended pregnancies.

**DATA SOURCES AND DATA ISSUES:**

PRAMS Survey

**SIGNIFICANCE:**

Unintended pregnancies are pregnancies that are mistimed or unwanted. Unintended pregnancy is a widespread problem that can have serious consequences for both the mother and baby. Children of unintended pregnancies are more likely to born at low birth weight, to die before their first birthday, to be abused or to not receive sufficient resources for healthy development.

SP() # 2

**PERFORMANCE MEASURE:**

Percent of women reporting alcohol use in the last three months of pregnancy

**STATUS:**

Active

**GOAL**

Eliminate alcohol use during pregnancy

**DEFINITION**

Percent of women reporting alcohol use in the last three months of pregnancy

**Numerator:**

Number of women who report using alcohol during the last three months of pregnancy in the calendar year

**Denominator:**

Number of pregnant women (live births)

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

Increase abstinence from alcohol among pregnant women; 98.3% for alcohol use (MICH 11.1), 100% for b

**DATA SOURCES AND DATA ISSUES**

PRAMS Survey; Maryland Vital Statistics data

**SIGNIFICANCE**

Alcohol use during pregnancy is considered to be the leading cause of preventable birth defects and retardation in the U.S. Fetal Alcohol Spectrum Disorders (FASD) encompasses the range of adverse effects that can result from alcohol exposure. The consequences of FASD are life long and can include learning disabilities, mental health problems and developmental disabilities.

SP() # \_\_\_\_\_ 3

**PERFORMANCE MEASURE:**

Percent of children enrolled in evidence based home visiting programs in Maryland

**STATUS:**

Active

**GOAL**

To improve maternal, infant and early childhood health and promote parent-child connectedness

**DEFINITION**

Number of children enrolled in evidence based home visiting programs in Maryland

**Numerator:**

Number of children enrolled in evidence based home visiting programs in Maryland

**Denominator:**

Estimated Number of children in need of access to evidence based home visiting programs in Maryland

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Maryland Title V Home Visiting Program Database, to be developed.

**SIGNIFICANCE**

This is a developmental measure which seeks to measure the Title V Program's ability to improve access to evidence based home visiting programs. Evidence based home visiting programs have been documented to promote and improve maternal, infant and early childhood health, safety and development and strong parent-child relationships.

SP() # \_\_\_\_\_ 4

**PERFORMANCE MEASURE:**

Rate of emergency department visits for asthma per 10,000 children, ages 0-4

**STATUS:**

Active

**GOAL**

Reduce asthma morbidity among Maryland children due to improper asthma control and management

**DEFINITION**

Rate of emergency department visits for asthma per 10,000 children, ages 0-4

**Numerator:**

Number of emergency department visits for asthma in calendar year among children ages 0-4

**Denominator:**

Number of children ages 0-4

**Units:** 10000 **Text:** Rate

**HEALTHY PEOPLE 2020 OBJECTIVE**

Reduce hospital emergency department visits for asthma; Children under 5 years 95.5 ER visits per 10

**DATA SOURCES AND DATA ISSUES**

Maryland Asthma Surveillance System

**SIGNIFICANCE**

Asthma is a leading cause of childhood morbidity. Emergency department visit rates are highest for children aged 0-4. Many emergency visits are avoidable with appropriate preventive and therapeutic care.

SP() # 5

**PERFORMANCE MEASURE:**

Percent of children ages 5-17 enrolled in the Maryland Medicaid Program whose BMI  $\geq$  85% of normal weight for height

**STATUS:**

Active

**GOAL**

Reduce overweight and obesity among Maryland children

**DEFINITION**

Percent of children ages 5-17 enrolled in the Maryland Medicaid Program whose BMI  $\geq$  85% of normal weight for height

**Numerator:**

Sample of the number of Maryland children, ages 5-17, enrolled in Medicaid whose BMI is  $\geq$  85% of normal weight for height

**Denominator:**

Sample of the number of Maryland children, ages 5-17, enrolled in Medicaid

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

Reduce the proportion of children and adolescents who are considered obese; Children aged 2-5 to 9.6

**DATA SOURCES AND DATA ISSUES**

Maryland Medicaid Program

**SIGNIFICANCE**

#

SP() # \_\_\_\_\_ 6

**PERFORMANCE MEASURE:**

The percent of youth with special health care needs (YSHCN) families who participate in transition planning for their child.

**STATUS:**

Active

**GOAL**

YSHCN will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

**DEFINITION**

The percent of youth with special health care needs (YSHCN) families who participate in transition planning for their child.

**Numerator:**

The number of children reported by respondents to the Parent Survey to be between the ages of 13 and 21 years and whose parent reports having participated in the development of a transition plan for their child.

