

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

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

1. FEDERAL ALLOCATION		\$	<u>2,292,158</u>
	(Item 15a of the Application Face Sheet [SF 424])		
	Of the Federal Allocation (1 above), the amount earmarked for:		
	A. Preventive and primary care for children:		
	\$ <u>842,475</u> (<u>36.75</u> %)		
	B. Children with special health care needs:		
	\$ <u>792,131</u> (<u>34.56</u> %)		
	(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:		
	\$ <u>218,525</u> (<u>9.53</u> %)		
	(The above figure cannot be more than 10%)[Sec. 504(d)]		
2. UNOBLIGATED BALANCE	(Item 15b of SF 424)	\$	<u>0</u>
3. STATE MCH FUNDS	(Item 15c of the SF 424)	\$	<u>2,305,719</u>
4. LOCAL MCH FUNDS	(Item 15d of SF 424)	\$	<u>3,698,449</u>
5. OTHER FUNDS	(Item 15e of SF 424)	\$	<u>0</u>
6. PROGRAM INCOME	(Item 15f of SF 424)	\$	<u>1,788,920</u>
7. TOTAL STATE MATCH	(Lines 3 through 6)	\$	<u>7,793,088</u>
	(Below is your State's FY 1989 Maintenance of Effort Amount)		
	\$ <u>485,480</u>		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)		\$	<u>10,085,246</u>
	(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>0</u>	
b. SSDI:	\$	<u>82,192</u>	
c. CISS:	\$	<u>0</u>	
d. Abstinence Education:	\$	<u>0</u>	
e. Healthy Start:	\$	<u>0</u>	
f. EMSC:	\$	<u>130,000</u>	
g. WIC:	\$	<u>16,878,855</u>	
h. AIDS:	\$	<u>1,316,462</u>	
i. CDC:	\$	<u>0</u>	
j. Education:	\$	<u>0</u>	
k. Home Visiting:	\$	<u>0</u>	
l. Other:	\$	<u>0</u>	
<u>ACA- Development ID</u>	\$	<u>3,263,022</u>	
<u>ACA-Home Visiting SD</u>	\$	<u>1,000,000</u>	
<u>Immunization</u>	\$	<u>250,302</u>	
<u>Oral Health</u>	\$	<u>399,076</u>	
<u>Title X FFP</u>	\$	<u>2,365,154</u>	
<u>UNHBS</u>	\$	<u>273,403</u>	
<u>WIC Farmers Market</u>	\$	<u>59,782</u>	
<u>WIC Peer Counseling</u>	\$	<u>160,454</u>	
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	<u>26,178,702</u>
11. STATE MCH BUDGET TOTAL		\$	<u>36,263,948</u>
	(Partnership subtotal + Other Federal MCH Funds subtotal)		

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 2,462,222	\$ 2,425,697	\$ 2,462,222	\$ 2,434,812	\$ 2,435,138	\$ 2,430,627
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 2,173,902	\$ 2,187,215	\$ 2,352,266	\$ 2,475,255	\$ 2,135,677	\$ 2,901,266
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 3,500,746	\$ 4,023,263	\$ 3,510,000	\$ 4,126,402	\$ 3,590,998	\$ 3,766,725
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form2)</i>	\$ 914,508	\$ 1,094,360	\$ 1,025,000	\$ 1,114,333	\$ 1,114,333	\$ 1,474,325
7. Subtotal	\$ 9,051,378	\$ 9,730,535	\$ 9,349,488	\$ 10,150,802	\$ 9,276,146	\$ 10,572,943
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 19,104,399	\$ 19,104,399	\$ 20,268,575	\$ 20,268,575	\$ 20,406,369	\$ 22,527,163
9. Total <i>(Line11, Form2)</i>	\$ 28,155,777	\$ 28,834,934	\$ 29,618,063	\$ 30,419,377	\$ 29,682,505	\$ 33,100,106
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 2,435,138	\$ 2,410,034	\$ 2,430,627	\$	\$ 2,292,158	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 2,358,969	\$ 2,316,886	\$ 1,816,886	\$	\$ 2,305,719	\$
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 3,777,376	\$ 3,847,945	\$ 3,871,097	\$	\$ 3,698,449	\$
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form2)</i>	\$ 1,046,041	\$ 1,731,666	\$ 1,666,306	\$	\$ 1,788,920	\$
7. Subtotal	\$ 9,617,524	\$ 10,306,531	\$ 9,784,916	\$ 0	\$ 10,085,246	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 22,531,055	\$ 4,128,915	\$ 20,206,929	\$	\$ 25,178,702	\$
9. Total <i>(Line11, Form2)</i>	\$ 32,148,579	\$ 14,435,446	\$ 29,991,845	\$ 0	\$ 36,263,948	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2010
Field Note:
The State of Montana received more State funds authority in SFY 2010 for clinic billing than they normally received because they are bringing in more revenue for specialty clinics.
2. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2011
Field Note:
Program income exceeds the budgeted amount due to CSHS clinic billing exceeding the amount of patients for specialty clinics for the year.
3. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2010
Field Note:
This amount is reported to the State Agency from the Counties in what they receive for billing income for 2010. It also includes the amount of income brought in by the specialty clinics for CSHS.
4. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2011
Field Note:
New grants for several programs were implemented in the end of 2011 for the State of Montana.
5. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2010
Field Note:
The Aids program received an additional grant through Federal funding to help with HIV prevention in the year 2010.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,591,077	\$ 1,319,768	\$ 1,541,815	\$ 1,344,686	\$ 1,292,312	\$ 1,788,863
b. Infants < 1 year old	\$ 984,849	\$ 1,293,548	\$ 1,306,267	\$ 1,315,972	\$ 1,220,309	\$ 1,179,536
c. Children 1 to 22 years old	\$ 2,977,695	\$ 2,994,017	\$ 2,635,260	\$ 3,262,516	\$ 2,738,309	\$ 3,239,129
d. Children with Special Healthcare Needs	\$ 1,669,674	\$ 1,974,609	\$ 1,772,162	\$ 1,977,028	\$ 1,798,893	\$ 2,098,563
e. Others	\$ 1,415,425	\$ 1,742,506	\$ 1,730,137	\$ 1,692,901	\$ 1,809,727	\$ 1,866,449
f. Administration	\$ 412,668	\$ 406,087	\$ 363,847	\$ 557,699	\$ 416,596	\$ 400,403
g. SUBTOTAL	\$ 9,051,378	\$ 9,730,535	\$ 9,349,488	\$ 10,150,802	\$ 9,276,146	\$ 10,572,943
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 105,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 115,000		\$ 115,000		\$ 130,000	
g. WIC	\$ 13,737,408		\$ 14,744,600		\$ 15,035,980	
h. AIDS	\$ 2,058,980		\$ 2,080,980		\$ 1,367,835	
i. CDC	\$ 150,000		\$ 100,000		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Immunization	\$ 0		\$ 0		\$ 715,645	
PHBG FP	\$ 0		\$ 0		\$ 140,434	
Title X FP	\$ 2,210,580		\$ 2,189,500		\$ 2,406,547	
UNHBS	\$ 0		\$ 0		\$ 299,000	
WIC Farmers Market	\$ 57,353		\$ 57,353		\$ 57,353	
WIC peer counseling	\$ 0		\$ 0		\$ 53,921	
NBHS	\$ 0		\$ 150,000		\$ 0	
PHB FP	\$ 0		\$ 140,434		\$ 0	
WIC Peer Counseling	\$ 0		\$ 56,064		\$ 0	
Youth Suicide Prev	\$ 0		\$ 400,000		\$ 0	
P H Block Grant	\$ 140,434		\$ 0		\$ 0	
Youth Suicide Prev	\$ 400,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 19,104,399		\$ 20,268,575		\$ 20,406,359	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,595,215	\$ 1,802,176	\$ 1,579,159	\$	\$ 1,891,194	\$
b. Infants < 1 year old	\$ 1,255,402	\$ 1,134,302	\$ 1,244,907	\$	\$ 1,220,714	\$
c. Children 1 to 22 years old	\$ 2,717,490	\$ 2,915,252	\$ 3,135,787	\$	\$ 3,231,132	\$
d. Children with Special Healthcare Needs	\$ 1,820,878	\$ 2,019,015	\$ 2,168,843	\$	\$ 1,935,921	\$
e. Others	\$ 1,798,819	\$ 2,043,358	\$ 1,250,392	\$	\$ 1,587,760	\$
f. Administration	\$ 429,720	\$ 392,428	\$ 405,828	\$	\$ 218,525	\$
g. SUBTOTAL	\$ 9,617,524	\$ 10,306,531	\$ 9,784,916	\$ 0	\$ 10,085,246	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 93,713		\$ 97,260		\$ 82,192	
c. CISS	\$ 132,000		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 130,000		\$ 130,000		\$ 130,000	
g. WIC	\$ 17,012,511		\$ 14,272,338		\$ 16,878,855	
h. AIDS	\$ 1,260,714		\$ 1,260,714		\$ 1,316,462	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
ACA- Development ID	\$ 0		\$ 0		\$ 3,263,022	
ACA-Home Visiting SD	\$ 0		\$ 0		\$ 1,000,000	
Immunization	\$ 741,049		\$ 0		\$ 250,302	
Oral Health	\$ 0		\$ 0		\$ 399,076	
Title X FP	\$ 2,474,866		\$ 2,454,077		\$ 2,365,154	
UNHBS	\$ 299,000		\$ 273,447		\$ 273,403	
WIC Famers Market	\$ 57,353		\$ 57,353		\$ 59,782	
WIC Peer Counseling	\$ 203,849		\$ 104,715		\$ 160,454	
Affordable Care Act	\$ 0		\$ 663,933		\$ 0	
Immunization	\$ 0		\$ 540,294		\$ 0	
Oral Health	\$ 0		\$ 226,798		\$ 0	
PHBG FP	\$ 126,000		\$ 126,000		\$ 0	
III. SUBTOTAL	\$ 22,531,055		\$ 20,206,929		\$ 26,178,702	

