

TITLE V BLOCK GRANT APPLICATION

FORMS (2-21)

STATE: WV

APPLICATION YEAR: 2013

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2013](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- FORM 18
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- FORM 19
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- FORM 21
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

FORM 2
MCH BUDGET DETAILS FOR FY 2013

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

STATE: WW

1. FEDERAL ALLOCATION

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

\$ 6,377,020

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

A. Preventive and primary care for children:

\$ 1,913,106 (30 %)

B. Children with special health care needs:

\$ 1,913,106 (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:

\$ 637,702 (10 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

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

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 9,053,003

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

\$ 0

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

\$ 0

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

\$ 14,500,000

7. TOTAL STATE MATCH (Lines 3 through 6)

\$ 23,553,003

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

\$ 4,362,527

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

\$ 29,930,023

(Total lines 1 through 6. Same as line 15g of SF 424)

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS:	\$ <u>0</u>
b. SSDI:	\$ <u>113,470</u>
c. CISS:	\$ <u>0</u>
d. Abstinence Education:	\$ <u>360,236</u>
e. Healthy Start:	\$ <u>0</u>
f. EMSC:	\$ <u>0</u>
g. WIC:	\$ <u>0</u>
h. AIDS:	\$ <u>0</u>
i. CDC:	\$ <u>5,741,190</u>
j. Education:	\$ <u>2,151,649</u>
k. Home Visiting:	\$ <u>2,242,401</u>
l. Other:	

<u>ARREST</u>	\$ <u>452,000</u>
<u>Community Based Sys</u>	\$ <u>150,000</u>
<u>Family Planning</u>	\$ <u>2,382,499</u>
<u>PREP (APPI)</u>	\$ <u>278,827</u>
<u>Preventative Health</u>	\$ <u>287,248</u>
<u>TANF</u>	\$ <u>2,000,000</u>
<u>TITLE XIX</u>	\$ <u>3,225,244</u>

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

\$ 19,384,764

11. STATE MCH BUDGET TOTAL

\$ 49,314,787

(Partnership subtotal + Other Federal MCH Funds subtotal)

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 6,493,886	\$ 6,412,094	\$ 6,493,886	\$ 6,432,506	\$ 6,412,094	\$ 6,322,927
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 11,814,546	\$ 13,700,580	\$ 13,518,585	\$ 11,774,042	\$ 16,845,469	\$ 6,499,261
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 37,319,661	\$ 49,619	\$ 36,246,030	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 15,899,413	\$ 0	\$ 12,153,535	\$ 14,000,000	\$ 14,001,983
7. Subtotal	\$ 55,628,093	\$ 36,061,706	\$ 56,258,501	\$ 30,360,083	\$ 37,257,563	\$ 26,824,171
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 8,446,982	\$ 14,434,649	\$ 10,114,465	\$ 16,504,838	\$ 15,493,727	\$ 21,567,598
9. Total <i>(Line11, Form2)</i>	\$ 64,075,075	\$ 50,496,355	\$ 66,372,966	\$ 46,864,921	\$ 52,751,290	\$ 48,391,769
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 6,432,506	\$ 6,422,232	\$ 6,371,254	\$	\$ 6,377,020	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 13,300,796	\$ 7,026,620	\$ 9,401,284	\$	\$ 9,053,003	\$
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form2)</i>	\$ 14,000,000	\$ 11,015,200	\$ 14,500,000	\$	\$ 14,500,000	\$
7. Subtotal	\$ 33,733,302	\$ 24,464,052	\$ 30,272,538	\$ 0	\$ 29,930,023	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 16,691,340	\$ 20,368,075	\$ 16,202,177	\$	\$ 19,384,764	\$
9. Total <i>(Line11, Form2)</i>	\$ 50,424,642	\$ 44,832,127	\$ 46,474,715	\$ 0	\$ 49,314,787	\$ 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: 2010
Field Note:
 OMCFH had \$89,167 in commitments in which were not completed before the end date of the grant.

2. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2011
Field Note:
 It was also anticipated that approximately \$7.4 million in state appropriated dollars would be needed to supplement the Birth to Three Program; due to a decrease in expenditures, this amount was not necessary. Actual state expenditures for the Birth to Three Program were \$28,584.

3. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2010
Field Note:
 The decrease in the expenditure of state funds in comparison to the amount budgeted is attributed to several programs. The most significant change was the need for state funds to continue the Birth to Three (BTT) program. BTT evaluated the rates that were paid to providers and the eligibility criteria. BTT also received cash settlements from Medicaid in timelier manner than in years past. This resulted in a decrease of State funds expended in the amount of \$5,173,791 (79%). The BTT program also received ARRA funding in the amount of \$2,398,294; this is a two year award, \$984,082 was expended during FFY 2010. This further attributed to the decrease of state funds for the BTT program. A corresponding increase is reflected in other federal funds.

 In the FY 2010 application the Newborn Metabolic Screening program included the income of \$1,000,000 in budgeted State fund expenditures. This estimated the Newborn Metabolic program costs at \$3,233,687, when the actual costs were significantly less, totaling \$1,154,343.
 The Family Planning Program received additional funding from other Federal Funds (TANF), which required less funding from state funds. There is a corresponding increase in federal funds. The 10% match for Family Planning (\$254,056) must be excluded from the state funds amount; however, this amount was not excluded from the budgeted amount. The total decrease in State Family Planning expenditures totals \$1,219,545.

 The Children with Special Health Care (CSHCN) needs program has seen a decrease in the amount of services provided; which resulted in a decrease of the amount of state dollars needed. Per the requirements of the MCH Block Grant the program is required to spend at least 30% of grant funds on CSHCN; therefore, less state funds were used to sustain the program.

 The above explanations explain a decrease of \$9,760,120 in state expenditures; this reduces the decrease to approximately 3.5%.

4. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2011
Field Note:
 Actual program income received for the Birth to Three Program was less than originally projected; this decrease is partially due to a delay in Medicaid settlements. During FY 2011, OMCFH paid a final FY07 Medicaid settlement of \$10,285 and received a tentative FY09 Medicaid Cost Settlement of \$531,525. It was anticipated that this program would begin to receive funding from the Children's Insurance Program in FY 2011; however, this did not occur until FY 2012.

5. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2011
Field Note:
 Injury Prevention program was transferred from the Office of Community Health and Health Promotion to the Office of Maternal Child and Family Health (OMCFH) in FY 2010; following this transition the ARREST (\$500,443) and RAPE Education Grants (\$230,767) were included in the OMCFH program expenditures. The addition of these two grants is \$731,210.

 An additional \$2,000,000 in TANF funds were used for the Family Planning Program in FY 2011.

 The Birth to Three program was in the final year of the ARRA funds (approximately \$1.1 million), which were not included in the original application.

6. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2010
Field Note:
 The Family Planning Program received funding from TANF that was not known at the time the 2010 budget was prepared. TANF contributed an additional \$2,026,934 to the family planning program, requiring less state funds to sustain the program. A corresponding decrease is included in explanation for the decrease in state funds above.

 The Birth to Three program received ARRA funding in the amount of \$2,398,294; OMCFH was not aware of this funding until after the 2010 application was prepared. A corresponding decrease is reflected in the amount of state funds used for this program.

 The Pre-Employment dental program received an additional \$539,338 TANF funds in FFY 2010; this amount was awarded after the 2010 application was prepared.

 Injury Prevention program was transferred from the Office of Community Health and Health Promotion to the Office of Maternal Child and Family Health after the 2010 application was prepared; this represents \$966,533 in other federal funds that were expended in FFY 2010.

 OMCFH received the Wise Woman grant from the CDC in the amount of \$700,000; this award was not included in the FFY 2010 application.

