

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

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- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- **FORM 18**
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- **FORM 19**
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
  - [OVERWEIGHT AND OBESITY DATA CAPACITY \(HSCI 09C\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- **FORM 21**
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/14/2004</b>	APPLICANT IDENTIFIER									
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									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: <b>State of Nebraska</b>		Organizational Unit: <b>NE Dept. of Health &amp; Human Services</b>										
Address (give city, county, state and zip code) <b>301 Centennial Mall South P.O. Box 95044 Lincoln, NE 68509 County: Lancaster</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Richard Raymond, CMO</b> Tel Number: <b>(402) 471-8566</b>										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">3</td></tr></table>		4	7	0	4	9	1	2	3	3	7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> 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)	
4	7	0	4	9	1	2	3	3				
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: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: <b>Maternal and Child Health Services Block Grant</b>		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>NE Title V/MCH Block Grant</b>					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>Statewide</b>												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: <b>10/01/2004</b>	Ending Date: <b>09/30/2005</b>	a. Applicant <b>one, two and three</b>	b. Project <b>one, two and three</b>									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal	\$ <u>4,288,566.00</u>	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										
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>2,615,918.00</u>											
d. Local	\$ <u>940,000.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>7,844,484.00</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 <b>Richard Raymond, M.D.</b>		b. Title <b>Chief Medical Officer</b>	c. Telephone Number <b>(402) 471-8566</b>									
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: NE**

**1. FEDERAL ALLOCATION**

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

\$ 4,288,566

A.Preventive and primary care for children:

\$ 1,480,355 ( 34.52%)

B.Children with special health care needs:

\$ 1,357,816 ( 31.66%)

(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:

\$ 200,000 ( 4.66%)

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

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

\$ 0

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

\$ 2,615,918

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

\$ 940,000

**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)

\$ 2,626,360

\$ 3,555,918

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

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

\$ 7,844,484

**9. OTHER FEDERAL FUNDS**

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

a. SPRANS: \$ 0

b. SSDI: \$ 115,000

c. CISS: \$ 50,000

d. Abstinence Education: \$ 223,418

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 22,929,748

h. AIDS: \$ 0

i. CDC: \$ 1,774,973

j. Education: \$ 51,779,359

k. Other:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

\$ 76,872,498

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 84,716,982

**FORM NOTES FOR FORM 2**

Additional other Federal Funds:

CSFP - \$756,000

Title X Family Planning - \$1,718,029

Title XX Social Services Block Grant - \$2,100,000

Medicaid Aged and Disabled Waiver - \$35,360,000

Early Intervention Medicaid in Public Schools - \$4,567,000

Newborn Hearing Screening-\$48,330

Medicaid School Outreach - \$7,100,000

State Early Childhood Comprehensive Systems - \$130,000

Total - \$51,779,359

**FIELD LEVEL NOTES**

None

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: NE**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 4,279,023	\$ 3,940,800	\$ 4,307,268	\$ 0	\$ 4,288,566	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 3,570,938	\$ 2,624,091	\$ 2,502,922	\$ 0	\$ 2,615,918	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 946,443	\$ 939,703	\$ 0	\$ 940,000	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 7,849,961	\$ 7,511,334	\$ 7,749,893	\$ 0	\$ 7,844,484	\$ 0
<b>(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)</b>						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 56,545,815	\$ 0	\$ 76,952,145	\$ 0	\$ 76,872,498	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 64,395,776	\$ 7,511,334	\$ 84,702,038	\$ 0	\$ 84,716,982	\$ 0
<b>(STATE MCH BUDGET TOTAL)</b>						