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: 2011
Field Note:
The MCH Counties expended more in this budget category than they had originally anticipated for the FFY 2011.
2. **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 counties reported serving more pregnant women than anticipated in 2010.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2010
Field Note:
The Counties reported serving more Children than anticipated in 2010.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2011
Field Note:
The MCH Counties expended and provided more of the CSHS services in their counties than they had originally anticipated. Also, the State office provided more specialty clinic services than anticipated causing more revenue to come in for clinic billing for the SFY 2011.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2010
Field Note:
The Counties reported serving more CSHS population than anticipated in 2010. Also, this number includes the specialty clinics that CSHS performs for cleft pallet, metabolic, and Cystic Fybrois.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2011
Field Note:
The MCH Counties expended more funds in this budget category than they had originally anticipated for the FFY 2011.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: MT

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,455,135	\$ 4,037,330	\$ 3,710,888	\$ 4,370,506	\$ 3,988,114	\$ 4,118,494
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,479,255	\$ 2,441,094	\$ 2,523,031	\$ 2,353,774	\$ 2,011,403	\$ 2,604,826
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,911,327	\$ 2,141,899	\$ 2,043,517	\$ 2,164,900	\$ 2,034,981	\$ 2,395,456
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,205,661	\$ 1,110,212	\$ 1,072,052	\$ 1,261,622	\$ 1,241,648	\$ 1,454,167
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 9,051,378	\$ 9,730,535	\$ 9,349,488	\$ 10,150,802	\$ 9,276,146	\$ 10,572,943

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: MT

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 4,004,151	\$ 4,183,834	\$ 3,548,140	\$	\$ 3,947,062	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,304,937	\$ 2,629,504	\$ 2,510,896	\$	\$ 2,428,210	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,994,812	\$ 2,054,776	\$ 2,287,463	\$	\$ 2,335,654	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,313,624	\$ 1,438,417	\$ 1,438,417	\$	\$ 1,374,320	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 9,617,524	\$ 10,306,531	\$ 9,784,916	\$ 0	\$ 10,085,246	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2011
Field Note:
The MCH Counties reported more enabling services to the State Office than they had anticipated for the FFY 2011.
2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2010
Field Note:
This amount was reported to the SA by the counties and was more than anticipated for services for 2010.
3. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2010
Field Note:
This amount was reported to the SA by the counties and was more than anticipated for 2010.
4. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2010
Field Note:
This amount was reported to the SA from the counties and was more than anticipated for 2010.

FORM 6

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

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

STATE: MT

Total Births by Occurrence: 12,065

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	11,892	98.6	1	0	0	
Congenital Hypothyroidism	11,892	98.6	1	0	0	
Galactosemia	11,892	98.6	1	1	1	100
Sickle Cell Disease	11,892	98.6	0	0	0	
Other Screening (Specify)						
Biotinidase Deficiency	11,892	98.6	0	0	0	
Cystic Fibrosis	11,892	98.6	3	0	0	
Homocystinuria	11,892	98.6	1	0	0	
Maple Syrup Urine Disease	11,892	98.6	3	0	0	
Other	11,892	98.6	1	0	0	
beta-ketothiolase deficiency	11,892	98.6	0	0	0	
Tyrosinemia Type I	11,892	98.6	1	0	0	
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	11,892	98.6	5	1	1	100
Argininosuccinic Acidemia	11,892	98.6	0	0	0	
Citrullinemia	11,892	98.6	0	0	0	
Isovaleric Acidemia	11,892	98.6	0	0	0	
Propionic Acidemia	11,892	98.6	0	0	0	
Camitine Uptake Defect	11,892	98.6	0	0	0	
3-Methylcrotonyl-CoA Carboxylase Deficiency	11,892	98.6	1	0	0	
Methylmalonic acidemia (Cbl A,B)	11,892	98.6	2	0	0	
Multiple Carboxylase Deficiency	11,892	98.6	0	0	0	
Trifunctional Protein Deficiency	11,892	98.6	0	0	0	
Glutaric Acidemia Type I	11,892	98.6	1	0	0	
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	11,892	98.6	10	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	11,892	98.6	0	0	0	
Long-Chain L-3-Hydroxy Acyl-						

CoA Dehydrogenase Deficiency	11,892	98.6	0	0	0	
3-Hydroxy 3- Methyl Glutaric Aciduria	11,892	98.6	0	0	0	
Methylmalonic Acidemia (Mutase Deficiency)	11,892	98.6	0	0	0	
S-Beta Thalassemia	11,892	98.6	0	0	0	
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2013
Field Note:
Includes 19 carriers of abnormal Hgb traits (SCDE) referred for contractor consultation.
2. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2013
Field Note:
The one presumptive positive screen of Galactosemia was later confirmed
3. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2013
Field Note:
There were no confirmed cases of Sickle Cell Disease.
4. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2013
Field Note:
"Other" refers to 1 presumptive positive case of SCHAD that was NOT confirmed by further testing.

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: MT

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	3,912	3,539	3,750	3,815	4,222
Infants < 1 year old	12,411	12,341	17,186	12,078	12,070
Children 1 to 22 years old	67,936	68,548	52,955	37,156	37,927
Children with Special Healthcare Needs	5,198	4,934	5,063	5,875	7,126
Others	26,039	24,597	24,382	28,433	37,813
Total	115,496	113,969	103,326	87,357	99,158

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	4,168	65.0	0.0	14.0	10.0	11.0
Infants < 1 year old	12,065	35.0	0.0	56.0	7.0	2.0
Children 1 to 22 years old	38,289	25.0	10.0	35.0	13.0	17.0
Children with Special Healthcare Needs	7,466	23.0	2.0	44.0	3.0	28.0
Others	36,293	25.0	5.0	19.0	20.0	31.0
TOTAL	98,281					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **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:
Total Births by Occurrence in MT
2. **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:
Birth certificate data does not include CHIP as a category.
3. **Section Number:** Form7_Main
Field Name: Children_0_1_None
Row Name: Infants <1 year of age
Column Name: None %
Year: 2013
Field Note:
Self-pay is reported as "none"
4. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2013
Field Note:
Women of Childbearing Age

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: MT

Reporting Year: 2011

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,058	10,124	43	1,310	111	11	237	222
Title V Served	12,058	10,124	43	1,310	111	11	237	222
Eligible for Title XIX	4,017	2,945	23	845	19	5	168	12
INFANTS								
Total Infants in State	12,157	10,347	175	1,551	84	0	0	0
Title V Served	12,157	10,347	175	1,551	84	0	0	0
Eligible for Title XIX	5,937	4,738	32	1,080	14	11	62	0

II. UNDUPLICATED COUNT BY ETHNICITY

	HISPANIC OR LATINO (Sub-categories by country or area of origin)							
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	11,369	432	257	242	16	5	0	169
Title V Served	11,369	432	257	242	16	5	0	169
Eligible for Title XIX	3,871	134	0	0	0	0	0	134
INFANTS								
Total Infants in State	11,445	712	0	0	0	0	0	712
Title V Served	11,445	712	0	0	0	0	0	712
Eligible for Title XIX	5,736	202	0	0	0	0	0	202

FORM NOTES FOR FORM 8

Data sources for deliveries: office of vital statistics CY 2010 and Medicaid eligibility from birth for those born in 2010. Individuals may choose from any and all of five racial categories.

Data sources for infants: NCHS Population Estimates and Medicaid eligibility from July 1 of reporting year. Hispanic ancestry is recorded as Hispanic or not Hispanic, there are no recorded unknown values, and no detailed Hispanic ancestry breakdowns.

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:
2010 data
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:
2010 data
3. **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:
2010 data
4. **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:
2010 data
5. **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:
2010 data
6. **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:
2010 data
7. **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:
2010 data
8. **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:
2010 data

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

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

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	887-543-7669	887-543-7669	(887)543-7669	(887) 543-7669	(887) 543-7669
2. State MCH Toll-Free "Hotline" Name	Family Health Line				
3. Name of Contact Person for State MCH "Hotline"	Toni Simon	Toni Simon	Toni Simon	Jackie Forba	Jackie Forba
4. Contact Person's Telephone Number	406-444-5851	406-444-5851	(406)444-5851	(406) 444-5288	(406) 444-5288
5. Contact Person's Email	tsimon@mt.gov	tsimon@mt.gov	tsimon@mt.gov	jforba@mt.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	391340	38528	24558

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:
For reporting period 7/1/2010-6/30/2011

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

1. State MCH Administration:
(max 2500 characters)

The Family and Community Health Bureau (FCHB), housed within the Public Health and Safety Division of the Department of Public Health and Human Services, is the administrative entity for Title V services in Montana. The Title V funding is allocated to several FCHB Sections, including the Maternal and Child Health Coordination Section; Children's Special Health Services; and Women's and Men's Health Section. Title V funding is also allocated to participating local public health departments. For FY 2012, 53 of the 56 local public health departments received Title V funding for addressing their selected National or State Performance.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 2,292,158
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 2,305,719
5. Local MCH Funds (Line 4, Form 2)	\$ 3,698,449
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 1,788,920
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 10,085,246

9. Most significant providers receiving MCH funds:

	<u>Local County Health Departments</u>
	<u>Regional CSHCN Clinics</u>

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

a. Pregnant Women	4,168
b. Infants < 1 year old	12,065
c. Children 1 to 22 years old	38,289
d. CSHCN	7,466
e. Others	36,293

11. Statewide Initiatives and Partnerships:

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

Direct medical care includes payments for services for children with special health care needs who are not covered by other means, regional specialty clinics, and limited direct pay of services at a local contract level. Enabling services include public health home visiting service for high risk pregnant women and infants through county and tribal contract agencies, educational materials accessible on the Family and Community Health Bureau's webpage and distributed through WIC and Woman's and Men's Health Sections' electronic newsletters, and case management services afforded to families receiving public health home visiting services.