**Denominator:**

The number of youth reported by respondents to the Parent Survey to be between the ages of 13 and 21 years and who have a special health care need.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

Healthy People 2020 Objective DSC HP2020-15:

Increase the proportion of parents or other caregivers of youth with disabilities aged 12 to 17 years who report engaging in transition planning from pediatric to adult health care.

Healthy People 2020 Objective DSC HP2020-DH 5:

Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care.

**DATA SOURCES AND DATA ISSUES**

Baseline data will come from the 2010 Maryland Parent Survey for the 2010 Title V Needs Assessment. Yearly data will come from annual surveys of Maryland parents about transition issues, to be conducted through the Parents' Place of Maryland with assistance from Maryland Title V program for CYSHCN.

**SIGNIFICANCE**

Based on the 2010 Maryland Parent Survey, approximately 48% of parents of YSHCN between the ages of 14-21 years and with an IEP participated in the development of a transition plan for their child. Increased knowledge about specific transition services would better enable families to assist their YSHCN with accessing appropriate services and plan for adult life. This measure should help determine whether or not state activities around transition, specifically those provided through Parents' Place of Maryland and the Maryland Community of Care Consortium for CSHCN with assistance from Maryland's Title V program, are positively impacting parent participation in transition planning for their YSHCN.

SP() # \_\_\_\_\_ 7

**PERFORMANCE MEASURE:**

The percent of Maryland Community of Care Consortium for CSHCN (CoC) members who report 5 or more collaborative activities with Consortium partners in the previous 12 months.

**STATUS:**

Active

**GOAL**

To sustain, strengthen, and maximize strategic partnerships among Maryland Community of Care Consortium for CSHCN (CoC) members, which will improve core outcomes for CSHCN by strengthening systems of care in Maryland.

**DEFINITION**

The percent of Maryland Community of Care Consortium for CSHCN (CoC) members who report 5 or more collaborative activities with Consortium partners in the previous 12 months.

**Numerator:**

The number of CoC members who respond to the yearly "Maryland Community of Care Partnership Profile" and who report 5 or more collaborative activities with Consortium partners in previous 12 months.

**Denominator:**

The number of CoC members who respond to the yearly "Maryland Community of Care Partnership Profile."

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

Healthy People 2020 Objective MICH-31

Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems.

**DATA SOURCES AND DATA ISSUES**

Baseline data will come from the 2008 "Maryland Community of Care Partnership Profile" which was completed by CoC members at the kickoff summit of the Consortium in the Fall of 2008. The CoC meets quarterly, and the Partnership Profile is completed by CoC members once per year during one of the meetings. The Partnership Profile is a chart indicating whether or not the respondent's organization interacted with listed agencies/programs specifically on behalf of CYSHCN in the preceding 12 months. Johns Hopkins School of Public Health collects the data and developed a database to manage and analyze the responses.

**SIGNIFICANCE**

The improvement of CYSHCN outcomes requires a system-oriented, partnership-based approach that incorporates infrastructure, population-based services, enabling services, and direct services. Strong, ongoing partnerships and collaborations in the design and implementation of services for CYSHCN and their families, as well as leadership at the state level, has become critical in Maryland. The Consortium has been a leader in building and sustaining partnerships among members while successfully advancing the goals of Title V programs in Maryland since its inception in 2008. The role of the Consortium is essential to the health of Maryland's Title V program, as the state's CSHCN program office has suffered unprecedented personnel erosion and is so understaffed as to make fulfilling Title V obligations to Maryland CYSHCN unfeasible without the support and leadership of the Maryland Community of Care Consortium for CSHCN.

SP() # \_\_\_\_\_ 8

**PERFORMANCE MEASURE:**

Percent of performance measure benchmarks Maryland has reached in implementing a Data Sharing plan among it's Title V programs and other government and non-government agencies and organizations.

**STATUS:**

Active

**GOAL**

To enhance data sharing among Maryland's Title V CSHCN program, the Center for Maternal and Child Health, and other state and local government and non-government agencies and organizations in order to better target state efforts to improve systems of care for CYSHCN and to provide timely information to stakeholders.

**DEFINITION**

Performance measure benchmarks toward implementing an effective data sharing plan for increased data integration are as follows: 1. Assess data sharing needs 2. Identify barriers to data sharing and propose recommendations to overcome them 3. Develop an implementation plan 4. Obtain feedback from stakeholders on implementation plan and make necessary adjustments 5. Pilot test the implementation plan 6. Implement the plan.

**Numerator:**

The number of performance measure benchmarks Maryland has reached toward implementing an effective data sharing system/agreements among Maryland's Title V CSHCN program, the Center for Maternal and Child Health, and other state and local government and non-government agencies and organizations.

**Denominator:**

Total number of benchmarks (6)

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2020 OBJECTIVE**

Healthy People 2020 MICH 31

Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems.

Healthy People 2020 DH 2

Increase the number of Tribes, States, and the District of Columbia that have public health surveillance and health promotion programs for people with disabilities and caregivers.