**FORM 3  
STATE MCH FUNDING PROFILE**

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

**STATE: NE**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 4,185,740	\$ 3,884,524	\$ 4,185,740	\$ 4,477,282	\$ 4,212,473	\$ 4,413,013
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 3,399,779	\$ 4,475,729	\$ 3,885,843	\$ 4,027,960	\$ 3,771,575	\$ 1,956,585
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,649,538
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 7,585,519	\$ 8,360,253	\$ 8,071,583	\$ 8,505,242	\$ 7,984,048	\$ 8,019,136
<b>(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)</b>						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 49,217,420	\$ 49,217,420	\$ 49,899,431	\$ 56,545,815	\$ 53,770,139	\$ 76,952,145
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 56,802,939	\$ 57,577,673	\$ 57,971,014	\$ 65,051,057	\$ 61,754,187	\$ 84,971,281
<b>(STATE MCH BUDGET TOTAL)</b>						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
a
2. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
a
3. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
a
4. **Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
a
5. **Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
a
6. **Section Number:** Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
a
7. **Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
a
8. **Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
a

**FORM 4**

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

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

**STATE: NE**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,350,254	\$ 1,574,417	\$ 998,198	\$ 0	\$ 1,181,633	\$ 0
b. Infants < 1 year old	\$ 1,020,692	\$ 795,824	\$ 807,895	\$ 0	\$ 681,048	\$ 0
c. Children 1 to 22 years old	\$ 2,386,195	\$ 1,424,093	\$ 1,710,210	\$ 0	\$ 2,023,093	\$ 0
d. Children with Special Healthcare Needs	\$ 2,660,370	\$ 2,718,882	\$ 3,381,166	\$ 0	\$ 3,136,568	\$ 0
e. Others	\$ 232,450	\$ 798,118	\$ 652,424	\$ 0	\$ 622,142	\$ 0
f. Administration	\$ 200,000	\$ 200,000	\$ 200,000	\$ 0	\$ 200,000	\$ 0
<b>g. SUBTOTAL</b>	<b>\$ 7,849,961</b>	<b>\$ 7,511,334</b>	<b>\$ 7,749,893</b>	<b>\$ 0</b>	<b>\$ 7,844,484</b>	<b>\$ 0</b>

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 186,000	\$ 115,000
c. CISS	\$ 100,000	\$ 50,000	\$ 50,000
d. Abstinence Education	\$ 246,177	\$ 223,418	\$ 223,418
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 20,294,000	\$ 22,346,747	\$ 22,929,748
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 2,245,835	\$ 3,195,821	\$ 1,774,973
j. Education	\$ 0	\$ 0	\$ 51,779,359
k. Other			
see note	\$ 0	\$ 50,950,159	\$ 0
See Notes	\$ 33,559,803	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 56,545,815</b>	<b>\$ 76,952,145</b>	<b>\$ 76,872,498</b>

**FORM 4**

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

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

**STATE: NE**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,657,774	\$ 1,454,306	\$ 1,774,677	\$ 1,762,528	\$ 1,464,680	\$ 1,633,327
b. Infants < 1 year old	\$ 754,061	\$ 1,300,302	\$ 800,019	\$ 983,122	\$ 1,233,033	\$ 928,631
c. Children 1 to 22 years old	\$ 2,246,675	\$ 2,412,106	\$ 2,393,189	\$ 2,465,408	\$ 2,630,330	\$ 1,566,839
d. Children with Special Healthcare Needs	\$ 2,043,110	\$ 2,728,232	\$ 2,172,256	\$ 2,829,007	\$ 2,276,386	\$ 3,278,344
e. Others	\$ 683,899	\$ 265,307	\$ 731,442	\$ 265,177	\$ 179,619	\$ 411,863
f. Administration	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000
g. SUBTOTAL	\$ 7,585,519	\$ 8,360,253	\$ 8,071,583	\$ 8,505,242	\$ 7,984,048	\$ 8,019,004

<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 25,000		\$ 72,500		\$ 130,000	
d. Abstinence Education	\$ 246,177		\$ 246,177		\$ 246,177	
e. Healthy Start	\$ 150,000		\$ 150,000		\$ 150,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 26,224,000		\$ 18,900,000		\$ 19,390,000	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 2,349,404		\$ 1,084,274		\$ 2,653,171	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
See notes for breakdown	\$ 20,122,839		\$ 29,346,480		\$ 31,100,791	
<b>III. SUBTOTAL</b>	\$ 49,217,420		\$ 49,899,431		\$ 53,770,139	

