

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

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

<b>1. FEDERAL ALLOCATION</b>		\$	1,752,177
(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:			
\$	525,653	(	30 %)
B. Children with special health care needs:			
\$	525,653	(	30 %)
(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:			
\$	175,218	(	10 %)
(The above figure cannot be more than 10%)[Sec. 504(d)]			
<b>2. UNOBLIGATED BALANCE</b> (Item 15b of SF 424)		\$	0
<b>3. STATE MCH FUNDS</b> (Item 15c of the SF 424)		\$	1,314,133
<b>4. LOCAL MCH FUNDS</b> (Item 15d of SF 424)		\$	0
<b>5. OTHER FUNDS</b> (Item 15e of SF 424)		\$	0
<b>6. PROGRAM INCOME</b> (Item 15f of SF 424)		\$	0
<b>7. TOTAL STATE MATCH</b> (Lines 3 through 6)		\$	1,314,133
(Below is your State's FY 1989 Maintenance of Effort Amount)			
\$	853,034		
<b>8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)</b>		\$	3,066,310
(Total lines 1 through 6. Same as line 15g of SF 424)			
<b>9. OTHER FEDERAL FUNDS</b>			
(Funds under the control of the person responsible for the administration of the Title V program)			
a. SPRANS:	\$	0	
b. SSDI:	\$	0	
c. CISS:	\$	0	
d. Abstinence Education:	\$	385,546	
e. Healthy Start:	\$	0	
f. EMSC:	\$	0	
g. WIC:	\$	0	
h. AIDS:	\$	0	
i. CDC:	\$	10,060,802	
j. Education:	\$	0	
k. Home Visiting:	\$	1,136,889	
l. Other:			
<u>Early Hearing Detect</u>	\$	132,985	
<u>HOPWA</u>	\$	255,681	
<u>PREP</u>	\$	858,921	
<b>10. OTHER FEDERAL FUNDS</b> (SUBTOTAL of all Funds under item 9)		\$	12,830,824
<b>11. STATE MCH BUDGET TOTAL</b>		\$	15,897,134
(Partnership subtotal + Other Federal MCH Funds subtotal)			

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form2\_Main  
**Field Name:** FedAlloc\_Admin  
**Row Name:** Federal Allocation - Title V Administrative costs  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Budgeted is maximum allowable at 10% of total block grant funds received.
  
2. **Section Number:** Form2\_Main  
**Field Name:** StateMCHFunds  
**Row Name:** State MCH Funds  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
State General Fund = \$879,181  
Metabolic Screening Fees (soft match only) = \$434,952
  
3. **Section Number:** Form2\_Main  
**Field Name:** CDC  
**Row Name:** Other Federal Funds - CDC  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
National Breast and Cervical Cancer Detection/Comp Cancer = \$3,037,600  
RPE = \$188,602  
Oral Health = \$355,000  
Immunization = \$2,846,977  
Tobacco = \$852,583  
Diabetes = \$343,299  
PHHS = \$308,678  
NEHDI = \$299,400  
Colorectal Screening = \$600,000  
Comp. HIV Prevention for Health Departments = \$1,228,663

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 1,837,036	\$ 1,837,036	\$ 1,837,036	\$ 1,777,645	\$ 1,792,997	\$ 1,785,662
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 150,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 1,377,777	\$ 1,377,777	\$ 1,377,777	\$ 1,377,777	\$ 1,344,748	\$ 1,339,247
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ 1,139,785	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b>	\$ 3,364,813	\$ 4,354,598	\$ 3,214,813	\$ 3,155,422	\$ 3,137,745	\$ 3,124,909
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 46,654,854	\$ 53,399,821	\$ 47,946,657	\$ 18,521,626	\$ 69,573,483	\$ 11,558,677
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 50,019,667	\$ 57,754,419	\$ 51,161,470	\$ 21,677,048	\$ 72,711,228	\$ 14,683,586
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form2)</i>	\$ 1,792,466	\$ 1,752,177	\$ 1,747,990	\$	\$ 1,752,177	\$
<b>2. Unobligated Balance</b> <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>3. State Funds</b> <i>(Line3, Form2)</i>	\$ 1,344,350	\$ 1,314,133	\$ 1,310,993	\$	\$ 1,314,133	\$
<b>4. Local MCH Funds</b> <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>6. Program Income</b> <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>7. Subtotal</b>	\$ 3,136,816	\$ 3,066,310	\$ 3,058,983	\$ 0	\$ 3,066,310	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form2)</i>	\$ 18,521,626	\$ 18,521,626	\$ 12,796,679	\$	\$ 12,830,824	\$
<b>9. Total</b> <i>(Line11, Form2)</i>	\$ 21,658,442	\$ 21,587,936	\$ 15,855,662	\$ 0	\$ 15,897,134	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Actual federal allocation for FFY 11 lower than budgeted.
2. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Federal Fiscal Year 10 MCH dollars expended.
3. **Section Number:** Form3\_Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
FFY 10 dollars remaining to drawn in = \$153,177
4. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
State General Fund = \$881,541  
Metabolic Screening Fees = \$432,591  
(soft match only)
5. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
State General Funds Expended 10/1/09-9/30/10=\$707,108  
Metabolic Screening Fees accounting for remaining match = \$632,139  
Total Match = \$1,339,247
6. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Ryan White=\$7,922,103  
HOPWA = \$222,614  
Ryan White-Sup = \$8,823,710  
Rape Prevention Education - \$238,283  
First Time Motherhood = \$185,675  
Early Hearing Detection = \$154,619  
Newborn Early Hearing Detection=\$181,008  
Injury Prevention=  
Diabetes=  
Comp Cancer=  
Immunization=  
Tobacco=  
PHHS=  
Oral Health=\$355,000

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,520,496	\$ 1,122,296	\$ 1,361,456	\$ 1,396,717	\$ 1,112,846	\$ 587,666
b. Infants < 1 year old	\$ 0	\$ 1,344,748	\$ 0	\$ 0	\$ 769,802	\$ 998,803
c. Children 1 to 22 years old	\$ 604,875	\$ 597,952	\$ 725,961	\$ 645,841	\$ 537,899	\$ 579,822
d. Children with Special Healthcare Needs	\$ 1,055,739	\$ 1,105,899	\$ 943,693	\$ 960,963	\$ 537,899	\$ 780,052
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 183,703	\$ 183,703	\$ 183,703	\$ 151,901	\$ 179,299	\$ 178,566
<b>g. SUBTOTAL</b>	\$ 3,364,813	\$ 4,354,598	\$ 3,214,813	\$ 3,155,422	\$ 3,137,745	\$ 3,124,909
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 0	
c. CISS	\$ 140,000		\$ 140,000		\$ 0	
d. Abstinence Education	\$ 280,174		\$ 280,186		\$ 280,174	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 44,662,357		\$ 45,947,642		\$ 48,258,837	
h. AIDS	\$ 0		\$ 0		\$ 12,267,073	
i. CDC	\$ 855,504		\$ 990,496		\$ 8,129,205	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
FTM/HRSA	\$ 0		\$ 0		\$ 500,000	
NBHS/HRSA	\$ 0		\$ 0		\$ 118,194	
Other - See Notes	\$ 602,175		\$ 493,689		\$ 0	
<b>III. SUBTOTAL</b>	\$ 46,654,854		\$ 47,946,657		\$ 69,573,483	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,209,918	\$ 447,988	\$ 468,163	\$	\$ 369,859	\$
b. Infants < 1 year old	\$ 672,175	\$ 1,091,873	\$ 993,580	\$	\$ 877,917	\$
c. Children 1 to 22 years old	\$ 537,740	\$ 525,638	\$ 552,622	\$	\$ 525,653	\$
d. Children with Special Healthcare Needs	\$ 537,743	\$ 825,593	\$ 869,819	\$	\$ 1,021,314	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 96,349	\$
f. Administration	\$ 179,240	\$ 175,218	\$ 174,799	\$	\$ 175,218	\$
<b>g. SUBTOTAL</b>	\$ 3,136,816	\$ 3,066,310	\$ 3,058,983	\$ 0	\$ 3,066,310	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 194,139		\$ 0		\$ 385,546	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 8,994,681		\$ 3,013,996		\$ 10,060,802	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 1,136,889	
<b>l. Other</b>						
Early Hearing Detect	\$ 0		\$ 132,000		\$ 132,985	
HOPWA	\$ 0		\$ 255,631		\$ 255,681	
PREP	\$ 0		\$ 0		\$ 868,921	
ACA Homevisiting	\$ 0		\$ 911,067		\$ 0	
Ryan White	\$ 8,482,806		\$ 8,339,054		\$ 0	
Ryan White - Sup	\$ 0		\$ 144,931		\$ 0	
EDHI	\$ 150,000		\$ 0		\$ 0	
First Time Mothers	\$ 500,000		\$ 0		\$ 0	
SPNS	\$ 200,000		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 18,521,626		\$ 12,796,679		\$ 12,830,824	

**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenBudgeted  
**Row Name:** Pregnant Women  
**Column Name:** Budgeted  
**Year:** 2013  
**Field Note:**  
FFY 13 budget based on established subgrants/contracts, planned recurring expenditures, and estimated programmatic expenditures
2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenBudgeted  
**Row Name:** Pregnant Women  
**Column Name:** Budgeted  
**Year:** 2012  
**Field Note:**  
Expenditures based on program spend plan which includes subgrants/contracts and operating costs
3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Expenditures less than planned because of programmatic changes
4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Programmatic changes to focus more on infants/children and children with special health care needs
5. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Budgeted  
**Row Name:** Infants <1 year old  
**Column Name:** Budgeted  
**Year:** 2013  
**Field Note:**  
FFY 13 budget based on established subgrants/contracts, planned recurring costs, and estimated programmatic expenditures
6. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Budgeted  
**Row Name:** Infants <1 year old  
**Column Name:** Budgeted  
**Year:** 2012  
**Field Note:**  
Newborn Screening Fees soft match = \$429,451  
Remaining estimated expenditures in FFY 12 = \$327,143
7. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
hjskk
8. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Programmatic changes to children and children with special health care needs are the reason for changes to budgeted versus expended.
9. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Budgeted  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Budgeted  
**Year:** 2013  
**Field Note:**  
FFY 13 budget based on established subgrants/contracts, planned recurring costs, and estimated programmatic expenditures
10. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Budgeted  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Budgeted  
**Year:** 2012  
**Field Note:**  
Expenditures based on program spend plan which includes subgrants/contracts and operating costs
11. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNBudgeted  
**Row Name:** CSHCN  
**Column Name:** Budgeted  
**Year:** 2013  
**Field Note:**

FFY 13 budget based on established subgrants/contracts, planned recurring costs, and estimated programmatic expenditures.