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

Population based services include newborn metabolic and hearing screening, and public health education efforts including those aimed at increasing the number of providers aware of oral health precursors, how to decrease the incidence of unintended pregnancies, improving pregnancy outcomes, how to decrease the incidences of deaths due to motor vehicle crashes, and increasing breastfeeding rates.

c. Infrastructure Building Services:
(max 2500 characters)

State level infrastructure is diversified within the Family and Community Health Bureau (FCHB). The FCHB has contracts with city-county health departments, for providing maternal child health services.

12. The primary Title V Program contact person:

Name Ann Buss
 Title MCHC Section Supervisor
 Address 1400 East Broadway, A-116
 City Helena
 State MT
 Zip 59620
 Phone 406-444-4119
 Fax 406-444-2606
 Email abuss@mt.gov
 Web _____

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

Name Denise Brunett
 Title CSHS Section Supervisor
 Address 1400 East Broadway, A-116
 City Helena
 State MT
 Zip 59620
 Phone 406-444-3617
 Fax 406-444-2750
 Email dbrunett@mt.gov
 Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 11

Data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

PERFORMANCE MEASURE # 01

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	9	17	15	12	3
Denominator	9	17	15	12	3
Data Source		MT newborn screening and follow-up program	MT newborn screening and follow-up program	MT newborn screening and follow-up program	Mt Newborn Screening Program
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.					Yes
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
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 #1
Field Name: PM01
Row Name:
Column Name:
Year: 2011
Field Note:
 In January 2008, Montana began screening all newborns by bloodspot testing for the 28 metabolic, endocrine, hematologic, and genetic conditions recommended by the American College of Medical Genetics and the American Academy of Pediatrics.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2010
Field Note:
 Fewer cases were confirmed and received timely follow-up compared to the previous year based on the mandatory hospital-based screening of newborns for 28 genetic conditions.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2009
Field Note:
 Fewer cases were confirmed and received timely follow-up compared to the previous year based on the mandatory hospital-based screening of newborns for 28 genetic conditions.

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	56.6	56.5	56.5	56.5	56.5
Annual Indicator	56.5	56.5	56.5	56.5	72.9
Numerator					
Denominator					
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	72.9	72.9	72.9	72.9	72.9
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.

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	52.6	50	50	50	50
Annual Indicator	45.9	45.9	45.9	45.9	39.1
Numerator					
Denominator					
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

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

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	50.5	55.2	55.2	55.2	55.2
Annual Indicator	55.2	55.2	55.2	55.2	53.3
Numerator					
Denominator					
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	53.3	53.3	53.3	53.3	53.3
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.

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	72.8	88.6	88.6	88.6	88.6
Annual Indicator	88.6	88.6	88.6	88.6	54.3
Numerator					
Denominator					
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	54.3	54.3	54.3	54.3	54.3
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.

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>6.5</u>	<u>46.5</u>	<u>46.5</u>	<u>46.5</u>	<u>46.5</u>
Annual Indicator	<u>46.2</u>	<u>46.2</u>	<u>46.2</u>	<u>46.2</u>	<u>48.6</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		CSHCN Survey	CSHCN Survey	CSHCN Survey	CSHCN Survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>48.6</u>	<u>48.6</u>	<u>48.6</u>	<u>48.6</u>	<u>48.6</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.

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	80	80	80	70	65
Annual Indicator	75	65.5	60.1	66.7	66.7
Numerator					
Denominator					
Data Source		National Immunization Survey	National Immunization Survey	National Immunization Survey	National Immunization Survey

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	65	66.8	66.8	66.8	66.8
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:
 The source of data is the National Immunization Survey (NIS), Data are from 2010, data for 2011 (4:3:1:3:3) are not yet available.

2. **Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2010
Field Note:
 The source of data is the National Immunization Survey (NIS), Please note the 95% confidence interval is +/-6.7. The data for 2010 are final.

3. **Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2009
Field Note:
 The source of data is the National Immunization Survey (NIS), July 2008-June 2009 Table Data (http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_0809.htm). The data for 2009 are not yet final. Please note that the 95% confidence interval for this indicator is +/- 7.0.

PERFORMANCE MEASURE # 08

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	17	16	16	17	17
Annual Indicator	16.8	18.6	18.9	13.0	13.0
Numerator	343	367	399	247	247
Denominator	20,388	19,782	19,015	19,023	19,023
Data Source		Live birth records, MT Office of Vital Statistics			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	17	16	16	16	16
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2011
Field Note:
 Data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2010
Field Note:
 Data reported are for 2009. 2010 data are not yet final. They are expected to be available later in 2010.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2009
Field Note:
 The numerator is the number of live births reported to the Montana Office of Vital Statistics for 15-17 year old female Montana residents in 2009. The denominator is the latest mid-year population estimate (May 2010 release) for females ages 15-17 in Montana in 2009.

PERFORMANCE MEASURE # 09

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	40	46	46	46	46
Annual Indicator	45.9	45.9	45.9	45.9	45.9
Numerator	4,693	4,805	4,773	4,915	4,908
Denominator	10,225	10,468	10,398	10,707	10,693
Data Source		05 06 Statewide OH Study, OPI 3rd Grade Enrollment	05 06 Statewide OH Study, OPI 3rd Grade Enrollment	05 06 Statewide OH Study, OPI 3rd Grade Enrollment	05 06 Statewide OH Study, OPI 3rd Grade Enrollment
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	46	46	46	46	46
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2011

Field Note:

Numerator data are from a 2005-2006 school year oral health survey of third graders. The numerator was estimated using a weighted percent of 3rd graders who have received sealants. Denominator data are the number of 3rd graders enrolled in public schools for the 2010-2011 school year from the Montana Office of Public Instruction.

2. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2010

Field Note:

Numerator data are from a 2005-2006 school year oral health survey of third graders. The numerator was estimated using a weighted percent of 3rd graders who have received sealants. Denominator data are the number of 3rd graders enrolled in public schools for the 2009-2010 school year from the Montana Office of Public Instruction.

3. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2009

Field Note:

Numerator data are from a 2005-2006 school year oral health survey of third graders. The numerator was estimated using a weighted percent of 3rd graders who have received sealants. Denominator data are the number of 3rd graders enrolled in public schools for the 2008-2009 school year from the Montana Office of Public Instruction.

PERFORMANCE MEASURE # 11

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>29</u>	<u>54</u>	<u>54</u>	<u>57</u>	<u>57</u>
Annual Indicator	<u>52.1</u>	<u>52.9</u>	<u>56.8</u>	<u>55.4</u>	<u>61.1</u>
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		National Immunization Survey	National Immunization Survey	National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and	_____	_____	_____	_____	_____
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.	_____	_____	_____	_____	_____
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>57</u>	<u>58</u>	<u>58</u>	<u>58</u>	<u>58</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2011
Field Note:
 The data reported for 2011 are from the CDC/National Immunization Survey 2011, for children born in 2008. The 2008 data is final.
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2010
Field Note:
 The data reported for 2010 are from the National Immunization Survey for children born in 2007. The data are final.
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2009
Field Note:
 The data reported for 2009 are from the National Immunization Survey for children born in 2006. The data are final.

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	<u>92</u>	<u>94</u>	<u>94</u>	<u>94</u>	<u>98.5</u>
Annual Indicator	<u>93.1</u>	<u>93.0</u>	<u>97.7</u>	<u>97.8</u>	<u>98.1</u>
Numerator	<u>11,403</u>	<u>11,669</u>	<u>11,448</u>	<u>11,408</u>	<u>11,346</u>
Denominator	<u>12,249</u>	<u>12,551</u>	<u>11,719</u>	<u>11,666</u>	<u>11,571</u>

MT newborn hearing screening system, Hi-Track	MT newborn hearing screening system, Hi-Track	Newborn Hearing Screening System and birth records	Newborn Hearing
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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	<u>98.5</u>	<u>98.5</u>	<u>99</u>	<u>99</u>	<u>99.2</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2011
Field Note:
 The numerator data source for this measure is HI*TRACK, the Newborn Hearing Screening Program software. The numerator includes hearing screenings for infants born in hospitals in Montana. The denominator is from the Montana Office of Vital Statistics and includes births that occurred in Montana hospitals in 2011. It does not include births to Montana residents that occurred in hospitals out of state or births that occurred outside hospitals.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 The numerator data source for this measure is HI*TRACK, the Newborn Hearing Screening Program software. The numerator includes hearing screenings for infants born in hospitals in Montana. The denominator is from the Montana Office of Vital Statistics and includes births that occurred in Montana hospitals in 2010. It does not include births to Montana residents that occurred in hospitals out of state. As of 2009, the data reported are only for infants born in hospitals, to more closely correspond with the guidance for reporting on this performance measure. The data entered for 2010 are provisional.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 The numerator data source for this measure is HI-Track. The numerator includes hearing screenings for infants born in hospitals in Montana. The denominator is from the Montana Office of Vital Statistics and includes births that occurred in Montana hospitals in 2009. It does not include births to Montana residents that occurred in hospitals out of state. The data were updated for the 2011 submission to reflect only hospital-based births.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	16	14	13	11	11
Annual Indicator	14.8	14.2	11.9	10.2	10.2
Numerator	35,686	34,417	28,863	24,197	24,197
Denominator	241,206	242,716	241,672	237,267	237,267
Data Source		US Census CPS Table Creator II	US Census CPS Table Creator II	US Census CPS Table Creator II	US Census CPS II
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	11	12.1	12.1	12.1	12.1
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:

from Current Population Survey Annual Social and Economic Supplement, conducted 2011

Refers to status in 2010

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

The data source for this is the US Census CPS Table Creator II. The CPS data were collected in 2010 for health insurance coverage in 2009. The data for 2010 will be collected in 2011 and become available in 2012 for health insurance coverage in 2011. The numbers reflect the estimated percent of children under 19 years of age who were not covered by public or private health insurance.

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

The data source for this is the US Census CPS Table Creator II. The CPS data were collected in 2009 for health insurance coverage in 2008. The numbers reflect the estimated percent of children under 19 years of age who were not covered by public or private health insurance.