 The above explanation reduces the increase to 5.53%.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 4,166,655	\$ 1,273,907	\$ 4,152,159	\$ 1,706,133	\$ 1,847,089	\$ 1,087,679
b. Infants < 1 year old	\$ 224,682	\$ 3,066,278	\$ 1,016,310	\$ 1,684,687	\$ 3,634,359	\$ 1,526,127
c. Children 1 to 22 years old	\$ 4,717,374	\$ 1,431,475	\$ 3,844,537	\$ 2,184,705	\$ 2,254,379	\$ 2,940,674
d. Children with Special Healthcare Needs	\$ 33,594,639	\$ 23,099,272	\$ 34,606,123	\$ 20,292,786	\$ 23,089,295	\$ 16,680,908
e. Others	\$ 11,618,762	\$ 5,215,688	\$ 11,259,914	\$ 3,583,501	\$ 5,407,380	\$ 3,809,299
f. Administration	\$ 1,305,981	\$ 965,438	\$ 1,379,458	\$ 908,271	\$ 1,025,061	\$ 779,484
g. SUBTOTAL	\$ 55,628,093	\$ 35,052,058	\$ 56,258,501	\$ 30,360,083	\$ 37,257,563	\$ 26,824,171
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 65,000		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 385,852		\$ 289,389		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 4,411,437		\$ 5,116,300		\$ 4,357,976	
j. Education	\$ 2,138,714		\$ 2,138,714		\$ 2,135,315	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
Comm Based Integr Sy	\$ 0		\$ 0		\$ 105,000	
DHHS (HAPI)	\$ 0		\$ 0		\$ 233,415	
Family Planning	\$ 1,084,782		\$ 2,169,564		\$ 2,359,564	
Newborn Hearing	\$ 0		\$ 0		\$ 149,747	
TANF	\$ 0		\$ 0		\$ 3,750,619	
Title XIX	\$ 0		\$ 0		\$ 2,307,447	
Comm Based Intg Sys	\$ 0		\$ 146,033		\$ 0	
Newborn Hearing Scre	\$ 149,853		\$ 159,821		\$ 0	
Community Based Inte	\$ 116,700		\$ 0		\$ 0	
III. SUBTOTAL	\$ 8,446,982		\$ 10,114,465		\$ 15,493,727	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,636,704	\$ 2,166,009	\$ 1,574,996	\$	\$ 215,762	\$
b. Infants < 1 year old	\$ 2,540,936	\$ 2,917,302	\$ 1,996,409	\$	\$ 2,117,463	\$
c. Children 1 to 22 years old	\$ 2,246,378	\$ 2,284,771	\$ 2,922,797	\$	\$ 3,523,572	\$
d. Children with Special Healthcare Needs	\$ 22,306,320	\$ 11,686,958	\$ 18,690,072	\$	\$ 20,306,274	\$
e. Others	\$ 4,156,951	\$ 4,549,171	\$ 4,329,757	\$	\$ 2,937,030	\$
f. Administration	\$ 846,013	\$ 859,841	\$ 758,507	\$	\$ 829,922	\$
g. SUBTOTAL	\$ 33,733,302	\$ 24,464,052	\$ 30,272,538	\$ 0	\$ 29,930,023	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 97,260		\$ 113,470	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 589,861		\$ 360,236	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 4,376,056		\$ 5,174,915		\$ 5,741,190	
j. Education	\$ 4,533,609		\$ 2,152,956		\$ 2,151,649	
k. Home Visiting	\$ 0		\$ 0		\$ 2,242,401	
l. Other						
ARREST	\$ 0		\$ 949,966		\$ 452,000	
Community Based Sys	\$ 0		\$ 105,000		\$ 150,000	
Family Planning	\$ 0		\$ 2,430,093		\$ 2,382,499	
PREP (APPI)	\$ 0		\$ 0		\$ 278,827	
Preventative Health	\$ 0		\$ 0		\$ 287,248	
TANF	\$ 0		\$ 1,666,640		\$ 2,000,000	
TITLE XIX	\$ 0		\$ 0		\$ 3,225,244	
Early Home Visit	\$ 0		\$ 883,550		\$ 0	
Title XIX	\$ 0		\$ 2,151,936		\$ 0	
Other	\$ 6,935,675		\$ 0		\$ 0	
WiseWoman	\$ 746,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 16,691,340		\$ 16,202,177		\$ 19,384,764	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2011
Field Note:
The actual clients served in the Right From the Start Program fluctuates from year to year. The 2011 budget amounts were budgeted too low.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2010
Field Note:
The actual clients served in the Right From the Start Program was lower than the projected amount.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2011
Field Note:
The original OMCFH budget for Infants less than one year old was under estimated; in 2010 the Bureau for Public Health completed expansion of newborn metabolic screening to the 29 core conditions recommended by the US Department of Health and Human Services, Secretary's Advisory Committee on Heritable Disorders and Genetic Disorders.
4. **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:
In the FY 2010 application the Newborn Metabolic Screening program included the income of \$1,000,000 in budgeted State fund expenditures. This estimated the Newborn Metabolic program costs at \$3,233,687, when the actual costs were significantly less, totaling \$1,154,343.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2010
Field Note:
The decrease in the expenditure of state funds in comparison to the amount budgeted is attributed to several programs. The most significant change was the need for state funds to continue the Birth to Three (BTT) program. BTT evaluated the rates that were paid to providers and the eligibility criteria. BTT also received cash settlements from Medicaid in timelier manner than in years past. This resulted in a decrease of State funds expended in the amount of \$5,173,791 (79%). The BTT program also received ARRA funding in the amount of \$2,398,294; this is a two year award, \$984,082 was expended during FFY 2010. This further attributed to the decrease of state funds for the BTT program. A corresponding increase is reflected in other federal funds.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2011
Field Note:
The original OMCFH budget for Children with Special Health care needs was over estimated. The Children with Special Health Care(CSHCN) needs program has seen decrease in the amount of services provided; which resulted in a decrease of the amount of state dollars needed. Per the requirements of the MCH Block Grant the program is required to spend at least 30% of grant funds on CSHCN; therefore, less state funds were used to sustain the program.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2010
Field Note:
The Children with Special Health Care(CSHCN) needs program has seen a decrease in the amount of services provided; which resulted in a decrease of the amount of state dollars needed. Per the requirements of the MCH Block Grant the program is required to spend at least 30% of grant funds on CSHCN; therefore, less state funds were used to sustain the program.
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2010
Field Note:
Waiting Explanation
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2010
Field Note:
There was vacant position with the Office of Maternal Child and Family Health; these positions will be filled within the next year.

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: WV

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 31,778,884	\$ 1,474,984	\$ 33,807,647	\$ 2,090,073	\$ 3,240,512	\$ 1,653,246
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WVC, and Education.)	\$ 10,182,611	\$ 23,848,605	\$ 8,029,100	\$ 20,821,681	\$ 22,255,683	\$ 17,100,573
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,050,366	\$ 7,670,121	\$ 3,063,275	\$ 4,327,832	\$ 8,126,592	\$ 5,337,359
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 10,616,232	\$ 2,058,348	\$ 11,358,479	\$ 3,120,497	\$ 3,634,776	\$ 2,732,993
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 55,628,093	\$ 35,052,068	\$ 56,258,501	\$ 30,360,083	\$ 37,257,563	\$ 26,824,171

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: WV

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,948,752	\$ 1,457,173	\$ 1,942,176	\$	\$ 2,091,034	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 22,469,349	\$ 13,147,916	\$ 18,985,147	\$	\$ 19,331,002	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 6,096,037	\$ 7,084,304	\$ 6,522,132	\$	\$ 5,520,445	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 3,219,164	\$ 2,774,659	\$ 2,823,083	\$	\$ 2,967,542	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 33,733,302	\$ 24,464,052	\$ 30,272,538	\$ 0	\$ 29,930,023	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2010
Field Note:
In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2011
Field Note:
The Children with Special Health Care(CSHCN) needs program has seen a decrease in the amount of services provided; which resulted in a decrease of the amount of state dollars needed. Per the requirements of the MCH Block Grant the program is required to spend at least 30% of grant funds on CSHCN; therefore, less state funds were used to sustain the program.
3. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2010
Field Note:
The Children with Special Health Care(CSHCN) needs program has seen a decrease in the amount of services provided; which resulted in a decrease of the amount of state dollars needed. Per the requirements of the MCH Block Grant the program is required to spend at least 30% of grant funds on CSHCN; therefore, less state funds were used to sustain the program.
4. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2010
Field Note:
In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.
5. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2011
Field Note:
Actual program income received for the Birth to Three Program was less than originally projected; this decrease is partially due to a delay in Medicaid settlements. During FY 2011, OMCFH paid a final FY07 Medicaid settlement of \$10,285 and received a tentative FY09 Medicaid Cost Settlement of \$531,525. It was anticipated that this program would begin to receive funding from the Children's Insurance Program in FY 2011; however, this did not occur until FY 2012. It was also anticipated that approximately \$7.4 million in state appropriated dollars would be needed to supplement the Birth to Three Program; due to a decrease in expenditures, this amount was not necessary. Actual state expenditures for the Birth to Three Program were \$28,584.
6. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2010
Field Note:
The most significant change was the need for state funds to continue the Birth to Three (BTT) program. BTT evaluated the rates that were paid to providers and the eligibility criteria. BTT also received cash settlements from Medicaid in timelier manner than in years past. This resulted in a decrease of State funds expended in the amount of \$5,173,791 (79%).
7. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2010
Field Note:
In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.
8. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2011
Field Note:
New programs have been implemented in that will increase the amount of population based services provided. The Injury Prevention and Rape Prevention programs were transferred from the Office of Community Health and Health Promotion to the Office of Maternal Child and Family Health.
9. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2010
Field Note:
In the FY 2010 application the Newborn Metabolic Screening program included the income of \$1,000,000 in budgeted State fund expenditures. This estimated the Newborn Metabolic program costs at \$3,233,687, when the actual costs were significantly less, totaling \$1,154,343.

New programs have been implemented in 2012 that will increase the amount of population based services provided. The Injury Prevention and Rape Prevention programs were transferred from the Office of Community Health and Health Promotion to the Office of Maternal Child and Family Health
10. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted

Row Name: Infrastructure Building Services

Column Name: Budgeted

Year: 2010

Field Note:

In prior year, budgeted and expended amounts were categorized incorrectly according to the type of services.

11. **Section Number:** Form5_Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2011

Field Note:

Actual expenditures were less than budget amount. This decrease can also be attributed to the timing of vacancies with OMCFH and the processing of commitments.

12. **Section Number:** Form5_Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2010

Field Note:

Actual expenditures were less than budget amount. There were vacant positions at various times within OMCFH.

FORM 6

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

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

STATE: WV

Total Births by Occurrence: 20,759

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	19,851	95.6	1	1	1	100
Congenital Hypothyroidism	19,851	95.6	427	15	15	100
Galactosemia	19,851	95.6	72	4	4	100
Sickle Cell Disease	19,851	95.6	101	1	1	100
Other Screening (Specify)						
Biotinidase Deficiency	19,851	95.6	241	4	4	100
Cystic Fibrosis	19,851	95.6	110	8	8	100
Homocystinuria	19,851	95.6	1	0	0	
Maple Syrup Urine Disease	19,851	95.6	6	0	0	
beta-ketothiolase deficiency	19,851	95.6	3	0	0	
Tyrosinemia Type I	19,851	95.6	18	3	3	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	19,851	95.6	1	0	0	
Argininosuccinic Acidemia	19,851	95.6	0	0	0	
Citrullinemia	19,851	95.6	8	0	0	
Isovaleric Acidemia	19,851	95.6	2	0	0	
Propionic Acidemia	19,851	95.6	11	0	0	
Carnitine Uptake Defect	19,851	95.6	51	0	0	
3-Methylcrotonyl-CoA Carboxylase Deficiency	19,851	95.6	4	1	1	100
Multiple Carboxylase Deficiency	19,851	95.6	4	0	0	
Trifunctional Protein Deficiency	19,851	95.6	0	0	0	
Glutaric Acidemia Type I	19,851	95.6	113	1	1	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	19,851	95.6	56	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	19,851	95.6	11	4	4	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	19,851	95.6	1	0	0	
3-Hydroxy 3-Methyl Glutaric						

Aciduria	19,851	95.6	4	0	0	
Methylmalonic Acidemia (Mutase Deficiency)	19,851	95.6	0	0	0	
S-Beta Thalassemia	19,851	95.6	0	0	0	
Mitochondrial Acetoacetyl- CoA:thiolase deficiency (3- ketothiolase)	19,851	95.6	3	0	0	
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2013
Field Note:
occurence births based upon 2010 Vital Statistics
2011 total screens reported from State Lab
2. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2013
Field Note:
mild Hyper Phe
3. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2013
Field Note:
includes 4 TBG deficiencies, 1 Pituitary Resistance
4. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2013
Field Note:
includes 1 Duarte variant, 1 Galactokinase
5. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2013
Field Note:
Biotinidase Deficiency includes 3 partial
Tyrosinemia are transient
21 Hydroxylase Deficient CAH is mild CAH

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: **WV**

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	20,834	21,101	21,034	21,443	21,225
Infants < 1 year old	20,176	20,176	20,433	21,492	20,512
Children 1 to 22 years old	511,711	511,771	433,844	433,844	487,774
Children with Special Healthcare Needs	9,102	5,650	69,567	6,500	68,300
Others	62,030	62,030	6,500	69,567	57,684
Total	623,853	620,728	551,378	552,846	655,495

