

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: MA
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER DUNS 878298900									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER 4500-2000									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER 6 B04MC 00298									
5. APPLICANT INFORMATION												
Legal Name: Commonwealth of Massachusetts		Organizational Unit: Dept. of Public Health, Bur. Fam & Community Hlth										
Address (give city, county, state and zip code) Massachusetts Dept of Public Health 250 Washington Street Boston , MA 02108 County: N / A		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Sally Fogerty Tel Number: 617-624-6090										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; text-align: center;"><tr><td>0</td><td>4</td><td>6</td><td>0</td><td>0</td><td>2</td><td>2</td><td>8</td><td>4</td></tr></table>		0	4	6	0	0	2	2	8	4	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
0	4	6	0	0	2	2	8	4				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width:100%; text-align: center;"><tr><td>9</td><td>3</td><td>9</td><td>9</td><td>4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal & Child Health Services Block Grant					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Massachusetts												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant N/A	b. Project All Mass. Districts									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
a. Federal	\$ <u>12,140,389.00</u>											
b. Applicant	\$ <u>931,676.00</u>											
c. State	\$ <u>55,377,970.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>68,450,035.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. Typed Name of Authorized Representative Carol Weisberg		b. Title Chief Financial Officer	c. Telephone Number 617-624-5260									
d. Signature of Authorized Representative		e. Date Signed										

FORM 2
MCH BUDGET DETAILS FOR FY 2005

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

STATE: MA

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 12,140,389

A. Preventive and primary care for children:

\$ 3,735,873 (30.77%)

B. Children with special health care needs:

\$ 3,665,636 (30.19%)

(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:

\$ 886,112 (7.3%)

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

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

\$ 931,676

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

\$ 55,377,970

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

\$ 0

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

\$ 0

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

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 23,499,343

\$ 55,377,970

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

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

\$ 68,450,035

9. OTHER FEDERAL FUNDS

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

a. SPRANS: \$ 1,148,385

b. SSDI: \$ 100,000

c. CISS: \$ 157,832

d. Abstinence Education: \$ 885,814

e. Healthy Start: \$ 0

f. EMSC: \$ 125,000

g. WIC: \$ 99,732,710

h. AIDS: \$ 888,348

i. CDC: \$ 3,286,012

j. Education: \$ 9,301,049

k. Other:

Dept of Justice \$ 464,418

SAMHSA Block Grant \$ 15,000

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

\$ 116,104,568

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 184,554,603

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAlloc
Row Name: Federal Allocation
Column Name:
Year: 2005
Field Note:
Based on projected FY05 award amount from MCHB memorandum.

2. **Section Number:** Main
Field Name: FedAlloc_Admin
Row Name: Federal Allocation - Title V Administrative costs
Column Name:
Year: 2005
Field Note:
The Department of Public Health uses the same definitions and procedures for determining "administrative costs" for the MCH Block Grant as it originally applied to the Alcohol and Drug Abuse and Mental Health Services (ADAMHA) Block Grant. Using this definition, no more than 10% of the Commonwealth's federal MCH funds (including both the FY05 estimated allotment and estimated carry-over FY04 federal funds) are budgeted for administrative costs for FY05. This definition has not changed from previous years. This definition of administrative costs includes funds expended for personnel working within the Department's Central Administration (for such functions as contracting and payments for purchase of service, payroll, travel reimbursement; support of legal services, administrative support, and personnel functions) and personnel within the BFCH working entirely on fiscal management and operations.
The amount shown here represents the percentage of the FY05 award budgeted for administrative costs. The amount shown on Form 4, Line I.f., for FY05 Budgeted includes both FY05 and FY04 carry-over funds.

3. **Section Number:** Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2005
Field Note:
The following state accounts or portions of state accounts make up the "Total State Funds" amount of \$55,377,970, after approval of the final state FY05 budget.
Family Health Services account (\$6,668,000; compared to \$9,481,028 in FY03 and \$4,840,000 in FY04)
Early Intervention accounts, including retained revenue (\$31,970,828, essentially no change from FY03 or FY04)
Universal Newborn Hearing Screening (\$83,060; no change).
Teen Pregnancy Prevention Challenge Fund, portion (\$250,000) (NOTE: The remaining \$740,000 of FY05 funding (down from \$1,849,633 in FY03) in this account is still managed by the Title V agency but is used as match for federal TANF funding that supports the FOR Families ISA(\$490,000) and as match for the federal Abstinence Education grant (\$250,000); prior to FY03, the entire Challenge Fund had been considered part of our Federal-State Partnership.)
School Health (including core school health support, Essential School Health grants, and school-based health centers) (\$14,002,966 vs. \$25,273,620 in FY03)
Medicaid ISA for EI Partnership home visiting programs (\$500,000)
Portions of state Dental Health account (\$42,721)
Portions of other state shared administrative accounts (\$1,860,395). Beginning in FY04, all personnel costs were transferred into this account from MCH partnership state accounts: Family Health, Early Intervention, Dental Health, Teen Pregnancy Prevention, and School Health.
Healthy Start and the Children's Medical Security Program have been transferred fully to Medicaid and are no longer part of the Federal-State Title V Partnership Budget.

Based on a total FY05 federal MCH budget of \$13,072,065, this breaks out as a budgeted FY05 State Match (\$3 state for every \$4 federal) of \$9,804,049 and State Over Match of \$45,573,921.
Based on a total new FY05 federal MCH award of \$12,140,389, this breaks out as a budgeted FY05 State Match (\$3 state for every \$4 new federal) of \$9,105,292 and State Over Match of \$46,272,678.

4. **Section Number:** Main
Field Name: SPRANS
Row Name: Other Federal Funds - SPRANS
Column Name:
Year: 2005
Field Note:
The total SPRANS category includes the following:
ASAP2: Improving Screening for Alcohol Use during Pregnancy Demonstration Project 2 (\$150,629)
Genetics Services Grant: Integrated Services for Early Childhood (\$401,185)
Integrated Comprehensive Women's Health Services Grant (\$125,000)
Infant Hearing Linkage Project (\$143,428)
Medical Home Project (\$228,143)
Childhood Oral Healthcare Access (\$100,000)
These amounts are estimates of FY05 budgets and projects, including carry-over funds in some cases for continuing grants.

5. **Section Number:** Main
Field Name: SSDI
Row Name: Other Federal Funds - SSDI
Column Name:
Year: 2005
Field Note:
MCHB Primary Care Systems Development grant (\$100,000).

6. **Section Number:** Main
Field Name: CISS
Row Name: Other Federal Funds - CISS
Column Name:
Year: 2005
Field Note:
The total CISS category includes the following:
Max Care: Maximizing Children's Health and Safety in Day Care (\$57,832)
Massachusetts Early Childhood Comprehensive Systems (\$100,000)

7. **Section Number:** Main
Field Name: AbsEducation
Row Name: Other Federal Funds - Abstinence Education
Column Name:
Year: 2005
Field Note:
The amount shown of \$885,814 is the current FY05 estimate.

8. **Section Number:** Main
Field Name: EMSC
Row Name: Other Federal Funds - EMSC
Column Name:
Year: 2005
Field Note:
The total EMSC category includes the following:
EMSC Partnership (\$125,000, including carry-over funds)
9. **Section Number:** Main
Field Name: WIC
Row Name: Other Federal Funds - WIC
Column Name:
Year: 2005
Field Note:
The amount shown includes both federal and state WIC funding as following:
Federal WIC Funds (\$63,931,662)
State Nutrition Funds (for WIC, Office of Nutrition, and Growth and Nutrition) (\$12,571,048)
State WIC Infant Formula Rebate Retained Revenue - (\$23,230,000)
State WIC/Nutrition funds have been included because they and the federal funds are fully blended at the state level. The state WIC funds, while not appropriate to include as part of our MCH Partnership funding, are administered by the Bureau and represent a major component of the Commonwealth's overall MCH commitment.
10. **Section Number:** Main
Field Name: AIDS
Row Name: Other Federal Funds - AIDS
Column Name:
Year: 2005
Field Note:
Ryan White Title IV Pediatric AIDS Demonstration (MassCARE) (\$888,348)
11. **Section Number:** Main
Field Name: CDC
Row Name: Other Federal Funds - CDC
Column Name:
Year: 2005
Field Note:
Total estimated CDC funding related to maternal and child health includes the following:
Childhood Hearing Data System (\$210,360)
CARE Communities (\$520,650)
Obesity Prevention and Intervention (\$1,000,000)
Residential Fire Injury Prevention (\$146,000)
Addressing Asthma from a Public Health Perspective (\$200,000)
Portions of Federal Immunization funding (\$137,432)
Birth Defects Research and Prevention (\$1,071,570).
12. **Section Number:** Main
Field Name: Education
Row Name: Other Federal Funds - Education
Column Name:
Year: 2005
Field Note:
Federal education funding includes the following:
Federal P.L. 102-119 Part C of IDEA funds (\$9,012,100, including carry-forward funds)
Federal IDEA funds, through an ISA from state Department of Education (\$200,000)
Federal funds for Collaborative School Health, through ISA from state Department of Education (\$88,949)
13. **Section Number:** Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2005
Field Note:
The Other Federal lines includes the following:
Federal Substance Abuse funds (for Poison Control System) (\$15,000)
Department of Justice Rural Domestic Violence and Child Victimization grant (\$464,418)

**FORM 3
STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506((a))(1-3)]

STATE: MA

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,072,751	\$ 9,933,047	\$ 12,046,095	\$ 0	\$ 12,140,389	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 1,493,240	\$ 2,796,874	\$ 1,804,957	\$ 0	\$ 931,676	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 90,889,935	\$ 78,191,530	\$ 69,075,127	\$ 0	\$ 55,377,970	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 104,455,926	\$ 90,921,451	\$ 82,926,179	\$ 0	\$ 68,450,035	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 114,662,274	\$ 109,078,957	\$ 113,979,842	\$ 0	\$ 116,104,568	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 219,118,200	\$ 200,000,408	\$ 196,906,021	\$ 0	\$ 184,554,603	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506((a))(1-3)]

STATE: MA

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,788,619	\$ 8,869,027	\$ 11,884,500	\$ 8,522,571	\$ 11,867,040	\$ 9,708,947
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 1,319,134	\$ 3,213,672	\$ 1,144,255	\$ 2,991,048	\$ 1,347,619	\$ 2,796,874
3. State Funds <i>(Line3, Form 2)</i>	\$ 77,884,161	\$ 82,068,991	\$ 96,868,475	\$ 98,057,296	\$ 88,766,606	\$ 95,970,263
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 90,991,914	\$ 94,151,690	\$ 109,897,230	\$ 109,570,915	\$ 101,981,265	\$ 108,476,084
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 106,793,817	\$ 105,612,378	\$ 110,961,296	\$ 106,468,131	\$ 110,633,113	\$ 109,099,040
9. Total <i>(Line11, Form 2)</i>	\$ 197,785,731	\$ 199,764,068	\$ 220,858,526	\$ 216,039,046	\$ 212,614,378	\$ 217,575,124
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

State v. Federal Fiscal Year

Due to the state budget cycle, which structures all of our purchase of service expenditures and readily accessible budget and expenditure accounting information, all amounts shown are for the relevant State Fiscal Year, which runs from July 1 to June 30. (FY03 = July 1, 2002 - June 30, 2003 and FY05 = July 1, 2004 - June 30, 2005). Final expenditures matched to budgeted encumbrances can be obtained only at the end of the accounts payable period for a state fiscal year. This reporting is consistent with budgets presented in previous applications and annual reports.

Contracted Service Amounts

Dollar amounts for purchased services, by program type and vender, are available upon request.

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2002

Field Note:

The allocation amount shown in the Expended Column of \$9,708,947 represents the difference between the total federal funds expended (\$12,505,821) and the amount of carry-forward funds (exclusive of the final FY01 quarterly allotment) available; "older" federal funds are expended before new allocations.

In FY02 federal expenditures (from new and unobligated balance funds combined) were approximately 95% of the FY02 projected budget (a total of \$12,505,821 expended compared with \$13,214,659 budgeted). The differences were due primarily to normal staff turnover, vendors not completely billing out annual contracts, and transfers of some general support costs to other funding sources (state and federal).

2. Section Number: Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2003

Field Note:

The allocation amount shown in the Expended Column of \$9,933,047 represents the difference between the total federal funds expended (\$12,729,921) and the amount of carry-forward funds (exclusive of the final FY02 quarterly allotment) available; "older" federal funds are expended before new allocations.

In FY03 federal expenditures (from new and unobligated balance funds combined) were approximately 94% of the FY03 projected budget (a total of \$12,729,921 expended compared with \$13,565,991 budgeted). The differences were due primarily to normal staff turnover, vendors not completely billing out annual contracts, and transfers of some general support costs to other funding sources (state and federal).

3. Section Number: Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance

Column Name: Expended

Year: 2002

Field Note:

The FY02 Unobligated Balance expended is higher than the amount originally budgeted. We generally do not fully budget the sum of the new allocations and the carryover from the previous year; therefore the sum of lines 1 and 2 in any Budgeted Column is not the same as "Total Funds Available." The precise amount of carryover cannot be calculated at the time the new budget is prepared, as accounts payable extends for at least 2 months after the close of the state fiscal year.

Another systematic difference between the Federal Budgeted and Expended Columns is that when showing the budget, the new federal award is shown in full (per instructions) and only the amount of unobligated carry-forward funds necessary to meet our program needs is budgeted. However, expenditures are always paid first with the "oldest" federal funds, not the new award. Therefore for expenditures, only the amount of the new grant needed to make all budgeted payments is actually expended. The final federal balance forward for FY02 was \$2,796,874, whereas only \$1,347,619 had been budgeted originally.

4. Section Number: Main

Field Name: UnobligatedBalanceExpended

Row Name: Unobligated Balance

Column Name: Expended

Year: 2003

Field Note:

The FY03 Unobligated Balance expended is higher than the amount originally budgeted. We generally do not fully budget the sum of the new allocations and the carryover from the previous year; therefore the sum of lines 1 and 2 in any Budgeted Column is not the same as "Total Funds Available." The precise amount of carryover cannot be calculated at the time the new budget is prepared, as accounts payable extends for at least 2 months after the close of the state fiscal year.

Another systematic difference between the Federal Budgeted and Expended Columns is that when showing the budget, the new federal award is shown in full (per instructions) and only the amount of unobligated carry-forward funds necessary to meet our program needs is budgeted. However, expenditures are always paid first with the "oldest" federal funds, not the new award. Therefore for expenditures, only the amount of the new grant needed to make all budgeted payments is actually expended. The final federal balance forward for FY03 was \$2,796,874, whereas only \$1,493,240 had been budgeted originally.

5. Section Number: Main

Field Name: StateMCHFundsExpended

Row Name: State Funds

Column Name: Expended

Year: 2002

Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$95,970,263 (expended amounts are shown in parentheses):

Family Health Services account (\$11,753,869). [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state MCH match. The total also includes portions of other state shared administrative accounts (for some payroll expenses and office operations).]