- 12. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNBudgeted  
**Row Name:** CSHCN  
**Column Name:** Budgeted  
**Year:** 2012  
**Field Note:**  
Expenditures based on program spend plan which includes subgrants/contracts and operating costs.
- 13. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
Expended more than budgeted due to programmatic changes.
- 14. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Programmatic changes to children and children with special health care needs are the reason for changes to budgeted versus expended.
- 15. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersBudgeted  
**Row Name:** All Others  
**Column Name:** Budgeted  
**Year:** 2013  
**Field Note:**  
FFY 13 budget based on established subgrants/contracts, planned recurring costs, and estimated programmatic expenditures.
- 16. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminBudgeted  
**Row Name:** Administration  
**Column Name:** Budgeted  
**Year:** 2013  
**Field Note:**  
10% administrative cost based on FFY 11 award.
- 17. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminBudgeted  
**Row Name:** Administration  
**Column Name:** Budgeted  
**Year:** 2012  
**Field Note:**  
Max 10% administrative fee

**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: NV**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 862,137	\$ 645,944	\$ 877,660	\$ 575,611	\$ 545,587	\$ 581,706
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 747,332	\$ 875,829	\$ 796,441	\$ 539,930	\$ 379,299	\$ 402,820
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,206,985	\$ 2,416,865	\$ 1,002,906	\$ 1,821,270	\$ 1,878,158	\$ 823,396
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 548,359	\$ 415,960	\$ 537,806	\$ 218,611	\$ 334,701	\$ 1,316,987
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,364,813	\$ 4,354,598	\$ 3,214,813	\$ 3,155,422	\$ 3,137,745	\$ 3,124,909

**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: NV**

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 650,264	\$ 344,109	\$ 721,264	\$	\$ 331,491	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 482,055	\$ 444,331	\$ 355,452	\$	\$ 527,082	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,637,007	\$ 1,102,952	\$ 606,574	\$	\$ 1,063,694	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 367,490	\$ 1,174,918	\$ 1,375,693	\$	\$ 1,144,043	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,136,816	\$ 3,066,310	\$ 3,058,983	\$ 0	\$ 3,066,310	\$ 0

**FORM NOTES FOR FORM 5**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCBudgeted  
**Row Name:** Direct Health Care Services  
**Column Name:** Budgeted  
**Year:** 2012  
**Field Note:**  
Expenditures based on program spend plan which includes subgrants/contracts and operating costs.
2. **Section Number:** Form5\_Main  
**Field Name:** DirectHCBudgeted  
**Row Name:** Direct Health Care Services  
**Column Name:** Budgeted  
**Year:** 2011  
**Field Note:**  
The amount budgeted is based on type of service expenditures occurring in FY 10.
3. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
FFY 11 expended amounts differ from budgeted due to programmatic changes which focused more on infrastructure building.
4. **Section Number:** Form5\_Main  
**Field Name:** EnablingBudgeted  
**Row Name:** Enabling Services  
**Column Name:** Budgeted  
**Year:** 2012  
**Field Note:**  
Expenditures based on program spend plan which includes subgrants/contracts and operating costs.
5. **Section Number:** Form5\_Main  
**Field Name:** EnablingBudgeted  
**Row Name:** Enabling Services  
**Column Name:** Budgeted  
**Year:** 2011  
**Field Note:**  
The amount budgeted is based on type of service expenditures occurring in FY 10.
6. **Section Number:** Form5\_Main  
**Field Name:** EnablingBudgeted  
**Row Name:** Enabling Services  
**Column Name:** Budgeted  
**Year:** 2010  
**Field Note:**  
There are several enabling services/staff provided with MCH general funds, not reported here.
7. **Section Number:** Form5\_Main  
**Field Name:** PopBasedBudgeted  
**Row Name:** Population-Based Services  
**Column Name:** Budgeted  
**Year:** 2012  
**Field Note:**  
Expenditures based on program spend plan which includes subgrants/contracts and operating costs.
8. **Section Number:** Form5\_Main  
**Field Name:** PopBasedBudgeted  
**Row Name:** Population-Based Services  
**Column Name:** Budgeted  
**Year:** 2011  
**Field Note:**  
Amount budgeted reflects Newborn Screening Fees and other population based activities that are funded by MCH general fund dollars, not reported here.
9. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2011  
**Field Note:**  
FFY 11 expended amount differs from budgeted due to programmatic changes that directed more funds toward infrastructure building activities.
10. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2010  
**Field Note:**  
Program changes
11. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildBudgeted  
**Row Name:** Infrastructure Building Services  
**Column Name:** Budgeted  
**Year:** 2012  
**Field Note:**  
Expenditures based on program spend plan which includes subgrants/contracts and operating costs.

12. **Section Number:** Form5\_Main

**Field Name:** InfrastrBuildBudgeted

**Row Name:** Infrastructure Building Services

**Column Name:** Budgeted

**Year:** 2011

**Field Note:**

The amount budgeted is based on type of service expenditures occurring in FY 10.

13. **Section Number:** Form5\_Main

**Field Name:** InfrastrBuildExpended

**Row Name:** Infrastructure Building Services

**Column Name:** Expended

**Year:** 2011

**Field Note:**

FFY 11 expended amount differs from budgeted due to programmatic changes that directed more funds toward infrastructure building activities.

14. **Section Number:** Form5\_Main

**Field Name:** InfrastrBuildExpended

**Row Name:** Infrastructure Building Services

**Column Name:** Expended

**Year:** 2010

**Field Note:**

Program changes

**FORM 6**

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

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

**STATE: NV**

Total Births by Occurrence: 34,996

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	34,845	99.6	5	2	2	100
Congenital Hypothyroidism	34,845	99.6	524	12	12	100
Galactosemia	34,845	99.6	13	0	0	
Sickle Cell Disease	34,845	99.6	15	14	14	100
<b>Other Screening (Specify)</b>						
Cystic Fibrosis	34,845	99.6	321	2	2	100
Other	34,845	99.6	7	7	7	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	34,845	99.6	5	5	5	100
Glutaric Acidemia Type I	34,845	99.6	1	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	34,845	99.6	1	1	1	100

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

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

**FORM NOTES FOR FORM 6**

None

**FIELD LEVEL NOTES**

None

**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: NV**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	7,038	6,813	7,954	8,350	7,920
Infants < 1 year old	38,765	40,662	39,142	37,183	35,605
Children 1 to 22 years old	23,532	34,268	36,183	34,065	44,878
Children with Special Healthcare Needs	3,169	3,738	4,332	3,507	3,539
Others	12,593	13,958	10,845	11,899	9,536
<b>Total</b>	<b>85,097</b>	<b>99,449</b>	<b>98,456</b>	<b>95,004</b>	<b>101,478</b>

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	7,936	24.1	1.0	10.5	60.5	3.8
Infants < 1 year old	34,963	10.0	2.0	56.0	21.0	11.0
Children 1 to 22 years old	45,095	18.4	2.2	7.1	66.5	5.8
Children with Special Healthcare Needs	3,004	41.5	1.1	37.9	12.4	7.2
Others	9,536	17.4	0.0	11.0	64.7	6.9
<b>TOTAL</b>	<b>100,534</b>					

**FORM NOTES FOR FORM 7**

2011 Data reported as supplied by Division of Health Care Finance and Policy (DHCFP).

Note: WIC in 2011 served over 4,000 more children than 2010, thus increasing the total number of children 1-22 years of age served.

Kaiser Family Foundation data is used to estimate coverage for Infants <1 year old. "Health Insurance Coverage of the Total Population, States (2009-2010), U.S. (2010)."

Percentages of individuals served through Title XIX, Private/Others, with no insurance and unknown, were estimated utilizing Community Health Nursing data.

**FIELD LEVEL NOTES**

None

**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: NV**

Reporting Year: 2011

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	36,146	28,267	3,458	488	2,782	198	0	953
Title V Served	8,351	6,530	799	113	643	46	0	220
Eligible for Title XIX	23,643	18,489	2,262	319	1,820	130	0	623
<b>INFANTS</b>								
Total Infants in State	37,226	29,111	3,562	503	2,865	204	0	981
Title V Served	37,183	29,078	3,557	502	2,862	204	0	980
Eligible for Title XIX	9,604	7,510	919	130	739	53	0	253

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	21,420	14,099	627	11,569	236	303	1,609	392
Title V Served	4,948	3,258	145	2,670	55	70	372	91
Eligible for Title XIX	14,010	9,222	411	7,561	154	198	1,052	257
<b>INFANTS</b>								
Total Infants in State	21,312	15,263	651	12,514	256	328	1,742	423
Title V Served	21,288	15,245	650	12,499	255	327	1,740	424
Eligible for Title XIX	5,561	3,938	105	3,229	66	85	449	109

**FORM NOTES FOR FORM 8**

None

**FIELD LEVEL NOTES**

None

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(866) 254-3964	(866) 254-3964		(866) 254-3964	(866) 254-3946
2. State MCH Toll-Free "Hotline" Name	CYSHCN Information and Referral Line	CYSHCN Resource Line		Bureau of Child, Family, Community Wellness/Family TIES	Bureau of Family Health Services CSHCN
3. Name of Contact Person for State MCH "Hotline"	Deborah Aquino	Deborah Aquino		D. Wagler/Marcia O'Malley	Brad Towle
4. Contact Person's Telephone Number	775-684-3479	775-684-3479		775-684-4285	(775) 684-4285
5. Contact Person's Email	daquino@health.nv.gov	daquino@health.nv.gov		dwagler@health.nv.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	227	247	0

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

	<b>FY 2013</b>	<b>FY 2012</b>	<b>FY 2011</b>	<b>FY 2010</b>	<b>FY 2009</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 429-2669 & 211	(800) 429-2669 & 211	(800) 429-2669 & 211	(800) 429-2669 & 211	(800) 429-2669
2. State MCH Toll-Free "Hotline" Name	MCH Campaign/Nevada 211	MCH Campaign/Nevada 211	MCH Campaign/ Nevada 211	MCH Campaign/Nevada 2-1-1	MCH Campaign
3. Name of Contact Person for State MCH "Hotline"	Deborah Aquino	Deborah Aquino	Joanne Malay	Joanne Malay	Judith Wright
4. Contact Person's Telephone Number	(775) 684-3479	(775) 684-3479	(775) 684-5902	(775) 684-5902	(775) 684-4285
5. Contact Person's Email	aquino@health.nv.gov	daquino@health.nv.gov	jmalay@health.nv.gov	jmalay@health.nv.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	1300	1230	725

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form9\_Optional  
**Field Name:** calls\_1  
**Row Name:** Number of calls received On the State MCH Hbtline This reporting period  
**Column Name:** FY  
**Year:** 2011  
**Field Note:**  
Same number as previous years. (866) 254-3964  
  
CYSHCN Infomation and Referral Line  
  
Contact: Jo Malay  
  
Phone: (775) 684-4285  
  
Email: jmalay@health.nv.gov

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

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

Nevada's Title V Maternal and Child Health Program is administered through the Bureau of Child, Family and Community Wellness, Nevada State Health Division, Department of Health and Human Services. MCH-related activities include: newborn screening; newborn hearing screening; birth outcomes monitoring (formerly Birth Defects Registry); Children and Youth with Special Health Care Needs (CYSHCN) care coordination; maternal, infant and early childhood home visiting; rape prevention and education; domestic violence/intimate partner violence prevention; chronic disease affiliates - oral health and wellness/obesity prevention; school-based health center development, and adolescent health.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,752,177
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,314,133
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 3,066,310</b>

9. Most significant providers receiving MCH funds

_____	Early Intervention Services
_____	Oregon Labs - Newborn Screening
_____	Frontier and Rural Clinics
_____	Southern Nevada Health District

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

a. Pregnant Women	7,936
b. Infants < 1 year old	34,963
c. Children 1 to 22 years old	45,095
d. CSHCN	3,004
e. Others	9,536

11. Statewide Initiatives and Partnerships

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

Direct care and enabling services offered in Nevada include Early Intervention Services which provides, under medical direction, across discipline care and care coordination assistance for CYSHCN. In addition direct care services are provided by community health nursing in Nevada's rural and frontier counties. Nursing provides EPSDT services for children and youth, and appropriate screenings, education and referrals for women of childbearing age.