**DATA SOURCES AND DATA ISSUES**

Data sources will include Maryland CSHCN program data including Infant Hearing Database, BDRIS Database, Sickle Cell Disease Program Database, and data from the Youth Transition Program. Other sources may include CMCH program data such as PRAMS, Labs Administration Newborn Screening data, and MATCH. Additional data sources most likely to be sought will include the Maryland Infants and Toddlers Program, SSDI, EPSDT, Medicaid, Managed Care Organizations, Local Health Departments, and Vital Statistics.

**SIGNIFICANCE**

Greater data sharing among Maryland's Title V CSHCN program, the Center for Maternal and Child Health, and other state and local government and non-government agencies and organizations will result in a more comprehensive assessment of Maryland's achievement and progress for each of the six core outcomes for CYSHCN. This may lead to a more efficient use of state and partner resources, resulting in better health outcomes for CSHCN in Maryland.

**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: MD

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.

	2007	2008	Annual Indicator Data		
	2009	2010	2011		
Annual Indicator	37.7	37.3	41.4	35.8	35.8
Numerator	1,409	1,412	1,575	1,306	1,306
Denominator	374,133	378,334	380,606	364,488	364,488

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:

Data Source: HSCRC, 2010; data for 2011 not currently available

2. Section Number: Form17\_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: HSCRC, 2010

3. Section Number: Form17\_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Data Source: HSCRC, 2009

**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.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	87.9	84.1	84.8	85.1	81.8
Numerator	32,206	31,844	31,270	31,405	30,672
Denominator	36,639	37,842	36,864	36,888	37,500

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

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Source: MD Medicaid Program Data for Calendar year 2011 prepared by the Hilltop Institute. Initial periodic screen defined as CPT code 99381; 99341; or diagnostic code starts with V20.2; V77.0-V77.9; v78.0-V78.9.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: The Hilltop Institute, Medicaid and Maryland Children's Health Program (MCHP) data, Calendar Year (CY) 2010.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: The Hilltop Institute, Medicaid and Maryland Children's Health Program (MCHP) data, Calendar Year (CY) 2009.

**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.

	<b>Annual Indicator Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Indicator</b>	<u>83.9</u>	<u>85.3</u>	<u>83.8</u>	<u>82.5</u>	<u>77.0</u>
<b>Numerator</b>	<u>433</u>	<u>1,119</u>	<u>804</u>	<u>851</u>	<u>228</u>
<b>Denominator</b>	<u>516</u>	<u>1,312</u>	<u>960</u>	<u>1,031</u>	<u>296</u>

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

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Source: MD Medicaid Program data prepared by the Hilltop Institute for calendar year 2011.

Number of MCHP, MCHP Premium enrollees is substantially less than prior years because in 2011, newborns covered under the P11 group are considered Medicaid enrollees, rather than MCHP enrollees.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: The Hilltop Institute, Medicaid and Maryland Children's Health Program (MCHP) data, Calendar Year (CY) 2010.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: The Hilltop Institute, Medicaid and Maryland Children's Health Program (MCHP) data, Calendar Year (CY) 2009.

**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.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	69.7	71.5	72.3	62.8	62.8
Numerator	54,389	55,249	54,223	46,323	46,323
Denominator	78,057	77,268	74,999	73,783	73,783

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 #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data Source: MD DHMH, Vital Statistics Administration, 2010

Data for 2011 not yet available.

Note that in 2010 a new electronic birth record system was implemented. There were changes to the way that prenatal care was captured, and therefore these data are not comparable to prior years.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: MD DHMH, Vital Statistics Administration, 2010

Note that in 2010 a new electronic birth record system was implemented. There were changes to the way that prenatal care was captured, and therefore these data are not comparable to prior years.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Derived from 2009 Vital Statistics Administration data

**HEALTH SYSTEMS CAPACITY #07A**

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

	<b>Annual Indicator Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Indicator</b>	<u>83.6</u>	<u>83.8</u>	<u>87.1</u>	<u>87.2</u>	<u>87.9</u>
<b>Numerator</b>	<u>317,571</u>	<u>333,454</u>	<u>367,410</u>	<u>413,258</u>	<u>441,125</u>
<b>Denominator</b>	<u>379,937</u>	<u>397,848</u>	<u>421,616</u>	<u>474,138</u>	<u>501,749</u>
<p><b>Check this box if you cannot report the numerator because</b></p> <p><b>1. There are fewer than 5 events over the last year, and</b></p> <p><b>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.</b></p> <p><i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes**

- Section Number:** Form17\_Health Systems Capacity Indicator #07A  
**Field Name:** HSC07A  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Source: MD Medicaid Program data for calendar year 2011.
  - Section Number:** Form17\_Health Systems Capacity Indicator #07A  
**Field Name:** HSC07A  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data Source: The Hilltop Institute, Medicaid and Maryland Children's Health Program (MCHP) data, Calendar Year (CY) 2010.
  - Section Number:** Form17\_Health Systems Capacity Indicator #07A  
**Field Name:** HSC07A  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data Source: The Hilltop Institute, Medicaid and Maryland Children's Health Program (MCHP) data, Calendar Year (CY) 2009.
- Please Note: Data is for Children Age 1-20 Years receiving a service paid by the Medicaid Program.