## FORM NOTES FOR FORM 4

Expenditure differs from Budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation. Some shift in funding from infants and children to CSHCN has occurred since FY 2000. Expenditures in the infants and children categories were underbudget, while CSHCN was overbudget for FY 2000-2003. The FY 2004 and FY 2005 budgets were developed, to some extent, in response to the prior years' expenditure trends. More importantly, these funding shifts are difficult to explain, as 3/4ths of the total expenditures are state matching resources and outside the direct control of those administering Block Grant funds. These shifts should not be construed as a major change in priorities for the federal funds.

### 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:**

a

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

**Field Name:** PregWomenExpended

**Row Name:** Pregnant Women

**Column Name:** Expended

**Year:** 2002

**Field Note:**

a

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

**Field Name:** PregWomenExpended

**Row Name:** Pregnant Women

**Column Name:** Expended

**Year:** 2003

**Field Note:**

Expenditure differs from Budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.

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:**

a

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:**

a

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:**

Expenditure differs from Budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.

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:**

a

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:**

a

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:**

Expenditure differs from Budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.

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

**Field Name:** CSHCNBudgeted

**Row Name:** CSHCN

**Column Name:** Budgeted

**Year:** 2004

**Field Note:**

a

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

**Field Name:** CSHCNExpended

**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
a

12. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersBudgeted  
**Row Name:** All Others  
**Column Name:** Budgeted  
**Year:** 2004  
**Field Note:**  
a

13. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
a

14. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**

Expenditure differs from Budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.

15. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminBudgeted  
**Row Name:** Administration  
**Column Name:** Budgeted  
**Year:** 2004  
**Field Note:**  
a

16. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
a

**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: NE**

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,525,165	\$ 2,325,740	\$ 2,140,665	\$ 0	\$ 2,113,963	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,882,334	\$ 1,310,879	\$ 1,291,170	\$ 0	\$ 1,298,260	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,813,161	\$ 1,886,900	\$ 1,783,617	\$ 0	\$ 1,779,757	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,629,301	\$ 1,987,815	\$ 2,534,441	\$ 0	\$ 2,652,504	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 7,849,961	\$ 7,511,334	\$ 7,749,893	\$ 0	\$ 7,844,484	\$ 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: NE**

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,046,802	\$ 1,418,584	\$ 1,113,879	\$ 1,818,435	\$ 1,265,704	\$ 2,723,125
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,184,629	\$ 2,307,669	\$ 2,324,616	\$ 2,337,293	\$ 2,213,088	\$ 1,854,167
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,084,729	\$ 2,313,633	\$ 1,154,236	\$ 1,800,229	\$ 2,116,904	\$ 1,254,577
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 3,269,359	\$ 2,320,367	\$ 3,478,852	\$ 2,549,285	\$ 2,388,352	\$ 2,187,135
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 7,585,519	\$ 8,360,253	\$ 8,071,583	\$ 8,505,242	\$ 7,984,048	\$ 8,019,004

## FORM NOTES FOR FORM 5

Expenditure differs from Budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.