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

Nevada's Newborn Metabolic Screening and Early Hearing Detection programs oversee population-based services for all newborns in the state. They both partner with Early Intervention Services to ensure that infants who screen positive are referred for additional services. Maternal, infant and early childhood home visiting is another population-based program working with Nevada's MCH program. Home visiting services are provided to pregnant women and families with young children based on the requirements of the federal MIECHV funding to address populations identified in in-depth community needs assessments. Multiple programs offer health promotion and education activities, i.e., oral health, intimate partner violence prevention, preconception, pregnancy and postpartum health guidance, as well as adulthood preparation and teen pregnancy prevention programs.

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

In 2012-13 infrastructure building activities that are taking place include: staffing of Nevada's adolescent health programs and collaboration on a Nevada adolescent health profile; establishment of leadership and stakeholder groups to strengthen and expand school-based (or school-linked) health centers and develop agreed upon standards for the centers; formalization of MCH epidemiology staffing, roles and responsibilities; emphasis for staff health program specialist to expand duties from primarily perinatal substance abuse prevention to include other aspects of maternal and infant health coordination; merger of Nevada's Mental Health and Developmental Services with the Nevada State Health Division increases opportunities for partnership and incorporation of maternal as well as child and adolescent mental and behavioral health screenings, early identification, and resource development; chronic disease, early childhood comprehensive systems and MCH collaboration on wellness activities and policies to reduce childhood obesity; Expanding Opportunities workgroup convened to address inclusion and services for children with special health care needs throughout early childhood environments; and Nevada's technical assistance center for social emotional interventions is piloting a multi-layered intervention that encourages social and emotional development in homes, child care centers, and preschools and the early identification of social and emotional needs in young children.

12. The primary Title V Program contact person:

Name Deborah S. Aquino  
 Title Title V MCH Manager  
 Address 4150 Technology Way, Suite 210  
 City Carson City  
 State NV  
 Zip 89706  
 Phone (775) 684-3479  
 Fax (775) 684-3428  
 Email daquno@health.nv.gov

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

Name Deborah S. Aquino  
 Title Title V MCH Manager  
 Address 4150 Technology Way, Suite 210  
 City Carson City  
 State NV  
 Zip 89706  
 Phone (775) 684-3479  
 Fax (775) 684-3428  
 Email daquno@health.nv.gov

14. State Family or Youth Leader Contact person:

Name Cathy Robinson  
 Title Health Program Specialist I  
 Address 4150 Technology Way, Suite 210  
 City Carson City  
 State NV  
 Zip 89706  
 Phone (775) 684-3476  
 Fax (775) 684-3428  
 Email crobinson@health.nv.gov

Web

Web

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: NV**

Form Level Notes for Form 11

None

**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	99	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	51	44	43	54	44
Denominator	51	44	43	54	44
Data Source		Oregon Public Health Lab			
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	Final

	<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

1. **Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Bureau of Child and Family Community Wellness, Newborn Screenings Program, Mary Pennington's number of positive screenings from Oregon Labs. Should match Form 11, NPM 1 total number.

**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	60	50	50	55	55
Annual Indicator	47.5	47.5	47.5	47.5	64
Numerator					
Denominator					
Data Source		2006 Natl Study	2006 Natl Study	2006 Natl Study	CSHCN

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	55	60	60	65	65
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:**

2006 National Study Data repeated.  
 Increased outcome objectives to be more in line with the national averages of 57.4% (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	55	42	47	51	51
Annual Indicator	41.2	41.2	41.2	41.2	36.8
Numerator					
Denominator					
Data Source		2006 Natl Study	2006 Natl Study	2006 Natl Study	CSHCN

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	51	51	55	55	55
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:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)  
 Increased the target objectives to be in line with National averages of 47.1% (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	64	54	60	62	62
Annual Indicator	53.5	53.5	53.5	53.5	55.2
Numerator					
Denominator					
Data Source		2006 Natl Study	2006 Natl Study	2006 Natl Study	CSHCN

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	62	70	70	70	70
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

2. Section Number: Form11\_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

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

3. Section Number: Form11\_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years) increased the target objectives to be in line with national average of 62.0% (2006 data)

**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	80	83	85	90	90
Annual Indicator	82.6	82.6	82.6	82.6	57.2
Numerator					
Denominator					
Data Source		2006 Natl Study	2006 Natl Study	2006 Natl Study	CSHCN

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	90	90	92	92	92
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:**

This is data from the SLAITS, National CSHCN study, 2006 (conducted once every 5 years)  
 Increased the target objectives to be in line with national average of 89.0% (2006 data)

**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	17	42	45	50	50
Annual Indicator	41.7	41.7	41.7	41.7	31.7
Numerator					
Denominator					
Data Source		2006 Natl Study	2006 Natl Study	2006 Natl Study	CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	52	52	52
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:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)

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.

Increased the target objectives to be in line with national average of 41.2% (2006 data)

**PERFORMANCE MEASURE # 07**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>72</u>	<u>67</u>	<u>69</u>	<u>70</u>	<u>70</u>
Annual Indicator	<u>50.0</u>	<u>45.9</u>	<u>51.1</u>	<u>55.6</u>	<u>61.7</u>
Numerator	<u>37,176</u>	<u>34,110</u>	<u>48,440</u>	<u>52,124</u>	<u>102,748</u>
Denominator	<u>74,316</u>	<u>74,382</u>	<u>94,846</u>	<u>93,767</u>	<u>166,429</u>

Data Source

NV Immunization Program    NV Immunization Program    NV Immunization Program    NV Immunization 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.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional    Provisional

	<u>Annual Objective and Performance Data</u>			
	2012	2013	2014	2015
Annual Performance Objective	<u>71</u>	<u>72</u>	<u>73</u>	<u>74</u>
Annual Indicator				
Numerator				
Denominator				

**Field Level Notes**

**1. Section Number:** Fom11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

These numbers only represent the number of children aged 19-35 months in each designated year who are in the registry. These percentages are lower than the NIS rates. This can be explained by providers using the registry and only entering vaccinations from a certain date forward leaving out parts of children's immunization records. Not all children of the specified cohort are enrolled in the registry.

The reported data is from the WebIZ Program, which was implemented in July, 2009. This data will always be provisional.

According to the Centers for Disease Control (CDC) the difference between 2010 and 2011 is based upon changes in measurement and definitions related to the Hib vaccine the CDC explanation is quoted below:

"4:3:1:3:3 series coverage reported in column B is based on the original definition for this series. We made it available in the 2009 web tables but not 2010; it is not recommended for comparison to years prior to 2009 because of the changes made in the way the Hib vaccine is now measured and the vaccine shortage that affected a large percent of children that were included in the 2009 and 2010 samples. We do recognize that some grantees use this measure, so we will be including it in future releases of the NIS data on our website. Column B relates to 2008 and previous years (remember though that the estimates are not directly comparable since they do not consider the brand type where some children may be counted as up to date with 3 doses but may require 4 doses to be up to date). Coverage estimates in column C are based on the new definition for Hib that takes into consideration the brand type (meaning some children only need 3 doses to be up to date, while others need 4 doses to be up to date), this began with the 2009 data. Column C can be compared with 2009 Hib estimates that are based on this new definition."

**2. Section Number:** Fom11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

These numbers only represent the number of children aged 19-35 months in each designated year who are in the registry. These percentages are lower than the NIS rates. This can be explained by providers using the registry and only entering vaccinations from a certain date forward leaving out parts of children's immunization records. Not all children of the specified cohort are enrolled in the registry.

The reported data is from the WebIZ Program, which was implemented in July, 2009. This data will always be provisional.

**3. Section Number:** Fom11\_Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

These numbers only represent the number of children aged 19-35 months in each designated year who are in the registry. These percentages are lower than the NIS rates. This can be explained by providers using the registry and only entering vaccinations from a certain date forward leaving out parts of children's immunization records. Not all children of the specified cohort are enrolled in the registry.

The large increase in the numerator, denominator, and percentage from 2008 is due to the Nevada State regulation requiring all vaccination providers to enter the child's immunization record into WebIZ as of July 2009. Also, the increase between 2008 and 2009 is due to local, state, and health agencies entering in historical immunization records into WebIZ and because of this the data will always be provisional.

**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	25	24	24	23	18
Annual Indicator	26.4	25.7	24.1	19.0	19.1
Numerator	1,465	1,440	1,275	1,010	986
Denominator	55,520	55,942	52,944	53,126	51,656
Data Source		Vital Stats	Vital Stats	Vital Stats	Vital Stats

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	17	17	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 entered is for 2011. The data is preliminary and will be available in December of 2013.
- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data entered is for 2010. The data is preliminary and will be available in December of 2012.
- Section Number:** Form11\_Performance Measure #8  
**Field Name:** PM08  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data entered is for 2009 and is final.

**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	42	44	38	38	40
Annual Indicator	41	37.5	37.0	37.0	37.0
Numerator			13,321	13,321	12,453
Denominator			36,003	36,003	33,656
Data Source		BSS 2006	BSS 2006	BSS 2006	BSS 2008

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	42	42	42	42
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:**

The Denominator is 33,656.

The 2007 numerator is from the 2006 Basic Screening Survey (BSS). The 2008-2010 numerator is from the survey conducted in those years. For the 2006 survey the denominator for the 2004-2005 school year was used. For the 2008-2009 survey the denominator for the school year 2006-2007 was used. The denominator numbers provided above are the number of third graders enrolled in the school year 2004-2005, 2006-2007 and 2008-2010 in Nevada based on a report that the Department of Education provides.

The 2011 numerator is based upon the Nevada Health Division's Oral Health Program report of 37% from the Basic Screening Survey (BSS) 2008 for all 3rd Graders having received a dental sealant on at least one molar. The 2011 denominator is from the Nevada Department of Education's Statewide NRS 387 303 Report FY2011.

**2. Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

The Denominator is 36,003.

Oral Health Surveys are not conducted every year. The 2004 and 2005 numerator is from the 2003 Basic Screening Survey (BSS). The 2006 numerator is from the oral health survey that was conducted in that year. The 2007 numerator is from the 2006 survey. The 2008-2010 numerator is from the survey conducted in those years. For the 2006 survey the denominator for the 2004-2005 school year was used. For the 2008-2009 survey the denominator for the school year 2006-2007 was used. The denominator numbers provided above are the number of third graders enrolled in the school year 2004-2005, 2006-2007 and 2008-2010 in Nevada based on a report that the Department of Education provides.