Healthy Start account (\$7,094,086)

State funds portion of Medicaid ISA for Medicaid outreach for pregnant / postpartum women (Healthy Start) (\$333,102)

Medicaid ISA for MCH Home Visiting Programs (\$497,633)

Teen Pregnancy Prevention Challenge Fund (\$3,467,800)

Early Intervention account, including supplemental budget (\$29,716,954)

Early Intervention retained revenue account (\$2,556,679)

Early Intervention Respite account (new) (\$390,754)

Children's Medical Security Program account (\$14,655,785)

Portion of Mass. Tobacco Control Program account (for school health and pediatric primary care) (\$5,139,589)

School-Based Health Centers account (\$3,884,000)

School Health Services account (\$15,348,636)

Family Planning Education and Outreach (new) (\$988,961)

Dental Health account (partial) (\$75,786)

Newborn Hearing Screening (new) (\$66,628)

Portions of other state shared administrative accounts (for some payroll expenses and office operations) have been incorporated into the total for the Family Health Services account above.

Based on FY02 federal MCH expenditures of \$12,505,821, this breaks out as FY02 State Match (\$3 state for every \$4 federal) expenditures of \$9,379,366 and State Over Match expenditures of \$86,590,897.

The state budget for FY02 (which began July 1, 2001) was not final when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Most accounts ended up at different levels, either in the budget as passed or as a result of executive branch emergency cuts during FY02: Family Health Services account (down \$.7M); Healthy Start (down \$.4M); Early Intervention Services accounts (up \$6M); CMSP (down \$2.2M); School Health accounts (up \$9.6M); School-Based Health Center accounts (down \$.5M); Teen Pregnancy Prevention account (down \$2M); and administrative support accounts (down \$.5M). The net effect of these changes (many of which took place mid-way into FY02) was a budget increase of approximately \$9.2M to \$97,980,000. Of this total, \$95,970,000 (approximately 98%) was expended. The net impacts of the account-by-account changes on programmatic services are discussed in relationship to Forms 4 and 5.

6. Section Number: Main

Field Name: StateMCHFundsExpended

Row Name: State Funds

Column Name: Expended

Year: 2003

Field Note:

The following state accounts or portions of state accounts make up the total "State Funds Expended" amount of \$78,191,530 (expended amounts are shown in parentheses):

Family Health Services account (\$9,989,477). [Note: This is not the total expenditure for the account, as portions earmarked for non-MCH services are not counted as state MCH match.]

Healthy Start account (\$6,779,774)

State funds portion of Medicaid ISA for Medicaid outreach for pregnant / postpartum women (Healthy Start) (\$49,982)

Medicaid ISA for MCH Home Visiting Programs (\$500,000)

Teen Pregnancy Prevention Challenge Fund (\$407,579)

Early Intervention account, including supplemental budget (\$28,562,518)

Early Intervention retained revenue account (\$2,538,952)

Children's Medical Security Program account (\$14,089,251)

Portion of Mass. Tobacco Control Program account (for school health) (\$2,806,738)

School-Based Health Centers (\$2,408,389)

School Health Services (\$9,309,504)

Dental Health account (partial) (\$100,923)

Newborn Hearing Screening – included in Family Health account for FY03

Portions of other state shared administrative accounts (for some payroll expenses and office operations) (\$648,443).

Based on FY03 total federal MCH expenditures of \$12,729,921, this breaks out as FY03 State Match (\$3 state for every \$4 federal) expenditures of \$9,547,441 and State Over Match expenditures of \$68,644,089.

The state budget for FY03 (which began July 1, 2002) was reduced by the executive branch twice during the year after our final Partnership Budget was filed, due to a continuing worsening of the state's fiscal situation. Because most accounts had been substantially reduced in the initial FY03 budget, only two state accounts that were part of the Partnership Budget were affected – those supporting school health services and school-based health centers. However, they were dramatically reduced by 42%, from an original total of \$25,273,620 to a final level of \$14,577,331. The net impact of the cuts on programmatic services are discussed in relationship to Forms 4 and 5.

7. Section Number: Main

Field Name: OtherFedFundsExpended

Row Name: Other Federal Funds

Column Name: Expended

Year: 2002

Field Note:

FORM 4

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

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

STATE: MA

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 10,949,535	\$ 9,950,610	\$ 9,219,553	\$ 0	\$ 3,483,251	\$ 0
b. Infants < 1 year old	\$ 2,257,582	\$ 1,774,912	\$ 2,561,192	\$ 0	\$ 1,384,958	\$ 0
c. Children 1 to 22 years old	\$ 42,162,056	\$ 34,291,840	\$ 28,045,862	\$ 0	\$ 18,110,315	\$ 0
d. Children with Special Healthcare Needs	\$ 39,990,057	\$ 37,629,089	\$ 39,635,951	\$ 0	\$ 41,572,050	\$ 0
e. Others	\$ 5,595,769	\$ 5,469,066	\$ 1,380,334	\$ 0	\$ 2,532,963	\$ 0
f. Administration	\$ 3,500,927	\$ 1,805,934	\$ 2,083,287	\$ 0	\$ 1,366,498	\$ 0
g. SUBTOTAL	\$ 104,455,926	\$ 90,921,451	\$ 82,926,179	\$ 0	\$ 68,450,035	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 1,066,478	\$ 920,106	\$ 1,148,385
b. SSDI	\$ 123,043	\$ 100,000	\$ 100,000
c. CISS	\$ 141,080	\$ 150,000	\$ 157,832
d. Abstinence Education	\$ 861,557	\$ 799,378	\$ 885,814
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 202,240	\$ 202,240	\$ 125,000
g. WIC	\$ 99,345,568	\$ 98,459,010	\$ 99,732,710
h. AIDS	\$ 888,693	\$ 888,348	\$ 888,348
i. CDC	\$ 1,773,900	\$ 3,016,755	\$ 3,286,012
j. Education	\$ 9,779,155	\$ 8,979,155	\$ 9,301,049
k. Other			
Dept of Justice	\$ 0	\$ 0	\$ 464,418
SAMHSA Block Grant	\$ 0	\$ 0	\$ 15,000
Department of Justice	\$ 0	\$ 449,850	\$ 0
Other federal	\$ 0	\$ 15,000	\$ 0
Department of Justice	\$ 465,560	\$ 0	\$ 0
Other Federal	\$ 15,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 114,662,274	\$ 113,979,842	\$ 116,104,568

FORM 4

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

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

STATE: MA

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 14,238,434	\$ 14,837,243	\$ 10,738,885	\$ 12,323,823	\$ 12,466,849	\$ 11,595,964
b. Infants < 1 year old	\$ 2,909,229	\$ 4,054,570	\$ 2,571,718	\$ 2,132,582	\$ 2,817,561	\$ 1,959,110
c. Children 1 to 22 years old	\$ 34,011,081	\$ 36,875,254	\$ 48,650,333	\$ 46,493,637	\$ 43,090,739	\$ 45,997,995
d. Children with Special Healthcare Needs	\$ 35,317,102	\$ 33,445,188	\$ 38,441,365	\$ 40,334,298	\$ 34,162,295	\$ 40,449,006
e. Others	\$ 3,025,628	\$ 3,090,668	\$ 6,399,348	\$ 6,328,143	\$ 6,384,873	\$ 6,314,052
f. Administration	\$ 1,490,440	\$ 1,848,767	\$ 3,095,581	\$ 1,958,432	\$ 3,058,948	\$ 2,159,956
g. SUBTOTAL	\$ 90,991,914	\$ 94,151,690	\$ 109,897,230	\$ 109,570,915	\$ 101,981,265	\$ 108,476,083

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 376,556	\$ 805,243	\$ 1,190,110
b. SSDI	\$ 121,933	\$ 150,369	\$ 100,000
c. CISS	\$ 93,230	\$ 169,811	\$ 184,650
d. Abstinence Education	\$ 883,264	\$ 872,141	\$ 952,310
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 152,071	\$ 146,053	\$ 245,950
g. WIC	\$ 94,491,694	\$ 96,320,751	\$ 96,642,518
h. AIDS	\$ 923,102	\$ 909,284	\$ 888,693
i. CDC	\$ 1,479,456	\$ 1,872,546	\$ 1,036,032
j. Education	\$ 8,206,511	\$ 8,942,166	\$ 8,942,000
k. Other			
Department of Justice	\$ 0	\$ 397,104	\$ 400,000
Medicaid	\$ 0	\$ 360,828	\$ 35,850
Other federal	\$ 0	\$ 15,000	\$ 15,000
Federal Medicaid ISA	\$ 51,000	\$ 0	\$ 0
Substance Abuse	\$ 15,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 106,793,817	\$ 110,961,296	\$ 110,633,113

FORM NOTES FOR FORM 4

It may appear from Form 4 that Massachusetts distributes our funding among MCH Population groups in a variable manner from year to year and that certain groups differ significantly in FY05 from their FY04 or previous shares. This picture is misleading because Form 4 presents the entire MCH Federal-State Partnership budget, which in our case is over 80% state funds (83% in FY04 and 87% in FY03). A more accurate picture of our commitment to the MCH Populations may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which presents data separately for federal and state funds over several years. A comparison of Form 4 and this table illustrates that virtually all of the year to year variation in the relative distribution of funds across population groups is due to variations in state funding. The overall reductions in funding in categories from FY04 to FY05 are due to the loss of state funds, down from \$90,889,935 in FY03 to \$69,075,127 in FY04 and to \$55,377,970 in FY05. The particularly steep drop in FY05 is due to the transfer of two major state insurance programs – Healthy Start and Children's Medical Security Program – out of the Title V agency. Based on the categorical nature of our state funding stream (and the disproportion cuts in some accounts), the impact of the state funding cuts is not felt equally across all of MCH population groups.

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2004
Field Note:
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2002
Field Note:
Final FY02 Expended totals are different from FY02 Budgeted ones. The FY02 state budget had not yet been passed when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Later cuts in Healthy Start and MCH Primary Care services (due to cuts in the Family Health Services accounts) led to reduced expenditures for Pregnant Women.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2003
Field Note:
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2004
Field Note:
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2002
Field Note:
Final FY02 Expended totals are significantly different from FY02 Budgeted totals. The state budget for FY02 had not yet been passed when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Overall spending was substantially higher than the amount originally budgeted, due entirely to state funding increases and shifts. (See Notes to Form 3). However, large cuts in Healthy Start, CMSP, and MCH Primary Care services (due to cuts in the Family Health Services account) led to expenditures for Infants that were lower than the budget by over 10%.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2003
Field Note:
Final FY03 Expended totals are more than 10% lower than the FY03 Budgeted totals. This is principally due to the reduction in total "shared" expenditures by about \$1.3M from their initial budgeted level, due to staff vacancies, early retirements (as part of the forced emergency cuts during FY03), and some cost-shifting to non-Partnership accounts. These Shared costs (either budgeted or expended) are allocated across the MCH population categories in proportion to each category's share of direct costs. Thus the savings in Shared costs helps account for the lower expenditures in all categories, but because of the relatively small total for Infants, the effect is magnified enough to trigger the TVIS filter of a 10% difference. Direct expenditures for Infants (from both federal and state funds) only differed from the budgeted totals by approximately 7%.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2004
Field Note:
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2002
Field Note:
Final FY02 Expended totals are different from FY02 Budgeted totals. The state budget for FY02 had not yet been passed when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Overall spending was substantially higher than the amount originally budgeted, due entirely to state funding increases and shifts. (See Notes to Form 3). Reductions to MCH Primary Care, CMSP, School-Based Health Centers, and teen pregnancy prevention all reduced expenditures for Children and Youth. However, a massive increase in enhanced school health services funding resulted in an overall increase of almost \$3M for this population group.
- 9. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2003

Field Note:

Final FY03 Expended totals are different from FY03 Budgeted totals. Emergency cuts were made to the state FY03 budget after our application was filed. The school health-related accounts were reduced by approximately 42% mid-year. These funds were primarily targeted to children in this population category and thus total spending fell. (See Notes to Form 3 also.)

10. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNBudgeted

Row Name: CSHCN

Column Name: Budgeted

Year: 2004

Field Note:

11. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended

Row Name: CSHCN

Column Name: Expended

Year: 2002

Field Note:

Final FY02 Expended totals are significantly different from FY02 Budgeted totals. The state budget for FY02 had not yet been passed when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Overall spending was substantially higher than the amount originally budgeted, due entirely to state funding increases and shifts. (See Notes to Form 3). For Children with special health needs, the large increase in Early Intervention funds, along with portions of school health funding, led to the substantial increase in expenditures for this group.

12. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2004

Field Note:

13. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2002

Field Note:

Final FY02 Expended totals are significantly different from FY02 Budgeted totals. The state budget for FY02 had not yet been passed when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Overall spending was substantially higher than the amount originally budgeted, due entirely to state funding increases and shifts. (See Notes to Form 3). Despite the increase in programmatic state funds, the loss of state administrative funding support explains the overall decrease in administrative expenditures and their variance from the original budget.

14. Section Number: I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2003

Field Note:

Final FY03 Expended totals are significantly lower than the FY03 Budgeted totals. This difference reflects two different situations in FY03. Substantial (42%) cuts in school health-related accounts resulted in sharp cuts to their contributions to administrative costs (including staff support) for the Bureau and the Department. In addition, the Bureau continued to be quite successful in both reducing overall administration costs and in shifting a number of them to other state and federal accounts that are not part of the Partnership budget. This trend in lower administration costs within the Partnership budget can also be seen in the proposed FY05 budget – which is again lower.

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: MA

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 24,344,578	\$ 23,292,470	\$ 18,982,228	\$ 0	\$ 19,230,392	\$ 0
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.)	\$ 44,364,123	\$ 37,138,048	\$ 39,487,961	\$ 0	\$ 23,847,802	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 13,838,296	\$ 12,899,548	\$ 9,091,330	\$ 0	\$ 10,683,506	\$ 0
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.)	\$ 21,908,929	\$ 17,591,385	\$ 15,364,660	\$ 0	\$ 14,688,335	\$ 0
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.)	\$ 104,455,926	\$ 90,921,451	\$ 82,926,179	\$ 0	\$ 68,450,035	\$ 0

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: MA

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 22,175,569	\$ 23,039,439	\$ 23,817,366	\$ 26,794,389	\$ 22,363,875	\$ 26,694,233
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.)	\$ 46,198,036	\$ 43,442,378	\$ 47,182,911	\$ 43,995,156	\$ 48,617,131	\$ 42,893,456
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 7,889,775	\$ 9,072,603	\$ 13,021,561	\$ 15,120,073	\$ 10,227,652	\$ 15,265,771
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.)	\$ 14,728,534	\$ 18,597,270	\$ 25,875,392	\$ 23,661,297	\$ 20,772,607	\$ 23,622,624
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.)	\$ 90,991,914	\$ 94,151,690	\$ 109,897,230	\$ 109,570,915	\$ 101,981,265	\$ 108,476,084

FORM NOTES FOR FORM 5

It may appear from Form 5 that Massachusetts continues to devote a large proportion of our funding on Direct Health Care Services, rather than shifting toward the Infrastructure Building Services at the "base" of the MCH Pyramid as recommended by MCHB. This picture is misleading, however, because Form 5 presents the entire MCH Federal-State Partnership budget, which in our case is over 80% state funds (83% in FY04 and 87% in FY03). The state funds are generally targeted toward direct and enabling services and in fact the generous level of state funding over the years has allowed us to increasingly focus our federal MCH dollars on infrastructure building, reducing the level of federal funding for direct and enabling services without reducing services for women, children and families. A more accurate picture of our commitment to the MCH Pyramid may be seen in the tables attached to Part 5, Section B of the Narrative portion of our Application, which present data for federal and state funds separately over several years. A comparison of Form 5 and these tables illustrates that virtually all of the year to year variation in the relative distribution of funds across the pyramid is due to variations in state funding, which we are not able to control or direct to the same degree as federal funds. The overall reductions in funding in categories from FY04 to FY05 are due to the loss of state funds, down from \$90,889,935 in FY03 to \$69,075,127 in FY04 and to \$55,377,970 in FY05. The particularly steep drop in FY05 is due to the transfer of two major state insurance programs – Healthy Start and Children's Medical Security Program – out of the Title V agency. Based on the categorical nature of our state funding stream (and the disproportion cuts in some accounts), the impact of the state funding cuts is not felt equally across all of the federal MCH pyramid. In particular, the loss of the insurance programs will affect the overall budget for Enabling Services, of which they were a major component.