### FIELD LEVEL NOTES

- 1. Section Number:** Main  
**Field Name:** DirectHCBudgeted  
**Row Name:** Direct Health Care Services  
**Column Name:** Budgeted  
**Year:** 2004  
**Field Note:**  
1. Expenditure exceeds budget due to systemic problems with definition and forms. Overexpenditure of the budget is explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.
- 2. Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
1. Expenditure exceeds budget due to systemic problems with definition and forms. Overexpenditure of the budget is explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.
- 3. Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.
- 4. Section Number:** Main  
**Field Name:** EnablingBudgeted  
**Row Name:** Enabling Services  
**Column Name:** Budgeted  
**Year:** 2004  
**Field Note:**  
1. Expenditure exceeds budget due to systemic problems with definition and forms. Overexpenditure of the budget is explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.
- 5. Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
1. Expenditure exceeds budget due to systemic problems with definition and forms. Overexpenditure of the budget is explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.
- 6. Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2003  
**Field Note:**  
Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.
- 7. Section Number:** Main  
**Field Name:** PopBasedBudgeted  
**Row Name:** Population-Based Services  
**Column Name:** Budgeted  
**Year:** 2004  
**Field Note:**  
1. Expenditure exceeds budget due to systemic problems with definition and forms. Overexpenditure of the budget is explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.
- 8. Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
1. Expenditure exceeds budget due to systemic problems with definition and forms. Overexpenditure of the budget is explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.
- 9. Section Number:** Main  
**Field Name:** InfrastrBuildBudgeted  
**Row Name:** Infrastructure Building Services  
**Column Name:** Budgeted  
**Year:** 2004  
**Field Note:**  
1. Expenditure exceeds budget due to systemic problems with definition and forms. Overexpenditure of the budget is explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.
- 10. Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
1. Expenditure exceeds budget due to systemic problems with definition and forms. Overexpenditure of the budget is explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FSR) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.

11. **Section Number:** Main

**Field Name:** InfrastrBuildExpended

**Row Name:** Infrastructure Building Services

**Column Name:** Expended

**Year:** 2003

**Field Note:**

Expenditure differs from budget by more than 10% due to systemic problems with definition and forms. The variations are explained by unbudgeted carryover, originating with the misinterpretation of the Financial Status Report (FRS) which feeds Form 2, Form 3, Form 4 and Form 5. See Section V. for detailed explanation.

**FORM 6**

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

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

**STATE: NE**

Total Births by Occurrence: 26,067

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	26,008	99.8	7	2	2	100
Congenital Hypothyroidism	26,008	99.8	89	11	11	100
Galactosemia	26,008	99.8	3	1	1	100
Sickle Cell Disease	26,008	99.8	5	5	5	100

Other Screening (Specify)

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

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

**FORM NOTES FOR FORM 6**

None

**FIELD LEVEL NOTES**

- 1. **Section Number:** Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2005  
**Field Note:**

\* Includes profound and partial biotinidase deficiency Nebraska screens for hemoglobins. Only Sickle Cell Disease listed above.

- 2. **Section Number:** Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2005  
**Field Note:**

Biotinidase\* 26,008 99.8 4 4 4 100%

MCAD 26008 99.8 3 0 0 100%

\* Includes profound and partial biotinidase deficiency Nebraska screens for hemoglobinopathies. Only Sickle Cell Diseased listed above.

**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: NE**

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	9,001	36.0	0.0	3.0	61.0	
Infants < 1 year old	26,008	33.5	0.0	66.0	0.3	
Children 1 to 22 years old	22,472	17.0	4.0	7.0	72.0	
Children with Special Healthcare Needs	5,101	54.0	10.0	28.0	8.0	
Others	50,982	15.0	0.0	0.0	85.0	
<b>TOTAL</b>	<b>113,564</b>					

**FORM NOTES FOR FORM 7**

None

**FIELD LEVEL NOTES**

None

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: NE**

Reporting Year: 2003

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	25,450	22,545	1,426	449	579	9	0	442
Title V Served	3,123	1,915	279	494	54	4	0	377
Eligible for Title XIX	10,066	5,683	985	284	119	0	0	2,995
<b>INFANTS</b>								
Total Infants in State	23,492	21,017	1,517	456	502	0	0	0
Title V Served	26,008	23,236	1,440	320	587	0	0	425
Eligible for Title XIX	13,660	8,072	1,244	376	150	16	3,401	401

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	20,965	3,416	1,069	2,665	17	28	525	181
Title V Served	1,971	868	285	364	0	0	67	437
Eligible for Title XIX	7,506	2,560	0	0	0	0	0	2,560
<b>INFANTS</b>								
Total Infants in State	22,211	1,281	0	0	0	0	0	1,281
Title V Served	22,773	3,235	0	2,507	15	27	503	183
Eligible for Title XIX	10,448	3,212	0	0	0	0	0	3,212

## FORM NOTES FOR FORM 8

Deliveries are estimated by live births reported and only residential birth data are used in the form. Title XIX eligibility is determined by physicians claim forms at delivery of babies covered by Medicaid and by an estimate applied to data on pregnancies reported to NHHSS Financial and Program Analysis Unit by Medicaid Managed Care vendors.