**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
<b>Annual Indicator</b>	46.7	50.7	58.8	63.6	66.1
<b>Numerator</b>	44,600	52,569	64,594	73,745	81,361
<b>Denominator</b>	95,464	103,645	109,845	115,962	123,071

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

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Source: MD Medicaid Program data for calendar year 2011. Dental services were defined as any Medicaid fee for service dental claim or managed care organization dental encounter. Includes children enrolled in Medicaid, MCHP or MCHP Premium.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data Source: The Hilltop Institute, Medicaid and Maryland Children's Health Program (MCHP) data, Calendar Year (CY) 2010.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data Source: The Hilltop Institute, Medicaid and Maryland Children's Health Program (MCHP) data, Calendar Year (CY) 2009.

**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.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>13,246</u>	<u>13,575</u>	<u>13,866</u>	<u>14,342</u>	<u>15,090</u>
<b>Check this box if you cannot report the numerator because</b>					
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.			<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

This annual indicator is zero. The OGCSHCN is currently only able to track this data in the Children's Medical Services Program. The average number of SSI recipients receiving rehabilitative services from the CSHCN program has been less than 5 for many years.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

This annual indicator is zero. The OGCSHCN is currently only able to track this data in the Children's Medical Services Program. The average number of SSI recipients receiving rehabilitative services from the CSHCN program has been less than 5 for many years. Denominator data is the number of Maryland SSI beneficiaries under 16 years of age as of December 2010 ( Social Security Administration.)

3. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

This annual indicator is zero. The OGCSHCN is currently only able to track this data in the Children's Medical Services Program. The average number of SSI recipients receiving rehabilitative services from the CSHCN program has been less than 5 for many years. (It is actually 3 for FY 2009.) Denominator data is the number of Maryland SSI beneficiaries under 16 years of age as of December 2009 ( Social Security Administration.) obtained from the Health and Ready to work web-site.

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

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)	2010	Payment source from birth certificate	10	8	9
b) Infant deaths per 1,000 live births	2009	Matching data files	8	6	7
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2010	Payment source from birth certificate	47	62	57
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2010	Payment source from birth certificate	70	67	63

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2011	185
b) <i>Medicaid Children</i> (Age range <u>  1  </u> to <u>  5  </u> ) (Age range <u>  6  </u> to <u> 19 </u> ) (Age range <u>      </u> to <u>      </u> )	2011	133 100
c) <i>Pregnant Women</i>	2011	185

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

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2011	_____300
b) <i>Medicaid Children</i> (Age range ____1 to ____18 ) (Age range ____ to ____ ) (Age range ____ to ____ )	2011	_____300 _____ _____
c) <i>Pregnant Women</i>	2011	_____250

**FORM NOTES FOR FORM 18**

None

**FIELD LEVEL NOTES**

**1. Section Number:** Form18\_Indicator 05

**Field Name:** LowBirthWeight

**Row Name:** Percent of ow birth weight (<2,500 grams)

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: MD DHMH, Vital Statistics Administration, 2010.

Note that a new electronic birth records system was put into place in 2010 and there were many hospitals which were unclear on how to enter the Medicaid status of newborn deliveries. This problem has been improved for 2012, however, data for 2010 are considered unreliable for this indicator. (14% of births did not indicate MA status).

**2. Section Number:** Form18\_Indicator 05

**Field Name:** InfantDeath

**Row Name:** Infant deaths per 1,000 live births

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: MD DHMH, Vital Statistics Administration, Linked infant death-birth file, 2009 (latest linked file available)

Note that this linked file does not include deaths of residents born out of state.

**3. Section Number:** Form18\_Indicator 05

**Field Name:** CareFirstTrimester

**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: MD DHMH, Vital Statistics Administration, 2010.

Note that a new electronic birth records system was put into place in 2010 and there were many hospitals which were unclear on how to enter the Medicaid status of newborn deliveries. This problem has been improved for 2012, however, data for 2010 are considered unreliable for this indicator. (14% of births did not have MA status indicated).

Also, beginning in 2010, the determination for when initiation of prenatal care began was changed on the birth certificate, therefore these data are not comparable to prior years. There was also confusion on the part of the hospitals on how to complete this field. (18% of births did not indicate when prenatal care was initiated).

**4. Section Number:** Form18\_Indicator 05

**Field Name:** AdequateCare

**Row Name:** Percent of pregnant women with adequate prenatal care

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: MD DHMH, Vital Statistics Administration, 2010.