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2004
Field Note:
- 2. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
Final FY02 Expended totals are significantly different from FY02 Budgeted totals for several types of MCH services ("levels of the pyramid"). The state budget for FY02 had not yet been passed when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Overall spending was substantially higher than the amount originally budgeted, due entirely to state funding increases and shifts. (See Notes to Form 3). The large increase in Early Intervention funds overshadowed the cuts in MCH Primary Care services (due to cuts in the Family Health Services accounts) and School-Based Health Centers, and accounts for the rise in Direct Services expenditures of over \$3.3M.
- 3. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
Final FY02 Expended totals are significantly different from FY02 Budgeted totals for several types of MCH services ("levels of the pyramid"). The state budget for FY02 had not yet been passed when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Overall spending was substantially higher than the amount originally budgeted, due entirely to state funding increases and shifts. (See Notes to Form 3). In terms of Enabling Services, the EI increase was overshadowed by the deep cuts in Healthy Start, CMSP, and teen pregnancy prevention, for a substantial net drop in expenditures of \$5.7M. Both Healthy Start and CMSP, as insurance programs, are entirely in the enabling services category.
- 4. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Final FY03 Expended totals are significantly different from FY03 Budgeted totals for Enabling Services. (See Notes to Form 3 also). Emergency cuts were made to the state FY03 budget after our application was filed. The school health-related accounts were reduced by approximately 42% mid-year. As approximately 25% of Enhanced School Health Services grants to cities and towns and 10% of School-Based Health Centers contracts are for Enabling Services activities, this reduction in state funds was a major contributing factor to the lower expenditure amounts. In addition, not all state CMSP insurance funding originally budgeted was expended during FY03.
- 5. Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2004
Field Note:
Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health or otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.
- 6. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
Final FY02 Expended totals are significantly different from FY02 Budgeted totals for several types of MCH services ("levels of the pyramid"). The state budget for FY02 had not yet been passed when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Overall spending was substantially higher than the amount originally budgeted, due entirely to state funding increases and shifts. (See Notes to Form 3). Although affected by changes in several accounts, the increased expenditures for both Population-Based Services and Infrastructure Building (\$8M combined) are the result of the large school health services increase.

Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health or otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.
- 7. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003

Field Note:

Massachusetts appears to spend relatively less on Population-Based Services than the general shape of the "MCH Pyramid" might suggest. This is due to the fact that most of the Commonwealth's extensive population-based services for the MCH populations are located elsewhere in the Department of Public Health or otherwise not under the direction of the state Title V Director. They are thus not included in Form 5. These services and programs include the Massachusetts Immunization Program, the New England Newborn Screening Program, and the Childhood Lead Poisoning Prevention Program. In addition, many population-based programs by their nature tend to be less costly than enabling or direct health care programs serving fewer persons.

8. Section Number: Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2002

Field Note:

Final FY02 Expended totals are significantly different from FY02 Budgeted totals for several types of MCH services ("levels of the pyramid"). The state budget for FY02 had not yet been passed when our FY02 Application was submitted and tentative account amounts were used to build our Partnership Budget. Overall spending was substantially higher than the amount originally budgeted, due entirely to state funding increases and shifts. (See Notes to Form 3). Although affected by changes in several accounts, the increased expenditures for both Population-Based Services and Infrastructure Building (\$8M combined) are the result of the large school health services increase.

9. Section Number: Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2003

Field Note:

Final FY03 Expended totals are significantly lower than the FY03 Budgeted totals for Infrastructure Building. Emergency cuts were made to the state FY03 budget after our application was filed. The school health-related accounts were reduced by approximately 42% mid-year. Because a significant proportion of these funds was targeted to improving school health services infrastructure (both through Title V agency staff support and substantial grants to over a hundred cities and towns to improve school nursing services), a major result of the loss of funds was this drop in Infrastructure Building expenditures.

FORM 6

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

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

STATE: MA

Total Births by Occurrence: 81,318

Reporting Year: 2003

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	81,126	99.8	75	3	3	100
Congenital Hypothyroidism	81,126	99.8	1,184	60	60	100
Galactosemia	81,126	99.8	84	2	2	100
Sickle Cell Disease	81,126	99.8	44	44	44	100

Other Screening (Specify)

Biotinidase Deficiency	81,126	99.8	23	0	0	
Homocystinuria	81,126	99.8	64	0	0	
Toxoplasmosis	81,126	99.8	60	1	1	100
Congenital Adrenal Hyperplasia (CAH)	81,126	99.8	296	8	8	100
Maple Syrup Urine Disease (MSUD)	81,126	99.8	58	0	0	
Medium Chain AcylCo-A Dehydrogenase (MCAD)	81,126	99.8	13	6	6	100
Optional Expanded Metabolic Panel	80,423	98.9	189	14	14	100
Optional Cystic Fibrosis	80,411	98.9	361	11	11	100

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

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

FORM NOTES FOR FORM 6

The New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School provided all these newborn screening services and furnished these data. Every newborn is screened for ten disorders. Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. Data are for the calendar year 2003. For this year, the numbers reported were babies from whom at least one specimen card was received by the NENSP indicating (in the birth facility field on the card) that the baby was born in Massachusetts. If the birth facility was not given, then the baby was counted only if the specimen card was a Massachusetts card. For example, if the only specimens received on a baby born in MA were RI cards, and the correct MA birth hospital was not indicated on the card, then the baby would not be counted in these numbers.

In addition to the 10 mandatory tests, optional screening is offered for Cystic Fibrosis and for an Extended Panel of 19 disorders: Tyrosinemia I, Tyrosinemia II, HMG Lyase Deficiency, Argininosuccinic Aciduria, Isovaleric Acidemia, HHH Syndrome, Glutaric Acidemia I, Glutaric Acidemia II, Citrullinemia, Argininemia, CPT Deficiency, Propionic Acidemia, Methylmalonic Aciduria (MMA), β -Methyl Crotonyl Carboxylase (MCC), LCHAD [long-chain hydroxyacyl-CoA dehydrogenase deficiency], VLCAD [very-long-chain acyl-CoA dehydrogenase deficiency], SCAD [short-chain acyl-CoA dehydrogenase deficiency], LCAD [long-chain acyl-CoA dehydrogenase deficiency], and β -Ketothiolase Deficiency [2-methylacetoacetyl-CoA thiolase deficiency]. In 2003, 99% of parents participated in the voluntary testing.

Only confirmed cases from resident births are reported here.

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: SickCellDisease_OneScreenNo

Row Name: SickCellDisease

Column Name: Receiving at least one screen

Year: 2005

Field Note:

Screening is reported for "Hemoglobin Disorders," not just "Sickle Cell Disease."

2. Section Number: Main

Field Name: Congenital_Presumptive

Row Name: Congenital

Column Name: Presumptive positive screens

Year: 2005

Field Note:

The number of presumptive positives for congenital hypothyroidism may appear quite high in comparison with data from other states. The following explanation should help clarify why.

The NENSP uses a two-tiered testing algorithm for the hypothyroid screen, using both a T4 and a TSH test. The 1,184 presumptive positive screens in Column B represent cases where T4 OR TSH values were out of range for at least one sample. Many of these are in low birth weight NICU babies, a population known to yield elevated results on these tests, and most of whom are not really presumed to have hypothyroidism. Some programs ignore babies who only have "T4 only" out-of-range, and for the purpose of these reports only count babies with elevated TSH as "presumptive" positive. (We have done this in the past ourselves.) In fact some programs do not even follow up on babies who have an out-of-range T4 if there is not also an out-of-range TSH. This practice does run a risk of missing certain babies with hypothyroidism. NENSP follows up by getting additional specimens from any baby who yields an out of range test for "T4 plus TSH", T4 alone, or TSH alone. If it were not for the hypothyroid screen, these babies would not have follow-up samples required; thus to this extent, they are "presumptive" positive until further testing shows otherwise.

3. Section Number: Main

Field Name: SickCellDisease_Presumptive

Row Name: SickCellDisease

Column Name: Presumptive positive screens

Year: 2005

Field Note:

The number of presumptive positive screens is the same as the number of confirmed positives for sickling disorders. This may appear to be an error, but the numbers are correct. Unlike most other tests, a presumptive positive sickle cell test generally confirms.

4. Section Number: Main

Field Name: SickCellDisease_Confirmed

Row Name: SickCellDisease

Column Name: Confirmed Cases

Year: 2005

Field Note:

The number of presumptive positive screens is the same as the number of confirmed positives for sickling disorders. This may appear to be an error, but the numbers are correct. Unlike most other tests, a presumptive positive sickle cell test generally confirms.

5. Section Number: Other Screening Types

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2005

Field Note:

In addition to the 10 mandatory tests, optional screening is offered for Cystic Fibrosis and for an Extended Panel of 19 disorders. (See Form-Level note for a listing.) In 2003, 99% of parents participated in the voluntary testing.

The results for 2003 for the optional metabolic panel disorders testing are shown in the last line of the Form. The "# Presumed Positive" is reported combined for these disorders, because some blood analytes may be associated with more than one of these disorders, making the usual statistics misleading. The 14 confirmed and treated disorders in 2003 were as follows: Citrullinemia (1), LCHAD (2), MCAD (7), MCC (1), MMA (1), SCAD (1), and VLCAD (1).

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: MA

Reporting Year: 2003

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	16,700	40.6		43.5	5.4	10.5
Infants < 1 year old	16,630	43.4		29.1	9.5	18.0
Children 1 to 22 years old	251,593	28.2		39.9	17.2	14.6
Children with Special Healthcare Needs	31,349	30.9		62.6	3.0	3.5
Others	45,999	1.7		2.9	63.2	32.2
TOTAL	362,271					

FORM NOTES FOR FORM 7

Please see the Attachment file for Part IV, Section E of the Narrative ("Other Program Activities"). The second part of that attachment is a Table entitled "Massachusetts Program Service Numbers by MCH Categories, FY03." This table summarizes the numbers of persons served, by MCH population groups, for each of our MCH-related programs. It contains more detail by program and also includes a wide array of infrastructure-building and indirect services activities (e.g. training, technical assistance, outreach) that are not included in Form 7. Where the services are included in Form 7, the totals of persons served are identical.

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2005
Field Note:
This category include pregnant women served by the following programs: Healthy Start (5,028), Healthy Start Assistance with Medicaid (54), Perinatal Primary Care (13,022), and FIRSTSteps (257). Total adjusted for double-count of 1,661.
- 2. Section Number:** Main
Field Name: PregWomen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2005
Field Note:
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 3. Section Number:** Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2005
Field Note:
This category includes substantial numbers of persons with state-funded insurance benefits through the Healthy Start program (for pregnant women) and the Children's Medical Security Program (CMSP) (for children and adolescents). For example, the total of 43.54% of pregnant women with Private/Other coverage includes the 30.11% who have Healthy Start coverage. Approximately 11% of the infants served and 17% of the children have CMSP coverage, respectively.
- 4. Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2005
Field Note:
This category includes Infants (not including infants receiving special health needs services) served by the following programs: FIRSTSteps (114); Pediatric Primary Care (8,817); Healthy Start and Healthy Start Medicaid Assistance (2,142); FIRSTLink initial home visits (2,746); Children's Medical Security Program (CMSP) (220); and Poison Control Center calls (2,973). Total adjusted for double-count of 382.

The number of infants served is substantially different from the number of occurrence births shown in Form 6 because Title V Partnership funds in Massachusetts do not pay for universal newborn screening (either blood or hearing screening), the typical services that would be considered to reach every newborn.

The total number of infants served shown here is less than the total shown on Form 8 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, a minimum (unduplicated count) of 12,039 infants with special health needs were served in such programs as Early Intervention, Case Management/Family Support, FIRSTLink/FIRSTSteps, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.
- 5. Section Number:** Main
Field Name: Children_0_1_XXI
Row Name: Infants <1 year of age
Column Name: Title XXI %
Year: 2005
Field Note:
The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.
- 6. Section Number:** Main
Field Name: Children_0_1_Private
Row Name: Infants <1 year of age
Column Name: Private/Other %
Year: 2005
Field Note:
This category includes substantial numbers of persons with state-funded insurance benefits through the Healthy Start program (for pregnant women) and the Children's Medical Security Program (CMSP) (for children and adolescents). For example, the total of 43.54% of pregnant women with Private/Other coverage includes the 30.11% who have Healthy Start coverage. Approximately 11% of the infants served and 17% of the children have CMSP coverage, respectively.
- 7. Section Number:** Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age
Column Name: Unknown %
Year: 2005
Field Note:
The higher percentage of clients with "unknown coverage" among infants and children when compared with pregnant women and children with special health needs and with reported overall insurance rates in the state is somewhat misleading and is due to the nature of several large service programs provided by Title V. Two of the larger programs serving children and youth, the statewide Poison Control Center and the Teen Pregnancy Prevention Coalitions, are population-based programs that do not collect insurance data because the services being provided are not covered by insurance. Many of these children and their families probably have some form of insurance, but we do not have that information. On the other hand, most of the services provided to pregnant women and to children with special health care needs (Early Intervention in particular), are delivered in programs that are required to bill Medicaid and other third parties and thus have thorough information on the insurance status of all clients.
- 8. Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2005
Field Note:
This category includes children (not counted elsewhere) served by the following programs: Pediatric / Adolescent Primary Care (121,931); CMSP (42,399); FIRSTSteps (306); FIRSTLink teen moms (1,164); School-Based Health Centers (SBHC) (1,947); Family Planning (under age 20) (15,880); Teen Challenge Fund (on-going services)

(3,163); Poison Control Center calls (33,109); and CLPPP (20% of total children screened) (47,179). Total adjusted for estimated doublecount of 15,977 among the various programs.

9. Section Number: Main

Field Name: Children_1_22_XXI

Row Name: Children 1 to 22 years of age

Column Name: Title XXI %

Year: 2005

Field Note:

The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.

10. Section Number: Main

Field Name: Children_1_22_Private

Row Name: Children 1 to 22 years of age

Column Name: Private/Other %

Year: 2005

Field Note:

This category includes substantial numbers of persons with state-funded insurance benefits through the Healthy Start program (for pregnant women) and the Children's Medical Security Program (CMSP) (for children and adolescents). For example, the total of 43.54% of pregnant women with Private/Other coverage includes the 30.11% who have Healthy Start coverage. Approximately 11% of the infants served and 17% of the children have CMSP coverage, respectively. The % or those served through Pediatric and Adolescent Primary Care estimated to have CMSP coverage is considered to be a low estimate and those estimated to have no coverage to be a high estimate for a number of data collection system reasons (e.g. some health centers may record insurance status upon intake and not update the reporting database as they work to enroll patients in insurance programs for which they are eligible).