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
Annual Performance Objective	30	30	29	31	31
Annual Indicator	33.6	33.7	33.3	40.0	40.6
Numerator	3,706	3,876	3,957	5,069	5,274
Denominator	11,029	11,492	11,878	12,744	12,978

Annual Objective and Performance Data

Data Source

WIC Program Enrollment WIC Program Enrollment WIC Program Enrollment WIC Program Enrollment

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
Annual Performance Objective	31	31	31	31	31
Annual Indicator					
Numerator					
Denominator					

Annual Objective and Performance Data

Field Level Notes

- Section Number:** Fom11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 The source is the Montana State WIC Program. Data are for FFY 2011.
- Section Number:** Fom11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 The source is the Montana State WIC Program. Data are for FFY 2010. The increase in the indicator for 2010 is believed to be due to a change in data systems. Some records may be duplicated. As a result, the objective was not increased based on the 2010 data. Montana will reassess the objective next year when a full year of data from the new data system will be available.
- Section Number:** Fom11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 The source is from the MT State WIC Program. Data are for FFY 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	15	14	14	14	13
Annual Indicator	15.9	15.0	13.4	13.2	13.2
Numerator	1,668	1,893	1,630	1,578	1,578
Denominator	10,509	12,595	12,155	11,990	11,990
Data Source		Live birth data, MT Office of Vital Statistics			

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	13	13	13	13	13
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2011
Field Note:
 The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
 The data reported are for 2009. 2010 data were not available at the time of grant submittal.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
 The numerator and denominator include births to Montana residents that were reported to the Montana Office of Vital Statistics. The denominator does not include women with unknown smoking status in the third trimester. This indicator is believed to be an under-report of the actual number of women smoking during the last trimester.

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	10	9	9	11	12.5
Annual Indicator	16.3	11.9	13.4	19.5	19.5
Numerator	11	8	9	13	13
Denominator	67,574	67,074	67,302	66,724	66,724

Data Source

MT Office of Vital Statistics and census estimates MT Office of Vital Statistics and census estimates MT Office of Vital Statistics and NCHS MT Office of Vital Statistics and NCHS

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	12.5	13.8	13.8	13.8	13.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2011
Field Note:
 The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2010
Field Note:
 The data reported are for 2009. 2010 data were not available at the time of grant submittal.

3. **Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2009
Field Note:
 The numerator includes deaths to Montana residents that were reported to the Montana Office of Vital Statistics. The denominator data is from 2009 census estimates for the population of 15-19 year olds in the state (May 2010 version). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events.

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	91	91	91	75	65
Annual Indicator	86.8	73.0	64.1	87.0	87.0
Numerator	138	108	82	140	140
Denominator	159	148	128	161	161
Data Source		Live birth records, MT Office of Vital Statistics			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	65	74.7	74.7	74.7	74.7
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:

The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012. Facilities for high-risk deliveries are neonates in Montana: Benefis Health System in Great Falls, Community Medical Center in Missoula, and St. Vincent Healthcare in Billings.

2. **Section Number:** Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2010

Field Note:

Facilities for high-risk deliveries and neonates in the State of Montana
Benefis Health System, Great Falls
Community Medical Center, Missoula
St. Vincent Healthcare, Billings

3. **Section Number:** Form11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2009

Field Note:

The data source for this measure is live birth records from the Montana Office of Vital Statistics. In 2009, Montana had three level III facilities (facilities for high-risk deliveries). The numerator and denominator include births that occurred in Montana, regardless of the mother's place of residence.

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	85.9	84.5	73	74	75
Annual Indicator	82.1	71.3	73.1	70.9	70.9
Numerator	10,213	8,982	8,061	8,554	8,554
Denominator	12,437	12,595	11,029	12,058	12,058
Data Source		Live birth records, MT Office of Vital Statistics			

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)
 Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2011
Field Note:
 The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2010
Field Note:
 The data reported are for 2009. 2010 data were not available at the time of grant submittal.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2009
Field Note:
 The data source for this measure is the Montana Office of Vital Statistics and includes births to MT residents reported to the MT Office of Vital Statistics. 10% of births had unknown timing of prenatal care initiation. The "unknowns" are not included in the denominator. A new birth record format was implemented in 2008, which changed the way the timing of prenatal care initiation was calculated. Thus, the measure for 2008 and onward may not be comparable to previous years.

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

Form Level Notes for Form 11

Data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The percent of children with cleft lip and/or palate receiving care in interdisciplinary clinics

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	90
Annual Indicator	_____	_____	_____	89.7	90.0
Numerator	_____	_____	_____	26	18
Denominator	_____	_____	_____	29	20
Data Source				CSHCN Program- CHRIS system	CSHCN Program
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	90	90	90	90	90
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

- Section Number:** Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2011

Field Note:

The data reflect the number of infants born during FFY 2011 and identified as having a cleft lip and/or palate by the Children's Special Health Services (CSHS) Section (the state CSHCN program), who were seen in a cleft/craniofacial clinic.

- Section Number:** Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2010

Field Note:

Data are for federal fiscal year (FFY) 2010. The data reflect the number of infants born during FFY 2010 and identified as having a cleft lip and/or palate by the Children's Special Health Services (CSHS) Section (the state CSHCN program), who were seen in a cleft/craniofacial clinic.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

The percent of Medicaid clients 0 through 6 years of age who have had a dental screening during the year.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 1
Annual Indicator	_____	_____	_____	_____ 24.4	_____ 38.7
Numerator	_____	_____	_____	_____ 10,386	_____ 13,101
Denominator	_____	_____	_____	_____ 42,631	_____ 33,813
Data Source				Medicaid	Medicaid
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 30	_____ 30	_____ 30	_____ 30	_____ 30
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 #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

Data are from the Montana Medicaid Program (HMK+) and include all children enrolled during July 1, 2010 through June 30, 2011 (SFFY 2011). Data include children who received an oral evaluation by a dentist.

NOTE: The 2011 indicator of 1 is an error and per the HRSA Call Center, it can not be corrected for the 9/12 submission. The 2011 indicator should have been 30, as it is for 2012 through 2016.

2. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

Data are from the Montana Medicaid Program (Healthy Montana Kids Plus) and include all children enrolled in Medicaid during July 1, 2009 through June 30, 2010 (State Fiscal Year 2010) who received an oral evaluation by a dentist.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

The percent of Medicaid clients who have gestational diabetes and have their blood glucose measured during the time period of six weeks to six months postpartum.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 12
Annual Indicator	_____	_____	10.9	8.0	8.0
Numerator	_____	_____	11	10	10
Denominator	_____	_____	101	125	125
Data Source			Linked Medicaid-birth certificate data.	Linked Medicaid-birth certificate data.	Linked Medicaid-birth certificate data.
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 12	_____ 12	_____ 12	_____ 12	_____ 12
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

- Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2011

Field Note:

The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012. Data source are the MT Office of Vital Statistics and Medicaid Information System. Data include the Montana occurring births to Montana resident mothers, and YEARFIRST to YEARMAX, With Gestational Diabetes Indicated. Medicaid Claims Data include CPT codes: 82947, 82962, 82950, 82951, 83036, 82952. Linked within 42 And 180 days of birth on mother's birthdate and mother's maiden name, infants last name or father's name to recipient's last name.

- Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

FOOTNOTE1 'MONTANA OFFICE OF VITAL STATISTICS, MONTANA MEDICAID INFORMATION SYSTEMS';

FOOTNOTE2 "Montana Occurrent Births To Montana Resident Mothers, &YEARFIRST to &YEARMAX, With Gestational Diabetes Indicated";

FOOTNOTE3 'Medicaid Claims Data With CPT codes: 82947, 82962, 82950, 82951, 83036, 82952';

FOOTNOTE4 "Linked Within 42 And 180 Days Of Birth On Mother's Birthdate and Mother's Maiden Name, Infants Last Name or Father's Name To Recipient's Last Name";

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

The rate of death to children 0 through 17 years of age caused by unintentional injuries.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	13
Annual Indicator	_____	_____	13.6	21.9	21.9
Numerator	_____	_____	30	49	49
Denominator	_____	_____	219,828	223,563	223,563
Data Source			Death certificate data	MT Office of Vital Statistics & NCHS	MT Office of Vital Statistics & NCHS
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	13	12	12	12	12
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 #4

Field Name: SM4

Row Name:

Column Name:

Year: 2011

Field Note:

The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source: MT Office of Vital Statistics & NCHS

3. **Section Number:** Form11_State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2009

Field Note:

Includes deaths to children 1 through 17 years of age with ICD10 causes V01-X59 and Y85-Y86.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

The percent of women who smoke during pregnancy

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 15
Annual Indicator	_____	_____	_____ 16.0	_____ 16.3	_____ 16.3
Numerator	_____	_____	_____ 1,949	_____ 1,954	_____ 1,954
Denominator	_____	_____	_____ 12,158	_____ 11,991	_____ 11,991
Data Source			Birth certificates	Birth certificates	Birth certificates
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 15	_____ 14	_____ 14	_____ 14	_____ 14
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2011

Field Note:

The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

Data for 2010 were not available at the time of grant submission. Data will be updated when 2010 birth data are final.

3. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2009

Field Note:

Women with "unknown" reported for smoking during pregnancy (1% of resident live births) are not included in the denominator.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The percent of children 19-35 months of age who have received the 4th immunization in the diphtheria, tetanus, and pertussis (DTaP) series

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	80
Annual Indicator	_____	74.4	76	76.6	82.6
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		National Immunization Survey	National Immunization Survey	National Immunization Survey	National Immunization Survey
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	80	80	80	80	80
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

- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2011
Field Note:
 The source of data is the National Immunization Survey (NIS), Q3/2010-Q2/2011. The confidence interval for this indicator is +/- 5.1. The data for 2011 are not yet final.
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2010
Field Note:
 Data are from the National Immunization Survey. The confidence interval is +/-6.2. The data are final for 2010.
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2009
Field Note:
 Data are from the 2009 National Immunization Survey. The confidence interval is +/-6.5.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

The percent of children 19-35 months of age who have received an immunization against varicella.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	82
Annual Indicator	_____	77.7	77.5	80.6	85.7
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source		National Immunization Survey	National Immunization Survey	National Immunization Survey	National Immunization Survey
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	82	83	83	83	83
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 #7

Field Name: SM7

Row Name:

Column Name:

Year: 2011

Field Note:

Data are from the Q3/2010-Q2/2011, NIS. The confidence interval is +/- 4.4. The data are provisional.