Note that a new electronic birth records system was put into place in 2010 and there were many hospitals which were unclear on how to enter the Medicaid status of newborn deliveries. This problem has been improved for 2012, however, data for 2010 are considered unreliable for this indicator. (14% of births did not indicate MA status).

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

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

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)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
<b>REGISTRIES AND SURVEYS</b>		
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)	3	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: MD

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: <u>Maryland Tobacco Survey</u>	3	Yes

\*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: MD

Form Level Notes for Form 20

Source: MD Center for Sexually Transmitted Infection Prevention reports Population: 2010 Vital Statistics report.

**HEALTH STATUS INDICATOR #01A**

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	9.1	9.3	9.2	8.8	8.8
Numerator	7,133	7,163	6,865	6,491	6,491
Denominator	78,057	77,268	74,999	73,783	73,783

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 #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Source: Vital Statistic Report data for 2010. 2011 data is not yet available.

2. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source: Vital Statistic Report data for 2010

3. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source: 2009 data is currently unavailable; Percent of births <2,500 grams provided by Vital Statistics Report, 2008. Total number of live births from Vital Statistics Report, 2008.

**HEALTH STATUS INDICATOR #01B**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>7.2</u>	<u>7.2</u>	<u>7.2</u>	<u>6.9</u>	<u>6.9</u>
Numerator	<u>5,373</u>	<u>5,318</u>	<u>5,235</u>	<u>4,911</u>	<u>4,911</u>
Denominator	<u>75,083</u>	<u>74,109</u>	<u>72,251</u>	<u>70,966</u>	<u>70,966</u>

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 #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Vital Statistic Report data for 2010. 2011 data is not yet available.

2. Section Number: Form20\_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Vital Statistic Report data for 2010

3. Section Number: Form20\_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

Source: 2009 data is currently unavailable; Vital Statistics Administration, 2008

**HEALTH STATUS INDICATOR #02A**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.9	1.9	1.8	1.8	1.8
Numerator	1,474	1,462	1,373	1,295	1,295
Denominator	78,057	77,268	74,999	73,783	73,783

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 #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Vital Statistic Report data for 2010. 2011 data is not yet available.

2. Section Number: Form20\_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Vital Statistic Report data for 2010

3. Section Number: Form20\_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Vital Statistics Administration, 2008 Report  
2009 data is currently unavailable

**HEALTH STATUS INDICATOR #02B**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.5	1.5	1.5	1.4	1.4
Numerator	1,090	1,089	1,084	1,003	1,003
Denominator	75,083	74,109	72,251	70,966	70,966

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 #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Vital Statistic Report data for 2010. 2011 data is not yet available.

2. Section Number: Form20\_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Vital Statistic Report data for 2010

3. Section Number: Form20\_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Vital Statistics Administration, 2008  
2009 data is currently unavailable

**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	6.5	5.5	4.7	4.6	4.6
Numerator	72	60	53	51	51
Denominator	1,113,284	1,099,652	1,115,865	1,110,385	1,110,385

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 #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Vital Statistic Report data for 2010. 2011 data is not yet available.

2. Section Number: Form20\_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Vital Statistic Report data for 2010

3. Section Number: Form20\_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: MD Vital Statistics Administration, 2008  
Data for 2009 is currently unavailable

**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	2.8	2.3	1.7	1.1	1.1
Numerator	31	25	19	12	12
Denominator	1,113,284	1,099,652	1,115,865	1,110,385	1,110,385

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 #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: Vital Statistic Report data for 2010. 2011 data is not yet available.

**2. Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: Vital Statistic Report data for 2010

**3. Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**Source: MD Vital Statistics Administration, 2008 Report  
Data for 2009 is currently unavailable.

**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
<b>Annual Indicator</b>	22.0	17.1	15.2	12.9	12.9
<b>Numerator</b>	173	134	119	103	103
<b>Denominator</b>	786,990	784,401	783,608	799,939	799,939

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 #03C

**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: Vital Statistic Report data for 2010. 2011 data is not yet available.

2. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: MD Vital Statistics Administration, 2010

3. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: MD Vital Statistics Administration, 2009 Report

**HEALTH STATUS INDICATOR #04A**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	201.5	201.2	201.0	174.4	174.4
Numerator	2,232	2,212	2,243	1,936	1,936
Denominator	1,107,687	1,099,652	1,115,865	1,110,385	1,110,385

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 #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: HSCRC hospital discharge data, 2010; data for 2011 not currently available

2. Section Number: Form20\_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: HSCRC hospital discharge data, 2010

3. Section Number: Form20\_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: HSCRC hospital discharge data, 2009

**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
<b>Annual Indicator</b>	21.8	15.6	18.3	12.0	12.0
<b>Numerator</b>	241	171	204	133	133
<b>Denominator</b>	1,107,687	1,099,652	1,115,865	1,110,385	1,110,385