11. Section Number: Main

Field Name: Children_1_22_Unknown

Row Name: Children 1 to 22 years of age

Column Name: Unknown %

Year: 2005

Field Note:

The higher percentage of clients with "unknown coverage" among infants and children when compared with pregnant women and children with special health needs and with reported overall insurance rates in the state is somewhat misleading and is due to the nature of several large service programs provided by Title V. Two of the larger programs serving children and youth, the statewide Poison Control Center and the Teen Pregnancy Prevention Coalitions, are population-based programs that do not collect insurance data because the services being provided are not covered by insurance. Many of these children and their families probably have some form of insurance, but we do not have that information. On the other hand, most of the services provided to pregnant women and to children with special health care needs (Early Intervention in particular), are delivered in programs that are required to bill Medicaid and other third parties and thus have thorough information on the insurance status of all clients.

12. Section Number: Main

Field Name: CSHCN_TS

Row Name: Children with Special Health Care Needs

Column Name: Title V Total Served

Year: 2005

Field Note:

This category includes children with special health care needs served by the following programs: Early Intervention (including EI specialty and respite services) (27,635); Case Management (with and without Family Support; not in EI) (469); SBHC (with long-term health problems) (617), Growth and Nutrition Clinics; not also in EI (596); FIRSTLink (referrals to EI) (573); CLPPP (medical case management) (242); and Special Medical Fund (94). [EI total includes at least 854 children also receiving Growth and Nutrition, FIRSTSteps, or Case Management/Family Support services.] The number of CSHCN served through School-Based Health Centers fell substantially during FY03 due to the 42% cut in SBHC funding mid-year that caused a number of clinics to close, reduce the number of sites, and/or cut hours of service.

13. Section Number: Main

Field Name: CSHCN_XXI

Row Name: Children with Special Health Care Needs

Column Name: Title XXI %

Year: 2005

Field Note:

The Massachusetts SCHIP program has been implemented in large part through expanded MassHealth (Medicaid) eligibility. At the service delivery end (where our data come from on insurance sources for clients served), the distinction between Title XIX and Title XXI cannot be made. All of these clients are included in the Title XIX column.

14. Section Number: Main

Field Name: AllOthers_TS

Row Name: Others

Column Name: Title V Total Served

Year: 2005

Field Note:

This category includes persons served by the following programs: Family Planning (age 20 or over) (28,750); FIRSTLink (non-teen moms) (2,081); FIRSTSteps (postpartum moms) (177); SBHCs (clients over age 22 or unknown age) (63); Teen Challenge Fund (on-going services, over age 21) (87); Poison Control Center calls (adults and unknown age) (12,681); SIDS counseling (128 individuals), and Rape Crisis Center clients (all ages) (2,032).

15. Section Number: Main

Field Name: AllOthers_None

Row Name: Others

Column Name: None %

Year: 2005

Field Note:

The high percent of clients with "no coverage" for the population group "Others" is explained by who is served. Most of those served are adult women who have received family planning services paid for with state Partnership funds. These funds may only be used for persons who are not on Medicaid and do not have other insurance. [The women covered by Medicaid or private insurance that are served by these programs are not included in these numbers.]

16. Section Number: Main

Field Name: AllOthers_Unknown

Row Name: Others

Column Name: Unknown %

Year: 2005

Field Note:

The high percentage of clients with "unknown coverage" among other individuals when compared with all other population groups is somewhat misleading and is due to the nature of several large service programs provided by Title V. Two of the larger programs serving other individuals - the statewide Poison Control Center and the Rape Crisis Centers, are population-based programs that do not collect insurance data because the services being provided are not covered by insurance. Many of these individuals probably have some form of insurance, but we do not have that information.

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: MA

Reporting Year: 2002

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	82,974	61,978	6,106	180	5,396			9,314
Title V Served	16,700	4,161	2,853	18	1,278	0	4	8,386
Eligible for Title XIX	18,668	9,576	2,925	65	1,197			4,905
INFANTS								
Total Infants in State	82,640	61,663	6,121	131	4,880			9,845
Title V Served	28,669	12,000	3,558	37	1,274	0	205	11,595
Eligible for Title XIX	22,038	9,925	3,068	68	1,218			7,759

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	73,362	9,612	0					9,612
Title V Served	8,314	7,177	1,209	156	0	84	945	5,992
Eligible for Title XIX	13,661	5,007	0					5,007
INFANTS								
Total Infants in State	72,486	9,537	617	442	73	4,585	2,527	1,910
Title V Served	17,074	6,310	5,285	90	0	799	398	5,023
Eligible for Title XIX	15,013	7,017	8					7,017

FORM NOTES FOR FORM 8

Sources: MDPH 2002 and 2001 Birth Files for deliveries, estimated number of infants, and deliveries eligible for Medicaid (from Birth File source of prenatal care data); 2002 Fetal Deaths file for deliveries and deliveries eligible for Medicaid.
Bureau of Family and Community Health, Program databases for Title V Served estimates (see Form 7).

Title V serves a substantially greater proportion of all minority pregnant women and infants than it does of the total population.

FIELD LEVEL NOTES

- 1. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2005
Field Note:
Defined as all occurrence births in 2002, the most recent data available.
- 2. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2005
Field Note:
"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.
- 3. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, all Hispanic persons are included in Column F with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services.
- 4. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
Defined as having Medicaid coverage, as measured by data from Birth Certificate on payment source for prenatal care. Excludes births for which source of payment data was missing. Data are for 2002, the most recent available.
- 5. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2005
Field Note:
Number of infants is estimated based on 2001 resident births.
The total number of infants in the state reported here is substantially larger than the total of infants served by Title V shown on Form 7 for the following reason. No Title V Partnership funds are used in Massachusetts for newborn bloodspot screening or for newborn hearing screening, the typical services that would be considered to reach every newborn. We do not feel comfortable reporting all newborns receiving either newborn screening as having been served with Title V Partnership funds.
- 6. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2005
Field Note:
"Other & Unknown Race" includes all Hispanics who did not report a race; totals may differ from some published state data which assign them to "White" group.
- 7. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
The total number of infants served shown here differs from the total shown on Form 7 for the following reason. In Form 7, all children with special health care needs, regardless of age, are put into the CSHCN population group, and only other infants served ("not otherwise counted") are included in the "Infants" population group. However, an unduplicated count of 12,039 infants with special health needs were served in Early Intervention, Case Management/Family Support, FIRSTSteps, FIRSTLink, and Growth and Nutrition. On Form 8, these infants have been added to the totals for infants served.
Estimates of deliveries and infants served by Title V can only be reported by combined race/ethnicity categories, as this is how most programs report data to BFCH. Although our categories of American Indian and Asian can reasonably be assumed to be accurate under either categorization, the columns labeled "White" and "Black/African American" include only "White, non-Hispanic" and "Black, non-Hispanic" persons respectively. In this section, all Hispanic persons are included in Column F with "Other" and "Unknown." Service program data include any Pacific Islander / Native Hawaiian persons in the "Asian" category. Service program data are currently reported with the category of "more than one race" only for MCH primary care services.
- 8. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
Estimated based on source of payment for deliveries in 2001, including Healthy Start, as most of these infants are then eligible for Medicaid. Using this data source enables us to report race/ethnicity detail that is comparable to that used for estimating the total number of infants in the state, although it may underestimate the number of infants eligible for Medicaid to some degree.
- 9. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2005

Field Note:

All "Hispanic or Latino" persons were included in Column H ("Other and Unknown") of Section I, as data from programs report on race by Hispanic ethnicity combined. Because of the small numbers of persons of Mexican or Cuban origin in the state, these subcategories are part of other categories in program databases and cannot be broken out separately in a consistent manner. In addition, differences among service programs in categorizing areas of origin mean that some of the persons in the "Other and Unknown" column are in fact of Central or South American origin.

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 311-2229</u>	<u>(800) 531-2229</u>	<u>(800) 531-2229</u>	<u>(800) 531-2229</u>	<u>(800) 531-2229</u>
2. State MCH Toll-Free "Hotline" Name	Family Resource Line	MCH Access Family Resource Helpline			
3. Name of Contact Person for State MCH "Hotline"	<u>Karin Downs</u>	<u>Donna E. Johnson</u>	<u>Lisa Levine</u>	<u>Lisa Levine</u>	<u>Lisa Levine</u>
4. Contact Person's Telephone Number	<u>(617) 624-5967</u>	<u>(617) 624-5224</u>	<u>(617) 624-6028</u>	<u>(617) 624-6028</u>	<u>(617) 624-6028</u>
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>72,898</u>	<u>72,498</u>	<u>71,698</u>

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 905-8437</u>	<u>(800) 905-8437</u>	<u>(800) 905-8437</u>	<u>(800) 905-8437</u>	<u>800) 905-8437</u>
2. State MCH Toll-Free "Hotline" Name	Family TIES (Together in Enhancing Support)				
3. Name of Contact Person for State MCH "Hotline"	<u>Sara Miranda</u>	<u>Sara Miranda</u>	<u>Polly Sherman</u>	<u>Polly Sherman</u>	<u>Polly Sherman</u>
4. Contact Person's Telephone Number	<u>(617) 236-7210</u>	<u>(617) 727-1111</u>	<u>(617) 727-1440</u>	<u>(617) 727-1440</u>	<u>(617) 727-1440</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>472</u>	<u>414</u>	<u>383</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: hnumber_2

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2005

Field Note:

Massachusetts changed our toll-free number during FY04 to the national number, because of the loss of the Health Access staff and Massachusetts-specific 1-800 line that had been used previously. The loss was due to the transfer of the Healthy Start and CMSP funding to the state Medicaid agency and the discontinuing of the programs' information and referral activities that were supported through the 1-800 line.

Other BFCH staff have been trained in providing family resource information and cover the new 1-800 line, which now is located within the Division of Perinatal and Early Childhood Health in our main offices.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: MA

1. State MCH Administration:
(max 2500 characters)

The Massachusetts Title V Maternal and Child Health Services Block Grant Program is located within the Bureau of Family and Community Health (BFCH), Center for Community Health (CCH), Massachusetts Department of Public Health. The Title V program is located in the same Bureau as WIC, Early Intervention (Part H., IDEA), school health programs, adult special needs programs, oral health, primary care cooperative agreement, violence prevention programs, major portions of the Preventive Health and Health Services Block Grant, and a number of chronic disease prevention and health promotion programs. The Bureau is committed to protecting and improving the health status, functional status and quality of life of Massachusetts's residents across the life span, with special focus on at-risk populations, low-income groups, and cultural and linguistic minorities. To this end, the Bureau focuses its efforts and resources on health promotion, systems building, quality improvement, and assurance of access to preventive, primary and specialized health services.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>12,140,389</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>931,676</u>
4. State Funds (Line 3, Form 2)	\$ <u>55,377,970</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>68,450,035</u>

9. Most significant providers receiving MCH funds:

<u>Community health centers</u>
<u>Early intervention agencies</u>
<u>Local school districts and public health agencies</u>
<u>Massachusetts/Rhode Island Poison Control Center</u>

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

a. Pregnant Women	<u>16,700</u>
b. Infants < 1 year old	<u>16,630</u>
c. Children 1 to 22 years old	<u>251,593</u>
d. CSHCN	<u>31,349</u>
e. Others	<u>45,999</u>

11. Statewide Initiatives and Partnerships:

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

Primary and Preventive Care: Title V provides family planning services, MCH primary care (nutrition, social service, and care coordination), home visiting services, school-based health centers, and oral health services through community-based providers and agencies. Programs are targeted to those who are uninsured or underinsured and to the provision of non-third party reimbursable services. Programs for homeless families living in motels include assessment, referral and care coordination. Performance measures are in place for all service programs. CSHCN: Title V continues to provide care coordination, family support, newborn hearing screening, early intervention services (to 20,000 children ages birth to three), and other specialized services for families and children with special needs. Multifaceted outreach and assistance are offered to families in obtaining benefits and services for which they are eligible. Care coordinators have been located within primary care pediatric practices. Care coordination, advocacy, referral, and insurance enrollment are provided through a restructured system of regional services.

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

Teen Pregnancy: Title V supports multiple efforts and strategies to prevent teen pregnancy. The former Teen Challenge Fund community coalition model in 17 communities has been phased out due to loss of state funding. A new evidenced-based model was developed during FY04, with programs in 6-7 communities at 10% of the former funding level. The federally-funded Abstinence Education program supports a statewide media campaign, targeted to the highest risk areas. Universal Newborn Screening: The development of integrated data systems and services linking universal newborn hearing, blood spot, and risk identification screening is under active development and implementation. School Health: Medication administration guidelines have been developed and implemented, along with policies for the management of allergic reactions. Other Population-Based Services: Title V continues to support a Poison Control Center, lead poisoning screening, SIDS and bereavement counseling, oral health screenings, basic school health services, child passenger safety, and promotion of childhood immunization. Statewide CHSCN Consultation Programs offer assistance to EI, school systems, and birth-to-three child serving agencies in providing care to children with complex medical and technology needs.

c. Infrastructure Building Services:
(max 2500 characters)

Monitoring and Data Collection: Title V maintains and continuously improves data systems to monitor maternal and child health, analyze and report on trends, evaluate program effectiveness, and provide information to the public and private sectors. Priorities for FY05 are to continue efforts begun in FY03 to integrate and link key data systems, program information and billing systems, with linkages to the Executive Office of Human Services Virtual Gateway. HIPPA compliance for both the Bureau and its vendors is another priority. Mortality and Morbidity Reviews: Title V has a Maternal Morbidity and Mortality Committee, Fetal-Infant Mortality Review process in selected communities, and actively participates in the state's Child Death Review Team system. Health Promotion for MCH: Multiple campaigns underway include suicide prevention, folic acid awareness, limited tobacco control, osteoporosis awareness, overweight prevention and control, substance abuse, violence and injury prevention, and heart disease. Provider Training and Development: Multiple technical assistance and training programs for providers, programs, and agencies are provided, including Early Intervention and School Health Institutes, and a number related to domestic violence. Training and support for child care providers are a particular focus. Women's Health: The continuation of efforts to increase awareness and enhance coordination of services for women.

12. The primary Title V Program contact person:

Name Sally Fogerty
Title Associate Commissioner
Address Mass. Dept of Public Health, 250 Washington St.
City Boston
State MA
Zip 02108-4619
Phone (617) 624-6090
Fax (617) 624-6062
Email sally.fogerty@state.ma.us
Web _____

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

Name Sally Fogerty
Title Associate Commissioner
Address Mass.Dept. of Public Health, 250 Washington St.
City Boston
State MA
Zip 02108-4619
Phone (617) 624-6090
Fax (617) 624-6062
Email sally.fogerty@state.ma.us
Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	82,027	82,703	106	109	124
Denominator	82,027	82,703	106	109	124
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
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.