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	20,759	60.0	0.0	38.0	2.0	0.0
Infants < 1 year old	20,759	65.0	0.0	31.0	4.0	0.0
Children 1 to 22 years old	469,170	45.0	10.0	40.0	5.0	0.0
Children with Special Healthcare Needs	64,850	90.0	10.0	0.0	0.0	0.0
Others	89,125	70.0	0.0	20.0	10.0	0.0
TOTAL	664,663					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2013
Field Note:
Includes Children with Special Health Care Needs and others served by Title V: children in Birth To Three/IDEA/Part C, children screened for lead poisoning, children screened for metabolic disorders, children screened for hearing loss, and children identified with birth defects.
2. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2013
Field Note:
includes Family Planning, Maternal Risk Screening and BCCSP

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: WV

Reporting Year: 2010

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	20,759	19,750	731	26	49	121	72	10
Title V Served	20,759	19,750	731	26	49	121	72	10
Eligible for Title XIX	12,438	11,833	436	14	37	75	37	6
INFANTS								
Total Infants in State	20,232	19,210	708	41	61	121	81	10
Title V Served	20,232	19,210	708	41	61	121	81	10
Eligible for Title XIX	12,139	11,526	425	24	36	73	49	6

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
DELIVERIES								
Total Deliveries in State	20,482	277	0	0	0	0	0	277
Title V Served	20,482	277	0	0	0	0	0	277
Eligible for Title XIX	12,277	161	0	0	0	0	0	161
INFANTS								
Total Infants in State	19,958	263	0	0	0	0	0	263
Title V Served	19,958	263	0	0	0	0	0	263
Eligible for Title XIX	11,975	158	0	0	0	0	0	158

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2013
Field Note:
calculated at 60% of total deliveries
2. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Mexican
Row Name: Total Deliveries in State
Column Name: Mexican
Year: 2013
Field Note:
not broken down by ethnicity
3. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Cuban
Row Name: Total Deliveries in State
Column Name: Cuban
Year: 2013
Field Note:
not broken down by ethnicity
4. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_PuertoRican
Row Name: Total Deliveries in State
Column Name: Puerto Rican
Year: 2013
Field Note:
not broken down by ethnicity
5. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State
Column Name: Central and South American
Year: 2013
Field Note:
not broken down by ethnicity
6. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2013
Field Note:
not broken down by ethnicity
7. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2013
Field Note:
not broken down by ethnicity
8. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2013
Field Note:
not broken down by ethnicity
9. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2013
Field Note:
not broken down by ethnicity
10. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2013
Field Note:
not broken down by ethnicity
11. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2013
Field Note:
not broken down by ethnicity

12. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2013
Field Note:
not broken down by ethnicity
13. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2013
Field Note:
not broken down by ethnicity
14. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2013
Field Note:
not broken down by ethnicity
15. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2013
Field Note:
not broken down by ethnicity
16. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
not broken down by ethnicity
17. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2013
Field Note:
not broken down by ethnicity
18. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2013
Field Note:
not broken down by ethnicity
19. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State
Column Name: Puerto Rican
Year: 2013
Field Note:
not broken down by ethnicity
20. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2013
Field Note:
not broken down by ethnicity
21. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2013
Field Note:
not broken down by ethnicity
22. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2013
Field Note:
not broken down by ethnicity
23. **Section Number:** Form8_II_ Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban

Year: 2013

Field Note:

not broken down by ethnicity

24. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_PuertoRican

Row Name: Title V Served

Column Name: Puerto Rican

Year: 2013

Field Note:

not broken down by ethnicity

25. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_CentralAmerican

Row Name: Title V Served

Column Name: Central and South American

Year: 2013

Field Note:

not broken down by ethnicity

26. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_EthnicityOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2013

Field Note:

not broken down by ethnicity

27. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_Mexican

Row Name: Eligible for Title XIX

Column Name: Mexican

Year: 2013

Field Note:

not broken down by ethnicity

28. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_Cuban

Row Name: Eligible for Title XIX

Column Name: Cuban

Year: 2013

Field Note:

not broken down by ethnicity

29. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_PuertoRican

Row Name: Eligible for Title XIX

Column Name: Puerto Rican

Year: 2013

Field Note:

not broken down by ethnicity

30. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_CentralAmerican

Row Name: Eligible for Title XIX

Column Name: Central and South American

Year: 2013

Field Note:

not broken down by ethnicity

31. **Section Number:** Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_EthnicityOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2013

Field Note:

not broken down by ethnicity

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

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

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(800)642-8522	(800)642-8522	(800)642-8522	(800)642-8522	(800)642-8522
2. State MCH Toll-Free "Hotline" Name	MCFH Systems Point of Entry				
3. Name of Contact Person for State MCH "Hotline"	Theresa Vance, L.S.W.	Theresa Vance, L.S.W.	Theresa Vance, L.S.W.	Theresa Vance, L.S.W.	Theresa Vance
4. Contact Person's Telephone Number	(304)558-5388	(304)558-5388	(304)558-5388	(304)558-5388	(304)558-5388
5. Contact Person's Email	theresa.m.vance@wv.gov	Theresa.M.Vance@wv.gov	Theresa.M.Vance@wv.gov	linda.l.shaffer@wv.gov	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	11527	10651	12877

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hbtline This reporting period
Column Name: FY
Year: 2011
Field Note:
calculated on calendar year 2011
Includes all calls to front desk and CSC specific calls

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

1. State MCH Administration:
(max 2500 characters)

The Office of Maternal, Child and Family Health (OMCFH) is the agency in West Virginia State government which administers Title V. The OMCFH is located within the State's Bureau for Public Health. The Bureau's overall goal is to attain and maintain a healthier environment for West Virginians by placing special emphasis on community-based programming that facilitates an accessible service delivery system. In line with the Bureau for Public Health, the OMCFH provides operational guidance and support to providers throughout West Virginia to improve the health of families. In addition to providing funding support for actual service delivery, the OMCFH funds projects intended to develop new knowledge that will ultimately improve the service delivery of the health community. The OMCFH is comprised of multiple divisions, programs, and projects all designed to promote improved health care access and increased utilization of preventive care. OMCFH's organizational structure includes the Division of Women and Perinatal Services; Division of Infant, Child and Adolescent Health, including the CSHCN Program; and the Division of Research, Evaluation and Planning. Among the services included within the OMCFH's administrative control are: the State's EPSDT Program; the State's perinatal program, Right From the Start, for indigent and uninsured women; the State's Early Intervention/Part C Program; a SPRANS grant focusing on early childhood; an SSDI Project focusing on integration of Program data; the Birth Defects Surveillance System; the Newborn Metabolic and Hearing Screening Programs; and in partnership with the Centers for Disease Control and Prevention the State's Breast and Cervical Cancer Screening Program as well as the State's Childhood Lead Poisoning Prevention Project and PRAMS, a surveillance system for pregnancy risk monitoring.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 6,377,020
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 9,053,003
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 14,500,000
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 29,930,023

9. Most significant providers receiving MCH funds

_____	Birth To Three/Early Intervention
_____	Local Health Departments
_____	Community Health Centers
_____	Private Practicing Physicians

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

a. Pregnant Women	20,759
b. Infants < 1 year old	20,759
c. Children 1 to 22 years old	469,170
d. CSHCN	64,850
e. Others	89,125

11. Statewide Initiatives and Partnerships

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

Direct medical care and enabling services include: CSHCN, EPSDT, MCFH Toll-free line, Adolescent Health Initiative, Access to Rural Transportation (ART), Breast and Cervical Cancer Treatment Fund (Title XV/XIX), Right From The Start (State's Perinatal case management), Birth to Three (Early Intervention/Part C), Pre-Employment services (Dental/Vision for Welfare to Work), Single Point of Entry (case management and referral for all populations). Title V plans and provides direct services, including care coordination and care management for children with special health care needs through clinics available throughout the state as well as through private health care providers located in a child and family community, if available. Title V assures access to these clinics and private providers to all children with special health care needs that meet income and diagnostic criteria. The clinical network is staffed by medical school physicians and board certified private practitioners working alongside state employed nurses and social workers. Increasing access for eligible children to participate in EPSDT/ HealthCheck services is also a focus of West Virginia's OMCFH which administers the Program. The Office also supports a community based network of providers responsible for home visiting, case management, and supportive services offered to the perinatal population (RFTS). All personnel participating in home visiting under the auspices of RFTS are licensed clinical social workers and nurses. The Children's Dentistry Project (CDP) is a component of the Division of Infant, Child and Adolescent Health and is housed within OMCFH. The CDP has contracts with local health departments and individuals to offer education to students in public schools.

b. Population-Based Services
(max 2500 characters)

Population based services include: screening programs for newborn metabolic, newborn hearing, childhood lead poisoning, newborn high risk (Birth Score), birth defects, and breast and cervical cancer. Others include: pregnancy testing and tracking, outreach and public education, children's dentistry, family planning, SIDS/SUID, and abstinence education. The OMCFH, in conjunction with the Office of Laboratory Services, maintains the State's Newborn Metabolic Screening Project. All newborn infants are screened for inborn errors of metabolism. All infants with abnormal results are followed by nurse case managers within OMCFH. Genetic counseling and consultation is provided by the Genetics Program at West Virginia University. In concert with the primary medical practitioner serving the child. Difficult to get food, formulas, vitamins and supplements are provided, at no cost, to all infants, children and pregnant women as appropriate.

c. Infrastructure Building Services
(max 2500 characters)

The OMCFH has maintained an active Quality Assurance Monitoring Team since the 1980's. The mission of the Monitoring Team is to objectively review all services provided in approximately 900 facilities operating under contractual agreement with the OMCFH for the following programs: Family Planning, Pediatrics (EPSDT/HealthCheck), RFTS, BCCSP, Early Intervention/Birth To Three, and Children with Special Health Care Needs. Each program is evaluated based on state and national standards of care such as AAP, ACOG, etc., to ensure performance expectations are met, as portrayed in formalized working agreements with each site. The Division of Research, Evaluation Planning is responsible for the research activities including all programmatic data generation and project evaluation endeavors, as well as ensuring that the OMCFH's planning efforts are data driven. All of the OMCFH program specific data personnel are housed and work from the Research Division.

12. The primary Title V Program contact person:

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

Name Anne Williams
Title OMCFH Director
Address 350 Capitol St. Room 427
City Charleston
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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: WV

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	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	27	26	43	61	43
Denominator	27	26	43	61	43
Data Source		Newborn Metabolic Screening	Newborn Metabolic Screening	Newborn Metabolic Screening	Newborn Metabolic Screening
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:
 2011 Occurrence births

2. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Occurrence births

3. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Occurrence births

PERFORMANCE MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	56.1	65	60	60	60
Annual Indicator	56.1	59.2	59.2	59.2	72.0
Numerator	39,060	41,150	41,150	41,150	50,850
Denominator	69,567	69,567	69,567	69,567	70,609
Data Source		2005-2006 CSHCN Survey	2005-2006 CSHCN Survey	2005-2006 CSHCN Survey	2009-2010 CSHCN Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	73	73	75	75	75
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.

3. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

PERFORMANCE MEASURE # 03

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

	2007	2008	2009	2010	2011
Annual Performance Objective	60	58	58	55	55
Annual Indicator	50.5	50.5	50.5	50.5	46.7
Numerator	35,100	35,100	35,100	35,100	33,000
Denominator	69,567	69,567	69,567	69,567	70,609
Data Source		2005-2006 CSHCN Survey	2005-2006 CSHCN Survey	2005-2006 CSHCN Survey	2009-2010 CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2011

Field Note:

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

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

2. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2010

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

3. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

PERFORMANCE MEASURE # 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)

	2007	2008	2009	2010	2011
Annual Performance Objective	75	90	90	90	90
Annual Indicator	89.7	89.7	89.7	89.7	66.5
Numerator	62,420	62,420	62,420	62,420	46,950
Denominator	69,567	69,567	69,567	69,567	70,609
Data Source		2005-2006 CSHCN Survey	2005-2006 CSHCN Survey	2005-2006 CSHCN Survey	2009-2010 CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	67	67	67	67	67
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.

3. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

PERFORMANCE MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6	41.3	42	43	43
Annual Indicator	41.3	41.3	41.3	41.3	41.6
Numerator	28,700	28,700	28,700	28,700	29,400
Denominator	69,567	69,567	69,567	69,567	70,609
Data Source		2005-2006 CSHCN Survey	2005-2006 CSHCN Survey	2005-2006 CSHCN Survey	2009-2010 CSHCN Survey

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	43	43	43	43	43
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.

3. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

PERFORMANCE MEASURE # 07

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	95	95	95	96	71
Annual Indicator	93.3	77.0	65.0	70.3	74.6
Numerator	57,850	21,420	18,380	20,500	19,800
Denominator	62,000	27,811	28,270	29,181	26,553
Data Source		2008 Immunization Data	2009 Immunization Data	2010 Immunization Data	2011 Immunization Data

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

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

Field Level Notes

1. **Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2011
Field Note:
 National Immunization Survey
 2011 State Division of Immunization Services - individual immunizations: (DTaP-4: 84%, IPV-3: 92%, MMR-1: 90%, Hib-3: 92%, Hep B-3: 89%, and VAR-1 (chickenpox): 89%)
2. **Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 National Immunization Survey
 2010 State Division of Immunization Services - individual immunizations: (DTaP-4: 78.8%, IPV-3: 88.6%, MMR-1: 89.2%, Hib-3: 82.3%, Hep B-3: 88.3%, VAR-1: 86.9%)
3. **Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2009
Field Note:
 National Immunization Survey
 2009 State Division of Immunization Services - individual immunizations: (DTaP-4: 85%, IPV-3: 94.5%, MMR-1: 88%, Hib-3: 94%, Hep B-3: 96%)

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	19	19	19	20	22
Annual Indicator	20.7	23.2	24.7	21.1	21.1
Numerator	733	779	814	663	693
Denominator	35,411	33,640	32,984	32,903	32,903
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	21	21	21	21	21
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

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	38	30	57	57	30
Annual Indicator	55.9	56.1	56.6	29.0	29.0
Numerator	11,461	11,500	11,600	8,250	8,250
Denominator	20,485	20,485	20,485	28,416	28,416
Data Source		Health Care Authority	CMS 416	ASTDD	ASTDD

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	30	30	30	30	30
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:

based upon 2010 Oral Health random sample
 denominator is estimated number of third graders in state

2. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Oral Health random sample
 denominator is estimated number of third graders in state

3. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2009

Field Note:

Estimate based upon CMS 416 Fiscal Year 2009
 (receiving preventive dental services)

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
Annual Performance Objective	3.3	3.9	4.5	3	1.5
Annual Indicator	5.4	3.5	1.9	3.8	3.8
Numerator	17	11	6	12	12
Denominator	316,809	316,986	318,634	319,121	319,121
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	3.5	3.5	3	3	3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2011
Field Note:
 Based upon 2010 Vital Statistics
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

PERFORMANCE MEASURE # 11

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	35	60	35	35	35
Annual Indicator	32.5	34.0	25.9	26.2	28.1
Numerator	7,155	7,310	5,500	5,350	5,730
Denominator	22,017	21,492	21,225	20,391	20,391
Data Source		2008 PRAMS	2010 NIS Breastfeeding Report Card	2011 NIS Breastfeeding Report Card	2012 NIS Breastfeeding Report Card
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	29	29	29	29	29
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2011
Field Note:
 2012 NIS Breastfeeding Report Card
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2010
Field Note:
 2011 NIS Breastfeeding Report Card
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2009
Field Note:
 2010 NIS Breastfeeding Report Card
 previously used PRAMS data - mom breastfeeding at 12 weeks

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	99	99	99	99.1	99.2
Annual Indicator	94.7	99.0	96.1	96.5	97.2
Numerator	20,843	21,233	20,461	20,051	20,416
Denominator	22,017	21,443	21,299	20,781	21,001
Data Source		Birth Score Office	Birth Score Office	Birth Score Office	Birth Score Office
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	99.2	99.3	99.3	99.3	99.3
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 WWU Birth Score Data - occurrence births screened before hospital discharge
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 WWU Birth Score Data - occurrence births screened before hospital discharge
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 numerator: 2009 WWU Birth Score Data - occurrence births screened before hospital discharge

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	_____	5.7	4.3	4.2	4.5	4.5
Annual Indicator	_____	4.5	4.5	5.0	5.0	4.7
Numerator	_____	19,057	19,057	21,300	21,300	20,000
Denominator	_____	427,879	427,879	427,879	427,879	427,879
Data Source			2008 CHIP Annual Report	2009 CHIP Annual Report	2010 CHIP Annual Report	2011 CHIP Annual Report
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)		_____	_____	_____	_____	_____
Is the Data Provisional or Final?					Provisional	Provisional

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

Field Level Notes

1. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2011

Field Note:

2011CHIP Annual Report: The 4.65% uninsured total number for children in lower income (=250% FPL) households is an estimate from the most current (2009) US Census Current Population Survey. This data is based on two year rolling averages.

2. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

CHIP 2010 Annual Report

Note 1: The most recent estimate for all uninsured children statewide from the U.S. Census Current Population Survey is from 6.3% to 5%. Even a five percent extrapolation at the county level may vary significantly from county to county depending on the availability of employee sponsored insurance. However, it remains our best gross estimate of the remaining uninsured children.

Note 2: It has been estimated that 7 of 10 uninsured children qualify or may have qualified for CHIP or Medicaid in the past, WVCHIP uses the lower estimated limit of 5% as a target number for outreach due to the way census sampling is likely to overstate this rate.

3. Section Number: Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

Note 1: The most recent estimate for all uninsured children statewide from the U.S. Census Current Population Survey is from 6.3% to 5%. Even a five percent extrapolation at the county level may vary significantly from county to county depending on the availability of employee sponsored insurance. However, it remains our best gross estimate of the remaining uninsured children.

Note 2: It has been estimated that 7 of 10 uninsured children qualify or may have qualified for CHIP or Medicaid in the past, WVCHIP uses the lower estimated limit of 5% as a target number for outreach due to the way census sampling is likely to overstate this rate.

PERFORMANCE MEASURE # 14

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

	2007	2008	2009	2010	2011
Annual Performance Objective	24	23	25	28	28
Annual Indicator	24.0	27.4	28.1	29.9	30.3
Numerator	4,938	5,169	5,407	4,943	4,883
Denominator	20,556	18,835	19,266	16,559	16,124
Data Source		2008 WIC Data	2009 WIC Data	2010 WIC Data	2011 WIC Data

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

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

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 WIC data

2. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 WIC data

3. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 WIC data

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	<u>27</u>	<u>26</u>	<u>26</u>	<u>28</u>	<u>27</u>
Annual Indicator	<u>30.0</u>	<u>28.7</u>	<u>28.9</u>	<u>30.5</u>	<u>30.5</u>
Numerator	<u>6,595</u>	<u>6,165</u>	<u>6,140</u>	<u>6,220</u>	<u>6,220</u>
Denominator	<u>22,017</u>	<u>21,492</u>	<u>21,225</u>	<u>20,391</u>	<u>20,391</u>
Data Source		2008 PRAMS	2009 PRAMS	2010 PRAMS	based upon 2010 PRAMS

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 PRAMS
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 PRAMS data
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 PRAMS data

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	7	7.5	6.5	8	8
Annual Indicator	7.7	9.4	9.3	8.3	8.3
Numerator	9	11	11	10	10
Denominator	117,478	116,745	117,968	120,092	120,092
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

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

Field Level Notes

- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2011
Field Note:
 Based upon 2010 Vital Statistics
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

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

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Decrease the percentage of pregnant women who smoke in the last three months of their pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	23	22	21	20	25
Annual Indicator	30.0	28.7	28.9	30.5	30.5
Numerator	6,595	6,165	6,140	6,220	6,220
Denominator	22,017	21,492	21,225	20,391	20,391
Data Source		2008 PRAMS	2009 PRAMS	2010 PRAMS	based upon 2010 PRAMS
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	30	30	30	30	30
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 PRAMS data - mom smoked last 3 months of pregnancy
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 PRAMS data - mom smoked last 3 months of pregnancy
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 PRAMS data - mom smoked last 3 months of pregnancy

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Increase the percentage of the state's children <18 who are Medicaid beneficiaries who have at least one preventive dental service in a 12-month period.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	90	90	92	92	42
Annual Indicator	89.6	38.1	40.4	38.6	37.1
Numerator	233,427	74,326	81,199	84,742	82,009
Denominator	260,614	194,998	201,013	219,576	221,328
Data Source		CMS-416 Fiscal Year 2008 Annual Report	CMS 416 Fiscal Year 2009	CMS 416 Fiscal Year 2010	CMS 416 Fiscal Year 2011
Is the Data Provisional or Final?				Final	Final

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

Field Level Notes

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

CMS-416 Fiscal Year 2011 Annual Report, 12b Preventive Dental Services

This measure was changed from "Increase the percentage of the state's children <18 who are Medicaid beneficiaries who have at least one primary care visit in a 12-month period" to "have at least one preventive dental service in a 12-month period". Data for 06 and 07 reflect the percentage of those children who were Medicaid beneficiaries who received at least one primary care visit in a 12-month period.

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

CMS-416 Fiscal Year 2010 Annual Report, 12b Preventive Dental Services

This measure was changed from "Increase the percentage of the state's children <18 who are Medicaid beneficiaries who have at least one primary care visit in a 12-month period" to "have at least one preventive dental service in a 12-month period". Data for 06 and 07 reflect the percentage of those children who were Medicaid beneficiaries who received at least one primary care visit in a 12-month period.