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 #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Source: HSCRC hospital discharge data, 2010; data for 2011 not currently available

2. **Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source: HSCRC hospital discharge data, 2010

3. **Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source: HSCRC hospital discharge data, 2009

**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
<b>Annual Indicator</b>	213.0	186.5	174.2	139.8	139.8
<b>Numerator</b>	1,676	1,463	1,365	1,118	1,118
<b>Denominator</b>	786,789	784,401	783,608	799,939	799,939

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 #04C

**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2011**Field Note:**

Source: HSCRC hospital discharge data, 2010; data for 2011 not currently available

2. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2010**Field Note:**

Source: HSCRC hospital discharge data, 2010

3. **Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2009**Field Note:**

Source: HSCRC hospital discharge data, 2009

**HEALTH STATUS INDICATOR #05A**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	39.1	40.2	47.8	41.1	38.6
Numerator	7,827	8,033	9,384	8,146	7,481
Denominator	200,269	199,714	196,289	197,962	193,890

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

Final

**Field Level Notes**

1. Section Number: Form20\_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

Source: Division of Sexually Transmitted Diseases, Epidemiology and Disease Control Program, MD DHMH, 2011

Population Denominator: MDP Population Estimate, 2011

2. Section Number: Form20\_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

Source: Division of Sexually Transmitted Diseases, Epidemiology and Disease Control Program, MD DHMH, 2010

Population Denominator : MDP US 2010 Census

3. Section Number: Form20\_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Source: Division of Sexually Transmitted Diseases, Epidemiology and Disease Control Program, MD DHMH, 2009

**HEALTH STATUS INDICATOR #05B**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	10.0	10.8	13.8	11.1	11.9
Numerator	9,889	10,604	13,527	11,107	11,905
Denominator	989,922	981,479	979,707	996,624	998,778

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

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Source: Division of Sexually Transmitted Diseases, Epidemiology and Disease Control Program, MD DHMH, 2011

Population: MDP Population Estimate 2011

2. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Source: Division of Sexually Transmitted Diseases, Epidemiology and Disease Control Program, MD DHMH, 2010

Population: MDP Population Estimate 2010

3. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Source: Division of Sexually Transmitted Diseases, Epidemiology and Disease Control Program, MD DHMH, 2009

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MD**

**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	71,523	34,118	23,146	265	3,926	29	5,549	4,490
Children 1 through 4	232,965	142,454	94,375	1,208	16,495	169	21,071	17,193
Children 5 through 9	366,868	187,122	117,818	1,433	20,845	156	22,427	17,067
Children 10 through 14	379,029	198,681	125,507	1,355	19,180	192	19,006	15,108
Children 15 through 19	406,241	213,582	139,423	1,509	19,563	215	16,025	15,914
Children 20 through 24	280,698	211,269	12,594	1,646	21,066	319	12,607	21,197
Children 0 through 24	1,797,324	987,236	512,863	7,416	101,075	1,080	96,685	90,969

**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	61,243	10,280	0
Children 1 through 4	252,828	40,137	0
Children 5 through 9	325,789	41,079	0
Children 10 through 14	343,158	35,871	0
Children 15 through 19	370,270	35,971	0
Children 20 through 24	236,953	43,745	0
Children 0 through 24	1,590,241	207,083	0

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MD

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

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	80	25	52	0	0	0	3	0
Women 15 through 17	1,601	643	885	6	1	3	59	4
Women 18 through 19	3,787	1,701	1,933	19	8	1	122	3
Women 20 through 34	54,802	32,431	17,647	3,618	107	66	912	21
Women 35 or older	13,508	7,943	3,898	1,444	23	15	169	16
Women of all ages	73,778	42,743	24,415	5,067	139	85	1,265	44

**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	63	17	0
Women 15 through 17	1,271	330	0
Women 18 through 19	3,227	560	0
Women 20 through 34	46,897	7,905	0
Women 35 or older	12,069	1,439	0
Women of all ages	63,527	10,251	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MD**

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

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	496	176	294	0	2	15	0	9
Children 1 through 4	58	27	28	0	0	2	0	1
Children 5 through 9	43	22	16	0	1	2	0	2
Children 10 through 14	48	23	24	0	0	0	0	1
Children 15 through 19	194	91	96	0	1	5	0	1
Children 20 through 24	370	195	162	0	4	6	0	3
Children 0 through 24	1,209	534	620	0	8	30	0	17

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

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	451	42	3
Children 1 through 4	51	7	0
Children 5 through 9	37	5	1
Children 10 through 14	47	1	0
Children 15 through 19	177	15	2
Children 20 through 24	343	25	2
Children 0 through 24	1,106	95	8