2. **Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2010

Field Note:

Data are from the National Immunization Survey tables. The confidence interval is +/-5.9. Data is final for 2010.

3. **Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2009

Field Note:

Data are from the 2009 National Immunization Survey. The confidence interval is +/-6.6.

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

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	5.2	5	5.4	5.4	5.3
Annual Indicator	6.2	6.2	6.2	5.9	5.9
Numerator	76	78	78	71	71
Denominator	12,170	12,510	12,510	12,068	12,068
Data Source		MT Office of Vital Statistics			
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	5.3	5.2	5.2	5.2	5.2
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: 2009
- Field Note:
- The data are from 2008. 2009 data were not available at the time of grant submittal.

OUTCOME MEASURE # 02

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	1	1	1	1	1
Annual Indicator			4.9	0.0	0.0
Numerator			23.8	0	0
Denominator			4.9	5.3	5.3

Data Source

MT Office of Vital Statistics MT Office of Vital Statistics MT Office of Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	1	1	1	1	1
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 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

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	2.9	2.8	3	3	2.9
Annual Indicator	3.4	3.3	3.3	3.5	3.5
Numerator	41	41	41	42	42
Denominator	12,170	12,510	12,510	12,058	12,058

Data Source

MT Office of Vital Statistics MT Office of Vital Statistics MT Office of Vital Statistics MT Office of Vital Statistics

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	2.9	2.9	2.9	2.9	2.9
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: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	2.3	2.3	2.5	2.5	2.5
Annual Indicator	2.9	3.0	3.0	2.4	2.4
Numerator	35	37	37	29	29
Denominator	12,170	12,510	12,510	12,068	12,068

Data Source

MT Office of Vital Statistics

MT Office of Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	2.4	2.4	2.4	2.4	2.4
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: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

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	6.9	4.8	5.5	5.5	5.4
Annual Indicator	6.3	5.8	5.8	5.5	5.5
Numerator	77	73	73	67	67
Denominator	12,217	12,552	12,552	12,110	12,110
Data Source		MT Office of Vital Statistics			

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)
 Is the Data Provisional or Final?

Final Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	5.4	5.4	5.4	5.4	5.4
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: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

OUTCOME MEASURE # 06

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	8.2	8	22.5	22.5	22.5
Annual Indicator	24.8	24.7	24.7	29.6	29.6
Numerator	41	41	41	51	51
Denominator	165,609	166,039	166,039	172,155	172,155
Data Source		MT Office of Vital Statistics			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	22	22	22	22	22
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 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

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

Form Level Notes for Form 12

None

STATE OUTCOME MEASURE # 1 - REPORTING YEAR

Native American Infant Mortality Rate

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	_____	6.5	6.2	9.1	9.1	9
Annual Indicator	_____	9.6	9.5	9.5	7.6	7.6
Numerator	_____	15	15	15	10	10
Denominator	_____	1,568	1,571	1,571	1,310	1,310
Data Source			MT Office of Vital Statistics			
Is the Data Provisional or Final?					Final	Provisional

		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective	_____	9	8.9	8.9	8.9	8.9
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_State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal.

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

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

2

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

2

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

2

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

1

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

2

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

2

Total Score: 11

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE MT 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. Child Safety/Unintentional Injury Unintentional injury deaths are the cause of approximately 47% of child (1-17 years of age) deaths in Montana. The MCH Priority is to reduce the deaths caused by unintentional injuries.
2. Oral Health of Children In 2007 Montana had a higher rate than the US in overall unmet need for dental care for children 0-17 years of age. The MCH priority need is to reduce the proportion of children with unmet need for dental care.
3. Smoking During Pregnancy The prevalence of smoking during pregnancy in Montana has not declined over the past decade. In both 1999 and 2007, 17% of women reported smoking during pregnancy. The MCH priority need is to decrease the prevalence of smoking during pregnancy.
4. Varicella Immunization Rate In 2008, 77.7% of Montana children 19-35 months had received one dose of varicella, compared to 90.7% of US children. The MCH priority need is to increase the number of children who receive the recommended varicella vaccine.
5. Diphtheria, Tetanus & Pertussis Immunization Rate For DTaP doses, the rate is among the lowest of all the vaccinations in the 4:3:1:3:3 series for children 19-35 months. The MCH priority need is to increase the number of children who receive the recommended DTaP series.
6. Access to Care In 2007, 6% of children 0-17 years with special health care needs had difficulty accessing specialist care. The MCH priority need is to increase the percent of children with cleft lip and/or palate receiving care at the CSHS clinics.
7. Preconception Health In 2008, 20% of women were obese prior to pregnancy. The MCH priority need is to increase the number of Medicaid clients with an identified risk factor during a previous live birth (gestational diabetes, preconception obesity) who receives follow up care.
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MT

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.	Data-related Issues - Data Systems Development 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> N/A </u>	MT is working through the process to adapt the Michigan Public Health Institute CDR Case Reporting System. If adapted, FICMR teams will need training on the new system.	State and Local FICMR Staff will need to be trained on the CDR Case Reporting System as this format is different from what is currently in place in MT.	Michigan Public Health Institute
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
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: <u> </u>			
12.	If you selected State or National Performance Measure Issue categories			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP() # _____ 1

PERFORMANCE MEASURE:

The percent of children with cleft lip and/or palate receiving care in interdisciplinary clinics.

STATUS:

Active

GOAL:

To sustain and increase the number Montana children who are identified with cleft who receive available in-state services.

DEFINITION:

Children identified with cleft who reside in Montana should be referred to and, if appropriate, receive care through the interdisciplinary cleft/craniofacial clinics held throughout the state. The clinics offer a variety of service providers at one location to children and their families.

Numerator:

Children identified with a cleft lip and/or palate through birth records and the Child Health Referral Information System (CHRIS) who are residing in Montana and seen in a interdisciplinary cleft clinic.

Denominator:

Children identified with a cleft lip and/or palate through birth records and the Child Health Referral Information System (CHRIS) who are residing in Montana.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth records and Child Health Referral Information System (CHRIS) data

SIGNIFICANCE

Children with cleft should ideally be identified and referred to services as early as possible to facilitate feeding, speech, and other development. The Montana Cleft/Craniofacial Team provides interdisciplinary team care starting at birth to assist families with these or other questions, making early identification an essential element of successful outcomes. Team care begins shortly after birth and continues until the physical growth of an individual has been completed - around 21 years of age. Clinics are held in varying locations around the state at regular intervals allowing children and families fuller access to team care. Prospective parents with a pre-natal diagnosis of a cleft/craniofacial condition are encouraged to attend a clinic prior to the birth their child. Some children identified with cleft may receive services outside of the state, move out of state prior to receiving services at a interdisciplinary clinic, not survive long enough to attend a clinic, or may not use interdisciplinary services, regardless of referrals. To the extent possible, follow-up is provided with children not seen in clinics to ensure that they are receiving services if needed.

SP() # 2

PERFORMANCE MEASURE:

The percent of Medicaid clients 0 through 6 years of age who have had a dental screening during the year.

STATUS:

Active

GOAL

To increase the percent of Medicaid clients 0 through 6 years of age who receive a dental screening.

DEFINITION

Medicaid clients age 0 through 6 years who received a dental screening.

Numerator:

Number of Medicaid clients ages 0 through 6 years of age who received a dental screening during the year.

Denominator:

Number of Medicaid clients ages 0 through 6 years of age during the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

21-2b

Reduce the proportion of children with untreated dental decay in primary and permanent teeth to 21%.

DATA SOURCES AND DATA ISSUES

Medicaid data

SIGNIFICANCE

A dental screening is a first step in identifying dental issues and providing appropriate follow-up, treatment, and preventive care. Establishing good oral health habits at young ages, and ensuring that any issues that could lead to chronic conditions are identified early or prevented before they occur can result in healthier children.

SP() # _____ 3

PERFORMANCE MEASURE:

The percent of Medicaid clients who have gestational diabetes and have their blood glucose measured during the time period of six weeks to six months postpartum.

STATUS:

Active

GOAL

To increase the proportion of women with gestational diabetes who receive follow-up after pregnancy.

DEFINITION

Medicaid clients who experienced gestational diabetes and have their blood glucose measured at six weeks to six months postpartum.

Numerator:

Women who were diagnosed with gestational diabetes mellitus (GDM) and whose pregnancies were covered by Medicaid and who continued to be covered for at least 180 days postpartum, who had a follow-up assessment (defined as one or more procedure codes for a glucose blood test) between six weeks and six months postpartum.

Denominator:

Women who were diagnosed with gestational diabetes mellitus (GDM) and whose pregnancies were covered by Medicaid and who continued to be covered for at least 180 days postpartum.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Linked Medicaid and birth record data.

SIGNIFICANCE

Intervention with women with identified risks could improve pregnancy outcomes. Intervention during preconception or interconception period could relate to other elements of interest to the maternal and child health (MCH) population – prenatal care, smoking, previous preterm birth, obesity, etc.

SP() # _____ 4

PERFORMANCE MEASURE:

The rate of death to children 0 through 17 years of age caused by unintentional injuries.

STATUS:

Active

GOAL

To decrease the number and rate of deaths to children due to unintentional injuries.

DEFINITION

Unintentional injury deaths among children 0 through 17.

Numerator:

Number of deaths to Montana resident children 0 through 17 years of age due to unintentional injuries during the year.

Denominator:

Population estimate of number of children 0 through 17 years of age in the state during the year.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

15-3

Reduce deaths caused by unintentional injuries to 17.5 per 100,000 population

DATA SOURCES AND DATA ISSUES

Death records, Montana Office of Vital Statistics and U.S. Census Bureau Annual Population Estimates

SIGNIFICANCE

Unintentional injuries are a leading cause of death for Montana children.