**3. Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The Denominator is 34,320.

Oral Health Surveys are not conducted every year. The 2004 and 2005 numerator is from the 2003 Basic Screening Survey (BSS). The 2006 numerator is from the oral health survey that was conducted in that year. The 2007 numerator is from the 2006 survey. The 2008-2009 numerator is from the survey conducted in those years. For the 2006 survey the denominator for the 2004-2005 school year was used. For the 2008-2009 survey the denominator for the school year 2006-2007 was used. The denominator numbers provided above are the number of third graders enrolled in the school year 2004-2005, 2006-2007 and 2008-2009 in Nevada based on a report that the Department of Education provides.

**PERFORMANCE MEASURE # 10**

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

	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	2.3	2.2	2	2	1.9
<b>Annual Indicator</b>	2.5	2.3	1.6	1.1	1.1
<b>Numerator</b>	14	13	9	6	6
<b>Denominator</b>	569,703	573,966	560,979	559,976	553,887
<b>Data Source</b>		ICD 9 codes-Cause of Death	ICD 10 codes-Cause of Death	ICD 10 codes-Cause of Death	ICD 10 codes-Cause of Death
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

  

	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	1.8	1.7	1.6	1.5	1.5
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

**1. Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data entered is from 2011. The data is final.

Please note: FARS only collects data on traffic way related fatalities. These numbers do not include private property, parking lots or off road.

**2. Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data entered is from 2010. The data is final.

Please note: FARS only collects data on traffic way related fatalities. These numbers do not include private property, parking lots or off road.

**3. Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data entered is from 2009. The data is final.

Please note: FARS only collects data on traffic way related fatalities. These numbers do not include private property, parking lots or off road.

**PERFORMANCE MEASURE # 11**

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

**Annual Objective and Performance Data**

	2007	2008	2009	2010	2011
Annual Performance Objective	27	32	27	28	28
Annual Indicator	26.5	25.1	25.6	19.8	18.4
Numerator					
Denominator					
Data Source		PedNSS	PedNSS	PedNSS	PedNSS

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

**Annual Objective and Performance Data**

	2012	2013	2014	2015	2016
Annual Performance Objective	28	28	30	30	30
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. Section Number: Form11\_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2011

Field Note:

NV WIC Program is the only source of breastfeeding data available in the State. The NV WIC program sends the raw data extracted from their MIS to the PedNSS at the CDC. The CDC processes the data and reports back only the percentages, NV WIC program does not know the value of numerator and denominator used. Currently, the MIS uses regional parameters to calculate programmatic indicators that are not fully compatible with CDC's, thus the MCH uses the PedNSS data to ensure consistency in the report.

2. Section Number: Form11\_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2010

Field Note:

NV WIC Program is the only source of breastfeeding data available in the State. The NV WIC program sends the raw data extracted from their MIS to the PedNSS at the CDC. The CDC processes the data and reports back only the percentages, NV WIC program does not know the value of numerator and denominator used. Currently, the MIS uses regional parameters to calculate programmatic indicators that are not fully compatible with CDC's, thus the MCH uses the PedNSS data to ensure consistency in the report.

3. Section Number: Form11\_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

NV WIC Program is the only source of breastfeeding data available in the State. The NV WIC program sends the raw data extracted from their MIS to the PedNSS at the CDC. The CDC processes the data and reports back only the percentages, NV WIC program does not know the value of numerator and denominator used. Currently, the MIS uses regional parameters to calculate programmatic indicators that are not fully compatible with CDC's, thus the MCH uses the PedNSS data to ensure consistency in the report.

This is just WIC data; Nevada has no other way to capture rates at the infant's 6 month mark. We can ask WIC for it directly, or we can get it from the federal agencies that they send it to: PedNSS. CDC, through the National Immunization Survey, produces a breastfeeding report card for each state that includes process and outcomes indicators. [http://www.cdc.gov/breastfeeding/data/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm)  
CDC through their National Immunization survey conducts it annually.

CDC is by the entire state, we should be able to get clinic data directly from Nevada WIC Program, could be possible to run a report by zip code.  
HP 2010 Objective 16-19b, increase to 50% (Baseline: 29% in 1998)

**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>97</u>	<u>99</u>	<u>99</u>	<u>99</u>	<u>99.5</u>
Annual Indicator	<u>98.8</u>	<u>99.2</u>	<u>98.9</u>	<u>99.8</u>	<u>99.1</u>
Numerator	<u>38,744</u>	<u>38,232</u>	<u>37,205</u>	<u>34,433</u>	<u>34,263</u>
Denominator	<u>39,209</u>	<u>38,541</u>	<u>37,600</u>	<u>34,517</u>	<u>34,580</u>
Data Source		EHDI database	EHDI database	EHDI database	EHDI database

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>99.5</u>	<u>99.5</u>	<u>99.5</u>	<u>99.5</u>	<u>99.5</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:**  
 From the state Early Hearing Detection & Intervention (EHDI) database.
- Section Number:** Form11\_Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 From the state Early Hearing Detection & Intervention (EHDI) database.
- Section Number:** Form11\_Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 From the state Early Hearing Detection & Intervention (EHDI) database.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	17	16	14	14	15
Annual Indicator	18.8	16.9	16.9	15.6	17.5
Numerator	122,018	128,670	128,670	110,400	117,196
Denominator	648,797	763,309	763,309	708,200	668,200
Data Source		GBPCA 2009 Rpt	GBPCA 2009 Rpt	HKFF 2010 State Report	U.S. Census Bureau 2011.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

  

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	15	14	14	12	12
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Fom11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2011**Field Note:**

Neither the Great Basin Primary Care Association (GBPCA) annual report for 2011 nor the Kaiser Family State Health Facts for 2011 have been released, so U.S. Census Bureau 2011 data was utilized. Children are calculated for 0-17 years of age.

Data Source: Number and Percent of Uninsured Children: U.S. Census Bureau. 2011. "Health Insurance Historical Tables - HIB Series," Table HIB-5, data for 2010 for children under age 18 - Nevada listing.  
<http://www.census.gov/hhes/www/hlthins/data/historical/files/hihist5B.xls>

**2. Section Number:** Fom11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2010**Field Note:**

The Henry Kaiser Family Foundation (HKFF) is a primary source for the Great Basin Primary Care Association (GBPCA). The GBPCA annual report for 2010 has not been released, so their primary source HKFF was utilized. Children are calculated for 0-17 years of age.

<http://www.statehealthfacts.org/profileind.jsp?cmprgn=1&cat=3&rgn=30&ind=127&sub=39>

**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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	14.5	11	11	10	11
Annual Indicator	12.6	13.8	14.8	14.6	14.3
Numerator					
Denominator					
Data Source		PedNSS tables	PedNSS tables	PedNSS tables	PedNSS tables

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	11	11	10	10	10
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Using the CDC's 2011 Pediatric Nutrition Surveillance  
 Nevada Summary of Demographic Indicators Children Aged <5 Years  
 Table 2C.
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Using the CDC's 2010 Pediatric Nutrition Surveillance  
 Nevada Summary of Demographic Indicators Children Aged <5 Years  
 Table 2C.
- Section Number:** Form11\_Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Using the CDC's 2009 Pediatric Nutrition Surveillance  
 Nevada Summary of Demographic Indicators Children Aged <5 Years  
 Table 2C.

**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	6	6	5	5	5
Annual Indicator	6.6	5.9	6.1	5.0	5.1
Numerator	2,727	2,286	2,292	1,800	1,789
Denominator	41,175	38,777	37,523	35,731	35,188
Data Source		vital stat/birth cert	vital stat/birth cert	vital stat/birth cert	vital stat/birth cert

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	5	5	4	4	4
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

2011 reported data consists of women who smoked at any time during their pregnancy (numerator) and the number of women who gave birth (denominator).

Data for 2011 is preliminary. Data will be finalized in December 2013.

From 2004-2009 this question could not be answered correctly. The tobacco use question was: Tobacco use Yes/No throughout the pregnancy and average cigarette use per day. With the implementation of the 2003 version of the standard certificate the question is specific to the trimester tobacco use. The 2010 and following years' data reflects the tobacco use in the third trimester of pregnancy.

2. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

2010 reported data consists of women who smoked at any time during their pregnancy (numerator) and the number of women who gave birth (denominator).

Data for 2010 is preliminary. Data will be finalized in December 2012.

From 2004-2009 this question could not be answered correctly. The tobacco use question was: Tobacco use Yes/No throughout the pregnancy and average cigarette use per day. With the implementation of the 2003 version of the standard certificate the question is specific to the trimester tobacco use. The 2010 and following years' data reflects the tobacco use in the third trimester of pregnancy.

3. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data for women who smoked in the last three months of pregnancy is unavailable. Data consists of women who smoked at any time during their pregnancy (numerator) and the number of women who gave birth (denominator).

Data for 2009 is final.

**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	6	6	5	5	5
Annual Indicator	7.8	4.6	6.0	6.0	14.8
Numerator	15	9	11	11	26
Denominator	192,576	194,035	184,637	183,031	175,516
Data Source		vital stats/ death cert			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	5	5	4	4	4
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data entered is from 2011. Data will be available in December, 2013. Data for 2011 is preliminary.
- Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data entered is from 2010. Data will be available in December, 2012. Data for 2010 is preliminary.
- Section Number:** Form11\_Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data entered is from 2009 and is final.

ICD-10 codes X60-X84, Y87.0 and U03 listed in the underlying cause of death were used to compile the data.

**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	<u>97</u>	<u>97</u>	<u>97</u>	<u>98</u>	<u>97</u>
Annual Indicator	<u>93.2</u>	<u>72.9</u>	<u>84.9</u>	<u>91.4</u>	<u>91.3</u>
Numerator	<u>497</u>	<u>357</u>	<u>406</u>	<u>427</u>	<u>432</u>
Denominator	<u>533</u>	<u>490</u>	<u>478</u>	<u>467</u>	<u>473</u>
Data Source		vital stats/ birth certs			

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>97</u>	<u>98</u>	<u>98</u>	<u>99</u>	<u>99</u>
Annual Indicator					
Numerator					
Denominator					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data for 2011 included level 3 only. Data for 2011 is preliminary. Data will be available in December, 2013.
- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data for 2010 included level 3 only. Data for 2010 is preliminary. Data will be available in December, 2012.
- Section Number:** Form11\_Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data for 2009 included level 3 only. Data for 2009 is final.

**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	76	78	80	85	80
Annual Indicator	64.7	69.4	59.4	56.7	59.0
Numerator	26,621	26,914	22,291	20,260	20,757
Denominator	41,175	38,777	37,523	35,731	35,188
Data Source		vital stats/ birth certs			
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Provisional	Provisional

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

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data for 2011 is preliminary. Data will be available in December, 2013.
- Section Number:** Form11\_Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data for 2010 is preliminary. Data will be available in December, 2012.
- Section Number:** Form11\_Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data for 2009 is final.

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

**Form Level Notes for Form 11**

None

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

The rate (per 1,000 MCH Medicaid population) of Medicaid dental providers

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	2	2	2.1	2.2	2.3
<b>Annual Indicator</b>	1.9	1.9	7.4	7.2	7.2
<b>Numerator</b>	422	405	392	438	462
<b>Denominator</b>	222,530	212,029	53,284	60,627	64,308
<b>Data Source</b>		NV DHCFP	NV DHCFP	NV DHCFP	NV DHCFP
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	2.4	2.4	2.4	2.4	2.4
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

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

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data is for federal fiscal year 2011.