The Nebraska Medicaid Eligibility System (N-FOCUS) categories Hispanic as race, rather than ethnicity.

Column F and "More than One Race" report (Column G) are intentionally left blank because data is not available for these categories.

The infants eligible for Title XIX is a monthly average.

### 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:**  
Deliveries are estimated by live births reported and only residential birth data are used in the form. Title XIX eligibility is determined by physicians claim forms at delivery of babies covered by Medicaid and by an estimate applied to data on pregnancies reported to NHHSS Financial and Program Analysis Unit by Medicaid Managed Care vendors.
- 2. 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:**  
Deliveries are estimated by live births reported and only residential birth data are used in the form. Title XIX eligibility is determined by physicians claim forms at delivery of babies covered by Medicaid and by an estimate applied to data on pregnancies reported to NHHSS Financial and Program Analysis Unit by Medicaid Managed Care vendors.
- 3. 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:**  
Deliveries are estimated by live births reported and only residential birth data are used in the form. Title XIX eligibility is determined by physicians claim forms at delivery of babies covered by Medicaid and by an estimate applied to data on pregnancies reported to NHHSS Financial and Program Analysis Unit by Medicaid Managed Care vendors.
- 4. 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:**  
Deliveries are estimated by live births reported and only residential birth data are used in the form. Title XIX eligibility is determined by physicians claim forms at delivery of babies covered by Medicaid and by an estimate applied to data on pregnancies reported to NHHSS Financial and Program Analysis Unit by Medicaid Managed Care vendors.
- 5. 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:**
- 6. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**
- 7. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**
- 8. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2005  
**Field Note:**
- 9. Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2005  
**Field Note:**

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

	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>	<b>FY 2001</b>
1. State MCH Toll-Free "Hotline" Telephone Number	_____ (800) 862-1889				
2. State MCH Toll-Free "Hotline" Name	Nebraska Healthy Mothers, Healthy Babies Helpline				
3. Name of Contact Person for State MCH "Hotline"	_____ To Be Announced	_____ To Be Announced	_____ Carol Williams	_____ Carol Williams	_____ Carol Williams
4. Contact Person's Telephone Number	_____ (402) 471-1938				
5. Number of calls received on the State MCH "Hotline" this reporting period	_____	_____	_____ 497	_____ 645	_____ 784

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

	<b>FY 2005</b>	<b>FY 2004</b>	<b>FY 2003</b>	<b>FY 2002</b>	<b>FY 2001</b>
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name	_____	_____	_____	_____	_____
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Number of calls received on the State MCH "Hotline" this reporting period	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** cname\_2  
**Row Name:** Name of contact person for state MCH hotline  
**Column Name:** FY  
**Year:** 2005  
**Field Note:**  
contact perston for state MCH hotline for 2005 is Sue Huffman

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

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

The NE Title V MCH Services Block Grant is administered by the MCH Planning and Support Unit, which is in the Office of Family Health within the NHHSS. The MCH Planning and Support Unit conducts a statewide assessment of needs, develops policies, plans, and programs to improve the health of women, infants, children, adolescents and families in Nebraska. The Office of Family Health also administers WIC, CSFP, Family Planning, Immunizations, School Health, Newborn Screening and Genetics, PRAMS, Child Death Review Team, Adolescent Health and Together for Kids & Families (State Childhood Comprehensive Systems Grant). The Title V/Children With Special Health Care Needs Program, known as the Medically Handicapped Children's Program, is located in Aging and Disability Services within the NHHSS. Other programs administered by this Division include the Aged and Disabled Medicaid Waiver which also serves children, Early Intervention Medicaid Waiver, Early Intervention Program (co-administered with the Dept. of Education, Special Education Branch), Medicaid in Public Schools Program, and the Katie Beckett plan amendment.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>4,288,566</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>2,615,918</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>940,000</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>7,844,484</u></b>