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MD

**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	1,516,626	775,967	500,269	5,770	80,009	761	84,078	69,772	2010
Percent in household headed by single parent	16.0	12.0	25.0	11.0	5.0	25.0	6.0	13.0	2010
Percent in TANF (Grant) families	9.0	4.0	17.0	4.0	3.0	7.0	0.0	22.0	2011
Number enrolled in Medicaid	518,742	133,369	259,372	875	14,860	313	0	109,973	2011
Number enrolled in SCHIP	138,241	37,912	53,453	205	6,896	113	0	39,672	2011
Number living in foster home care	16,972	4,545	10,913	24	85	4	0	1,401	2011
Number enrolled in food stamp program	298,074	0	0	0	0	0	0	298,074	2011
Number enrolled in WIC	145,305	63,028	63,609	5,134	4,589	1,312	7,633	0	2011
Rate (per 100,000) of juvenile crime arrests	4,212.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	11.2	8.0	14.6	22.6	3.6	3.9	5.5	0.0	2011

**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	1,353,288	163,338	0	2010
Percent in household headed by single parent	0.0	12.0	0.0	2010
Percent in TANF (Grant) families	9.0	5.0	0.0	2011
Number enrolled in Medicaid	73,534	408,769	36,439	2011
Number enrolled in SCHIP	98,569	32,161	7,511	2011
Number living in foster home care	15,571	455	946	2011
Number enrolled in food stamp program	0	0	298,074	2011
Number enrolled in WIC	103,749	41,566	0	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	4,212.0	2010
Percentage of high school drop-outs (grade 9 through 12)	0.0	18.7	0.0	2011

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MD**

**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? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	909,009
Living in urban areas	155,210
Living in rural areas	452,407
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>607,617</b>

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

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MD

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	5,643,821
Percent Below: 50% of poverty	4.9
100% of poverty	9.9
200% of poverty	22.9

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MD**

**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? Yes    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,352,964
Percent Below: 50% of poverty	5.7
100% of poverty	11.6
200% of poverty	27.4

**FORM NOTES FOR FORM 21**

Source: Maryland Vital Statistics Administration, 2010 Data

**FIELD LEVEL NOTES**

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010, Includes Hispanic
2. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010, Includes Hispanic
3. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010, Includes Hispanic
4. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010, Includes Hispanic
5. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010, Includes Hispanic
6. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010, Includes Hispanic
7. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010  
  
Total Non-Hispanic is the difference between Total All Races from HSI 06A and Total Hispanic or Latino from HSI 06B
8. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010  
  
Total Non-Hispanic is the difference between Total All Races from HSI 06A and Total Hispanic or Latino from HSI 06B
9. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010  
  
Total Non-Hispanic is the difference between Total All Races from HSI 06A and Total Hispanic or Latino from HSI 06B
10. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census 2010  
  
Total Non-Hispanic is the difference between Total All Races from HSI 06A and Total Hispanic or Latino from HSI 06B

11. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census2010  
  
Total Non-Hispanic is the difference between Total All Races from HSI 06A and Total Hispanic or Latino from HSI 06B
12. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Dept of Planning, Census2010  
  
Total Non-Hispanic is the difference between Total All Races from HSI 06A and Total Hispanic or Latino from HSI 06B
13. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
14. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
15. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
16. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
17. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
18. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
19. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
20. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
21. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
22. **Section Number:** Form21\_Indicator 07B

- Field Name:** Ethnicity\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 births data
23. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
24. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
25. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
26. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
27. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
28. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
29. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
30. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
31. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
32. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data
33. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**

Source: Maryland Vital Statistics Administration, 2010 deaths data

34. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Source: Maryland Vital Statistics Administration, 2010 deaths data

35. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
MD. Dept of Planning, 2010 U.S. Census

36. **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 Source: American Community Survey, 2006-2010  
Children 0-17 in single parent household

Population data: U.S. Decennial Census, MD Dept. of Planning, 2010

37. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Data Source: MD Medicaid Program, calendar year 2011.

38. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Maryland Medicaid, 2011.

Note that 73,534 Hispanic children are included in the category of Other and Unknown because ethnicity is stored as a race category in the MA data system.

39. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Maryland Medicaid, 2011.

Note: 32,161 Hispanic Children are included in the Other and Unknown category, because ethnicity is treated as a race category in the MA data system.

40. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Dept of Human Resources, Family Investment Administration, State Stat  
Reporting period Feb 2012  
Food Supplement Program Recipients Age 18 and Under FY 2011 Average  
Total number = 298074

Data not available by race/ethnicity

41. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Data Source: MD WIC Program, 12/2011.

42. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Data Source: MD State Police, 2010 Uniform Crime Report.

Note: Data not available by race/ethnicity.

43. **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:**

Maryland Report Card, Class of 2011

Reflects 4-year adjusted cohort dropout rate.