**Numerator**

FFS Report from DSS. Reports from HMOs were combined with FFS report to obtain total paid overall to each dentist in Access.

Data was not requested from Anthem for the first quarter of the fiscal year.

Count of dentists paid more than \$1,000 during the reporting year was calculated from the Access database.

**Denominator**

All Children: All members age 0-18 during the reporting period (by birthdate).

Women of Childbearing age: All female members age 15-44 during reporting period (by birthdate).

Note: Report counts all women 15-18 as children and does not duplicate them.

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

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is for federal fiscal year 2010.

**Numerator**

FFS Report from DSS. Reports from HMOs were combined with FFS report to obtain total paid overall to each dentist in Access.

Data was not requested from Anthem for the first quarter of the fiscal year.

Count of dentists paid more than \$1,000 during the reporting year was calculated from the Access database.

**Denominator**

All Children: All members age 0-18 during the reporting period (by birthdate).

Women of Childbearing age: All female members age 15-44 during reporting period (by birthdate).

Note: Report counts all women 15-18 as children and does not duplicate them.

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

**Field Name:** SM2

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is for federal fiscal year 2009.

**Numerator**

FFS Report from DSS. Reports from HMOs were combined with FFS report to obtain total paid overall to each dentist in Access.

Data was not requested from Anthem for the first quarter of the fiscal year.

Count of dentists paid more than \$1,000 during the reporting year was calculated from the Access database.

**Denominator**

All Children: All members age 0-18 during the reporting period (by birthdate).

Women of Childbearing age: All female members age 15-44 during reporting period (by birthdate).

Note: Report counts all women 15-18 as children and does not duplicate them.

|

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

The percent of women, ages 18 to 44, who are obese.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	<u>18</u>	<u>17</u>	<u>17</u>	<u>16</u>	<u>16</u>
<b>Annual Indicator</b>	<u>21.9</u>	<u>20.0</u>	<u>22.5</u>	<u>17.7</u>	<u>24.6</u>
<b>Numerator</b>	<u>94,783</u>	<u>88,875</u>	<u>101,025</u>	<u>81,114</u>	<u>107,104</u>
<b>Denominator</b>	<u>433,217</u>	<u>444,805</u>	<u>448,508</u>	<u>457,171</u>	<u>436,178</u>
<b>Data Source</b>		BRFSS 2008	BRFSS 2009	BRFSS 2010	BRFSS 2011
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- 1. **Section Number:** Form11\_State Performance Measure #3
- Field Name:** SM3
- Row Name:**
- Column Name:**
- Year:** 2009
- Field Note:**  
This data is from Nevada's preliminary 2009 BRFSS report.

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

The number of public schools (K-12) that have access to a school based health center.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	10	10	15
<b>Annual Indicator</b>	_____	_____	_____	_____	_____
<b>Numerator</b>	_____	_____	_____	_____	_____
<b>Denominator</b>	_____	_____	_____	_____	_____
<b>Data Source</b>		CIS data			
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	15	20	20	20	20
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

**1. Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Nevada Health Centers reported; 'Per our Board of Directors, effective November 1, 2010 all of our School-Based Health Centers are closed.' In 2009 and 2010 they served 10 schools in Clark County.

Senate Bill 247 would have enacted that the board of trustees of a school district or the governing body of a charter school may establish a school-based health center for a public school or consortium of public schools and may contract with a sponsoring facility for the operation of the school-based health center, including, without limitation, for the provision of medical services and care. The bill did not pass the 2011 State of Nevada Legislative session.

There is no 2011 data to report.

**2. Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Nevada Health Centers reported; 'Per our Board of Directors, effective November 1, 2010 all of our School-Based Health Centers are closed.' In 2009 and 2010 they served 10 schools in Clark County.

Senate Bill 247 would have enacted that the board of trustees of a school district or the governing body of a charter school may establish a school-based health center for a public school or consortium of public schools and may contract with a sponsoring facility for the operation of the school-based health center, including, without limitation, for the provision of medical services and care. The bill did not pass the 2011 State of Nevada Legislative session.

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

The percent of positive hearing screening newborns who have received additional screening and diagnosis by 3 months

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	10	15	15
Annual Indicator	_____	_____	3.4	11.3	13.7
Numerator	_____	_____	41	100	75
Denominator	_____	_____	1,196	885	547
Data Source		NB hearing database	NB hearing database	NB hearing database	NB hearing database
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	20	10	10	10	10
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 #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data for 2011 is from the Newborn Hearing database.

2. **Section Number:** Form11\_State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data for 2010 is from the Newborn Hearing database.

3. **Section Number:** Form11\_State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 This is a new State Performance Measure. Data collection began in 2009 for the Newborn Hearing database.

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

Percentage of children screened for age-appropriate developmental skills and behavioral health levels

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>	_____	_____	_____ 15	_____ 15	_____ 10
<b>Annual Indicator</b>	_____	_____ 0.6	_____ 0.9	_____ 1.4	_____ 1.9
<b>Numerator</b>	_____	_____ 928	_____ 1,397	_____ 2,300	_____ 2,954
<b>Denominator</b>	_____	_____ 150,939	_____ 154,859	_____ 158,629	_____ 157,027
<b>Data Source</b>		EIS data	EIS data	EIS data	EIS data
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	_____ 10	_____ 10	_____ 10	_____ 10	_____ 10
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
<b>Numerator</b>					
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Nevada Early Intervention Services serves children birth to three and the above data is reporting for these respective ages. Some children receive ASQ, ASQ-SE, and MCHATs. Autism screening began in 2009. All referred children to NEIS receive a screening.

- Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Nevada Early Intervention Services serves children birth to three and the above data is reporting for these respective ages. Some children receive ASQ, ASQ-SE, and MCHATs. Autism screening began in 2009. All referred children to NEIS receive a screening.

- Section Number:** Form11\_State Performance Measure #7

**Field Name:** SM7

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Nevada Early Intervention Services serves children birth to three and the above data is reporting for these respective ages. Some children receive ASQ, ASQ-SE, and MCHATs. Autism screening began in 2009. All referred children to NEIS receive a screening.

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

Percentage of Nevada public school students who are obese and overweight.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
<b>Annual Performance Objective</b>			<u>22</u>	<u>22</u>	<u>22</u>
<b>Annual Indicator</b>	<u>23.2</u>	<u>23.2</u>	<u>24.4</u>	<u>24.4</u>	<u>24.1</u>
<b>Numerator</b>			<u>476</u>	<u>476</u>	<u>478</u>
<b>Denominator</b>			<u>1,951</u>	<u>1,951</u>	<u>1,982</u>
<b>Data Source</b>		YRBS	YRBS	YRBS	YRBS
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
<b>Annual Performance Objective</b>	<u>22</u>	<u>22</u>	<u>22</u>	<u>22</u>	<u>22</u>
<b>Annual Indicator</b>	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
<b>Numerator</b>	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
<b>Denominator</b>	those measures on Form 11 for the new needs assessment period.				

**Field Level Notes**

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

**Field Name:** SMB

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Reported data is from 2009. YRBS is done every other year, thus data for 2010 is available in CY 2011.

YRBS only counts High School students, grades 9 through 12.

The performance measure on the block grant form reads "Decrease the percentage of at-risk for overweight and overweight children in Nevada." we believe it should read "...overweight and obese...."

The YRBS survey at: <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx> gives percentages and total respondents (the denominator) so you can determine the numerator by multiplying the percent times the total respondents.

Over weight = 13.2 percent and the denominator is 1,982;

The numerator is .132 X 1,982 = 261.6

Obese = 10.9% with the same denominator - 1,982.

The numerator is .109 X 1,982 = 216.0

Adding the two numerators together = 261.6 +216.0 = 478 (round up)

Therefore, to fill out the block grant form we used 478 as the numerator and 1982 as the denominator and the percent will automatically be calculated at (478 / 1982) X100 = 24.1%

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

**Field Name:** SMB

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Reported data is from 2009. YRBS is done every other year, thus data for 2010 is available in CY 2011.

YRBS only counts High School students, grades 9 through 12.

The performance measure on the block grant form reads "Decrease the percentage of at-risk for overweight and overweight children in Nevada." we believe it should read "...overweight and obese...."

The YRBS survey at: <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx> gives percentages and total respondents (the denominator) so you can determine the numerator by multiplying the percent times the total respondents.

Over weight = 13.4 percent and the denominator is 1,951;

The numerator is .134 X 1,951 = 261.4

Obese = 11.0% with the same denominator - 1,951.

The numerator is .110 X 1,951 = 214.6

Adding the two numerators together = 214.6 +261.4 = 476

Therefore, to fill out the block grant form we used 476 as the numerator and 1951 as the denominator and the percent will automatically be calculated at (476 / 1951) X100 = 24.4%

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

**Field Name:** SMB

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

YRBS is done every other year, thus data for 2009 is available in CY 2010.

YRBS only counts High School students, grades 9 through 12.

The performance measure on the block grant form reads "Decrease the percentage of at-risk for overweight and overweight children in Nevada." we believe it should read "...overweight and obese...."

The YRBS survey at: <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx> gives percentages and total respondents (the denominator) so you can determine the numerator by multiplying the percent times the total respondents.

Over weight = 13.4 percent and the denominator is 1,951;

The numerator is  $.134 \times 1,951 = 261.4$

Obese = 11.0% with the same denominator - 1,951.

The numerator is  $.110 \times 1,951 = 214.6$

Adding the two numerators together =  $214.6 + 261.4 = 476$

Therefore, to fill out the block grant form we used 476 as the numerator and 1951 as the denominator and the percent will automatically be calculated at  $(476 / 1951) \times 100 = 24.4\%$

**STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR**

The rate of individuals (per 100,000 populations), aged 13 and over, who expired due to Domestic Violence (DV) or Intimate Partner Violence (IPV).

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	0	0
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source				AG-DVFRST and Death Certificates	AG-DVFRST and Death Certificates
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0
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 #9

**Field Name:** SM9

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data are not currently available for this newly formed State Performance Measure around domestic and intimate partner violence. This is due to the fact that the Attorney General-Domestic Violence Fatality Review Statewide Team is newly appointed and is considered our primary source of the data. We anticipate a rich collection of data next year to report after cases of domestic violence and intimate partner violence are reviewed and reported on.



**OUTCOME MEASURE # 02**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1.5	1.5	1.4	1.4	1.4
Annual Indicator	1.9	1.9	1.5	2.6	2.0
Numerator	12.5	12.5	9.3	11.5	9.1
Denominator	6.6	6.6	6.3	4.5	4.6
Data Source		vital stats/ death cert			

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.4	1.4	1.4	1.4	1.4
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 2

Field Name: OM02

Row Name:

Column Name:

Year: 2011

Field Note:

Data entered for 2011. Data is preliminary and may be available in December, 2013.

2. Section Number: Form12\_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2010

Field Note:

Data entered for 2010. Data is preliminary and may be available in December, 2012.