9. Most significant providers receiving MCH funds:

	see note

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

a. Pregnant Women	<u>9,001</u>
b. Infants < 1 year old	<u>26,008</u>
c. Children 1 to 22 years old	<u>22,472</u>
d. CSHCN	<u>5,101</u>
e. Others	<u>50,982</u>

11. Statewide Initiatives and Partnerships:

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

All levels of the MCH Pyramid are addressed in diverse activities supported with these funds. Multiple types of services are intertwined in activities of a single provider. Instead of identifying the Nebraska Title V-supported activities by the MCH Pyramid, examples are provided of a few of the 45 subrecipients of Title V funds: Broadly, the local communities are strongly supported, although not exclusively, in the areas of direct medical care services and enabling services, and will be represented in the prescribed form in this section. Nebraska's Title V funding to 31 local communities through 32 awards is categorized by four components: 1) Community MCH Services -- The "Model for Children with Feeding and Swallowing Difficulties" award supports a pediatric feeding and swallowing team to operate in Central and Western Nebraska. Due to complexity of feeding issues and specialty care required, most children have been previously referred to metropolitan Omaha located in Eastern Nebraska about 300 miles away. 2) Statewide MCH Projects/Services (community-level group(s) with activities impacting at least 2/3 of Nebraska's 93 counties) -- The "Breastfeeding Education and Statewide Telephonic Services" award supports breastfeeding statewide. Registered nurses who are lactation consultants provide accurate, quality breastfeeding information, accessible to every woman in the state by telephone 12 hours/day, 5 days/week. In addition, all WIC staff is being trained in breastfeeding basics to provide education to WIC mothers statewide. 3) Community MCH Infrastructure -- Eleven local health departments receive Title V funds to build MCH infrastructure, many as start-up health departments. The variety of activities include assessing needs, producing health information pamphlets, developing asthma management protocols among childcare centers and enhancing preventive oral health care. The activities generally raise awareness about the value of public health, and promote new health departments. 4) Native American MCH Infrastructure & Services -- The four federally-recognized Native American Tribes headquartered in Nebraska receive Title V funding to promote healthful eating and physical activity, prevent substance abuse, and increase access to care, and provide educational and supportive services.

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

see sections A and C.

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

Broadly, 16 state government entities are strongly supported, although not exclusively, in the area of infrastructure, and will be represented in the prescribed form in this section. Internally, examples of work supported by Title V funds: 1) Newborn Screening & Genetics Program, state statutorily mandated newborn metabolic and newborn hearing screening activities. 2) Perinatal, Child and Adolescent Health Program to develop standards, training, promotional activities, and follow-up on recommendations. 3) MCH Assessment and Evaluation Coordinator as the primary staff to the Child Death Review Team, and coordinates other related MCH epidemiological activities. 4) Pregnancy Risk Assessment Monitoring System (PRAMS), a survey of postpartum women to determine risk factors and outcomes. 5) MCH Planning & Support for administration of the block grant, including conducting needs assessment, planning, subrecipient monitoring and providing technical support, and Federal application and reporting.