SP() # 5

PERFORMANCE MEASURE:

The percent of women who smoke during pregnancy

STATUS:

Active

GOAL

To reduce the number and percent of women who smoke during pregnancy.

DEFINITION

Smoking during pregnancy.

Numerator:

The number of infants whose mothers report smoking during pregnancy during the calendar year.

Denominator:

The number of live births during the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

16-17

Increase percent of pregnant women who abstain from alcohol, cigarettes, and illicit drugs to 99%.

27-6

Increase smoking cessation during pregnancy to 30%.

DATA SOURCES AND DATA ISSUES

Birth records, Montana Office of Vital Statistics

SIGNIFICANCE

The prevalence of smoking during pregnancy in Montana has not declined over the past decade. In both 1999 and 2007, 17% of women reported smoking during pregnancy. Smoking before, during, and after pregnancy can result in health consequences for the woman and infant. Smoking can affect a woman's fertility, and infants born to moms who smoke have an increased risk of premature birth, low birth weight, and Sudden Infant Death Syndrome (SIDS). (Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Division of Reproductive Health. Tobacco Use and Pregnancy: Home. Available at: <http://www.cdc.gov/reproductivehealth/tobaccoUsePregnancy/index.htm>. Accessed February 11, 2010.)

SP() # _____ 6

PERFORMANCE MEASURE:

The percent of children 19-35 months of age who have received the 4th immunization in the diphtheria, tetanus, and pertussis (DTaP) series.

STATUS:

Active

GOAL

To increase the percent of Montana children who complete the DTaP immunization series in a timely manner.

DEFINITION

Increase immunization rates for 4th DTaP shot.

Numerator:

Percent-using NIS data for state.

Denominator:

Percent-using NIS data for state.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

14-24a

Increase the proportion of children 19 to 35 months of age who receive the recommended vaccines 4:3:1:3:3 (4DTaP, 3 polio, 1 MMR, 3 Hib, 3 hep B) to 80%.

DATA SOURCES AND DATA ISSUES

National Immunization Survey

SIGNIFICANCE

Since before 2000, the immunization coverage rate for all 4 DTaP doses has consistently been the lowest among all the vaccinations in the 4:3:1:3:3 series for Montana children 19-35 months of age. The DTaP coverage rate has declined in recent years and is particularly low for the 4th dose. In 2008, the percent of Montana children 19-35 months who had received three of the 4 DTaP doses was 92.3 (± 4.1), whereas only 74.4% (± 6.2) had received all four doses.

SP() # _____ 7

PERFORMANCE MEASURE:

The percent of children 19-35 months of age who have received an immunization against varicella.

STATUS:

Active

GOAL

To increase the proportion of children immunized against varicella.

DEFINITION

To increase the proportion of children immunized against varicella.

Numerator:

Percent-using NIS data for the state

Denominator:

Percent-using NIS data for the state

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

National Immunization Survey

SIGNIFICANCE

Montana has one of the lowest rates of varicella coverage in the US and the rate does not appear to be increasing in recent years.

SO) # _____ 1

OUTCOME MEASURE:

Native American Infant Mortality Rate

STATUS:

Active

GOAL

The Native American infant mortality rate will be no higher than the White infant mortality rate

DEFINITION

Numerator:

Number of Native American infant deaths.

Denominator:

Number of Native American births.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

16-1c Reduce incidence of infant deaths

DATA SOURCES AND DATA ISSUES

Vital records collected by state.

SIGNIFICANCE

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed. In Montana, as in the nation as a whole, there continues to be significant racial disparity.

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: MT

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	19.8	18.8	17.6	13.3	15.4
Numerator	118	115	110	83	95
Denominator	59,581	61,292	62,438	62,423	61,888

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:

NUMERATOR DATA PROVIDED COURTESY OF MONTANA HOSPITAL ASSOCIATION. HOSPITAL DISCHARGE DATA LIMITED TO REPORTING MONTANA HOSPITALS. DENOMINATOR DATA IS FROM THE US CENSUS.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Data for 2010 are from 2009 to Montana Residents. Data for 2010 will become available mid year in 2011. Data are provided by the Montana Hospital Association. Hospital discharge data are limited to Montana occurrences and reporting hospitals.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Data updated for 2011 submission. Data are provided by the Montana Hospital Association. Hospital discharge data are limited to Montana occurrences and reporting hospitals.

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		2011
			2009	2010	
Annual Indicator	88.0	92.7	88.6	91.2	89.9
Numerator	4,717	5,118	4,883	4,199	4,133
Denominator	5,359	5,520	5,510	4,606	4,596

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:

Data are from the EPSDT CMS-416 Report for FFY2011. Includes categorically and medically needy.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Data are from the EPSDT CMS-416 Report for FFY2010. Includes categorically and medically needy.

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data are for FFY 2009 from the EPSDT report from the Montana Medicaid Program.

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.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	0	0	0	0	73.1
Numerator					1,228
Denominator					1,681
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

- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2011
Field Note:
 Claims data from third party administrator Blue Cross Shield of Montana. The numerator includes total children with well child claim visits and the denominator includes total children enrolled. Data are for calendar year 2011.
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2010
Field Note:
 Data are not available for this indicator before 2011. Montana's CHIP program did not collect data which could be used for this Health System Capacity Indicator.
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2009
Field Note:
 Data are not available for this indicator.

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.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>78.7</u>	<u>59.7</u>	<u>59.7</u>	<u>85.2</u>	<u>85.2</u>
Numerator	<u>9,772</u>	<u>7,498</u>	<u>7,498</u>	<u>10,246</u>	<u>10,246</u>
Denominator	<u>12,414</u>	<u>12,567</u>	<u>12,567</u>	<u>12,024</u>	<u>12,024</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:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2011

Field Note:

The Kotelchuck index is created using number of visits, month care began, sex, clinical estimate of gestation, and birthweight in grams using a computational program written by Milton Kotelchuck (http://www.mchlibrary.info/databases/HSNRCPDFs/APNCU994_20SAS.pdf). Starting in 2008, month care began was no longer directly reported, and is imputed based on other variables in the calculation. To be consistent with the revision implemented in 2008, 2007 also has month care began imputed from other variables. The numerator is births with a ratio of observed to expected visits of greater than or equal to 80, the denominator is all births.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

The Kotelchuck index is created using number of visits, month care began, sex, clinical estimate of gestation, and birthweight in grams using a computational program written by Milton Kotelchuck (http://www.mchlibrary.info/databases/HSNRCPDFs/APNCU994_20SAS.pdf). Starting in 2008, month care began was no longer directly reported, and is imputed based on other variables in the calculation. To be consistent with the revision implemented in 2008, 2007 also has month care began imputed from other variables. The numerator is births with a ratio of observed to expected visits of greater than or equal to 80, the denominator is all births.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

HEALTH SYSTEMS CAPACITY #07A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	97.5	93.4	91.0	86.5	91.0
Numerator	61,532	58,450	60,207	63,761	74,428
Denominator	63,136	62,553	66,147	73,700	81,804

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:** Fom17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2011**Field Note:**

The numerator includes children aged 1 through 20 years who received Medicaid benefits during 2011 Federal Fiscal Year.

The data are unduplicated count based on child's DOB. Data source for numerator is MT Medicaid Querypath.

The denominator includes children age 1 through 20 years who are eligible to receive at least one initial or periodic screen. Data source for denominator is the DPHH Centers for Medicare Medicaid Services, Form CMS-416.

2. **Section Number:** Fom17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2010**Field Note:**

The numerator includes children aged 1 through 20 years who received Medicaid benefits during 2010 Federal Fiscal Year.

The data are unduplicated count based on child's DOB. Data source for numerator is MT Medicaid Querypath.

The denominator includes children age 1 through 20 years who are eligible to receive at least one initial or periodic screen. Data source for denominator is the DPHH Centers for Medicare Medicaid Services, Form CMS-416.

3. **Section Number:** Fom17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data source is the Montana Medicaid Program data, via QueryPath.

The data include for any children who were eligible for Medicaid during any part of the fiscal year and were less than 19 years of age. Providers have up to a year to submit claims. All claims for FFY 2009 have not been processed and the actual percentage of recipients with a claim may be higher.

HEALTH SYSTEMS CAPACITY #07B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	39.7	52.2	38.6	45.1	45.1
Numerator	4,897	6,406	5,112	7,356	8,278
Denominator	12,320	12,269	13,231	16,314	18,356

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:

Data are from the EPSDT CMS-416 report MT Medicaid Program for FFY 2011. The numerator is eligibles receiving any dental services (6-9); the denominator is total individuals eligible for EPSDT. Includes categorically and medically needy.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Data are from the EPSDT CMS-416 report MT Medicaid Program for FFY2010. The numerator is eligibles receiving any dental services (6-9); the denominator is total individuals eligible for EPSDT. Includes categorically and medically needy.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data are from the EPSDT report from the Montana Medicaid Program for the FFY 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.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1

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 #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

According to Montana State statute, children who receive SSI benefits automatically receive Medicaid benefits. Therefore, there are no children who receive SSI benefits and receive services through the children with special health care needs program whose services are not paid by Medicaid. The guidance for this measure was clarified with HRSA prior to the MCH Block Grant submission in 2009.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

According to Montana State statute, children who receive SSI benefits automatically receive Medicaid benefits. Therefore, there are no children who receive SSI benefits and receive services through the children with special health care needs program whose services are not paid by Medicaid. The guidance for this measure was clarified with HRSA prior to the MCH Block Grant submission in 2009.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

According to Montana State statute, children who receive SSI benefits automatically receive Medicaid benefits. Therefore, there are no children who receive SSI benefits and receive services through the children with special health care needs program whose services are not paid by Medicaid.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2010	Payment source from birth certificate	9.1	7	7.8
b) <i>Infant deaths per 1,000 live births</i>	2010	Matching data files	5.5	4.3	4.7
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2010	Payment source from birth certificate	62	75.7	70.9
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2010	Payment source from birth certificate	84.4	85.8	85.2

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

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	_____133_____
b) <i>Medicaid Children</i> (Age range _____1 to _____19) (Age range _____ to _____) (Age range _____ to _____)	2011	_____133_____
c) <i>Pregnant Women</i>	2011	_____133_____

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

INDICATOR #06 <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>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2011	_____ 250
b) <i>Medicaid Children</i> (Age range ____ 1 to ____ 18) (Age range ____ to ____) (Age range ____ to ____)	2011	_____ 250 _____ _____
c) <i>Pregnant Women</i>		_____ 0

FORM NOTES FOR FORM 18

Source: MT's CHIP (Healthy Montana Kids Coverage Group)

Data notes: only covers related costs for HMK enrolled children through the month of their 19th birthday.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Women

Row Name: Pregnant Women

Column Name:

Year: 2013

Field Note:

Montana's SCHIP (CHIP) does not cover pregnant women unless they are under 18 years of age (covered under CHIP as children).