3. Section Number: Form12\_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

Data entered for 2009. 2009 Data is final.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
Annual Indicator	<u>4.0</u>	<u>3.3</u>	<u>4.0</u>	<u>4.2</u>	<u>3.5</u>
Numerator	<u>165</u>	<u>127</u>	<u>149</u>	<u>149</u>	<u>120</u>
Denominator	<u>41,175</u>	<u>38,777</u>	<u>37,523</u>	<u>35,731</u>	<u>34,608</u>
Data Source		vital stats/ death certs			

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data is for 2011. Data will be available in December, 2013.
- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data is for 2010. Data will be available in December, 2012.
- Section Number:** Form12\_Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data is for 2009 and is final.

**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	<u>2.1</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Annual Indicator	<u>2.3</u>	<u>2.1</u>	<u>1.9</u>	<u>2.0</u>	<u>2.2</u>
Numerator	<u>95</u>	<u>80</u>	<u>72</u>	<u>72</u>	<u>75</u>
Denominator	<u>41,175</u>	<u>38,777</u>	<u>37,523</u>	<u>35,731</u>	<u>34,608</u>
Data Source		vital stats/ death certs			

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Annual Indicator					
Numerator					
Denominator					

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

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data reported is 2011. Data should be available in December, 2013.
- Section Number:** Form12\_Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data reported is 2010. Data should be available in December, 2012.
- Section Number:** Form12\_Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data reported is 2009 and is final.

**OUTCOME MEASURE # 05**

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

	<b>Annual Objective and Performance Data</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Annual Performance Objective</b>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>
<b>Annual Indicator</b>	<u>5.7</u>	<u>5.1</u>	<u>5.6</u>	<u>5.7</u>	<u>6.4</u>
<b>Numerator</b>	<u>229</u>	<u>212</u>	<u>212</u>	<u>205</u>	<u>224</u>
<b>Denominator</b>	<u>40,106</u>	<u>41,291</u>	<u>37,764</u>	<u>35,960</u>	<u>34,865</u>
<b>Data Source</b>		vital stats/ death certs			

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<b>Annual Objective and Performance Data</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Annual Performance Objective</b>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Data reported is from 2011. Data should be available in December, 2013.
- Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data reported is from 2010. Data should be available in December, 2012.
- Section Number:** Form12\_Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data reported is 2009 and is final.

**OUTCOME MEASURE # 06**

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	17	16	16	16	16
Annual Indicator	26.7	20.0	17.0	17.3	17.5
Numerator	141	99	89	91	90
Denominator	529,028	495,366	524,137	524,751	512,849
Data Source		vital stats/ death certs			
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.  <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Provisional	Provisional

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

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

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 The data for 2011 is preliminary. 2011 data will be available in December of 2013.
- Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 The data for 2010 is preliminary. 2010 data will be available in December of 2012.
- Section Number:** Form12\_Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 The data for 2009 is final.

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

Form Level Notes for Form 12

None

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

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

\_\_\_\_\_ 3

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

\_\_\_\_\_ 2

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

\_\_\_\_\_ 3

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

\_\_\_\_\_ 1

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

\_\_\_\_\_ 1

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

\_\_\_\_\_ 2

**Total Score:** \_\_\_\_\_ 12

**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 NV 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. Increase outreach, awareness, navigation, knowledge and utilization: Public education regarding preventive services
2. Continue early identification and intervention for children with special health care needs
3. Provide support for mental health screening and data collection to identify needs related to mental health provider access
4. Recruitment and retention of healthcare workforce
5. Adolescent health systems development: comprehensive care for adolescents
6. Increase access to prenatal care
7. Increase MCH epidemiology capacity
- 8.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

FORM 15  
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NV

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Strategic planning for CYSHCN.	Nevada's children and youth with special health care needs programs and initiatives need to increase coordination and systems development. Population needs are not being met based on results of 2009/10 National Survey of Children with Special Health Care Needs.	tbd
2.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    6    </u>	YSHCN Transition - Assessment and state plan development	Nevada recognizes a need for increased efforts to support families and youth with special needs plan for transition to adulthood.	tbd
3.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    </u>	Develop Life Course Metrics for SSDI and MCH assessment.	To enhance MCH data capacity and linkages	tbd
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 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: NV

SP() # 2

**PERFORMANCE MEASURE:**

The rate (per 1,000 MCH Medicaid population) of Medicaid dental providers

**STATUS:**

Active

**GOAL:**

The goal is to increase the number of Dentists and other dental providers who will see the Medicaid population.

**DEFINITION:**

The ratio of the number of dentists who will accept Medicaid to the Medicaid population.

**Numerator:**

The number of oral health services providers received payment of \$1,000 or more from the Medicaid during the year.

**Denominator:**

The number of children, youth and women of childbearing age in the Medicaid population during the year.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Data comes from Medicaid, with the numerator being the number of dentists who received at least \$1,000 in payments in the reporting year, and the denominator the number of clients in the cohort.

**SIGNIFICANCE**

Access to dental care is a chronic issue for Nevada's Medicaid population. This measure addresses increasing access.

SP() # 3

**PERFORMANCE MEASURE:**

The percent of women, ages 18 to 44, who are obese.

**STATUS:**

Active

**GOAL**

Reduce the percent of obese women in Nevada.

**DEFINITION**

The number of women in Nevada aged 18 -44 that are obese divided by the number of women in Nevada aged 18-44.

**Numerator:**

Women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS) with Body Mass Index (BMI) greater than 30.

**Denominator:**

All women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS).

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Behavioral Risk Factor Surveillance System (BRFSS)

**SIGNIFICANCE**

Obesity leads to chronic diseases and early mortality.

SP() # 5

**PERFORMANCE MEASURE:**

The number of public schools (K-12) that have access to a school based health center.

**STATUS:**

Active

**GOAL**

Increase the number of children kindergarten through grade six who have access to health care on the school campus.

**DEFINITION**

Percent of children with access to number of children in grades kindergarten - grade six in Clark County.

**Numerator:**

Number of children k-6 in Clark County enrolled in school based health centers

**Denominator:**

Number of children k-6 enrolled in Clark County School District.

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The data will come from the school based health centers and the Department of Education.

**SIGNIFICANCE**

Placing school based health clinics in schools that can address the health needs of the school population has been demonstrated to increase academic success while taking care of student health needs.

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

**PERFORMANCE MEASURE:**

The percent of positive hearing screening newborns who have received additional screening and diagnosis by 3 months

**STATUS:**

Active

**GOAL**

To reduce the morbidity associated with hearing impairment by ensuring that children are identified with this condition as early as possible and receive needed treatment or other intervention in a family-centered and timely manner. Receiving diagnosis by three months of age requires audiology capacity and the shortage is what the Nevada Title V and Hands & Voices partnership will address.

**DEFINITION**

The number of infants who receive a diagnosis as defined in the numerator divided by the number who failed the hearing screen

**Numerator:**

Number of infants receiving a diagnosis before 3 months of age.

**Denominator:**

Number of infants whose newborn hearing screen warrants need for follow-up screening/diagnostic testing

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

28 general and 28-13

28 Improve the visual and hearing health of the Nation through prevention, early detection, treatment, and rehabilitation. 28-13 (Developmental) Increase access by persons who have hearing impairments to hearing rehabilitation services and adaptive devices, including hearing aids, cochlear implants, or tactile or other assistive or augmentative devices. 28-14 to 28-17

Developmental) Increase the proportion of persons who have had a hearing examination on schedule. Developmental) Increase the number of persons who are referred by their primary care physician for hearing evaluation and treatment. Developmental) Increase the use of appropriate ear protection devices, equipment, and practices. Developmental) Reduce noise-induced hearing loss in children and adolescents aged 17 years and under.

**DATA SOURCES AND DATA ISSUES**

Newborn Hearing Screening Program's data system, electronic birth records, Nevada Early Intervention Services data, and other follow-up data received from clinical evaluations

**SIGNIFICANCE**

While Nevada's Universal newborn hearing screening program is successful with initial screening; follow-up and diagnosis is a challenge. Speciality providers shortages contribute to the need for improvement in this area. Early identification and intervention have lifelong implications for the child's understanding and use of language.

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

**PERFORMANCE MEASURE:**

Percentage of children screened for age-appropriate developmental skills and behavioral health levels.

**STATUS:**

Active

**GOAL**

To increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels for early identification of conditions and referral for treatment.

**DEFINITION**

The number of children, ages 18 months through 48 months, who are screened for age-appropriate developmental skills and social/emotional developmental levels.

**Numerator:**

The number of children, ages 18 months through 48 months, who are screened for age-appropriate developmental skills and social/emotional developmental levels using the Ages and Stages Questionnaire® and behavioral health screening using the Ages and Stages Questionnaire®: Social-Emotional (ASQ:SE) and autism vulnerability using the Modified Checklist for Autism in Toddlers (M-CHAT).

**Denominator:**

The number of children, ages 18 months through 48 months.

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

18-7

Increase the proportion of children with autism spectrum disorders who receive treatment.

**DATA SOURCES AND DATA ISSUES**

Initial data collection will be for Early Intervention children 18 to 30 months who have autism and developmental screening. Encourage providers moving to electronic records to report screenings. In the future, we will be offering the ASQ 3 & SE Online Multisite program and this will increase capacity to collect data for this performance measure. In the long-term strive to collect statewide data reported by agencies who perform screenings for young children using the Ages and Stages Questionnaire®, Ages and Stages Questionnaire®: Social-Emotional (ASQ:SE) and the Modified Checklist for Autism in Toddlers (M-CHAT). These questionnaires/screening tools assess children's developmental skills, social-emotional development, and vulnerability for autism spectrum disorders at 18, 24, 30, 36, 48 months.

**SIGNIFICANCE**

Early identification of young children with autism spectrum disorders is a growing concern for Nevada. With the formation of the Governor's Commission on Autism Spectrum Disorders beginning FY 2009, the Nevada State Health Division is committed to building state capacity to provide screening, diagnostic and treatment services for young children with autism spectrum disorders.

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

**PERFORMANCE MEASURE:**

Percentage of Nevada public school students who are obese and overweight.

**STATUS:**

Active

**GOAL**

Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.

**DEFINITION**

Body Mass Index at or above 85%.

**Numerator:**

All kids in NV public schools with a Body Mass Index (BMI) equal to 85% and above.

**Denominator:**

All kids in NV public schools

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

**HEALTHY PEOPLE 2020 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Youth risk Behavior Survey Data from Nevada Legislation AB354

**SIGNIFICANCE**

Decreasing obesity in youth improves health and well-being saves limited healthcare resources.

SP() # \_\_\_\_\_ 9

**PERFORMANCE MEASURE:**

The rate of individuals (per 100,000 populations), aged 13 and over, who expired due to Domestic Violence (DV) or Intimate Partner Violence (IPV).

**STATUS:**

Active

**GOAL**

To decrease the number of individuals who expire due to DV/IPV in Nevada.

**DEFINITION**

Number of expired individuals due to DV/IPV and Nevada population over 13 years of age.

**Numerator:**

Number of individuals who expired due to DV/IPV in Nevada.

**Denominator:**

Number of Nevada population aged 13 and over.