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>					
	1999	2000	2001	2002	2003
Annual Performance Objective					64.4
Annual Indicator				64.4	64.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	65	70	70	70	70
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.

PERFORMANCE MEASURE # 03

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	61
Annual Indicator	_____	_____	_____	61	61
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
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.

PERFORMANCE MEASURE # 04

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	65
Annual Indicator	_____	_____	_____	65.1	65.1
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	65	65	70	70	70
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.

PERFORMANCE MEASURE # 05

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

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	79
Annual Indicator	_____	_____	_____	79	79
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	80	81	81	81
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.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	5.8
Annual Indicator	_____	_____	_____	5.8	5.8
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
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.

PERFORMANCE MEASURE # 07

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

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>90</u>	<u>90</u>	<u>80</u>	<u>80</u>	<u>80</u>
Annual Indicator	<u>83.3</u>	<u>80.1</u>	<u>77.4</u>	<u>77.8</u>	<u>86.2</u>
Numerator	<u> </u>				
Denominator	<u> </u>				
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>83</u>	<u>83</u>	<u>85</u>	<u>85</u>	<u>85</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.

PERFORMANCE MEASURE # 08

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

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>18</u>	<u>17.5</u>	<u>15.5</u>	<u>15.5</u>	<u>15</u>
Annual Indicator	<u>15.1</u>	<u>14.1</u>	<u>13.2</u>	<u>12.2</u>	<u> </u>
Numerator	<u>1,853</u>	<u>1,739</u>	<u>1,627</u>	<u>1,498</u>	<u> </u>
Denominator	<u>122,480</u>	<u>123,166</u>	<u>123,166</u>	<u>123,166</u>	<u> </u>
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>14</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</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.

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>				
	1999	2000	2001	2002	2003
Annual Performance Objective	21	22	50	50	60
Annual Indicator	21	21	58.3	59.7	58
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	60	60	60	60
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.

PERFORMANCE MEASURE # 10

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.2	1.17	1.2	1.2	1.2
Annual Indicator	1.2	1.3	1.7	0.5	
Numerator	15	16	21	6	
Denominator	1,243,270	1,259,376	1,256,376	1,256,376	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	71	72	73	74	75
Annual Indicator	71.0	71.3	74.0	74.7	
Numerator	57,394	58,188	59,911	60,266	
Denominator	80,866	81,582	81,014	80,624	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	75	76	76	76	76
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.

PERFORMANCE MEASURE # 12

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	50	90	98	99	99
Annual Indicator	85.2	98.5	99.6	99.9	
Numerator	70,087	80,358	81,319	79,294	
Denominator	82,216	81,582	81,638	79,373	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	99	99	99
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.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6	3	3	2.5	3.5
Annual Indicator	2.7	2.5	1.9	2.5	2.3
Numerator		34,066			
Denominator		1,389,583			
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3	2.5	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 14

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	81.1	82	90	90	90
Annual Indicator	81.9	91.3	95.3	93.8	93.6
Numerator	408,074	478,742	401,603	419,948	404,918
Denominator	498,143	524,151	421,589	447,508	432,478
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	93	93	93	93	93
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.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.35	1.36	1.44	1.48	1.52
Annual Indicator	1.4	1.3	1.4	1.4	
Numerator	1,120	1,090	1,114	1,109	
Denominator	80,866	81,582	81,014	80,624	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.5	1.5	1.5	1.5
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6.9	6.9	6	6	5
Annual Indicator	4.9	5.1	4.6	3.4	
Numerator	20	21	19	14	
Denominator	411,794	415,737	415,737	415,737	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 17

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	88	90	90	90	85
Annual Indicator	87.3	89.3	86.9	86.0	
Numerator	924	922	893	909	
Denominator	1,058	1,032	1,028	1,057	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	85	85	85	85
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.

PERFORMANCE MEASURE # 18

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	84.06	84.22	84	84	84
Annual Indicator	83.8	82.1	83.7	83.7	
Numerator	67,732	66,952	67,821	67,457	
Denominator	80,866	81,582	81,014	80,624	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	85	85	85	85
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.

STATE PERFORMANCE MEASURE # 1

The percentage of pregnancies among women age 18 and over that are intended.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	69.1	70	70	72	72
Annual Indicator		73.3		75	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	75	75	75	75	75
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.

STATE PERFORMANCE MEASURE # 3

Percent of children and youth enrolled in Medicaid, CMSP, or Title XXI who receive any preventive (well-child) services annually.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	94.0	50	66	67	68
Annual Indicator	46.7	66.0	63.7	63.2	67.1
Numerator	149,600	270,334	288,103	289,250	310,832
Denominator	320,251	409,583	452,559	457,875	463,305
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	69	70	70	70	70
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.

STATE PERFORMANCE MEASURE # 4

Percent of children and youth (ages 3 - 18) enrolled in Medicaid or CMSP who receive preventive dental services annually.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	38.0	27.0	45	45	60
Annual Indicator	26.3	45.7	53.4	62.0	35.9
Numerator	102,781	181,869	208,349	243,889	149,548
Denominator	391,410	398,003	390,479	393,577	416,144
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	37	37	37	37	37
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.

STATE PERFORMANCE MEASURE # 5

The percent of women who report not smoking during their current pregnancy.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	89	89.25	89.5	89.75	91
Annual Indicator	89.0	89.8	90.6	91.9	
Numerator	71,989	73,289	73,420	74,061	
Denominator	80,866	81,582	81,014	80,624	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	91	91	92	92	92
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.

STATE PERFORMANCE MEASURE # 6

The rate (per 1,000) of chlamydia cases among females aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	12.0	12.7	12.7	12.8	14.5
Annual Indicator	12.7	13.4	14.5	17.0	14.9
Numerator	2,583	2,760	2,973	3,488	3,065
Denominator	204,133	205,277	205,277	205,277	205,277
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	14.5	14.5	14.5	14.5	14.5
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 8

The degree to which the State assures nutrition screening and education, with referrals to assessment, counseling and services as indicated, for pregnant women, children and adolescents.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	21	22.11	28.56	35.9	33.7
Annual Indicator	22	22	26	34	34
Numerator	22	22	26	34	34
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	41.8	45.1	47.2	47.2	47.2
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 10

The degree to which the state has developed and implemented comprehensive education, screening and referral protocols for violence against women and children (on scale from 0 to 16).

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	3	3	7	1	6
Annual Indicator	3	3	4	2	8
Numerator	3	3	4	2	8
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	10	12	13	13	14
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.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

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

Field Name: PM01

Row Name:

Column Name:

Year: 2005

Field Note:

Data on Newborn Screening from the New England Newborn Screening Program (NENSP) at the University of Massachusetts Medical School. The data are for Calendar Year 2003. The NENSP provides all these newborn screening services and furnishes these data. See Form 06 and its Notes also. Massachusetts screens every newborn for ten disorders: Phenylketonuria (PKU), Congenital Hypothyroidism (primary), Galactosemia, Hemoglobin Disorders (including sickle cell anemia), "Maple Syrup" Urine Disease (MSUD), Homocystinuria, Congenital Toxoplasmosis, Congenital Adrenal Hyperplasia, Biotinidase Deficiency, and Medium-chain acyl Co-A dehydrogenase deficiency (MCAD).

Every newborn with abnormal results is tracked to a normal result or appropriate clinical care. In 2003, the total of 124 confirmed cases receiving treatment included 3 with PKU, 60 with Congenital Hypothyroidism, 2 Galactosemia, 44 Hemoglobin Disorders, 1 Congenital Toxoplasmosis, 8 Congenital Adrenal Hyperplasia, 6 MCAD.

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

Field Name: PM02

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

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

Field Name: PM03

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

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

Field Name: PM04

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

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

Field Name: PM05

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

6. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

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

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

Fully immunized corresponds to the CDC definition of 4:3:1:3:3 (4 or more doses of DTP, 3 or more of poliovirus, 1 or more of any MCV, 3 or more of Hib, and 3 or more of HepB). Data are from the National Immunization Survey, as reported by the CDC at <http://www.cdc.gov/nip/coverage/default.htm>. All historic annual data have been revised to reflect NIP rates. Because the percentage rates are generated by the NIP from surveys, no numerators and denominators are presented in Form 11. Data for 1996, 1997, and 1998 are reported on a calendar year basis (Quarters 1 - 4 of the referenced year); data for 1999 - 2003 are reported on a fiscal year basis (e.g. FY03 = Quarters 3 & 4 of 2002 and Quarters 1 & 2 of 2003).

8. **Section Number:** Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2005

Field Note:

Birth data are from MDPH, Vital Records for calendar years 1991 - 2002. This is the most recent year of data available. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 and 2002 denominators are the same as the 2000 denominator, as no 2001 or 2002 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

The number of female teens ages 15-17 is roughly estimated at 60% of the standard 5-year age group 15-19.

Based on the improvements in this Measure since 1998, our Annual Objectives through 2008 have been adjusted to reflect lower baseline rates, but with no further improvement. State funding cuts have reduced a number of programs and services addressing this problem; in addition, the overall rate is already quite low.

9. **Section Number:** Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2005

Field Note:

The data for 2003 are taken from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). A new children's dental health module, containing this and other questions, was introduced in the 2001 Survey and is now being carried out every year. Prior to 2001, our only data on the use of sealants have been based on school-based surveys in only a few communities. Such surveys, on larger samples of schools, will also be continued as possible in order to help validate the BRFSS findings. Because we are not yet confident that sealants are fully understood by all families and due to economic conditions, the projected future rates have been set conservatively.

The 2003 survey rate of 58.0% is slightly lower than the 2002 survey finding of 61% and slightly below our target rate of 60%. However, an actual rate of 60% is within the 95% confidence intervals for the survey (54.1% - 61.9%), and thus the data can be considered as showing an essentially flat rate at our target level. The survey rates within various socioeconomic categories show consistently higher rates of sealants as parental education levels rise (33.1% with less than high school education compared with 65.7% with 4+ years of college) and as family income rises (35.2% at under \$25,000 compared with 65.8% at over \$50,000).

Because of the importance of oral health and the problems with using sealant utilization to track overall problems with access to preventive dental services in Massachusetts, we have included an additional oral health measure among our state negotiated measures (see SPM # 04).

10. Section Number: Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data on deaths are taken from MDPH Vital Records for calendar years 1991 - 2002. This is the most recent year of data available. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 and 2002 denominators are the same as the 2000 denominator, as no 2001 or 2002 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

11. Section Number: Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2005**Field Note:**

Breastfeeding at discharge and resident birth data are from MDPH, Vital Records for calendar years 1991 - 2002. This is the most recent year of data available.

The percentages on Form 11 differ from those published elsewhere due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births. In MassCHIP and most Massachusetts publications, percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage. The differences are generally small but were pronounced for 1996, when the impact of implementation of major revision to the birth certificate form and transmission system resulted in a significantly higher rate of unknown values for some variables, including breastfeeding.

12. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

Pre-discharge screening rates are estimated from data received from MDPH annual surveys of all Massachusetts birth hospitals. As of November 1998, Massachusetts law mandated that all newborns in Massachusetts must have their hearing screened prior to discharge from a birth hospital. Amendments to Hospital Licensure and Birth Center Regulations regarding Universal Newborn Hearing Screening Programs became effective on September 1, 1999. Eventually, actual screening (and follow-up) data will be available from the birth certificate and a new newborn hearing data system, with linkages to FIRSTLink and Early Intervention, will be implemented. These changes will result in improved data and outcome tracking.

Projected targets assume exclusion from the denominator of any parents refusing the screening; this number has been extremely small to date. The speed with which hospitals have implemented the law exceeded our expectations when our targets were originally set.

13. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data sources for this indicator vary from year to year; all are estimates. Previous sources have included Current Population Survey (CPS), health insurance status surveys of Massachusetts residents conducted by the Massachusetts Division of Health Care Finance and Policy (HCFP) biannually, and the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), which now includes questions on insurance coverage for household members under the age of 18. The FY01 estimate was derived only from the BRFSS. The estimated rate of 2.45% for FY02 is an average of the rate reported by the 2002 HCFP survey (3.2%) that reported by the 2002 BRFSS (1.7%). The FY03 estimate of 2.3% was again derived only from the BRFSS, as no HCFP survey was carried out. [In FY04, there will again be data from both surveys.] The 95% confidence intervals for the 2.3% 2003 estimate are 1.3% - 3.2%. Hispanic families, families with less than a high school education and those with income under \$25,000 reported the highest uninsured rates (7.7%, 7.2%, and 6.1% respectively).

As the BRFSS survey has consistently generated estimated rates that are lower than those found in the HCFP surveys, the rise in the BRFSS estimated rate of uninsured children (up to 2.3% from 1.7%) suggests that the changes in the state's economy and the limitations on CMSP enrollment in FY03 did adversely affect children's access to insurance. The 2004 HCFP survey will give us an even better estimate of the true changes and their impact by such variables as family income, race/ethnicity, and employment status.

14. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2005**Field Note:**

Service data are provided by the Division of Medical Assistance. The numerator is the number of children aged 0 - 18 who received a service paid by MassHealth (Medicaid) during the state fiscal year. All children enrolled are assumed to have had at least one service paid for by the program. The denominator is made up of two components. The first is the total number of children aged 0 - 18 enrolled in MassHealth during the same period. The second is an estimate of children not enrolled in Medicaid who might be eligible for it.

For FY01, the denominator was the sum of 401,603 children enrolled in MassHealth and an estimate of 19,986 children unenrolled eligibles under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (40.3% of the 3% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2000 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

For FY02, the denominator is the sum of 419,948 children enrolled in MassHealth and an estimate of 27,560 children unenrolled eligibles under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (52.1% of the 3.2% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2002 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

For FY03, the denominator is the sum of 404,918 children enrolled in MassHealth and an estimate of 27,560 children unenrolled eligibles under age 19. [This estimate is calculated by applying the estimated % of all uninsured children under 201% of the FPL (52.1% of the 3.2% uninsured) from the Massachusetts Division of Health Care Finance and Policy 2002 survey to the estimated population ages 0-19 from MassCHIP/MISER (1,653,092).]

The Medicaid source documents can be found on their website. (http://www.mass.gov/Eeohhs2/docs/masshealth/research/schp-2003_ar.pdf and

http://www.mass.gov/Eeohhs2/docs/masshealth/research/1115_2003-demoar.pdf.) There is a slight discrepancy in the age groups used for the estimates; it is not believed to affect the measure significantly.

Objectives through 2008 have been adjusted upward slightly to 93%. (See Endnote to PM #13 also.)

15. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2005

Field Note:

Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2002. This is the most recent year of data available. The denominators are all resident births for the relevant year.

Annual Performance Objectives through 2003 project a continued slight rise in the overall VLBW rate over the period; these projections have been adjusted to level out at 15.0 through 2008. The VLBW rate rose in 1997 and remained essentially unchanged through 2001; it remains higher than rates earlier in the 1990's.

Analysis indicates that this rise (and a rise in LBW as well) is associated in part with changes in the rate of multiple births (Cohen, BB, Friedman, DJ, Zhang, Z, Trudeau, EB. Impact of multiple births on low birthweight. Mortality and Morbidity Weekly Review 1998; 48: 289-292). Massachusetts has the highest multiple-birth rate in the country. However, the VLBW rates among singleton births (which is now an MCHB Health Status Indicator) has not improved in the same period either. This is an issue that we continue to address.

16. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

Data on deaths are taken from MDPH Vital Records for calendar years 1991 - 2002. This is the most recent year of data available. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 and 2002 denominators are the same as the 2000 denominator, as no 2001 or 2002 population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.

The single year rates are quite volatile and year-to-year changes (either up or down) should not be over-interpreted. The single year rates are quite volatile and year-to-year changes (either up or down) should not be over-interpreted. Expanded efforts to prevent suicides and suicide attempts that got underway in FY02 have only been funded intermittently in the state budget. Thus we are projecting no improvement in the rate over the next several years.

17. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2005

Field Note:

Data on VLBW, birth hospitals, and resident births are from MDPH Vital Records for calendar years 1991 - 2002.

The nine Level III units in Massachusetts are at Baystate Medical Center, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Massachusetts General Hospital, Medical Center of Central Massachusetts, New England Medical Center, St. Elizabeth's Medical Center, and South Shore Medical Center. South Shore was added to the group beginning in 2000 as it has been granted Level III licensure status.

Data include only those resident births that occurred in-state at Massachusetts hospitals, as the birth file used for analysis does not contain the necessary information (specific hospital of birth) for births to residents at out-of-state facilities to be categorized by Level III facility. In one region of the state enough births occur out-of-state (in Rhode Island) to distort the statistic otherwise.

Rates have declined to some degree in all regions of the state over the last several years and we have adjusted our projected rates downward through 2008, effective with this Application.

The Bureau continues to work with the Division of Health Care Quality, the Perinatal Advisory Committee, and other obstetric and neonatal clinicians to examine the question of appropriate care in Level II and Level III facilities. The Hospital Licensure Regulations for Maternal-Newborn Services (developed in the late 1980's) are being reviewed for potential updating and modification. Some Level II facilities are seeking changes in the regulations to allow them to provide certain services currently only allowed in Level III hospitals. The literature and experience are divided on the safety of some of these practices. Our capacity to monitor these changing patterns of policy (and potentially regulations) and their impact on both care and outcomes for VLBW infants is critical but resources remain constrained.

18. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2005

Field Note:

Data are from MDPH Vital Records for calendar years 1991 - 2002. This is the most recent year of data available.

The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.

In 1996, Massachusetts implemented major revisions to the birth certificate form. While these format changes dramatically increased the consistency of data collection across facilities, the change affected several data elements, including calculation of the initiation of prenatal care. Trend analysis should be done from 1997 forward only. The continued lack of significant improvement in this measure continues to be of concern and will remain a focus in FY05.

19. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

The data for the measure are available every other year from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS); the next survey data will be for 2004. See the Detail Sheet (in Form 16) for this measure for definitions, data source and issues, and a discussion of its significance. Although the 2000 and 2002 BRFSS survey results exceeded our expectations, annual Performance Objectives for 2003 forward have been lowered slightly, in anticipation of the effect of substantially reduced state funding for family planning and teen pregnancy prevention services.

20. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2005

Field Note:

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations. The data correspond to those reported by DMA to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2002 - September 30, 2003. Rates, but not the underlying numbers, for years prior to FY1997 were available from DMA. In FY99, HCFA revised the 416 report and the visit codes that are allowable for Medicaid to count the visit as a "screen;" data prior to FY99 should not be compared to data from FY99 forward.

Data from the state-funded Children's Medical Security Program (CMSP) were added to the numerator and denominator beginning in FY00. CMSP enrolled children and youth represent 42,619 of the total denominator shown for FY03. The percent of CMSP children and youth receiving documented preventive services has increased modestly, from 24% in FY00, 26% in FY01, to 30% in FY02, before leveling off at 28% in FY03. The percent of Medicaid children and youth rose in FY03 from 67% to 71%.

To date, the CMSP billing and data systems (which are distinct from Medicaid's) do not have the capability to fully capture the equivalent of the HCFA 416 report. Preventive services provided during a "sick visit" are not fully captured in billing codes and thus are partially missing from the composite data. It should also be noted that the average amount of time that children are continuously enrolled in CMSP in any given year is only about 9 months and there is a substantial amount of on and off enrollment as families gain or lose private insurance or change their eligibility status. In FY03, there were also caps on enrollment and waiting lists were implemented. These patterns of enrollment, unfortunately, make achieving the preventive potential of the program more difficult; some preventive activities may have carried out through the other insurers as well.

21. Section Number: State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2005**Field Note:**

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of data limitations.

The data correspond to those reported by the Commonwealth to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2002 - September 30, 2003. The 416 report now reports data in more detail than previously by children's age. Beginning with the FY99 data, the measure was modified to include data on children ages 3 - 18 only.

Data from the state-funded Children's Medical Security Program (CMSP) were added to the numerator and denominator beginning in FY00. CMSP enrolled children and youth represent 42,619 of the total denominator shown for FY03. CMSP coverage for dental services began during FY00 and the number with claims paid for dental visits was quite small (1,824, or 5%). Since then those with claims has remained at 23 - 24% (9,789 in FY03). It should also be noted that the average amount of time that children are continuously enrolled in CMSP in any given year is only about 9 months and there is a substantial amount of on and off enrollment as families gain or lose private insurance or change their eligibility status. In FY03, there were also caps on enrollment and waiting lists were implemented. These patterns of enrollment, unfortunately, make achieving the preventive potential of the program more difficult and some preventive activities may have carried out through the other insurers as well.

The reported percentage of Medicaid children and youth receiving preventive dental services continued to rise (50% in FY00, 57% in FY01, and 67% in FY02), before dropping significantly in FY03 to 37%. The increased rates may have reflected a number of positive changes: improved payment rates, increased recruitment of dentists, increased pediatric dental services available at community health centers, and increased promotion of the importance of dental care through a number of initiatives. The apparent drop, however, is due to a major correction in the data reporting methodology. We have been informed by Medicaid that the previous methodology overestimated rates of preventive dental services utilization and that they needed to change it. The previous years' data need to be recalculated for a more accurate time series and we are in the process of working with Medicaid to option the corrected data if possible. In the meantime, no trend analyses can be made from the data in hand. We have also adjusted our projected Objectives through FY08 to reflect the modified methodology and the likelihood that our progress on this measure is not what we had thought it was.

22. Section Number: State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2005**Field Note:**

Maternal smoking during pregnancy and resident birth data are from MDPH, Vital Records for calendar years 1991 - 2002. This is the most recent year of data available. See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data. Our target rates have been adjusted to be slightly higher than the Healthy People 2010 rate of 90%, based on success to date.

The rates on Form 11 may differ from those published elsewhere, due to how missing data are handled. For comparability with other MCH Core Performance Measures related to pregnancy outcomes and birth statistics, we have defined the denominator for this Negotiated Measure as all resident births during the referenced year. In other Massachusetts publications (such as Massachusetts Births), percentages are usually reported based on denominators from which birth records with information missing about the variable have been removed. The result is a lower apparent rate. The differences are generally small but were more pronounced for 1996, when the impact of implementation of major revisions to the birth certificate form and transmission system resulted in a significantly higher rate of unknown values for some variables, including tobacco use, than in previous years.

23. Section Number: State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2005**Field Note:**

See the Detail Sheet for this measure for definitions of the numerator and denominator and a discussion of the limitations of the data.

Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001, 2002, and 2003 denominators are the same as the 2000 denominator, as no additional population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Rates shown may differ from rates previously published or presented in reports from the Division of Sexually Transmitted Diseases, due to differences in the denominators used. Some of the rate change may reflect the adjustment of the denominator based on the Census, and all rates should be considered provisional until a MISER or other updated population estimate has been entered for that year.

Although not the lead agency for the state's STD reduction and treatment efforts, the Bureau supports a number of program efforts to reduce teen risk behaviors that contribute to STDs or assure comprehensive health care, and we work closely with the state STD Program. At the present time, we are projecting rates that will rise only slightly from the estimated FY02 rate and then remain unchanged through 2008. As suggested by the higher than expected apparent rise in the last several years, this may be overly optimistic as any sustained reductions in STDs among teens remain elusive, major disparities continue between white and minority females, and a number of state-funded programs that contribute to the measure are experiencing serious cutbacks.

24. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2005**Field Note:**

This measure, which was previously revised for FY02 and future years, is now scored from a Checklist which includes five components, each of which is scored on a separate scale; the maximum total score is 49: 1) Training and Technical Assistance (TA) strategies for providers, licensers and policymakers on health and safety in child care are available and used; 2) A Massachusetts-specific curriculum based on the National Training Institute for Child Care Health Consultants (NTI) is developed and implemented; 3) Systematic data systems monitoring preventive health measures are in place in child care settings; 4) National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (NHSPS) are successfully adopted by State's early childhood programs; and 5) The percentage of child care settings that have Child Care Health Consultants (CCHC). See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this

measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 7 (in Part IV, Section D. of our Narrative Application), with the FY03 scoring by component shown.

Both the activities reflected in the components and the process of measuring our progress are being implemented in close collaboration with the Office of Child Care Services.

25. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

This measure is scored from a Checklist which includes five components, each of which is scored on scales that produce a maximum weighted score of 10: 1) assurance that nutrition screening and education, along with referrals to assessment, counseling, and services as needed, are available to all pregnant and post-partum women, infants, children and adolescents (including those with special health care needs) in all MCH-funded direct service programs; 2) assurance that referrals to WIC are made for all eligible clients of all DPH-funded MCH programs; 3) adoption and promotion of comprehensive nutrition screening standards for pregnant and post-partum women, infants, children and adolescents; 4) establishment and use of a Work Group to identify and prioritize nutrition-related health issues and to investigate intervention strategies; and 5) implementation of strategies to address the priority issues identified through the Work Group. See Notes to Form 16 (Detail Sheet) for details on components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 8 (in Part IV, Section D. of our Narrative Application), with the FY03 scoring by component shown.

The measure was thoroughly reviewed and reconstituted during our Needs Assessment process. Previous scores have not been modified. It addresses a large number of systems attributes and relies on data and qualitative assessments from a number of sources and viewpoints. We continue to find no single measure of nutritional status appropriate or available on a population basis, and thus continue to opt for a measure of comprehensive systems development as an intermediate outcome. The effectiveness of the new version of this measure will continue to be monitored.

26. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2005

Field Note:

This measure was new with our FY01 Application and was developed in conjunction with a new priority area (violence against women and children) identified through our Needs Assessment. Based on experience in the first two years of use, this measure was modified for FY02 and future years. It has four components, each with a maximum score of 4, for a maximum total score of 16: 1) development of comprehensive protocols (core and setting-specific) related to violence against women and children (for patient education, screening, care and referral) for all MCH-related program types; 2) percentage of MCH-related programs with developed and approved protocols; 3) degree to which comprehensive education and training curriculum is developed and delivered prior to implementation of screening, care and referral protocols; and 4) percentage of MCH-related programs with protocols that have implemented provider training with developed curriculum.

See Notes to Form 16 (Detail Sheet) for details on the revised components and scoring. See the Detail Sheet (in Form 16) for this measure for definitions and discussions of its significance and development. The Checklist itself is provided as an Attachment to the "Last Year's Accomplishments" sub-section of State Performance Measure 8 (in Part IV, Section D. of our Narrative Application), with the FY03 scoring by component shown.

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

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5.02	4.95	5	5	5
Annual Indicator	5.2	4.6	5.0	4.9	
Numerator	418	377	407	397	
Denominator	80,866	81,582	81,014	80,624	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2	1.87	2	2	2
Annual Indicator	2.4	2.9	2.6	2.5	
Numerator	11.4	11.7	11.7	11.1	
Denominator	4.8	4	4.5	4.5	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.83	3.79	3.75	3.71	3.67
Annual Indicator	4.1	3.5	3.8	3.7	
Numerator	332	288	308	299	
Denominator	80,866	81,582	81,014	80,624	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.63	3.6	3.6	3.6	3.6
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.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.19	1.16	1.2	1.2	1.2
Annual Indicator	1.1	1.1	1.2	1.2	
Numerator	86	89	99	98	
Denominator	80,866	81,582	81,014	80,624	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

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

OUTCOME MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9.1	9.1	6	6	6
Annual Indicator	6.0	5.4	5.6	5.5	
Numerator	490	439	453	446	
Denominator	81,083	81,776	81,202	80,808	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	6
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.

OUTCOME MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	13.94	13.28	15	15	15
Annual Indicator	14.6	15.3	14.3	14.1	
Numerator	165	181	169	167	
Denominator	1,129,312	1,181,378	1,181,378	1,181,378	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	15	15	15	15	15
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.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2005
Field Note:
The most current birth and infant mortality data available are for 2002.
2. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2005
Field Note:
The most current birth and infant mortality data available are for 2002.
3. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2005
Field Note:
The most current birth and infant mortality data available are for 2002.
4. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2005
Field Note:
The most current birth and infant mortality data available are for 2002.
5. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2005
Field Note:
The most current mortality data available are for 2002.

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

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

2

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

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.

2

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.

1

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2005
Field Note:
We continue to focus on improvements on this characteristic, working to create mechanism to provide additional training for parents so that they care participate in a meaningful way on an advisory committee and not just be a token parent.
- 2. Section Number:** Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2005
Field Note:
We provide financial support and work individually with a family to overcome additional barriers to attending parent activities within a region or statewide. The Early Intervention program is often used to assist with transportation barriers and on-site childcare when requested.
- 3. Section Number:** Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2005
Field Note:
This area still needs additional work. Parents are considering methods to be more pro-active in providing input, particularly during the upcoming Needs Assessment process.
- 4. Section Number:** Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2005
Field Note:
Family members are involved in every training session that is provided for Early Intervention staff.
- 5. Section Number:** Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2005
Field Note:
This is an area where Massachusetts has been a leader for many years. The number and variety of programs within the Bureau and the Department that have hired parents for their expertise as a family member continues to grow. These programs are not only those serving children with special health care needs.
- 6. Section Number:** Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2005
Field Note:
This continues to be a priority area where progress is slower than we would like. Staff turnover this year left us with a less diverse group of active family members than in the previous year. Recruitments currently underway are expected to improve linguistic and cultural competence, but both remain below our desired diversity levels.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MA FY: 2005

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. Improve pregnancy outcomes, including a focus on pre-conceptual health.
2. Reduce adolescent risk factors and risk-taking behaviors, including among adolescents with special health care needs.
3. Improve oral health for children and youth, particularly those depending on publicly-funded oral health coverage and those with special health care needs.
4. Enhance data systems and incorporate new technologies to support MCH service provision, data management, performance measurement, and electronic service systems in the current care environment.
5. Develop and implement an integrated system of early risk identification, follow-up, referral, services, and family involvement for children ages birth to 3.
6. Assess the impact of health care delivery, insurance, immigration, and welfare systems changes on access to and quality of care for children and youth and on MCH service programs.
7. Develop and implement initiatives that address violence against women, children, and youth.
8. Develop and implement public health programs and policies that promote positive mental health for the MCH population, and collaborate to improve access to appropriate mental health services.
9. Monitor and develop strategies to address childhood health conditions that are increasing in prevalence, including asthma and obesity.
10. Improve accessibility and utilization of MCH services, with emphasis on 1) cultural competency; 2) service availability in rural areas; and 3) increasing public knowledge about MCH services.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

**FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MA

APPLICATION YEAR: 2005

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.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Massachusetts is making a specific request for Technical Assistance to assist in undertaking a CAST 5 Assessment.	After significant reductions in state resources and restructuring of the Department into larger Centers, it would provide a better understanding of what currently exists and what needs to be rebuilt or enhanced to assure strong MCH/CSHCN services.	Not certain at this time. A formal request will be made using the new process when that is determined.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
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: MA

SP # 1

PERFORMANCE MEASURE:

The percentage of pregnancies among women age 18 and over that are intended.