2. **Section Number:** Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2013

Field Note:

FOOTNOTE2 "Notes: Infant Deaths By Payment Status, Montana Occurrent Births To Montana Resident Mothers, Montana Occurrence Deaths To Montana Resident Infants, 2010"

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

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)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	1	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	1	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	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: MT

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	Yes
Other: _____		

*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: MT

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

	2007		2008		<u>Annual Indicator Data</u>		
	2009	2010	2011	2009	2010	2011	
Annual Indicator	7.2	7.4	7.5	7.1	7.5	7.5	
Numerator	885	931	902	870	902	902	
Denominator	12,437	12,595	12,058	12,280	12,058	12,058	

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:

That are from the birth records, MT Office of Vital Statistics. The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

The data reported are for 2009. 2010 data were not available at the time of grant submittal.

3. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

HEALTH STATUS INDICATOR #01B

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	5.6	5.8	5.5	5.9	5.9
Numerator	671	706	657	694	694
Denominator	12,034	12,203	11,903	11,691	11,691

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:**

That are from the birth records, MT Office of Vital Statistics. The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B**Row Name:****Column Name:****Year:** 2010**Field Note:**

The data reported are for 2009. 2010 data were not available at the time of grant submittal.

3. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	<u>1.2</u>	<u>1.1</u>	<u>1.0</u>	<u>1.3</u>	<u>1.3</u>
Numerator	<u>144</u>	<u>144</u>	<u>127</u>	<u>155</u>	<u>155</u>
Denominator	<u>12,437</u>	<u>12,595</u>	<u>12,280</u>	<u>12,068</u>	<u>12,068</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

- Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

That are from the birth records, MT Office of Vital Statistics. The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

- Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

The data reported are for 2009. 2010 data were not available at the time of grant submittal.

- Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

HEALTH STATUS INDICATOR #02B

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	0.9	0.9	0.8	0.9	0.9
Numerator	103	111	92	111	111
Denominator	12,034	12,203	11,903	11,691	11,691

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:**

That are from the birth records, MT Office of Vital Statistics. The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2010**Field Note:**

The data reported are for 2009. 2010 data were not available at the time of grant submittal.

3. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

HEALTH STATUS INDICATOR #03A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	9.6	11.8	11.1	17.4	17.4
Numerator	17	21	20	32	32
Denominator	177,688	178,565	179,582	184,312	184,312

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:** Fom20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2011

Field Note:

That are from the death records, MT Office of Vital Statistics. The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Fom20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

The data reported are for 2009. 2010 data were not available at the time of grant submittal.

3. **Section Number:** Fom20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

The numerator is from the Montana Office of Vital Statistics and includes deaths due to unintentional injury among Montana residents aged 14 years and younger, regardless of the place of occurrence.

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	5.6	6.2	5.6	7.6	7.6
Numerator	10	11	10	14	14
Denominator	177,688	178,508	179,541	184,312	184,312

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:** Fom20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

That are from the death records, MT Office of Vital Statistics. The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Fom20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:**

The data reported are for 2009. 2010 data were not available at the time of grant submittal.

3. **Section Number:** Fom20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**

The numerator is from the Montana Office of Vital Statistics and includes deaths due to unintentional injury among Montana residents aged 14 years and younger, regardless of the place of occurrence.

HEALTH STATUS INDICATOR #03C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	43.2	43.4	38.0	35.1	35.1
Numerator	59	59	55	47	47
Denominator	136,424	136,045	144,746	133,862	133,862

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:**

That are from the death records, MT Office of Vital Statistics. The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Form20_Health Status Indicator #03C

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

Data Source: MT Office of Vital Statistics & NCHS

3. **Section Number:** Form20_Health Status Indicator #03C

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

The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 15-24 years, regardless of the place of occurrence. The denominator is from the census estimates (May 2010 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

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	256.9	211.8	217.8	183.4	183.4
Numerator	458	381	393	338	338
Denominator	178,268	179,889	180,465	184,312	184,312

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:

Data Sources: MT Hospital Discharge Data System & NCHS

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Data Sources: MT Hospital Discharge Data System & NCHS

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

The data are from 2008. 2009 data were not available at the time of grant submittal. They are expected to be available later in 2010.

HEALTH STATUS INDICATOR #04B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	398.3	365.3	288.1	27.1	27.1
Numerator	710	657	520	50	50
Denominator	178,268	179,844	180,465	184,312	184,312

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:**

Data Sources: MT Hospital Discharge Data System & NCHS

Numerator: # hospitalizations to Montana resident youth, (aged 15-24), with discharge status not expired and primary diagnosis of injury, with an E-Code for motor vehicle crash.

Denominator: # of youths (aged 14 years and younger) (aged 15-24) in the state

No longer using MT Department of Transportation for the numerator

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data Sources: MT Hospital Discharge Data System & NCHS

Numerator: # hospitalizations to Montana resident youth, (aged 14 years and younger), with discharge status not expired and primary diagnosis of injury, with an E-Code for motor vehicle crash.

Denominator: # of youths (aged 14 years and younger) (aged 15-24) in the state

No longer using MT Department of Transportation for the numerator

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator data from Montana Department of Transportation Traffic Safety. Denominator data from census estimates. Updated for 2011 submission.

HEALTH STATUS INDICATOR #04C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	2,150.2	1,909.4	1,577.9	147.9	147.9
Numerator	2,912	2,592	2,266	198	198
Denominator	135,429	135,746	143,606	133,862	133,862

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:**

Data Sources: MT Hospital Discharge Data System & NCHS

Numerator: # hospitalizations to Montana resident youth, (aged 15-24), with discharge status not expired and primary diagnosis of injury, with an E-Code for motor vehicle crash.

Denominator: # of youths (aged 14 years and younger) (aged 15-24) in the state

No longer using MT Department of Transportation for the numerator

2. **Section Number:** Form20_Health Status Indicator #04C

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

Data Sources: MT Hospital Discharge Data System & NCHS

Numerator: # hospitalizations to Montana resident youth, (aged 15-24), with discharge status not expired and primary diagnosis of injury, with an E-Code for motor vehicle crash.

Denominator: # of youths (aged 14 years and younger) (aged 15-24) in the state

No longer using MT Department of Transportation for the numerator

3. **Section Number:** Form20_Health Status Indicator #04C

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

Numerator data from Montana Department of Transportation Traffic Safety. Denominator data from census estimates. Updated for 2011 submission.

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	23.5	27.7	24.6	26.6	26.6
Numerator	794	926	807	857	857
Denominator	33,850	33,488	32,789	32,209	32,209

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:** Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

The data reported are 2009 data. Data will be updated for the September submission.

3. **Section Number:** Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2009. The denominator is from census estimates of Montana resident females 15-19 years of age in 2009 (June 2010 version). Reporting for 2009 may not be complete.

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	7.8	8.4	8.6	8.8	8.8
Numerator	1,158	1,249	1,292	1,297	1,297
Denominator	148,467	149,294	149,491	147,461	147,461

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:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

The data reported are for 2010. Data for 2011 are not yet final. They are expected to be finalized later in 2012.

2. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

The data reported are 2009 data. Data will be updated for the September submission.

3. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2008. The denominator is from census estimates of Montana resident females 20-44 years of age in 2008 (June 2010 version). Reporting for 2009 may not be complete.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

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? Yes 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	12,157	10,347	175	1,551	84	0	0	0
Children 1 through 4	50,266	42,773	794	6,313	386	0	0	0
Children 5 through 9	60,765	52,223	890	7,128	524	0	0	0
Children 10 through 14	61,124	53,601	737	6,270	516	0	0	0
Children 15 through 19	66,724	58,623	788	6,565	748	0	0	0
Children 20 through 24	67,138	59,402	788	5,998	950	0	0	0
Children 0 through 24	318,174	276,969	4,172	33,825	3,208	0	0	0

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	11,445	712	0
Children 1 through 4	47,550	2,716	0
Children 5 through 9	57,699	3,076	0
Children 10 through 14	58,260	2,864	0
Children 15 through 19	637,699	2,925	0
Children 20 through 24	64,417	2,721	0
Children 0 through 24	877,060	15,014	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

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? Yes 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	12	5	0	4	0	0	1	2
Women 15 through 17	247	158	3	67	2	1	10	6
Women 18 through 19	882	634	3	189	1	0	30	25
Women 20 through 34	9,533	8,094	32	973	81	10	178	165
Women 35 or older	1,383	1,232	5	77	27	0	18	24
Women of all ages	12,057	10,123	43	1,310	111	11	237	222

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	7	4	1
Women 15 through 17	222	15	10
Women 18 through 19	797	50	35
Women 20 through 34	9,035	315	183
Women 35 or older	1,307	48	28
Women of all ages	11,368	432	257

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

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? Yes Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	71	54	0	10	0	0	2	5
Children 1 through 4	20	14	0	3	0	0	0	3
Children 5 through 9	13	9	0	3	0	0	1	0
Children 10 through 14	18	12	0	5	0	0	1	0
Children 15 through 19	57	41	1	14	0	0	0	1
Children 20 through 24	65	50	0	12	0	0	2	1
Children 0 through 24	244	180	1	47	0	0	6	10