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2009

Field Note:

CMS-416 Fiscal Year 2009 Annual Report, 12b Preventive Dental Services

This measure was changed from "Increase the percentage of the state's children <18 who are Medicaid beneficiaries who have at least one primary care visit in a 12-month period" to "have at least one preventive dental service in a 12-month period". Data for 06 and 07 reflect the percentage of those children who were Medicaid beneficiaries who received at least one primary care visit in a 12-month period.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Decrease the number of infant deaths due to SIDS/SUID.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 18
Annual Indicator	_____	20,481.9	150.8	166.7	166.7
Numerator	_____	34	32	34	34
Denominator	_____	166	21,225	20,391	20,391
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 160	_____ 160	_____ 160	_____ 160	_____ 160
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics - rate per 100,000 births
 includes ICD codes R95 only
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics - rate per 100,000 births
 includes ICD codes R95 only
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics - rate per 100,000 births
 includes ICD codes R95 only
 previously calculated as percent of total deaths

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Decrease the percentage of high school students in grades 9-12 who are overweight or obese.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	12	12	12	11	26
Annual Indicator	14.7	14.5	28.6	28.6	30.6
Numerator	18,400	18,200	35,900	35,900	37,400
Denominator	125,578	125,578	125,578	125,578	122,115
Data Source		2007 YRBS	2009 YRBS	based upon 2009 YRBS	2011 YRBS
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	30	30	30	30	30
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

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

Field Name: SM4

Row Name:

Column Name:

Year: 2011

Field Note:

2011 YRBS 16.3% overweight 14.3% obese
denominator total enrolled school year 2010-2011

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

Field Name: SM4

Row Name:

Column Name:

Year: 2010

Field Note:

based upon 2009 YRBS
14.4% overweight and 14.2% obese

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

Field Name: SM4

Row Name:

Column Name:

Year: 2009

Field Note:

2009 YRBS
14.4% overweight and 14.2% obese

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Increase the percentage of high school students who participate in physical activity for at least 60 minutes a day, 3 days a week.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>69</u>	<u>50</u>	<u>50</u>	<u>55</u>	<u>64</u>
Annual Indicator	<u>42.8</u>	<u>43.0</u>	<u>62.2</u>	<u>62.2</u>	<u>71.4</u>
Numerator	<u>53,700</u>	<u>54,000</u>	<u>78,100</u>	<u>78,100</u>	<u>87,200</u>
Denominator	<u>125,578</u>	<u>125,578</u>	<u>125,578</u>	<u>125,578</u>	<u>122,115</u>
Data Source		2007 WW YRBS	2009 WW YRBS	based upon 2009 WW YRBS	2011 YRBS
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>72</u>	<u>72</u>	<u>72</u>	<u>72</u>	<u>72</u>
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 #5

Field Name: SM5

Row Name:

Column Name:

Year: 2011

Field Note:

2011 YRBS students who were physically active for at least 60 minutes per day for at least 3 of the last 7 days
denominator total enrolled school year 2010-2011

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

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

based upon 2009 YRBS students who were physically active for at least 60 minutes per day for at least 3 of the last 7 days

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

Field Name: SM5

Row Name:

Column Name:

Year: 2009

Field Note:

2009 YRBS students who were physically active for at least 60 minutes per day for at least 3 of the last 7 days

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Decrease the percentage of high school students who smoke cigarettes daily.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	18.5	18	17.5	17	9
Annual Indicator	19.5	19.4	17.7	17.7	12.0
Numerator	24,500	24,300	22,200	22,200	14,700
Denominator	125,578	125,578	125,578	125,578	122,115
Data Source		2007 WW YRBS	2009 WW YRBS	based upon 2009 WW YRBS	2011 YRBS
Is the Data Provisional or Final?				Provisional	Final

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

Field Level Notes

- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 YRBS students who ever smoked cigarettes daily, at least one every day for 30 days
 denominator total enrolled school year 2010-2011
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2010
Field Note:
 based upon 2009 YRBS students who ever smoked cigarettes daily, at least one every day for 30 days
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 YRBS students who ever smoked cigarettes daily, at least one every day for 30 days

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Decrease the percentage of high school students who drink alcohol and drive.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	10	9.5	9	8.5	7
Annual Indicator	10.0	9.8	7.5	7.5	6.7
Numerator	12,500	12,300	9,400	9,400	8,200
Denominator	125,578	125,578	125,578	125,578	122,115
Data Source		2007 WW YRBS	2009 WW YRBS	based upon 2009 WW YRBS	2011 YRBS
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	6	6	6	6	6
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

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

Field Name: SM7

Row Name:

Column Name:

Year: 2011

Field Note:

2011 YRBS students who drove a car or other vehicle one or more times during the past 30 days when they had been drinking alcohol denominator total enrolled school year 2010-2011

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

Field Name: SM7

Row Name:

Column Name:

Year: 2010

Field Note:

based upon 2009 YRBS

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

Field Name: SM7

Row Name:

Column Name:

Year: 2009

Field Note:

2009 YRBS

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

Decrease the number of high school students who never or rarely wear a seatbelt when riding in a car driven by someone else.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	14.5	14	13.5	13	13
Annual Indicator	16.6	16.4	14.0	14.0	13.8
Numerator	20,800	20,600	17,600	17,600	16,800
Denominator	125,578	125,578	125,578	125,578	122,115
Data Source		2007 WW YRBS	2009 WW YRBS	based upon 2009 WW YRBS	2011 YRBS
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	13	13	13	13	13
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 YRBS students who never or rarely wore a seat belt when riding in a car driven by someone else
 denominator total enrolled school year 2010-2011
- Section Number:** Form11_State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2010
Field Note:
 based upon 2009 YRBS
 never 5.4% and rarely 8.6%
- Section Number:** Form11_State Performance Measure #8
Field Name: SM8
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 YRBS
 never 5.4% and rarely 8.6%

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

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
Annual Performance Objective	6.9	6.8	6.8	6.8	7
Annual Indicator	7.4	7.7	7.9	7.3	7.3
Numerator	162	166	168	149	149
Denominator	22,017	21,492	21,225	20,391	20,391
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2012	2013	2014	2015	2016
Annual Performance Objective	7	7	7	7	7
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics

2. **Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics

3. **Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

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	0.9	1	1	1.8
Annual Indicator	3.2	2.9	2.8	1.9	1.9
Numerator	22	21	20.6	13.6	13.6
Denominator	6.9	7.3	7.4	7.2	7.2
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.8	1.8	1.8	1.8	1.8
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics
- Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics
- Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

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	4	4	4	4	4.5
Annual Indicator	4.7	4.5	5.3	4.0	4.0
Numerator	103	96	113	82	82
Denominator	22,017	21,492	21,225	20,391	20,391
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

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

- Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics
- Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics
- Section Number:** Form12_Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	2.1	2.1	2.5	2.5	2.2
Annual Indicator	2.7	3.3	2.6	3.3	3.3
Numerator	60	70	55	67	67
Denominator	22,017	21,492	21,225	20,391	20,391
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2011
Field Note:
based upon 2010 Vital Statistics
2. Section Number: Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2010
Field Note:
2010 Vital Statistics
3. Section Number: Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2009
Field Note:
2009 Vital Statistics

OUTCOME MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6	6	8	8	10
Annual Indicator	9.9	8.8	11.1	8.4	8.4
Numerator	219	190	236	173	173
Denominator	22,127	21,492	21,348	20,482	20,482
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

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

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

Field Level Notes

- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

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	21	15	21	21	20
Annual Indicator	24.0	23.7	21.8	22.4	22.4
Numerator	71	70	65	67	67
Denominator	296,366	295,893	297,913	298,900	298,900
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	22	22	22	22	22
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics
- Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics
- Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

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

Form Level Notes for Form 12

None

STATE OUTCOME MEASURE # 1 - REPORTING YEAR

Percentage of live births that are born prematurely

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
Annual Performance Objective	10	9.5	9	9	8.5
Annual Indicator	11.9	11.8	10.8	10.6	10.6
Numerator	2,500	2,541	2,286	2,157	2,157
Denominator	21,017	21,492	21,225	20,391	20,391
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2012	2013	2014	2015	2016
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics

2. **Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics

3. **Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

STATE OUTCOME MEASURE # 2 - REPORTING YEAR

Percentage of live births that are born with low birthweight.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	7.5	7	7	7	7
Annual Indicator	9.5	9.5	9.1	9.2	9.2
Numerator	2,100	2,050	1,941	1,873	1,873
Denominator	22,017	21,492	21,225	20,391	20,391
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Form12_State Outcome Measure 2
Field Name: SO2
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics
- Section Number:** Form12_State Outcome Measure 2
Field Name: SO2
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics
- Section Number:** Form12_State Outcome Measure 2
Field Name: SO2
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

STATE OUTCOME MEASURE # 3 - REPORTING YEAR

Percentage of persons age 18 or greater who are overweight or obese in WV.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	50	50	50	50	65
Annual Indicator	65.0	67.0	67.5	67.9	69.0
Numerator	880,000	907,500	963,500	966,000	1,011,000
Denominator	1,353,629	1,353,629	1,428,310	1,465,576	1,465,576
Data Source		2006 BRFSS	2009 WV BRFSS	2010 WV BRFSS	2011 WV BRFSS
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	65	65	65	65	65
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_State Outcome Measure 3
Field Name: SO3
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 WV BRFSS - combined overweight and obese BMI classifications
- Section Number:** Form12_State Outcome Measure 3
Field Name: SO3
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 WV BRFSS - combined overweight and obese BMI classifications
- Section Number:** Form12_State Outcome Measure 3
Field Name: SO3
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 WV BRFSS - combined overweight and obese BMI classifications
 2008 population estimate 18 years and older

STATE OUTCOME MEASURE # 4 - REPORTING YEAR

Rate of the adult population smoking

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>23</u>	<u>21</u>	<u>20</u>	<u>20</u>	<u>25</u>
Annual Indicator	<u>25.7</u>	<u>25.7</u>	<u>25.6</u>	<u>26.8</u>	<u>28.8</u>
Numerator	<u>347,883</u>	<u>347,883</u>	<u>365,000</u>	<u>392,900</u>	<u>422,500</u>
Denominator	<u>1,353,629</u>	<u>1,353,629</u>	<u>1,428,310</u>	<u>1,465,576</u>	<u>1,465,576</u>
Data Source		2006 BRFSS	2009 WW BRFSS	2010 WW BRFSS	2011 WW BRFSS
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>26</u>	<u>26</u>	<u>26</u>	<u>26</u>	<u>26</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_State Outcome Measure 4
Field Name: SO4
Row Name:
Column Name:
Year: 2011
Field Note:
 2011 WW BRFSS adults who are current smokers
- Section Number:** Form12_State Outcome Measure 4
Field Name: SO4
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 WW BRFSS adults who are current smokers
- Section Number:** Form12_State Outcome Measure 4
Field Name: SO4
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 WW BRFSS adults who are current smokers