STATUS:

Active

GOAL

To reduce unintended pregnancies.

DEFINITION

This measure is based on information from the Massachusetts Behavioral Risk Factor Surveillance System (BRFSS). Among women who were pregnant or had been pregnant within the past 5 years when interviewed, the pregnancy was defined as intended (or not unplanned) if she wanted to be pregnant then or sooner. Because the BRFSS results are reported as population-based estimates based on weighted survey data, only the percent will be reported, without numerators and denominators.

Numerator:

The number of pregnancies to women age 18 and over that are intended.

Denominator:

The total number of pregnancies to women age 18 and over.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Behavioral Risk Factor Survey System (BRFSS). The questions addressing this measure are now included every other year (beginning in 1998); no comparable data are available for previous years. The questions will be asked every other year. Thus projected Annual Performance Objectives will be measured in alternate years. Because the BRFSS is a survey of persons age 18 and over, this measure does not capture the degree to which pregnancies to younger teens are intended.

SIGNIFICANCE

Unintended pregnancy is both frequent and widespread in the U.S. The most recent estimate from the National Survey of Family Growth indicates that 49% of all pregnancies are unintended, either mistimed or unwanted altogether; this % is higher than found in several other Western democracies. Unintended pregnancy affects all segments of society but the highest rates tend to be among women who are ages 18-24, unmarried, low-income, black or Hispanic. Unintended pregnancy is related to adverse health outcomes for both mothers and infants, imposing appreciable burdens on children and families.

SP # 3

PERFORMANCE MEASURE:

Percent of children and youth enrolled in Medicaid, CMSP, or Title XXI who receive any preventive (well-child) services annually.

STATUS:

Active

GOAL

To assure that all children and youth enrolled in publicly-funded health insurance programs use the preventive components of care in order to maximize potential benefits to their health and development.

DEFINITION

Numerator:

Number of children (ages birth through 20) who have received a preventive service (see definition below) from MassHealth (Medicaid) during the fiscal year.

Denominator:

Total number of children (ages birth through 20) enrolled in MassHealth (Medicaid) during the federal fiscal year who should have received at least one initial or periodic screening service (see definition below).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Medical Assistance (DMA) - MassHealth. Medicaid Management Information System. HCFA 416 - Annual EPSDT Participation Report (October - September). Many 416 Report definitions and requirements for data reporting were changed significantly, effective with the 98-99 Report. See Endnotes for Form 11 for further explanation and caveats. Data for the Children's Medical Security Program (CMSP) have been included beginning in FY00. Data on Title XXI (CHIP) recipients not included in the HCFA 416 report are not yet available.

SIGNIFICANCE

Enrollment in Medicaid (MassHealth in Massachusetts) or other publicly-funded health insurance programs does not necessarily result in improved health outcomes if access does not get translated into regular and appropriate use, especially of preventive services. With virtually all children in MassHealth enrolled in some form of managed care setting (an HMO or a Primary Care Clinician), preventive care utilization should be high.

SP # 4

PERFORMANCE MEASURE:

Percent of children and youth (ages 3 - 18) enrolled in Medicaid or CMSP who receive preventive dental services annually.

STATUS:

Active

GOAL

To assure that children and youth enrolled in Medicaid (MassHealth) receive the benefits of regular dental care to promote lifelong oral health.

DEFINITION

Numerator:

Number of children (ages 3 to 18) who have received a dental assessment (see definition below) from MassHealth (Medicaid) or Children's Medical Security Program (CMSP) during the fiscal year.

Denominator:

Total number of children (ages 3 to 18) enrolled in MassHealth (Medicaid) and Children's Medical Security Program (CMSP) during the reporting period (federal fiscal year).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Medical Assistance (DMA) - MassHealth. Medicaid Management Information System. HCFA 416 - Annual EPSDT Participation Report, October 1 - September 30. Massachusetts Department of Public Health - CMSP data.

SIGNIFICANCE

Access to regular dental care remains a major problem for Medicaid recipients due to the low participation rates of dentists in Medicaid, low Medicaid reimbursement rates, and the lack of other public dental health services in many areas. A legislative Oral Health Commission report issued in early 2000 made a number of recommendations to improve access to dental care across the lifespan. A number of state initiatives to address this growing problem are now underway: state funding to expand community health center dental care capacity coverage for dental services under CMSP; and increases to Medicaid (MassHealth) rates. Monitoring the impact of these changes on utilization of preventive oral health services among the targeted populations is critical.

SP # 5

PERFORMANCE MEASURE:

The percent of women who report not smoking during their current pregnancy.

STATUS:

Active

GOAL

To reduce the use of tobacco products by women of reproductive age, thus reducing a number of health risks for the mother, the fetus, and young children.

DEFINITION

Numerator:

The number of resident women giving birth in the calendar year who report not smoking during their pregnancy, as recorded on birth certificates.

Denominator:

Number of total resident live births in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Massachusetts Department of Public Health; Vital Records. In monitoring this measure over time, we will also examine the degree to which women who are smoking when they became pregnant either stop smoking or reduce their smoking intensity during the pregnancy. While the quality of the data on smoking are believed to have improved in recent years, it is important to note that the data are based on self-reported behavior and are subject to variations in hospital reporting quality control. Program-specific data on this measure and related ones are also collected and monitored. Reduction in smoking during pregnancy is a contract performance measure for perinatal service programs funding by the Bureau.

SIGNIFICANCE

Tobacco smoke has a direct effect on reproductive health. Tobacco use during pregnancy is recognized as the leading preventable cause of poor birth outcomes in Massachusetts. Particularly, smoking increases by 50% the probability of having a low birth weight infant. We are placing attention on tobacco education and cessation initiatives within specialized programs, media campaigns and integrated primary health care messages for pregnant women and, to decrease the pool of women entering pregnancy as smokers, we are also focusing initiatives on women of child bearing age who smoke.

SP # 6

PERFORMANCE MEASURE:

The rate (per 1,000) of chlamydia cases among females aged 15 through 19.

STATUS:

Active

GOAL

To reduce high-risk sexual behaviors and the prevalence of sexually transmitted diseases among adolescents.

DEFINITION

The definition of this measure has been modified slightly. The rate being calculated has been changed from the rate per 100,000 females ages 15-19 to the rate per 1,000 females 15-19. Thus this measure corresponds to Developmental Health Status Indicator #03A. Previously reported annual performance objectives and indicators have been adjusted accordingly.

Numerator:

Number of cases of chlamydia reported in females aged 15-19.

Denominator:

Estimated number of females aged 15 through 19.

Units: 1000 **Text:** Rate per 1,000

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Numerator: Massachusetts Department of Public Health; Sexually Transmitted Disease Program. Denominator: most recent MISER (Massachusetts Institute for Social and Economic Research) population estimates by age and sex for data year. MISER estimates for 1999 and beyond are not yet available. U.S. Census Bureau population estimates by age and sex, although available for 1999, are no longer being used due to significant discrepancies with MISER in the teen/young adult age group. We will therefore now use only MISER estimates. Rates shown may differ from rates previously published or presented in reports from the Division of Sexually Transmitted Diseases, due to differences in the denominators used.

SIGNIFICANCE

Sexually transmitted diseases, measured here by tracking the chlamydia rate, are an indicator of unprotected sexual activity among youth, which can also result in teen pregnancy and HIV / AIDS. Reductions in STD rates can be achieved through efforts to reduce risk-taking behavior, improve access to and utilization of appropriate health services, etc.

SP # 8

PERFORMANCE MEASURE:

The degree to which the State assures nutrition screening and education, with referrals to assessment, counseling and services as indicated, for pregnant women, children and adolescents.

STATUS:

Active

GOAL

To reduce the prevalence of preventable nutrition-related disease and health risks; to improve lifelong health status.

DEFINITION

This measure is defined and tracked by scores on a checklist of five multi-faceted components of a fully developed statewide infrastructure supporting a comprehensive MCH nutrition health system. Scoring for the components has been standardized to weight each according to its relative importance toward the maximum possible score of 50. See Notes for details on the components and scoring. A copy of the checklist is also provided in Section 5.3.9. The scores checked indicate the degree to which the systems characteristics and improvements have been implemented for the reporting year.

Numerator:

None

Denominator:

None

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MDPH, Bureau of Family and Community Health program databases. The content and scoring for this measure were revised in FY01. Data for FY97 and FY98 are not comparable to those for FY99 and beyond.

SIGNIFICANCE

Good nutrition is essential to achieve and maintain good health. Among the areas of concern for MCH are: 1) assuring adequate nutrition for improved pregnancy outcomes and promoting healthy child development; 2) decreasing rates of obesity among all age groups; 3) the contribution of specific nutritional components (such as iron, folic acid, and calcium) to lifetime health status; 4) food insecurity and hunger. These critical issues require regular, age-appropriate screening to identify those at risk; appropriate referrals for assessment, counseling, and other services; availability of critical services (e.g. WIC) for high-risk groups; and other public health interventions (public awareness, care standards and protocols, etc.) A systems approach is needed to monitor progress, identify changing needs and implement best-practice strategies.

PERFORMANCE MEASURE:

The degree to which the state has developed and implemented comprehensive education, screening and referral protocols for violence against women and children (on scale from 0 to 16).

STATUS:

Active

GOAL

To reduce violence against women and children

DEFINITION

Current: This measure, new in FY01 and revised in FY02, is defined and tracked by scores on a checklist of 4 system measures that that will characterize a fully developed system of comprehensive education, screening and referral protocols for violence against women and children. Possible scores range between 0 and 16. [Prior to FY02, the possible scores ranged between 0 and 20.] See Notes for details on the components and scoring. A copy of the checklist with current scores is provided as an attachment with the Measure in Part IV, Section D.

Numerator:

None

Denominator:

None

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data Sources: MDPH, Bureau of Family and Community Health.

SIGNIFICANCE

Violence against women and children affect maternal and child health both directly and indirectly. The experience of domestic violence during pregnancy has serious health effects on both mother and fetus as a result of direct injury, delayed entry into prenatal care, and other serious emotional and mental health consequences. Correlations between the experience of sexual violence and suicidal ideation or attempts in adolescents have been documented. Health care providers can serve as important points of entry into services for women experiencing domestic violence and sexual assault. Guidance and support to providers in the development and implementation of comprehensive education, screening, care and referral protocols will increase identification of victims and the provision of appropriate options and services.

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: MA

HEALTH SYSTEMS CAPACITY MEASURE # 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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	29.1	27.0	34.6	55.6	68.5
Numerator	1,166	1,073	1,375	2,209	2,721
Denominator	401,136	397,268	397,268	397,268	397,268
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	70.3	93.7	100.0	100.0	100.0
Numerator	21,198	26,435	29,254	16,246	31,577
Denominator	30,143	28,206	29,254	16,246	31,577
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	67.1	76.7	NaN	NaN	NaN
Numerator	210	587	0	0	0
Denominator	313	765	0	0	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 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>				
	1999	2000	2001	2002	2003
Annual Indicator	82.2	81.3	84.5	84.1	
Numerator	66,466	66,325	68,481	67,593	
Denominator	80,866	81,582	81,014	80,375	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 07

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>55.8</u>	<u>64.4</u>	<u>73.2</u>	<u>85.8</u>	<u>46.0</u>
Numerator	<u>57,828</u>	<u>63,936</u>	<u>68,585</u>	<u>76,992</u>	<u>42,802</u>
Denominator	<u>103,609</u>	<u>99,319</u>	<u>93,728</u>	<u>89,758</u>	<u>92,976</u>
Is the Data Provisional or Final?				Provisional	Final

HEALTH SYSTEMS CAPACITY MEASURE # 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				
	1999	2000	2001	2002	2003
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>15,430</u>	<u>15,410</u>	<u>15,630</u>	<u>15,930</u>	<u>14,287</u>
Denominator	<u>15,430</u>	<u>15,410</u>	<u>15,630</u>	<u>15,930</u>	<u>14,287</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2005

Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), 1994 - 2003. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001-2003 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

2. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2005

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency), Medicaid Management Information System. Form HCFA 416: Annual EPSDT Participation Report for period October 1, 2002 to September 30, 2003.

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

Field Name: HSC03

Row Name:

Column Name:

Year: 2005

Field Note:

Data Source: Massachusetts Division of Medical Assistance (state Medicaid agency). All infants under 200% FPL are eligible for Medicaid rather than SCHIP.

4. **Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2005

Field Note:

Birth data are from MDPH, Vital Records for calendar years 1994 -2002 (the most recent year available). Calculations of the Kotelchuck Index were initially done by the Bureau of Family and Community Health, using the software and instructions provided through MCHB. The Kotelchuck Index is now calculated and reported routinely by the Department and is available in MassCHIP, which is the source for the 2002 data.

5. **Section Number:** Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2005

Field Note:

Data Source: The data correspond to those reported by the Commonwealth to HCFA on Form HCFA 416; the most recent data are from the period October 1, 2002 - September 30, 2003. The 416 report now reports data in more detail than previously by children's age.

The reported percentage of Medicaid children and youth receiving any dental services continued to rise (64% in FY00, 73% in FY01, and 86% in FY02), before dropping significantly in FY03 to 46%. The increased rates may have reflected a number of positive changes: improved payment rates, increased recruitment of dentists, increased pediatric dental services available at community health centers, and increased promotion of the importance of dental care through a number of initiatives. The apparent drop, however, is due to a major correction in the data reporting methodology. We have been informed by Medicaid that the previous methodology overestimated rates of preventive dental services utilization and that they needed to change it. The previous years' data need to be recalculated for a more accurate time series and we are in the process of working with Medicaid to option the corrected data if possible. In the meantime, no trend analyses can be made from the data in hand.

6. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

All SSI beneficiaries in Massachusetts are automatically enrolled in Medicaid. The breadth of the Medicaid benefit package in the state leaves Title V with no residual responsibilities because "the extent medical assistance for such services is not provided by Medicaid" is zero. To indicate the degree to which such services are available to the SSI population, the numerator is the same as the number of children on SSI.