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2020 OBJECTIVE**

IVP-39 Reduce Violence by Current or Former Intimate Partners (Developmental)

**DATA SOURCES AND DATA ISSUES**

Attorney-General Statewide Domestic Violence Fatality Review Team and mortality data

**SIGNIFICANCE**

Nevada ranks first in the nation in the rate of women killed by men as reported by the Federal Bureau of Investigation (FBI).

**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: NV

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	34.3	42.2	48.8	39.9	30.8
Numerator	667	826	946	779	580
Denominator	194,467	195,925	194,001	195,103	188,409

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

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

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

Data entered is from 2011. Data is provisional and subject to change.

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

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Data entered is from 2010. Data will be available in December, 2012.

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

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Data entered is from 2009. Data will be available in December, 2012.

**HEALTH SYSTEMS CAPACITY #02**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	93	93.0	94.6	80.6	81.7
<b>Numerator</b>		15,852	16,412	15,328	15,713
<b>Denominator</b>		17,045	17,346	19,016	19,235

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 is for federal fiscal year 2011.

To avoid additional duplications between HMOs, Anthem's information was not included in this report as all members were moved to another HMO.

\*416 Caveat: Please note the number of screenings given to newborns on Line 11 exceeds the number of eligibles entered on Line 1. There are several factors contributing to this anomaly, the most significant being the number of newborns enrolled in both of Fee For Service population and one (or more) HMOs during the same fiscal year. In fact, we found that 40% of our newborns met this condition.

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

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is for federal fiscal year 2010.

To avoid additional duplications between HMOs, Anthem's information was not included in this report as all members were moved to another HMO.

\*416 Caveat: Please note the number of screenings given to newborns on Line 11 exceeds the number of eligibles entered on Line 1. There are several factors contributing to this anomaly, the most significant being the number of newborns enrolled in both of Fee For Service population and one (or more) HMOs during the same fiscal year. In fact, we found that 40% of our newborns met this condition.

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

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is for federal fiscal year 2009.

To avoid additional duplications between HMOs, Anthem's information was not included in this report as all members were moved to another HMO.

\*416 Caveat: Please note the number of screenings given to newborns on Line 11 exceeds the number of eligibles entered on Line 1. There are several factors contributing to this anomaly, the most significant being the number of newborns enrolled in both of Fee For Service population and one (or more) HMOs during the same fiscal year. In fact, we found that 40% of our newborns met this condition.

**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.

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	65.9	82.4	82.4	84.3	73.0
Numerator	1,271	319	319	332	227
Denominator	1,930	387	387	394	311

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

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

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data is provided by DHCFP for federal fiscal year 2011.

To avoid additional duplications between HMOs, Anthem's information was not included in this report as all members were moved to another HMO.

416 Caveat: Please note the number of screenings given to newborns on Line 11 exceeds the number of eligibles entered on Line 1. There are several factors contributing to this anomaly, the most significant being the number of newborns enrolled in both of Fee For Service population and one (or more) HMOs during the same fiscal year. In fact, we found that 40% of our newborns met this condition.

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

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data is for federal fiscal year 2010.

To avoid additional duplications between HMOs, Anthem's information was not included in this report as all members were moved to another HMO.

416 Caveat: Please note the number of screenings given to newborns on Line 11 exceeds the number of eligibles entered on Line 1. There are several factors contributing to this anomaly, the most significant being the number of newborns enrolled in both of Fee For Service population and one (or more) HMOs during the same fiscal year. In fact, we found that 40% of our newborns met this condition.

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

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data is for federal fiscal year 2009.

To avoid additional duplications between HMOs, Anthem's information was not included in this report as all members were moved to another HMO.

416 Caveat: Please note the number of screenings given to newborns on Line 11 exceeds the number of eligibles entered on Line 1. There are several factors contributing to this anomaly, the most significant being the number of newborns enrolled in both of Fee For Service population and one (or more) HMOs during the same fiscal year. In fact, we found that 40% of our newborns met this condition.

**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
<b>Annual Indicator</b>	<u>67.1</u>	<u>67.8</u>	<u>63.5</u>	<u>61.8</u>	<u>64.6</u>
<b>Numerator</b>	<u>27,550</u>	<u>26,207</u>	<u>23,720</u>	<u>21,999</u>	<u>22,682</u>
<b>Denominator</b>	<u>41,041</u>	<u>38,642</u>	<u>37,368</u>	<u>35,581</u>	<u>35,086</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?

Provisional

Provisional

**Field Level Notes**

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

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Data entered is from 2011. Data will be available in December, 2013.

Nevada adopted the CDC 2003 version of the birth certificate form in mid-2009. This enhanced data collection provides NSHD with more information to make data driven decisions. However, through an examination of 2010 and 2011 birth data, it appears that there may be training issues among some facilities/hospitals in Nevada. It was discovered during analysis that particular hospitals do not accurately report all the prenatal care variables. Without all the variables related to prenatal care (i.e. prenatal care start/end date, total number of visits, etc.), the NSHD statisticians cannot calculate adequate prenatal care for each mother who delivered in the state. For a mother who does not have all prenatal care variables filled out on her birth certificate, she is automatically placed in the "Data Missing/Unknown" category for the Kotelchuck index. When a mother is placed in this category the assumption made is that she did not receive prenatal care. In 2011 (two years after adopting the 2003 birth certificate) there were hospitals where the Kotelchuck index could not be accurately determined because they had not filled out the birth certificate accurately, unknowns reported ranged from 1.1 – 66.7% for prenatal care. This accounted for 6,779 births for the whole year, which accounts for 19% of all births. If these unknowns are eliminated from the numerator and denominator or assume that all these women received adequate prenatal care, the picture for Nevada changes dramatically. If those unknowns are eliminated, the rate for adequate prenatal care goes up to 79.9% or if we assume all those unknowns received adequate prenatal care the rate goes up to 83.7%. Since the truth lies somewhere in the middle, it is ideal to report adequate prenatal care rate as 79.9% (64.6% – 83.7%).

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

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Data entered is from 2010. Data will be available in December, 2012.

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

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Data entered is from 2009. Data for 2009 is final.

**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	38.4	36.6	97.6	83.1	96.4
Numerator	59,161	59,747	167,240	171,188	219,603
Denominator	154,025	163,407	171,267	206,008	227,910

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 #07A

**Field Name:** HSC07A

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

The data is for federal fiscal year 2011.

Numerator was obtained by combining HMO & FSS totals, duplicate may exist. The denominator was obtained through DSS and has no duplicates. Medicaid does not track potential eligibility, only eligibles. Data from the HMOs did not include Anthem's totals from the first quarter of the fiscal year.

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

**Field Name:** HSC07A

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

The data is for federal fiscal year 2010.

Numerator was obtained by combining HMO & FSS totals, duplicate may exist. The denominator was obtained through DSS and has no duplicates. Medicaid does not track potential eligibility, only eligibles. Data from the HMOs did not include Anthem's totals from the first quarter of the fiscal year.

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

**Field Name:** HSC07A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The data is for federal fiscal year 2009.

Numerator was obtained by combining HMO & FSS totals, duplicate may exist. The denominator was obtained through DSS and has no duplicates. Medicaid does not track potential eligibility, only eligibles. Data from the HMOs did not include Anthem's totals from the first quarter of the fiscal year.

**HEALTH SYSTEMS CAPACITY #07B**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	35.2	41.8	54.5	52.1	54.8
<b>Numerator</b>	10,078	12,755	20,006	23,168	27,530
<b>Denominator</b>	28,670	30,527	36,700	44,436	50,275

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:**

The data is for federal fiscal year 2011.

Data is from the CMS 416.

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

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

The data is for federal fiscal year 2010.

Data is from the CMS 416.

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

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

The data is for federal fiscal year 2009.

Data is from the CMS 416.

**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	0.4	0.4	0.3	0.3	0.3
Numerator	22	22	19	21	24
Denominator	5,674	5,674	5,901	6,067	7,385

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

2011 Numerator provided by IDEA Part C Office.

Denominator provided by DWSS.

NSHD plans on revisiting the methodology for collecting data for this indicator for next years grant application.

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

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Numerator provided by IDEA Part C Office.

Denominator provided by DWSS.

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

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 (&lt; 2,500 grams)</i>	2011	Matching data files	9.5	7.8	8.2
b) <i>Infant deaths per 1,000 live births</i>	2011	Matching data files	5.3	5.7	5.6
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2011	Matching data files	59.1	73.4	70.2
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>	2011	Matching data files	57	67.2	64.6

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

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 <u>  1  </u> to <u>  6  </u> ) (Age range <u>  7  </u> to <u> 18 </u> ) (Age range <u>      </u> to <u>      </u> )	2011	133 100
c) <i>Pregnant Women</i>	2011	185

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

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2011	<u>          200          </u>
b) <i>Medicaid Children</i> (Age range <u>      1      </u> to <u>  18  </u> ) (Age range <u>      </u> to <u>      </u> ) (Age range <u>      </u> to <u>      </u> )	2011	<u>          200          </u> <u>                          </u> <u>                          </u>
c) <i>Pregnant Women</i>		<u>                          </u>

**FORM NOTES FOR FORM 18**

2011 Form 18 HSCI 5: Linked Medicaid fiscal year 2011 data with 2011 fiscal year Nevada Birth and Death records.

**FIELD LEVEL NOTES**

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2011 To age 18 pregnant women can get on Medicaid. There is a waiver for women to 185% of poverty
2. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Per the Division of Health Care Finance and Policy (DHCFFP) pregnant women are not eligible nor reported for SCHIP in Nevada.
3. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2011 Form 18 HSCI 5: Linked Medicaid fiscal year 2011 data with 2011 fiscal year Nevada Birth and Death records.

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

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

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

\*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: NV

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)	2	No
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: NV

Form Level Notes for Form 20

None

**HEALTH STATUS INDICATOR #01A**

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	8.2	8.0	8.1	8.3	8.2
Numerator	3,391	3,112	3,036	2,963	2,901
Denominator	41,175	38,777	37,523	35,731	35,188

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5  
 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional      Provisional

Field Level Notes

- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2011  
**Field Note:**  
 Reported data is for 2011. Data is preliminary and will be available in December, 2013.
- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Reported data is for 2010. Data is preliminary and will be available in December, 2012.
- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
 Data for 2009 is final.

**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	6.5	6.3	6.5	6.5	6.5
Numerator	2,597	2,375	2,356	2,249	2,222
Denominator	39,885	37,597	36,437	34,563	34,100

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

Reported data is for 2011. Data is preliminary and will be available in December, 2013.

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

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

Reported data is for 2010. Data is preliminary and will be available in December, 2012.

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

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

Data for 2009 is final.

**HEALTH STATUS INDICATOR #02A**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.3	1.3	1.3	1.3	1.3
Numerator	533	490	478	471	473
Denominator	41,175	38,777	37,523	36,731	35,188

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Reported data is for 2011. Data is preliminary and will be available in December, 2013.

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

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

Reported data is for 2010. Data is preliminary and will be available in December, 2012.

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

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

Data for 2009 is final.

**HEALTH STATUS INDICATOR #02B**

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.1	1.0	1.0	1.0	1.0
Numerator	420	363	374	354	344
Denominator	39,885	37,597	36,437	34,563	34,100

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

Reported data is for 2011. Data is preliminary and will be available in December, 2013.