STATE OUTCOME MEASURE # 5 - REPORTING YEAR

The rate per 1000 of deaths to adolescents and young adults ages 15 - 24 caused by motor vehicle crashes.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>27</u>	<u>0.4</u>	<u>0.3</u>	<u>0.3</u>	<u>0.3</u>
Annual Indicator	<u>0.4</u>	<u>0.3</u>	<u>0.3</u>	<u>0.2</u>	<u>0.2</u>
Numerator	<u>83</u>	<u>78</u>	<u>83</u>	<u>46</u>	<u>46</u>
Denominator	<u>229,772</u>	<u>227,161</u>	<u>240,529</u>	<u>237,296</u>	<u>237,296</u>
Data Source		2008 Vital Statistics	2009 Vital Statistics	2010 Vital Statistics	based upon 2010 Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>0.2</u>	<u>0.2</u>	<u>0.2</u>	<u>0.2</u>	<u>0.2</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_State Outcome Measure 5
Field Name: SO5
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics
- Section Number:** Form12_State Outcome Measure 5
Field Name: SO5
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics
- Section Number:** Form12_State Outcome Measure 5
Field Name: SO5
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics

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

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

_____ 3

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

_____ 3

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

_____ 2

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

_____ 3

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

_____ 3

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

_____ 2

Total Score: _____ 16

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 WV 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. Decrease smoking among pregnant women
2. Reduce the incidence of prematurity and low birth weight
3. Reduce the infant mortality rate, focusing efforts on black infants and Sudden Unexplained causes
4. Assure that children and adolescents access preventive dental services
5. Reduce smoking among adolescents
6. Reduce obesity among the state's children less than age 18
7. Decrease the incidence of fatal accidents caused by drinking and driving among high school students
8. Increase the percentage of adolescents who wear seat belts
9. Reduce accidental deaths among youth 24 years of age or younger
10. Maintain and/or increase the number of specialty providers in health shortage areas

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: **WV**

APPLICATION YEAR: **2013**

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	Other 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>	West Virginia needs technical assistance in addressing the issue of ethnic disparities and cultural competencies.	West Virginia requests assistance in addressing ethnic disparities and cultural competencies based upon the increasing number of minorities in the state.	HRSA, AMCHP, MCHB or other agencies with experience in addressing ethnic disparities and cultural competencies.
2.	Other 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>	West Virginia needs technical assistance in addressing the issue of infant mortality.	West Virginia requests assistance in addressing infant mortality based upon the death rate in the state.	HRSA, AMCHP, MCHB or other agencies with experience in addressing infant mortality rates.
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP() # _____ 1

PERFORMANCE MEASURE:

Decrease the percentage of pregnant women who smoke in the last three months of their pregnancy.

STATUS:

Active

GOAL:

80% of women who become pregnant will not smoke cigarettes during the last six (6) months of their pregnancy. (Baseline 26%, 2003)

DEFINITION:

Percentage of women who smoke during their last three months of pregnancy.

Numerator:

Number of women who smoke during their last three months of pregnancy.

Denominator:

Number of pregnant women in a calendar year with a live birth.

Units: 100 Text: Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Reduce the prevalence of cigarette smoking among women ages 18-24

Reduce the prevalence of cigarette smoking among women ages 18-24 (i.e., childbearing ages) to 25% or lower. (Baseline: 34.3% in 1998). Data Sources: WV Bureau for Public Health, Office of Epidemiology and Health Promotion, Behavioral Risk Factor Surveillance System; WV Department of Education, WV Department of Education, Office of Healthy Schools, Youth Risk Behavior Survey and/or Youth Tobacco Survey.

DATA SOURCES AND DATA ISSUES

Birth Certificate information, PRAMS

SIGNIFICANCE

Reducing the percentage of pregnant women who smoke during their last three months of pregnancy will reduce infants born prematurely and born with low birthweight. It will also help to reduce adverse health outcomes in those women who decide to quit smoking permanently.

SP() # 2

PERFORMANCE MEASURE:

Increase the percentage of the state's children <18 who are Medicaid beneficiaries who have at least one preventive dental service in a 12-month period.

STATUS:

Active

GOAL

90% of the state's children less than 18 years of age, who are Medicaid beneficiaries, will receive at least one preventive dental service in a 12-month period.

DEFINITION

Percentage of children who are beneficiaries of Medicaid who receive at least one preventive dental service in a 12-month period.

Numerator:

Number of children less than age 18 who are beneficiaries of Medicaid who receive at least one preventive dental service in a 12-month period.

Denominator:

Number of children less than age 18 who are beneficiaries of Medicaid

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Medicaid data

SIGNIFICANCE

Children who receive preventive dental care will benefit from establishing a relationship with a dentist who is knowledgeable of the child's medical history and can make informed decisions on any needed courses of action to ensure adequate care.

SP() # _____ 3

PERFORMANCE MEASURE:

Decrease the number of infant deaths due to SIDS/SUID.

STATUS:

Active

GOAL

Decrease the number of infant deaths due to SIDS/SUID.

DEFINITION

The number of infant deaths due to SIDS/SUID.

Numerator:

Number of infant deaths due to SIDS/SUID

Denominator:

Number of births per year

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital statistics (R95 codes only) and Child Fatality Review Team

SIGNIFICANCE

Reducing the number of infant deaths due to SIDS/SUID will decrease the overall infant mortality rate in the state.

SP() # _____ 4

PERFORMANCE MEASURE:

Decrease the percentage of high school students in grades 9-12 who are overweight or obese.

STATUS:

Active

GOAL

95% of high school students will not be overweight. (Baseline: 13.7 % of students in grades 9-12 are overweight-2003 YRBS or 86.3% are not overweight).

DEFINITION

Percentage of students in grades 9-12 who are overweight or obese. Overweight or obese is defined as equal to or above the gender and age-specific 95th percentile of BMI from the revised NCHS/CDC growth charts.

Numerator:

Number of high school students in grades 9-12 in WV who are overweight or obese taken from YRBS.

Denominator:

Number of high school students in grades 9-12 in the WV general population taken from total population 15-19 from Vital Statistics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

WV 19.10

Reduce the proportion of children and adolescents who are overweight or obese by 5% from baseline. Overweight or obese is defined as equal to or above the gender and age-specific 95th percentile of BMI from the revised NCHS/CDC growth charts.

WV 19.6, 19.7 19.8, and 19.9

19.6. Increase the proportion of adolescents who consume breakfast daily by 5% from the baseline. 19.7. Increase the proportion of adolescents who consume at least five servings of fruits and vegetables per day by 5% from baseline. 19.8. Increase the proportion of adolescents who meet dietary recommendations for calcium by 5% from baseline. 19.9 Increase the proportion of adolescents who consume less than 10% total calories from saturated fat by 5% from baseline.

DATA SOURCES AND DATA ISSUES

YRBS, High School Youth surveys, School-based health center data.

SIGNIFICANCE

Reducing obesity in adolescence improves overall health and reduces future adverse health outcomes as well as increases self-esteem. It establishes a foundation for future eating habits and patterns to maintain a healthier lifestyle into adulthood.

SP() # 5

PERFORMANCE MEASURE:

Increase the percentage of high school students who participate in physical activity for at least 60 minutes a day, 3 days a week

STATUS:

Active

GOAL

70% of high school students will participate in physical activity for at least 60 minutes a day, 3 days a week (Baseline:62.6% - 2009 YRBS).

DEFINITION

Percentage of high school students in grades 9-12 who participate in physical activity for at least 60 minutes a day, 3 days a week

Numerator:

Number of students in grades 9-12 who participate in physical activity for at least 60 minutes a day, 3 days a week

Denominator:

Number of students in grades 9-12 in the general population.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

WV 22.4

Increase to 50% the proportion of adolescents who engaged in moderate physical activity for at least 60 minutes on five or more of the previous seven days. Data Source: YRBS. (Baseline: 25.4% in 1999 and 27.4 in 2003)

DATA SOURCES AND DATA ISSUES

YRBS

SIGNIFICANCE

Research indicates that even moderate levels of physical activity achieved on a regular basis could lead to significant cardiorespiratory and health-related benefits, especially among the unfit. By encouraging adolescents to maintain fitness through high school is encouraging the establishment of life time habits.

SP() # _____ 6

PERFORMANCE MEASURE:

Decrease the percentage of high school students who smoke cigarettes daily.

STATUS:

Active

GOAL

90% of high school students in grades 9-12 will not smoke cigarettes daily. (Baseline: 79.2% do not smoke or 20.8% who do smoke-2003 YRBS).

DEFINITION

Percentage of high school students in grades 9-12 who smoke cigarettes daily.

Numerator:

Number of high school students in grades 9-12 who smoke cigarettes daily.

Denominator:

Number of high school students in grades 9-12 enrolled in the public school system.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

WV 27.1d.

Reduce the proportion of youth in grades 6-12 who report smoking in the previous month to 20% or lower. (Baseline: 42% in 1999).

DATA SOURCES AND DATA ISSUES

YRBS, WV Board of Education, High School Youth Surveys

SIGNIFICANCE

Reducing the percentage of youth in high school that smoke cigarettes daily will reduce future adverse health outcomes in themselves as well as reduce the incidence of infants who are born prematurely and with low birth weight.

SP() # _____ 7

PERFORMANCE MEASURE:

Decrease the percentage of high school students who drink alcohol and drive.

STATUS:

Active

GOAL

95% of high school students will not drink alcohol and drive a vehicle. (Baseline: 12% of high school students drove a car or other vehicle one or more times when they had been drinking alcohol within the past 30 days of survey, 2003 YRBS).

DEFINITION

Percentage of students who, during the past 30 days, drove a car or other vehicle one or more times when they had been drinking alcohol.

Numerator:

Number of high school students in grades 9-12 who reported driving a car or other vehicle in the past 30 days when they had been drinking alcohol.

Denominator:

Number of high school students in grades 9-12 in the general population.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

YRBS, School surveys, Department of Education, Census

SIGNIFICANCE

Reducing risky behaviors among adolescents reduces accidents and deaths among this population.

SP() # _____ 8

PERFORMANCE MEASURE:

Decrease the number of high school students who never or rarely wear a seatbelt when riding in a car driven by someone else.

STATUS:

Active

GOAL

90% of high school students will wear a seatbelt when riding in a car driven by someone else. (Baseline: 84.8%-2003 YRBS)

DEFINITION

Percentage of high school students in WV in grades 9-12 who never or rarely wear a seatbelt when riding in a car driven by someone else.

Numerator:

Number of students in grades 9-12 who never or rarely wear a seatbelt when riding in a car driven by someone else.