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

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	66	4	1
Children 1 through 4	19	1	0
Children 5 through 9	13	0	0
Children 10 through 14	14	1	3
Children 15 through 19	54	3	0
Children 20 through 24	60	2	3
Children 0 through 24	226	11	7

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

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	239,442	208,074	4,190	14,444	422	1,538	10,774	0	2011
Percent in household headed by single parent	0.3	0.3	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percent in TANF (Grant) families	2.6	1.5	2.8	21.0	3.8	0.4	0.0	0.0	2011
Number enrolled in Medicaid	74,609	56,242	828	15,893	256	60	1,330	0	2011
Number enrolled in SCHIP	21,398	17,600	108	1,373	141	20	372	1,784	2011
Number living in foster home care	2,884	1,622	74	1,145	1	4	0	38	2011
Number enrolled in food stamp program	74,267	53,964	981	17,754	226	120	1,222	0	2011
Number enrolled in WIC	25,284	17,205	151	5,205	59	46	2,598	0	2011
Rate (per 100,000) of juvenile crime arrests	4,157.2	3,659.8	5,107.4	11,686.5	0.0	2,795.8	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	4.3	3.6	4.5	10.1	1.0	5.2	0.0	8.0	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	227,103	12,429	0	2011
Percent in household headed by single parent	0.0	0.0	0.0	2011
Percent in TANF (Grant) families	2.6	2.4	0.0	2011
Number enrolled in Medicaid	71,410	3,343	0	2011
Number enrolled in SCHIP	19,258	368	1,765	2011
Number living in foster home care	2,692	182	110	2011
Number enrolled in food stamp program	70,360	3,907	0	2011
Number enrolled in WIC	23,493	1,771	0	2011
Rate (per 100,000) of juvenile crime arrests	4,228.4	2,132.1	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	8.0	8.0	0.0	2011

FORM 21
 HEALTH STATUS INDICATORS
 DEMOGRAPHIC DATA
 STATE: MT

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	0
Living in urban areas	38,650
Living in rural areas	139,630
Living in frontier areas	72,756
Total - all children 0 through 19	251,036

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

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	968,946
Percent Below: 50% of poverty	5.8
100% of poverty	13.9
200% of poverty	37.4

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

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

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>237,267</u>
Percent Below: 50% of poverty	<u>10.3</u>
100% of poverty	<u>19.5</u>
200% of poverty	<u>55.6</u>

FORM NOTES FOR FORM 21

HSI #6A & 6B

Data Source: NCHS Bridged-race intercensal estimates

Estimates for Native Hawaiian or Other Pacific Islander, more than one race, other/unknown and ethnicity not reported are not available.

HSI #10

Data Source: NCHS: Bridged-race intercensal estimates

MT uses the following definitions to report demographic data for geographic living areas:

Urban: more than 50 people per square mile

Rural: 7-49 people per square mile

Frontier: less than 6 people per square mile

HSI #11 & #12

Source: CPS Table Maker

from Current Population Survey Annual Social and Economic Supplement, conducted 2011, Refers to status in 2010

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:**

Population estimates are provided by the National Center for Health Statistics (NCHS). NCHS uses statistical algorithms to bridge race and Hispanic ancestry; there are four racial categories (white, black, AI/AN, and Asian / PI) Because population estimates are updated, one should report vintages and dates of release with all NCHS bridged race population estimates.

Source: 'National Center for Health Statistics.'

' Bridged-race intercensal estimates of the July 1, 1990-July 1, 1999; July 1, 2000-July 1, 2009 (Vintage 2009); April 1, 2010'

' United States resident population by year, county, single-year of age, sex, bridged race, and Hispanic origin,'

' prepared by the U.S. Census Bureau with support from the National Cancer Institute.'

' Available on the Internet at: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> as of April 24, 2004; July 23, 2010; November 17, 2011';**2. Section Number:** Form21_Indicator 06B**Field Name:** S06_Ethnicity_Infants**Row Name:** Infants 0 to 1**Column Name:****Year:** 2013**Field Note:**

Population estimates are provided by the National Center for Health Statistics (NCHS). NCHS uses statistical algorithms to bridge race and Hispanic ancestry; there are four racial categories (white, black, AI/AN, and Asian / PI) and two Hispanic ancestry categories (Not Hispanic or Latino, Hispanic or Latino). Because population estimates are updated, one should report vintages and dates of release with all NCHS bridged race population estimates.

Source: 'National Center for Health Statistics.'

' Bridged-race intercensal estimates of the July 1, 1990-July 1, 1999; July 1, 2000-July 1, 2009 (Vintage 2009); April 1, 2010'

' United States resident population by year, county, single-year of age, sex, bridged race, and Hispanic origin,'

' prepared by the U.S. Census Bureau with support from the National Cancer Institute.'

' Available on the Internet at: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> as of April 24, 2004; July 23, 2010; November 17, 2011';**3. Section Number:** Form21_Indicator 09A**Field Name:** HSIRace_Children**Row Name:** All children 0 through 19**Column Name:****Year:** 2013**Field Note:**Data are from the US Census Bureau via the Current Population Survey Table Creator (http://www.census.gov/hhes/www/cps/cps_table_creator.html).**4. 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 are from the US Census Bureau via the Current Population Survey Table Creator (<http://www.census.gov/cps/data/cpstablecreator.html>). Estimates for single parent households by ethnicity for 2011 do not appear to accurately reflect the population, thus only the "total all races" for single parent households is reported.

5. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_TANFPercent**Row Name:** Percent in TANF (Grant) families**Column Name:****Year:** 2013**Field Note:**

MT TANF Demographic Data. TS 103A74.1 Data are for Federal Fiscal Year 2011

6. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_MedicaidNo**Row Name:** Number enrolled in Medicaid**Column Name:****Year:** 2013**Field Note:**

The data are children 0 through 19 years who received Medicaid benefits during 2011 calendar year. The data are pull by child's DOB, race and ethnicity and are unduplicate count. Data source is MT Medicaid Querypath.

7. Section Number: Form21_Indicator 09A**Field Name:** HSIRace_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2013

Field Note:

Data are from MT Healthy Montana Kids (HMK)- (CHIP), CHIMES-Medicaid/HMK System. Data are for the 4th quarter of 2011.

8. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2013

Field Note:

MT Supplemental Nutrition Assistance Program (SNAP) Data.

9. Section Number: Form21_Indicator 09A

Field Name: HSIRace_WCNo

Row Name: Number enrolled in WC

Column Name:

Year: 2013

Field Note:

The source is from the MT State WC Program. Data are for FFY 2011. Data are final.

10. 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:

Numerator: MT Incident-Based Reporting System. MT Board of Crime Control (MTBCC) data from 2011. Denominator data are from 2011 census estimates. Asian are included in race category of Native Hawaiian or Other Pacific Islander and not broken out separately as reported by the MTBCC. There were also 130 in "Other and Unknown" category but the rate could not be calculated because the denominator is not available for children 0-19 for "Other and Unknown" category.

11. 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:

Other and unknown race category includes All minority. Data Source MT Office of Public Instruction. Reported for 2010-2011 school year.

12. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_Children

Row Name: All children 0 through 19

Column Name:

Year: 2013

Field Note:

Data are from the US Census Bureau via the Current Population Survey Table Creator (http://www.census.gov/hhes/www/cpstc/cps_table_creator.html).

13. 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 are from the US Census Bureau via the Current Population Survey Table Creator (<http://www.census.gov/cps/data/cpstablecreator.html>). Estimates for single parent households by ethnicity for 2011 do not appear to accurately reflect the population, thus only the total for single parent households by "total all races" is reported.

14. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2013

Field Note:

MT TANF Demographic Data. TS 103A74.1 Data are for Federal Fiscal Year 2011.

15. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2013

Field Note:

The data are children 0 through 19 years who received Medicaid benefits during 2011 calendar year. The data are pull by child's DOB, race and ethnicity and are unduplicate count. Data source is MT Medicaid Querypath.

16. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2013

Field Note:

Data are from MT Healthy Montana Kids (HMK)- (CHIP), CHIMES-Medicaid/HMK System. Data are for the 4th quarter of 2011.

17. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2013

Field Note:

MT Supplemental Nutrition Assistance Program (SNAP) Data.

18. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_WCNo

Row Name: Number enrolled in WC

Column Name:

Year: 2013

Field Note:

The source is from the MT State WIC Program. Data are for FFY 2011. Data are final.

19. **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:

Numerator: MT Incident-Based Reporting System. MT Board of Crime Control (MTBOC) data from 2011. Denominator data are from 2011 census estimates. There were also 91 in "Ethnicity Not Reported" category reported by the MTBOC but the rate could not be calculated because the denominator is not available for children 0-19 for "Ethnicity Not Reported" category.

20. **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:

Data Source MT Office of Public Instruction. Reported for 2010-2011 school year.

21. **Section Number:** Form21_Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name:

Year: 2013

Field Note:

To avoid duplication of numbers, MT reports population estimates for urban areas and not metropolitan areas since the definition is similar.

22. **Section Number:** Form21_Indicator 10

Field Name: Urban

Row Name: Living in urban areas

Column Name:

Year: 2013

Field Note:

Urban: more than 50 people per square mile

23. **Section Number:** Form21_Indicator 10

Field Name: Rural

Row Name: Living in rural areas

Column Name:

Year: 2013

Field Note:

Rural: 7-49 people per square mile

24. **Section Number:** Form21_Indicator 10

Field Name: Frontier

Row Name: Living in frontier areas

Column Name:

Year: 2013

Field Note:

Frontier: less than 6 people per square mile

25. **Section Number:** Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2013

Field Note:

Source: CPS Table Maker

from Current Population Survey Annual Social and Economic Supplement, conducted 2011

Refers to status in 2010

26. **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 is the Child and Family Services Division of MT DPHHS for State Federal Fiscal Year 2011.

There were 187 duplicated records reported for "More than one race reported"

27. **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 is the Child and Family Services Division of MT DPHHS for State Federal Fiscal Year 2011.