12. The primary Title V Program contact person:

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

Name Paula Eurek, RD  
Title Administrator, Office of Family Health  
Address Services Agency of the NE Health and Human Services  
City Lincoln  
State NE  
Zip 68509-5044  
Phone (402) 471-3980  
Fax (402) 471-7049  
Email paula.eurek@HHSS.state.ne.us  
Web www.hhs.state.ne.us/pch/mchbg.htm

Name Mary Jo Iwan  
Title Deputy Administrator, Aging and Disability  
Address Services Agency of the NE Health and Human Services  
City Lincoln  
State NE  
Zip 68509-5044  
Phone (402) 471-9345  
Fax (402) 471-6352  
Email maryjo.iwan@HHSS.state.ne.us  
Web www.hhs.state.ne.us/chd/mhcop.htm

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** MCHAdmin  
**Row Name:** State MCH Administration  
**Column Name:**  
**Year:** 2005  
**Field Note:**
  
2. **Section Number:** Most significant providers receiving MCH funds  
**Field Name:** ProviderFund1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Nebraska Health and Human Services (NHHS) describes Title V as a funding source supporting programs, not a program itself. NHHS distinguishes the relationship between services and infrastructure.
  
3. **Section Number:** Most significant providers receiving MCH funds  
**Field Name:** ProviderFund2  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Services are directed at the needs of a population, while infrastructure focuses on overall capacity-building activities to address those needs.
  
4. **Section Number:** Most significant providers receiving MCH funds  
**Field Name:** ProviderFund3  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
NHHS subgrants nearly half of Nebraska's MCH title V Block Grant to community-based groups to address local needs as assessed. Presently, 32 awards are granted to 31 groups.
  
5. **Section Number:** Most significant providers receiving MCH funds  
**Field Name:** ProviderFund4  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
NHHS currently allocates to the other half of the block grants to 16 internal groups for a variety of activities with state-level impact. Title V funds support both services and infrastructure at local and state levels.

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

**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	99.6	99.6	99.7	99.6	99.8
Numerator	23,932	24,863	25,043	25,478	26,008
Denominator	24,018	24,958	25,109	25,575	26,067
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				70	0
Annual Indicator				66.4	NaN
Numerator				326	0
Denominator				491	0
Is the Data Provisional or Final?				Final	Final

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

**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	_____	_____	_____	55	0
Annual Indicator	_____	_____	_____	53.8	NaN
Numerator	_____	_____	_____	706	0
Denominator	_____	_____	_____	1,313	0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	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 # 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	_____	_____	_____	63.5	_____
Numerator	_____	_____	_____	719	_____
Denominator	_____	_____	_____	1,133	_____
Is the Data Provisional or 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 # 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	_____	_____	_____	80	_____
Annual Indicator	_____	_____	_____	79.8	_____
Numerator	_____	_____	_____	327	_____
Denominator	_____	_____	_____	410	_____
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	90	90	90	90
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	_____	_____	_____	10	_____
Annual Indicator	_____	_____	_____	5.1	_____
Numerator	_____	_____	_____	118	_____
Denominator	_____	_____	_____	2,314	_____
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	10	20	20	20	_____
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.

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
<b>Annual Indicator</b>	<u>78.4</u>	<u>75</u>	<u>78.9</u>	<u>78.2</u>	<u>77.9</u>
<b>Numerator</b>	<u>          </u>				
<b>Denominator</b>	<u>          </u>				
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**PERFORMANCE MEASURE # 08**

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

<b>Annual Objective and Performance Data</b>					
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Performance Objective</b>	<u>20</u>	<u>20</u>	<u>19.5</u>	<u>19</u>	<u>18.5</u>
<b>Annual Indicator</b>	<u>20.1</u>	<u>19.2</u>	<u>19.9</u>	<u>18.4</u>	<u>18.5</u>
<b>Numerator</b>	<u>791</u>	<u>754</u>	<u>760</u>	<u>701</u>	<u>696</u>
<b>Denominator</b>	<u>39,366</u>	<u>39,291</u>	<u>38,137</u>	<u>37,999</u>	<u>37,675</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>18</u>	<u>17.5</u>	<u>17.5</u>	<u>17.5</u>	<u>71.5</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

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

**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	15	17	17	17	17
Annual Indicator	25.7	NaN	NaN	NaN	NaN
Numerator	7,476	0	0	0	0
Denominator	29,138	0	0	0	0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	17	17	17	17	17
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	5.5	5	5	5	4.4
Annual Indicator	4.7	4.9	5.5	4.7	6.6
Numerator	17	18	20	17	24
Denominator	362,026	369,427	363,968	364,293	364,714
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.4	4.4	4.4	4.4
Annual Indicator					
Numerator					
Denominator					

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

**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	73	75	75	75	75
Annual Indicator	70	72.8	71.6	75.8	75.8
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	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.