Denominator:

Number of students in grades 9-12 in the general population.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

WV 15.11

Increase the use of safety belts among adults and children older than eight to at least 74% of motor vehicle occupants. (Baseline: 68% in 1998)

DATA SOURCES AND DATA ISSUES

YRBS

SIGNIFICANCE

Increasing the use of wearing seatbelts in this population will reduce injuries, disabilities and hospitalizations.

SO() # _____ 1	
OUTCOME MEASURE:	Percentage of live births that are born prematurely
STATUS:	Active
GOAL	Reduce the incidence of prematurity in WV newborns. (Baseline: 11.7% in 2003).
DEFINITION	Reduce the incidence of resident live pre-term birth (less than 37 weeks gestation). Numerator: Number of live resident births who are born at less than 37 weeks gestation. Denominator: Number of live resident births. Units: 100 Text: Percent
HEALTHY PEOPLE 2020 OBJECTIVE	WV Healthy People Objective 16.6 Reduce the incidence of pre-term birth (<37 weeks of gestation) to 7.6% of live births.
DATA SOURCES AND DATA ISSUES	WV Health Statistics Center
SIGNIFICANCE	Reducing the incidence of infants born prematurely reduces the chances of adverse health outcomes in newborns and reduces healthcare costs.

SO() # 2

OUTCOME MEASURE:

Percentage of live births that are born with low birthweight.

STATUS:

Active

GOAL

Reduce the incidence of low birthweight of live births. (Baseline: 8.6% - 2003 Health Statistics Center).

DEFINITION

Reduce the incidence of infants weighing less than 2,500 grams or 5.8 lbs. at birth of all resident live births.

Numerator:

Number of live resident births who are born weighing less than 2,500 grams or 5.8 lbs.

Denominator:

Number of live resident births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

WV Healthy People Objective 16.2

Reduce low birthweight to a incidence of no more than 5% of the births and very low birthweight to no more than 1% of live births.

DATA SOURCES AND DATA ISSUES

WV Health Statistics Center

SIGNIFICANCE

Reducing the incidence of low birthweight reduces the chances of adverse health outcomes in newborns and also decreases health care costs.

SO() # 3

OUTCOME MEASURE:

Percentage of persons age 18 or greater who are overweight or obese in WV.

STATUS:

Active

GOAL

Reduce the percentage of persons age 18 or greater who are overweight or obese in WV.

DEFINITION

Overweight or obesity is defined by having a body mass index (BMI) of 30 or greater.

Numerator:

Number of persons age 18 or greater who are overweight or obese.

Denominator:

Number of persons age 18 or greater in the general population.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

West Virginia Healthy People Objective 19.1

Reduce the proportion of people aged 18 and older who are obese. 19.1a. Reduce to 37% the proportion of people who are obese as defined by the Metropolitan Life Insurance tables as being at least 20% over ideal body weight. 19.1b. Reduce to 20% the proportion of people who are obese as defined by having a body mass index (BMI) of 30 or greater.

DATA SOURCES AND DATA ISSUES

BRFSS

SIGNIFICANCE

Reducing the incidence of overweight and obesity reduces the chance of adverse health outcomes such as diabetes, high blood pressure and hypertension.

SO) # _____ 4.

OUTCOME MEASURE:

Rate of the adult population smoking

STATUS:

Active

GOAL

To reduce the prevalence of adult smoking in WV. (Baseline: 28.4% - 2002 BRFSS).

DEFINITION

The rate of the adult population 18 years of age or greater who smoke.

Numerator:

Number of adults age 18 or greater in the general population who smoke

Denominator:

Number of adults age 18 or greater in the general population.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

West Virginia Healthy People Objective 27.1

Reduce the prevalence of cigarette smoking among youth and adults.

DATA SOURCES AND DATA ISSUES

BRFSS, West Virginia Bureau, Office of Epidemiology and Health Promotion, Divisions of Tobacco Prevention and Health Statistics

SIGNIFICANCE

Reducing prevalence of adult smoking will reduce second hand smoke exposure, reduce adverse health outcomes caused from smoking and reduce long term health care costs.

SO() # 5

OUTCOME MEASURE:

The rate per 1000 of deaths to adolescents and young adults ages 15 - 24 caused by motor vehicle crashes.

STATUS:

Active

GOAL

Reduce the rate per 1000 of deaths to adolescents and young adults ages 15-24 caused by motor vehicle crashes. (Baseline: 33.3% - 2003 Health Statistics Center).

DEFINITION

The number of persons age 15-24 who die as a result of motor vehicle crashes.

Numerator:

The number of deaths to persons age 15-24 caused by motor vehicle crashes

Denominator:

The number of persons age 15-24 in the general population.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

West Virginia Health Statistics Center

SIGNIFICANCE

Reducing the number of deaths to adolescents and young adults caused from motor vehicle accidents results in improved safety practices saving lives and injuries.

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: WV

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	108.9	109.9	88.5	88.2	88.2
Numerator	1,109	1,159	938	918	918
Denominator	101,805	105,435	105,976	104,060	104,060

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Hospital Discharge Data, HCA

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Hospital Discharge Data, HCA

3. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Hospital Discharge Data, HCA

HEALTH SYSTEMS CAPACITY #02

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	99.3	97.1	97.4	69.6	67.1
Numerator	13,808	13,431	13,752	9,601	9,155
Denominator	13,905	13,829	14,114	13,799	13,636

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:

Fiscal Year 2011 - CMS - 416

9. receiving at least one initial or periodic screen

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Fiscal Year 2010 - CMS - 416

9. receiving at least one initial or periodic screen

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Fiscal Year 2009 - CMS - 416

9. receiving at least one initial or periodic screen

HEALTH SYSTEMS CAPACITY #03

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	100.0	94.1	100.0	100.0	90.0
Numerator	16	16	18	9	9
Denominator	16	17	18	9	10

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2011

Field Note:

CHIP 2011 Annual Report, date ending June 30, 2011. Continuous 12 month enrolled children less than or equal to 15 months.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2010

Field Note:

CHIP 2010 Annual Report, date ending June 30, 2010. Continuous 12 month enrolled children less than or equal to 15 months.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

CHIP 2009 Annual Report, date ending June 30, 2009. Continuous 12 month enrolled children less than or equal to 15 months.

HEALTH SYSTEMS CAPACITY #04

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>75.9</u>	<u>74.3</u>	<u>73.7</u>	<u>72.9</u>	<u>72.9</u>
Numerator	<u>16,245</u>	<u>15,977</u>	<u>15,638</u>	<u>14,872</u>	<u>14,872</u>
Denominator	<u>21,407</u>	<u>21,492</u>	<u>21,225</u>	<u>20,391</u>	<u>20,391</u>
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)</p>					
<p>Is the Data Provisional or Final?</p>				Final	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2011
Field Note:
 based upon 2010 Vital Statistics - calculated by 1st trimester with 11+ visits, 2nd trimester with 6+ visits and 3rd trimester with 1+ visits
 numerator does not include unknown trimester care began
- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2010
Field Note:
 2010 Vital Statistics - calculated by 1st trimester with 11+ visits, 2nd trimester with 6+ visits and 3rd trimester with 1+ visits
 numerator does not include unknown trimester care began
- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2009
Field Note:
 2009 Vital Statistics and preliminary 2009 births calculated by 1st trimester with 11+ visits, 2nd trimester with 6+ visits and 3rd trimester with 1+ visits
 numerator does not include unknown trimester care began

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	<u>98.5</u>	<u>77.6</u>	<u>81.6</u>	<u>81.2</u>	<u>82.1</u>
Numerator	<u>204,413</u>	<u>160,348</u>	<u>174,073</u>	<u>178,233</u>	<u>181,737</u>
Denominator	<u>207,606</u>	<u>206,729</u>	<u>213,390</u>	<u>219,576</u>	<u>221,328</u>

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

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

CMS-416 Annual Report Fiscal Year 2011

Total screens received

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

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

CMS-416 Annual Report Fiscal Year 2010

Total screens received

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

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

CMS-416 Annual Report Fiscal Year 2009

Total screens received

HEALTH SYSTEMS CAPACITY #07B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	54.5	56.0	57.9	59.1	58.0
Numerator	22,398	22,778	24,237	25,541	25,410
Denominator	41,073	40,691	41,838	43,225	43,802

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:

Fiscal Year 2010 - CMS - 416

12a any dental services

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Fiscal Year 2010 - CMS - 416

12a any dental services

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Fiscal Year 2009 - CMS - 416

12a any dental services

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	10.7	9.5	8.1	6.8	8.1
Numerator	987	879	748	528	625
Denominator	9,196	9,233	9,233	7,739	7,679

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

numerator is children 16 and under receiving CSHCN services
denominator is children under 16 receiving SSI

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

numerator is children 16 and under receiving CSHCN services, denominator is children under 16 receiving SSI

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

numerator is children under 18 - receiving CSHCN services

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

INDICATOR #05 Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2010	Payment source from birth certificate	10.3	7.1	9.2
b) Infant deaths per 1,000 live births	2010	Payment source from birth certificate	9.3	4	6.7
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2010	Payment source from birth certificate	78.1	89.3	83.1
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2010	Payment source from birth certificate	68	79	73

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

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	150
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 5 </u>) (Age range <u> 6 </u> to <u> 12 </u>) (Age range <u> 13 </u> to <u> 18 </u>)	2011	133 100 100
c) <i>Pregnant Women</i>	2011	150

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

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

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
Pregnant women are not covered under CHIP. All uninsured teen pregnancies are covered by Title V.
2. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2013
Field Note:
does not include unknown Medicaid status
3. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2013
Field Note:
does not include unknown Medicaid status
4. **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:
does not include unknown Medicaid status
5. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2013
Field Note:
does not include unknown Medicaid status

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

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

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

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

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

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

*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

1. **Section Number:** Form19_Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2013
Field Note:
No direct access to WIC files
2. **Section Number:** Form19_Indicator 09A
Field Name: Discharge
Row Name: Hospital discharge survey for at least 90% of in-State discharges
Column Name:
Year: 2013
Field Note:
No direct access to hospital discharge files

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

Form Level Notes for Form 20

denominator in previous years has been misreported - had include all ages through 24, not just 15-24 year olds

HEALTH STATUS INDICATOR #01A

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	9.5	9.5	9.1	9.2	9.2
Numerator	2,102	2,050	1,941	1,873	1,873
Denominator	22,017	21,492	21,225	20,391	20,391

Check this box if you cannot report the numerator because

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

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Vital Statistics

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Vital Statistics

3. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Vital Statistics

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	7.8	8.0	7.4	7.6	7.6
Numerator	1,725	1,670	1,518	1,496	1,496
Denominator	22,017	20,826	20,543	19,781	19,781