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

Field Name: HSI02B

Row Name:

Column Name:

Year: 2010

Field Note:

Reported data is for 2010. Data is preliminary and will be available in December, 2012.

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

Field Name: HSI02B

Row Name:

Column Name:

Year: 2009

Field Note:

Data for 2009 is final.

**HEALTH STATUS INDICATOR #03A**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	10.0	8.4	8.2	6.1	5.8
<b>Numerator</b>	57	48	46	34	32
<b>Denominator</b>	569,703	573,966	560,979	559,976	553,887

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Reported data is for 2011. Data is preliminary and will be available in December, 2013.

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

**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2010**Field Note:**

Reported data is for 2010. Data is preliminary and will be available in December, 2012.

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

**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data entered is for 2009 and is final.

**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
<b>Annual Indicator</b>	2.3	2.4	1.6	1.6	0.7
<b>Numerator</b>	13	14	9	9	4
<b>Denominator</b>	569,703	573,966	560,979	569,976	553,887

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data entered was from 2011 and is provisional. The data may be available later in December 2013.

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

Data entered was from 2010 and is provisional. The data may be available later in December 2012.

**3. Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Reported data is for 2009. Data is final.

**HEALTH STATUS INDICATOR #03C**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	17.1	13.2	13.8	12.6	9.8
<b>Numerator</b>	67	52	52	47	35
<b>Denominator</b>	391,047	394,010	375,803	374,235	358,646

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

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

Data entered was from 2011. The data is provisional and may be available later in December 2013.

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

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

Data entered was from 2010. The data is provisional and may be available later in December 2012.

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

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

Data entered is from 2009. The data is final.

**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	129.0	138.3	155.8	128.0	138.5
Numerator	735	794	874	717	767
Denominator	569,703	573,966	560,979	569,976	553,990

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

Hospital discharge data is provisional and subject to change. Data entered was from 2011.

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

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Hospital discharge data will be available in December of 2012. Data entered was from 2010.

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

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

Data entered is from 2009 and is final.

**HEALTH STATUS INDICATOR #04B**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	14.9	13.6	14.6	14.5	11.7
<b>Numerator</b>	85	78	82	81	65
<b>Denominator</b>	569,703	573,966	560,979	559,976	553,990

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Hospital discharge data is provisional and subject to change. Data entered was from 2011.

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

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Hospital discharge data will be available in December of 2012. Data entered was from 2010.

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

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Reported data entered is from 2009 and is provisional.

**HEALTH STATUS INDICATOR #04C**

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

**Annual Indicator Data**

	2007	2008	2009	2010	2011
<b>Annual Indicator</b>	74.9	94.7	74.5	50.5	52.2
<b>Numerator</b>	293	373	280	189	188
<b>Denominator</b>	391,047	394,010	375,803	374,235	359,850

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

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

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

Hospital discharge data is provisional and subject to change. Data entered was from 2011.

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

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

Data entered is from 2010. Hospital discharge data will be available in December of 2012.

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

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

Data reported is 2009 provisional.

**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	28.2	28.2	26.9	26.0	26.5
Numerator	2,613	2,630	2,487	2,430	2,462
Denominator	92,701	93,403	92,473	93,403	92,940

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

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

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

Reported population data of women 15 to 19 years of age is provided from the state demographer. The number of women 15 to 19 years of age with a reported case of chlamydia is provided from the Nevada Health Division's EPI/STD program.

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

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

Reported population data of women 15 to 19 years of age is provided from the state demographer. The number of women 15 to 19 years of age with a reported case of chlamydia is provided from the Nevada Health Division's EPI/STD program.

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

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

Reported population data of women 15 to 19 years of age is provided from the state demographer. The number of women 15 to 19 years of age with a reported case of chlamydia is provided from the Nevada Health Division's STD program. All reported data is provisional.

**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	8.8	8.9	9.4	8.7	9.5
Numerator	4,225	4,309	4,470	4,219	4,584
Denominator	479,159	482,761	477,988	482,761	480,567

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:** Fom20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2011

**Field Note:**

EPI gave population for both male & female. This data was corrected to just female 20-44 in 2010 and 2011.

Reported population data of women 20 to 44 years of age is provided from the state demographer. The number of women 20 to 44 years of age with a reported case of chlamydia is provided from the Nevada Health Division's EPI/STD program.

2. **Section Number:** Fom20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

EPI gave population for both male & female. This data was corrected to just female 20-44 in 2010.

Reported population data of women 20 to 44 years of age is provided from the state demographer. The number of women 20 to 44 years of age with a reported case of chlamydia is provided from the Nevada Health Division's EPI/STD program.

3. **Section Number:** Fom20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2009

**Field Note:**

EPI gave population for both male & female. This data was corrected to just female 20-44 in 2010.

Reported population data of women 20 to 44 years of age is provided from the state demographer. The number of women 20 to 44 years of age with a reported case of chlamydia is provided from the Nevada Health Division's EPI/STD program. All reported data is provisional.

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

**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: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

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	41,038	17,617	3,356	477	2,709	0	0	16,879
Children 1 through 4	147,339	63,077	13,602	1,581	11,685	0	0	57,394
Children 5 through 9	187,358	84,735	15,097	2,322	13,745	0	0	71,459
Children 10 through 14	178,152	84,962	14,442	2,428	11,180	0	0	65,140
Children 15 through 19	175,516	89,911	15,364	2,546	10,339	0	0	57,356
Children 20 through 24	183,130	95,965	16,348	2,872	10,649	0	0	57,296
Children 0 through 24	912,533	436,267	78,209	12,226	60,307	0	0	325,524

**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	24,159	16,879	0
Children 1 through 4	89,945	57,394	0
Children 5 through 9	115,899	71,459	0
Children 10 through 14	113,012	65,140	0
Children 15 through 19	118,160	57,356	0
Children 20 through 24	234,994	57,296	0
Children 0 through 24	696,169	325,524	0

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: NV

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

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

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	39	25	6	0	1	0	5	2
Women 15 through 17	986	707	150	8	17	2	59	43
Women 18 through 19	2,079	1,483	314	25	42	17	99	99
Women 20 through 34	26,915	20,046	2,630	293	1,680	207	912	1,147
Women 35 or older	5,167	3,712	383	38	638	34	138	214
Women of all ages	35,186	25,973	3,483	364	2,378	260	1,213	1,505

**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	18	21	0
Women 15 through 17	385	585	16
Women 18 through 19	1,013	1,025	41
Women 20 through 34	16,868	9,517	530
Women 35 or older	3,346	1,720	101
Women of all ages	21,630	12,868	688

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: NV

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

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

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	195	136	35	3	2	3	7	9
Children 1 through 4	38	24	9	3	0	0	1	1
Children 5 through 9	25	18	5	0	0	0	0	2
Children 10 through 14	27	17	3	1	3	0	0	3
Children 15 through 19	114	84	13	1	3	2	5	6
Children 20 through 24	172	144	16	3	1	1	2	5
Children 0 through 24	571	423	81	11	9	6	15	26

**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	110	79	6
Children 1 through 4	22	15	1
Children 5 through 9	17	7	1
Children 10 through 14	18	7	2
Children 15 through 19	76	34	4
Children 20 through 24	129	41	2
Children 0 through 24	372	183	16

FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: NV

**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	185,374	133,666	35,777	3,707	7,415	185	3,151	1,483	2011
Percent in household headed by single parent	33.0	28.0	0.0	0.0	0.0	0.0	0.0	5.0	2011
Percent in TANF (Grant) families	100.0	66.2	26.8	2.4	2.1	0.0	1.7	0.8	2011
Number enrolled in Medicaid	138,044	72,360	42,621	2,688	5,403	0	5,092	9,890	2011
Number enrolled in SCHIP	9,404	5,104	1,379	184	702	0	0	2,035	2011
Number living in foster home care	7,750	4,897	1,874	69	75	49	778	8	2011
Number enrolled in food stamp program	170,198	119,139	36,933	3,574	6,297	170	2,723	1,362	2011
Number enrolled in WIC	87,543	79,124	7,978	30	252	0	0	159	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	4.0	3.1	6.3	4.0	3.0	1.9	2.5	4.8	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	118,269	67,105	0	2011
Percent in household headed by single parent	32.0	35.0	0.0	2011
Percent in TANF (Grant) families	62.3	37.7	0.0	2011
Number enrolled in Medicaid	138,044	105,019	243,063	2011
Number enrolled in SCHIP	9,404	20,435	29,839	2011
Number living in foster home care	5,299	2,009	442	2011
Number enrolled in food stamp program	114,373	55,825	0	2011
Number enrolled in WIC	35,718	51,825	0	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	3.5	4.8	0.0	2011

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

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*  
 Reporting Year: 2011    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	661,868
Living in urban areas	661,338
Living in rural areas	9,600
Living in frontier areas	58,464
<b>Total - all children 0 through 19</b>	<b>729,402</b>

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

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

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

Reporting Year: 2011    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	2,666,662
Percent Below: 50% of poverty	7
100% of poverty	14.9
200% of poverty	35.1

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

**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: 2011    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	655,955
Percent Below: 50% of poverty	10
100% of poverty	22
200% of poverty	35

**FORM NOTES FOR FORM 21**

2011 Form 21 HSI 7a and HSI 7b: Nevada birth data reports 2 additional women as ages unknown for each of these indicators. Women of all ages would total: 34,608 if these 2 unknown aged women were included.

2011 Form 21 HSI 10: Population breakout from Nevada State Demographer's Office. Population definitions are provided by the Rural and Frontier Data Book [http://www.medicine.nevada.edu/cehs/data/bk11/2intro\\_forward.pdf](http://www.medicine.nevada.edu/cehs/data/bk11/2intro_forward.pdf)

2011 Form 21 HSI 11: U.S. Census Factfinder Nevada data for 2010. [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_10\\_5YR\\_S1703&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_S1703&prodType=table)

**FIELD LEVEL NOTES**

1. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSI Race\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Form 21 HSI 9a - Data source is Kids Count: <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=NV&cat=1242&group=Category&loc=30&dt=1%2c3%2c2%2c4>  
  
This data has not been updated since 2009.
2. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSI Race\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 data provided by the Department of Public Safety.  
2011 Department of Public Safety data has not yet been made available.
3. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSI Ethnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
Form 21 HSI 9b - Data source is Kids Count: <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=NV&cat=1242&group=Category&loc=30&dt=1%2c3%2c2%2c4>  
  
This data has not been updated since 2009.
4. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSI Ethnicity\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2010 and 2011 data provided by the Department of Public Safety, rate too small to register on form.
5. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2013  
**Field Note:**  
2011 Data is collected 0<18 by U.S. Census Factfinder for 2010.  
[http://factfinder.census.gov/servlet/STTable?\\_bm=y&-geo\\_id=04000US32&-qr\\_name=ACS\\_2009\\_5YR\\_G00\\_S1703&-ds\\_name=ACS\\_2009\\_5YR\\_G00\\_&-redoLog=false](http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=04000US32&-qr_name=ACS_2009_5YR_G00_S1703&-ds_name=ACS_2009_5YR_G00_&-redoLog=false)