Data for FY2003 represent children receiving SSI and Medicaid as of 12/30/03.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2002	Payment source from birth certificate	<u>8.8</u>	<u>7.1</u>	<u>7.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2001	Payment source from birth certificate	<u>6.9</u>	<u>4.4</u>	<u>5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2002	Payment source from birth certificate	<u>71.6</u>	<u>87.3</u>	<u>83.7</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2002	Payment source from birth certificate	<u>75.5</u>	<u>86.6</u>	<u>84.1</u>

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

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>	2003	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range _____ to _____) (Age range _____ to _____)	2003	<u>150</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>200</u>

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

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>	2003	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range _____ to _____) (Age range _____ to _____)	2003	<u>200</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

- 1. Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
All infants under 200% FPL are eligible for Medicaid rather than SCHIP.
- 2. Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
All infants under 200% FPL are eligible for Medicaid rather than SCHIP.
- 3. Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2005
Field Note:
Under 150% FPL, children are eligible for Medicaid rather than SCHIP. Between 150% and 200% FPL, children are eligible for the non-Medicaid portion of SCHIP – assistance with the payment of insurance premiums; this includes Family Assistance/Direct Coverage and Family Assistance/Premium Assistance.
- 4. Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
Technically, pregnant women are not eligible for SCHIP, but remain eligible based on age, or may become eligible for Medicaid or Healthy Start for pregnancy-related care.
- 5. Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2005
Field Note:
Birth data are from MDPH, Vital Records for calendar year 2002 (the most recent year available).
The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
- 6. Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
Birth data are from MDPH, Vital Records, Births and Linked Birth / Infant Death files. Data are for 2001 and thus do not match the most recent IMR (2002) reported elsewhere in TVIS. The IMRs by Medicaid/non-Medicaid status can only be obtained from Linked Birth / Infant Death files; the most recent linked file available is for 2001. Therefore, the 2001 overall IMR is provided for comparison. [See Form 12, Outcome Measure 01 for trend data for the overall IMR for Massachusetts.]
- 7. Section Number:** 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: 2005
Field Note:
Birth data are from MDPH, Vital Records for calendar year 2002 (the most recent year available).
The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
- 8. Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
Birth data are from MDPH, Vital Records for calendar year 2002 (the most recent year available).
The percentages shown differ from those published elsewhere, due to how missing data are handled. The MCHB definition of the denominator is specified as all resident births during the referenced year. In MassCHIP and most Massachusetts publications (such as Massachusetts Births), percentages are reported only for cases where information is known (i.e. the denominator excludes births for which data on the variable are missing). Using the MCHB definition reduces the calculated percentage slightly.
The percent shown here for All Women is slightly different from that reported for Health Systems Capacity Indicator 04 because that indicator asks only for data on births to women ages 15 - 44 (N = 80,375; percent adequate = 84.10) and the data shown here are for all births (N = 80,624; percent adequate = 84.07).

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

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

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

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

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

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Massachusetts Youth Health Survey	3	Yes

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	Yes
Other: School Health Data	2	Yes

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

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09C

Field Name: PEDNSS_09C

Row Name: Pediatric Nutrition Surveillance System

Column Name:

Year: 2005

Field Note:

Massachusetts has PedNSS data for WIC participants only. The WIC file is sent to CDC which returns all the analyses required to determine the percent of children who are obese or overweight. The data cannot therefore be considered to be valid for statewide estimates.

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

HEALTH STATUS INDICATOR MEASURE # 01A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	7.1	7.0	7.2	7.5	_____
Numerator	5,708	5,711	5,795	6,060	_____
Denominator	80,866	81,582	81,014	80,624	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 01B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	5.0	5.0	5.1	5.2	_____
Numerator	3,869	3,886	3,931	3,972	_____
Denominator	77,743	78,075	77,409	76,673	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	1.4	1.3	1.4	1.4	_____
Numerator	1,120	1,090	1,114	1,109	_____
Denominator	80,866	81,582	81,014	80,624	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.9	0.9	0.9	0.9	_____
Numerator	731	722	730	699	_____
Denominator	77,473	78,075	77,409	76,673	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>3.3</u>	<u>4.1</u>	<u>3.7</u>	<u>2.7</u>	<u> </u>
Numerator	<u>41</u>	<u>52</u>	<u>46</u>	<u>34</u>	<u> </u>
Denominator	<u>1,243,270</u>	<u>1,259,376</u>	<u>1,259,376</u>	<u>1,259,376</u>	<u> </u>
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 03B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>1.2</u>	<u>1.3</u>	<u>1.7</u>	<u>0.5</u>	<u> </u>
Numerator	<u>15</u>	<u>16</u>	<u>21</u>	<u>6</u>	<u> </u>
Denominator	<u>1,243,270</u>	<u>1,259,376</u>	<u>1,259,376</u>	<u>1,259,376</u>	<u> </u>
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 03C

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>12.2</u>	<u>14.8</u>	<u>16.6</u>	<u>16.1</u>	<u> </u>
Numerator	<u>107</u>	<u>121</u>	<u>136</u>	<u>132</u>	<u> </u>
Denominator	<u>876,892</u>	<u>820,016</u>	<u>820,016</u>	<u>820,016</u>	<u> </u>
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 04A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>314.5</u>	<u>185.0</u>	<u>215.8</u>	<u>206.9</u>	<u>217.3</u>
Numerator	<u>3,910</u>	<u>2,330</u>	<u>2,718</u>	<u>2,606</u>	<u>2,736</u>
Denominator	<u>1,243,270</u>	<u>1,259,376</u>	<u>1,259,376</u>	<u>1,259,376</u>	<u>1,259,376</u>
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>17.1</u>	<u>21.3</u>	<u>19.1</u>	<u>20.0</u>	<u>17.6</u>
Numerator	<u>212</u>	<u>268</u>	<u>240</u>	<u>252</u>	<u>222</u>
Denominator	<u>1,243,270</u>	<u>1,259,376</u>	<u>1,259,376</u>	<u>1,259,376</u>	<u>1,259,376</u>
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>99.7</u>	<u>150.4</u>	<u>130.9</u>	<u>142.1</u>	<u>127.3</u>
Numerator	<u>874</u>	<u>1,233</u>	<u>1,073</u>	<u>1,165</u>	<u>1,044</u>
Denominator	<u>876,892</u>	<u>820,016</u>	<u>820,016</u>	<u>820,016</u>	<u>820,016</u>
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>12.7</u>	<u>13.4</u>	<u>14.5</u>	<u>17.0</u>	<u>14.9</u>
Numerator	<u>2,583</u>	<u>2,760</u>	<u>2,973</u>	<u>3,488</u>	<u>3,065</u>
Denominator	<u>204,133</u>	<u>205,277</u>	<u>205,277</u>	<u>205,277</u>	<u>205,277</u>
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>3.3</u>	<u>3.9</u>	<u>3.8</u>	<u>3.8</u>	<u>4.1</u>
Numerator	<u>4,169</u>	<u>4,749</u>	<u>4,629</u>	<u>4,663</u>	<u>5,033</u>
Denominator	<u>1,273,925</u>	<u>1,217,199</u>	<u>1,217,199</u>	<u>1,217,199</u>	<u>1,217,199</u>
Is the Data Provisional or Final?				Provisional	Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

- 1. Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2005
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2002. This is the most recent year of data available. The denominators are all resident births for the relevant year.
- 2. Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2005
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2002. This is the most recent year of data available. The denominators are all singleton resident births for the relevant year.
- 3. Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2005
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2002. This is the most recent year of data available. The denominators are all resident births for the relevant year.
- 4. Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2005
Field Note:
Data for both the numerators and denominators are taken from MDPH Vital Records for calendar years 1991 – 2002. This is the most recent year of data available. The denominators are all singleton resident births for the relevant year.
- 5. Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2005
Field Note:
Data on deaths are taken from MDPH Vital Records for calendar years 1991 - 2002 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 and 2002 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.
- 6. Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2005
Field Note:
Data on deaths are taken from MDPH Vital Records for calendar years 1991 - 2002 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 and 2002 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.
- 7. Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2005
Field Note:
Data on deaths are taken from MDPH Vital Records for calendar years 1991 - 2002 (the most recent year available). Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 and 2002 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Deaths in years 1999 and later are derived from ICD-10 codes (10th Revision of the International Classification of Diseases). Caution should be used in comparisons with previous years using ICD-9 codes.
- 8. Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2005
Field Note:
Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), 1994-2003 (the most recent year available). Data are for Fiscal Years, not Calendar Years. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting

denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 - 2003 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Observation Discharges have been removed from the previously reported totals for 2000 forward as they are not available at this time in the 2003 database. Reported rates have changed accordingly but are now comparable across the time frame.

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

9. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2005

Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), 1994-2003 (the most recent year available). Data are for Fiscal Years, not Calendar Years. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 - 2003 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Observation Discharges have been removed from the previously reported totals for 2000 forward as they are not available at this time in the 2003 database. Reported rates have changed accordingly but are now comparable across the time frame.

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

10. Section Number: Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2005

Field Note:

Hospitalization data are from Massachusetts Uniform Hospital Discharge Data System (UHDDS), 1994-2003 (the most recent year available). Data are for Fiscal Years, not Calendar Years. Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 - 2003 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

Observation Discharges have been removed from the previously reported totals for 2000 forward as they are not available at this time in the 2003 database. Reported rates have changed accordingly but are now comparable across the time frame.

All hospital discharge data are still coded using ICD - 9 codes. Those included in this indicator are E800-E869 and E880-E929; all cases with E-codes assigned to any of the multiple ICD-9 diagnosis fields are included. Conversion to ICD - 10 coding and its impact on comparability of counts and rates over time will have to be dealt with in future years.

11. Section Number: Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 1996 through 2003 (calendar year data).

Denominators: Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 - 2003 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

12. Section Number: Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2005

Field Note:

Data sources:

Cases of chlamydia: Massachusetts Department of Public Health. Sexually Transmitted Diseases Program, 1996 through 2003 (calendar year data).

Denominators: Denominators for years through 1999 are from the most recent MISER population estimates; the denominator for 2000 is the Census Count. The resulting denominators and age-specific rates may differ from those previously reported or published elsewhere. The 2001 - 2003 denominators are the same as the 2000 denominator, as no further population estimates are yet available from either MISER or MDPH. MISER (the Massachusetts Institute for Social and Economic Research; <http://www.umass.edu/miser/>) produces the standard population estimates used by the Department of Public Health.

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

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: 2000 Is this data from a State Projection? No

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	77,998	60,261	5,404	235	3,377	38	3,751	4,932
Children 1 through 4	319,270	249,658	21,963	860	14,037	134	13,963	18,655
Children 5 through 9	430,861	338,854	32,280	1,396	16,699	193	16,318	25,121
Children 10 through 14	431,247	344,823	31,334	1,365	15,707	209	14,094	23,715
Children 15 through 19	415,737	328,021	28,316	1,258	19,527	234	13,199	25,182
Children 20 through 24	404,279	311,876	27,204	1,182	24,749	292	13,091	25,885
Children 0 through 24	2,079,392	1,633,493	146,501	6,296	94,096	1,100	74,416	123,490

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	68,579	9,419	0
Children 1 through 4	283,677	35,593	0
Children 5 through 9	383,682	47,179	0
Children 10 through 14	388,622	42,625	0
Children 15 through 19	375,153	40,584	0
Children 20 through 24	361,452	42,827	0
Children 0 through 24	1,861,165	218,227	0

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

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: 2002 Is this data from a State Projection? No

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	73	19	9	0	3			42
Women 15 through 17	1,498	662	226	11	77			522
Women 18 through 19	3,144	1,715	413	10	128			878
Women 20 through 34	57,527	42,195	4,300	131	4,094			6,807
Women 35 or older	18,381	15,246	1,111	26	1,010			988
Women of all ages	80,623	59,837	6,059	178	5,312	0	0	9,237

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	29	44	0
Women 15 through 17	935	563	0
Women 18 through 19	2,194	950	0
Women 20 through 34	50,483	7,044	0
Women 35 or older	17,439	942	0
Women of all ages	71,080	9,543	0

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

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: 2002 Is this data from a State Projection? No

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	397	268	77	1	16			35
Children 1 through 4	71	44	16	0	1			10
Children 5 through 9	43	25	8	0	2			8
Children 10 through 14	53	39	8	0	2			4
Children 15 through 19	171	129	26	0	4			12
Children 20 through 24	289	215	50	1	8			15
Children 0 through 24	1,024	720	185	2	33	0	0	84

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	330	67	0
Children 1 through 4	56	15	0
Children 5 through 9	33	10	0
Children 10 through 14	44	9	0
Children 15 through 19	153	17	1
Children 20 through 24	260	28	1
Children 0 through 24	876	146	2

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

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)*

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	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

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				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

**FORM 21
HEALTH STATUS INDICATORS
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STATE: MA**

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

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	_____
Living in urban areas	_____
Living in rural areas	_____
Living in frontier areas	_____
Total - all children 0 through 19	0

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

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

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

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

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

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: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

FORM NOTES FOR FORM 21

No optional updates of Geographic Living Area, Poverty Level or Miscellaneous Demographic Data are being provided this year.

FIELD LEVEL NOTES

- 1. Section Number:** Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2005
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings.
- 2. Section Number:** Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2005
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings.
- 3. Section Number:** Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2005
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings.
- 4. Section Number:** Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2005
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings.
- 5. Section Number:** Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2005
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings.
- 6. Section Number:** Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2005
Field Note:
Data source for 06A, all ages: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanics included in other Race grouping" file; single year counts used for infants and 1-4 groupings.
- 7. Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2005
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings.
- 8. Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2005
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings.
- 9. Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2005
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings.
- 10. Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2005
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings.

11. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2005
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings.
12. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2005
Field Note:
Data source, 06B, all age groups: U.S. Bureau of the Census, 2000 Census Summary File 1 (SF 1). As available in MassCHIP and MISER, using "Hispanic as separate category" file; single year counts used for infants and 1-4 groupings.
13. **Section Number:** Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2005
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."

The total births for "Women of all ages" shown is 1 less than the actual total number of births in 2002, as mother's age is unknown for one birth.
14. **Section Number:** Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2005
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."

The total births for "Women of all ages" shown is 1 less than the actual total number of births in 2002, as mother's age is unknown for one birth.
15. **Section Number:** Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2005
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."

The total births for "Women of all ages" shown is 1 less than the actual total number of births in 2002, as mother's age is unknown for one birth.
16. **Section Number:** Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2005
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."

The total births for "Women of all ages" shown is 1 less than the actual total number of births in 2002, as mother's age is unknown for one birth.
17. **Section Number:** Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2005
Field Note:
Data Source: MDPH Vital Records, Births for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Other Pacific Islander races. Birth certificate reporting of race does not include the category of "more than one race reported."

The total births for "Women of all ages" shown is 1 less than the actual total number of births in 2002, as mother's age is unknown for one birth.
18. **Section Number:** Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2005
Field Note:
Data Source: MDPH Vital Records, Deaths for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."
19. **Section Number:** Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2005
Field Note:
Data Source: MDPH Vital Records, Deaths for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."
20. **Section Number:** Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:

Year: 2005

Field Note:

Data Source: MDPH Vital Records, Deaths for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

21. **Section Number:** Indicator 08A

Field Name: S08_Race_Children10to14

Row Name: children 10 through 14

Column Name:

Year: 2005

Field Note:

Data Source: MDPH Vital Records, Deaths for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

22. **Section Number:** Indicator 08A

Field Name: S08_Race_Children15to19

Row Name: children 15 through 19

Column Name:

Year: 2005

Field Note:

Data Source: MDPH Vital Records, Deaths for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."

23. **Section Number:** Indicator 08A

Field Name: S08_Race_Children20to24

Row Name: children 20 through 24

Column Name:

Year: 2005

Field Note:

Data Source: MDPH Vital Records, Deaths for calendar year 2002 (the most recent year available). The race category labeled "Asian" also includes persons of Native Hawaiian or Other Pacific Islander races. Death certificate reporting of race does not include the category of "more than one race reported."