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Vital Statistics

2. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Vital Statistics

3. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Vital Statistics

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	1.6	1.4	1.5	1.3	1.3
Numerator	369	305	314	270	270
Denominator	22,017	21,492	21,225	20,391	20,391

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Vital Statistics

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Vital Statistics

3. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Vital Statistics

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	<u>1.2</u>	<u>1.2</u>	<u>1.1</u>	<u>1.0</u>	<u>1.0</u>
Numerator	<u>255</u>	<u>248</u>	<u>218</u>	<u>201</u>	<u>201</u>
Denominator	<u>22,017</u>	<u>20,826</u>	<u>20,543</u>	<u>19,781</u>	<u>19,781</u>

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Vital Statistics

2. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Vital Statistics

3. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Vital Statistics

HEALTH STATUS INDICATOR #03A

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	9.5	9.8	5.3	7.5	7.5
Numerator	30	31	17	24	24
Denominator	316,809	316,986	318,634	319,121	319,121

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Vital Statistics and 2010 Census population 0-14

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Vital Statistics and 2010 Census population 0-14

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Vital Statistics and 2009 estimate population 0-14

HEALTH STATUS INDICATOR #03B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	5.4	3.5	1.9	3.8	3.8
Numerator	17	11	6	12	12
Denominator	316,809	316,986	318,634	319,121	319,121

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Vital Statistics and 2010 Census population 0-14

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Vital Statistics and 2010 Census population 0-14

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Vital Statistics and 2009 estimate population 0-14

HEALTH STATUS INDICATOR #03C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	36.1	34.3	34.5	19.4	19.4
Numerator	83	78	83	46	46
Denominator	229,772	227,161	240,529	237,296	237,296

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Vital Statistics and 2010 Census population 15-24

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Vital Statistics and 2010 Census population 15-24

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Vital Statistics and 2009 estimate population 15-24

HEALTH STATUS INDICATOR #04A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	256.1	278.0	268.0	190.5	190.5
Numerator	843	915	882	608	608
Denominator	329,137	329,137	329,137	319,121	319,121

Check this box if you cannot report the numerator because

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

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Hospital Discharge data, HCA

Use caution with interpretation of ECODE data. ECODEs are under reported in this dataset. There were 46,144 non-fatal diagnoses of injury vs. 32,303 ECODES, this is a difference of 13,841 with no ECODE reported.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Hospital Discharge data, HCA

Use caution with interpretation of ECODE data. ECODEs are under reported in this dataset. There were 46,144 non-fatal diagnoses of injury vs. 32,303 ECODES, this is a difference of 13,841 with no ECODE reported.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Hospital Discharge data, HCA

HEALTH STATUS INDICATOR #04B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	35.9	40.4	36.5	36.7	36.7
Numerator	118	133	120	117	117
Denominator	329,137	329,137	329,137	319,121	319,121

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

based upon 2010 Hospital Discharge Data - HCA

Use caution with interpretation of ECODE data. ECODEs are under reported in this dataset. There were 46,144 non-fatal diagnoses of injury vs. 32,303 ECODES, this is a difference of 13,841 with no ECODE reported.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

2010 Hospital Discharge Data - HCA

Use caution with interpretation of ECODE data. ECODEs are under reported in this dataset. There were 46,144 non-fatal diagnoses of injury vs. 32,303 ECODES, this is a difference of 13,841 with no ECODE reported.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Hospital Discharge Data - HCA

HEALTH STATUS INDICATOR #04C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	80.5	81.1	84.0	217.9	217.9
Numerator	554	558	578	517	517
Denominator	688,401	688,401	688,401	237,296	237,296

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #04C

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

denominator in previous years has been misreported - had include all ages through 24, not just 15-24 year olds based upon 2010 Hospital Discharge Data - HCA

Use caution with interpretation of ECODE data. ECODEs are under reported in this dataset. There were 46,144 non-fatal diagnoses of injury vs. 32,303 ECODES, this is a difference of 13,841 with no ECODE reported.

2. **Section Number:** Fom20_Health Status Indicator #04C

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

denominator in previous years has been misreported - had include all ages through 24, not just 15-24 year olds based upon 2010 Hospital Discharge Data - HCA

Use caution with interpretation of ECODE data. ECODEs are under reported in this dataset. There were 46,144 non-fatal diagnoses of injury vs. 32,303 ECODES, this is a difference of 13,841 with no ECODE reported.

3. **Section Number:** Fom20_Health Status Indicator #04C

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

2009 Hospital Discharge Data - HCA

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	15.2	15.3	17.4	19.3	20.0
Numerator	928	935	1,065	1,124	1,167
Denominator	61,043	61,043	61,043	58,233	58,233

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:

Office of Epidemiology and Prevention Services, Division of STD, HIV and Hepatitis

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

DSDC STD Unit

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

DSDC STD Unit

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	5.0	5.0	5.4	5.8	6.5
Numerator	1,467	1,481	1,584	1,652	1,841
Denominator	294,987	294,987	294,987	283,748	283,748

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

Office of Epidemiology and Prevention Services, Division of STD, HIV and Hepatitis

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

DSDC STD Unit

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

DSDC STD Unit

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WV

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

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

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	20,121	18,114	617	28	66	5	889	402
Children 1 through 4	83,839	75,102	2,559	118	274	21	4,685	1,080
Children 5 through 9	106,016	97,378	3,338	32	608	63	4,373	224
Children 10 through 14	109,045	100,160	3,557	67	519	29	4,239	474
Children 15 through 19	120,092	112,853	4,507	253	915	47	1,373	144
Children 20 through 24	117,204	108,251	4,696	196	1,232	52	2,373	404
Children 0 through 24	566,317	511,858	19,274	694	3,614	217	17,932	2,728

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	19,752	369	0
Children 1 through 4	82,310	1,529	0
Children 5 through 9	103,257	2,759	0
Children 10 through 14	107,428	1,617	0
Children 15 through 19	117,737	2,355	0
Children 20 through 24	114,897	2,307	0
Children 0 through 24	545,381	10,936	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WV

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

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

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	21	19	2	0	0	0	0	0
Women 15 through 17	693	658	27	2	0	0	6	0
Women 18 through 19	1,905	1,797	89	2	0	1	16	0
Women 20 through 34	15,865	15,113	545	14	47	91	43	12
Women 35 or older	1,905	1,777	71	3	12	37	0	6
Women of all ages	20,390	19,364	734	21	59	129	65	18

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	20	1	0
Women 15 through 17	681	12	0
Women 18 through 19	1,881	24	0
Women 20 through 34	15,690	175	0
Women 35 or older	1,871	35	0
Women of all ages	20,143	247	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WW

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

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

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	149	139	10	0	0	0	0	0
Children 1 through 4	34	32	2	0	0	0	0	0
Children 5 through 9	15	14	1	0	0	0	0	0
Children 10 through 14	18	17	1	0	0	0	0	0
Children 15 through 19	71	66	5	0	0	0	0	0
Children 20 through 24	138	133	5	0	0	0	0	0
Children 0 through 24	425	401	24	0	0	0	0	0

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	149	0	0
Children 1 through 4	34	0	0
Children 5 through 9	15	0	0
Children 10 through 14	18	0	0
Children 15 through 19	68	3	0
Children 20 through 24	135	3	0
Children 0 through 24	419	6	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WV

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	439,213	401,162	17,035	769	2,862	117	14,863	2,405	2010
Percent in household headed by single parent	30.9	24.2	50.1	30.9	12.9	25.0	43.8	27.5	2010
Percent in TANF (Grant) families	5.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Number enrolled in Medicaid	175,763	165,242	7,031	70	527	80	2,461	352	2011
Number enrolled in SCHIP	37,835	35,662	1,496	10	95	19	488	65	2011
Number living in foster home care	6,367	5,190	665	22	15	16	441	18	2011
Number enrolled in food stamp program	132,693	132,693	0	0	0	0	0	0	2011
Number enrolled in WIC	40,387	35,802	1,634	114	92	34	2,711	0	2011
Rate (per 100,000) of juvenile crime arrests	1,013.0	899.0	4,365.0	260.0	276.0	0.0	0.0	3,833.0	2010
Percentage of high school drop-outs (grade 9 through 12)	2.2	2.2	2.3	4.1	0.6	0.0	0.0	0.0	2011

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	430,709	8,504	0	2010
Percent in household headed by single parent	30.9	30.9	0.0	2010
Percent in TANF (Grant) families	0.0	0.0	5.0	2011
Number enrolled in Medicaid	0	0	175,763	2011
Number enrolled in SCHIP	0	0	37,835	2011
Number living in foster home care	6,115	82	170	2011
Number enrolled in food stamp program	0	0	132,693	2011
Number enrolled in WIC	39,149	1,238	0	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	1,013.0	2010
Percentage of high school drop-outs (grade 9 through 12)	2.2	2.6	0.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WW

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*
 Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	8,784
Living in urban areas	202,038
Living in rural areas	237,175
Living in frontier areas	0
Total - all children 0 through 19	439,213

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WV

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

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

POVERTY LEVELS	TOTAL
Total Population	1,799,900
Percent Below: 50% of poverty	8
100% of poverty	21
200% of poverty	40

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WV

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

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	439,213
Percent Below: 50% of poverty	15
100% of poverty	23
200% of poverty	22

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013
Field Note:
2012 Census American Community Survey
household type children under 18
male no wife present and female no husband present
household type by race
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013
Field Note:
not broken down by race
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
CHIP annual report - fiscal year ending June 30, 2011
race calculations based roughly on CHIP percentage
only includes children 0-18
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
Fiscal year ending June 30, 2011
only includes children 0-18
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
not broken down by race
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2013
Field Note:
Criminal Justice Statistical Analysis Center
Asian and Pacific Islander calculated as one under Asian (reported as one from Statistical Analysis Center)
More than one race not reported from Statistical Analysis Center
Previously calculated based on 10-19 age group, now calculated on age 19 and under
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2013
Field Note:
reported as rates
school year 2010-2011
Hawaii/PI, more than one race, other/unknown not broken down
8. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013
Field Note:
2012 Census American Community Survey
household type children under 18
male no wife present and female no husband present
household type by race
9. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013
Field Note:
not broken down by ethnicity
10. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
not broken down by ethnicity

11. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
not broken down by ethnicity

12. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
not broken down by ethnicity

13. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2013
Field Note:
not broken down by ethnicity

14. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2013
Field Note:
reported as rates
school year 2010-2011

15. **Section Number:** Form21_Indicator 12

Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2013
Field Note:
National Center for Children in Poverty

16. **Section Number:** Form21_Indicator 12

Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2013
Field Note:
National Center for Children in Poverty

17. **Section Number:** Form21_Indicator 12

Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2013
Field Note:
National Center for Children in Poverty

18. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2013
Field Note:
AFCARS report ending date 3-2012

19. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2013
Field Note:
AFCARS report ending date 3-2012