Percentage for Native Hawaiian or Other Pacific Islander is based on numbers less than 5 and therefore may not be statistically significant

**44. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_Children

**Row Name:** All children 0 through 19

**Column Name:**

**Year:** 2013

**Field Note:**

MD, Dept of Planning, 2010 U.S. Census

**45. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_SingleParentPercent

**Row Name:** Percent in household headed by single parent

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: American Community Survey, 2006-2010

Children 0-17 in single parent household

Data for total non-Hispanic not available

Population data: U.S. Decennial Census, MD Dept. of Planning, 2010

**46. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_TANFPercent

**Row Name:** Percent in TANF (Grant) families

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: MD Medicaid Program, calendar year 2011.

**47. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_MedicaidNo

**Row Name:** Number enrolled in Medicaid

**Column Name:**

**Year:** 2013

**Field Note:**

Maryland Medicaid, 2011.

**48. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_SCHIPNo

**Row Name:** Number enrolled in SCHIP

**Column Name:**

**Year:** 2013

**Field Note:**

Maryland Medicaid, 2011.

**49. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_FoodStampNo

**Row Name:** Number enrolled in food stamp program

**Column Name:**

**Year:** 2013

**Field Note:**

Dept of Human Resources, Family Investment Administration, State Stat

Reporting period Feb 2012

Food Supplement Program Recipients Age 18 and Under FY 2011 Average

Total number = 298074

Data not available by race/ethnicity

**50. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_VMCNo

**Row Name:** Number enrolled in VMC

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: MD VMC Program, 12/2011.

**51. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_JuvenileCrimeRate

**Row Name:** Rate (per 100,000) of juvenile crime arrests

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: MD State Police, 2010 Uniform Crime Report.

Note: Data not available by race/ethnicity.

**52. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_DropOutPercent

**Row Name:** Percentage of high school drop-outs (grade 9 through 12)

**Column Name:**

**Year:** 2013

**Field Note:**

Maryland Report Card, Class of 2011

Percentage for Native Hawaiian or Other Pacific Islander is based on numbers less than 5 and therefore may not be statistically significant

Data not available for non-Hispanic ethnicity.

**53. Section Number:** Form21\_Indicator 10

**Field Name:** Metropolitan

**Row Name:** Living in metropolitan areas

**Column Name:**

**Year:** 2013

**Field Note:**

Source: Maryland Vital Statistics Administration, 2010 data

Classification of metropolitan areas based on Maryland Annotated Code. Metro areas in Maryland include: Anne Arundel, Baltimore, Howard, Montgomery, and Prince George's counties.

**54. Section Number:** Form21\_Indicator 10

**Field Name:** Urban

**Row Name:** Living in urban areas

**Column Name:**

**Year:** 2013

**Field Note:**

Source: Maryland Vital Statistics Administration, 2010 data

Classification of urban areas based on Maryland Annotated Code. Urban areas in Maryland include: Baltimore City

**55. Section Number:** Form21\_Indicator 10

**Field Name:** Rural

**Row Name:** Living in rural areas

**Column Name:**

**Year:** 2013

**Field Note:**

Source: Maryland Vital Statistics Administration, 2010 data

Classification of rural areas based on Maryland Annotated Code. Rural areas in Maryland include: Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's Somerset, St. Mary's, Talbot, Washington, Wicomico and Worcester counties.

**56. Section Number:** Form21\_Indicator 10

**Field Name:** Frontier

**Row Name:** Living in frontier areas

**Column Name:**

**Year:** 2013

**Field Note:**

Source: Maryland Vital Statistics Administration, 2010 data

There are no areas in Maryland classified as frontier.

**57. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_total

**Row Name:** Total Population

**Column Name:**

**Year:** 2013

**Field Note:**

US Census American Community Survey

**58. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2013

**Field Note:**

U.S. Census 2010, American Community Survey

**59. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2013

**Field Note:**

U.S. Census 2010, American Community Survey

**60. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2013

**Field Note:**

U.S. Census 2010, American Community Survey

Total Population : 5643821

**61. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_Children

**Row Name:** Children 0 through 19 years old

**Column Name:**

**Year:** 2013

**Field Note:**

MD Dept of Planning, Census 2010, Children ages 0-18

**62. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2013

**Field Note:**

Source: Annie E. Casey, KIDS COUNT Data, Children ages 0-18 years  
ACS 3 year estimates 2008-2010

**63. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2013

**Field Note:**

Source: Annie E. Casey, KIDS COUNT Data, Children ages 0-18 years  
ACS 3 year estimates 2008-2010

**64. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2013

**Field Note:**

Source: Annie E. Casey, KIDS COUNT Data, Children ages 0-18 years  
ACS 3 year estimates 2008-2010

**65. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: MD Medicaid Program, calendar year 2011.

**66. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2013

**Field Note:**

Data Source: MD Medicaid Program, calendar year 2011.