**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	15	25	50	75	95
Annual Indicator	28.4	36.3	60.9	88.8	97.6
Numerator	6,791	9,043.1	15,272	22,665	25,275
Denominator	23,907	24,912	25,090	25,529	25,900
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	95	95
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	<u>8</u>	<u>7.5</u>	<u>7</u>	<u>6.5</u>	<u>6</u>
Annual Indicator	<u>8.9</u>	<u>7.0</u>	<u>7.7</u>	<u>8.1</u>	<u>11.6</u>
Numerator	<u>40,000</u>	<u>31,000</u>	<u>35,540</u>	<u>38,000</u>	<u>17,000</u>
Denominator	<u>449,438</u>	<u>441,000</u>	<u>464,150</u>	<u>468,569</u>	<u>146,000</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>5.5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</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 # 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	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>
Annual Indicator	<u>92.7</u>	<u>97.6</u>	<u>95.4</u>	<u>97.0</u>	<u>96.7</u>
Numerator		<u>128,828</u>	<u>148,529</u>	<u>157,118</u>	<u>160,596</u>
Denominator		<u>132,000</u>	<u>155,679</u>	<u>162,000</u>	<u>166,000</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</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 # 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	1.1	1	1	1	0.9
Annual Indicator	1.2	1.3	1.3	1.3	1.2
Numerator	296	313	322	331	315
Denominator	23,900	24,643	24,818	25,381	25,900
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.9	0.9	0.9	0.9	0.9
Annual Indicator					
Numerator					
Denominator					

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

**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	11	10	9.5	9	8.5
Annual Indicator	13.2	11.1	13.0	9.8	9.9
Numerator	18	15	17	13	13
Denominator	136,154	134,909	130,881	132,107	130,871
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8	7.5	7.5	7.5	7.5
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	87	90	90	90	90
Annual Indicator	85.9	82.4	74.5	70.7	76.2
Numerator	281	258	240	234	240
Denominator	327	313	322	331	315
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	90
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	88	90	90	90	90
Annual Indicator	84.2	82.9	82.8	83.1	83.3
Numerator	20,115	20,429	20,558	21,094	21,574
Denominator	23,900	24,643	24,818	25,381	25,900
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	90
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**

Incidence of confirmed SIDS cases (per 1,000 live births) among African American and Native American infants

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.2	3.0	2.9	2.8	2.5
Annual Indicator	2.7	2.9	2.8	3.1	3.0
Numerator	20	24	24	27	27
Denominator	7,524	8,314	8,581	8,808	9,073
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	1.8	1.5	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.

**STATE PERFORMANCE MEASURE # 4**

Percent of women of child-bearing age who report smoking in the last 30 days

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	22%	21%	21	21	22
Annual Indicator	26.4	27.3	24.8	24.4	25.2
Numerator	82,122	84,464	80,978	78,209	79,968
Denominator	311,145	309,600	326,578	320,326	317,204
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	19	16	13	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.

**STATE PERFORMANCE MEASURE # 5**

Incidence of neural tube defects (per 10,000 live births)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.0	3.5	3.5	3.5	6.9
Annual Indicator	5.9	7.7	8.5	7.5	7.3
Numerator	14	19	21	19	19
Denominator	23,900	24,643	24,818	25,381	25,900
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.4	5.8	5.3	4.7	
Annual Indicator					
Numerator					
Denominator					

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

**STATE PERFORMANCE MEASURE # 6**

Hospitalizations for injuries (per 100,000), birth to 14 (intentional and unintentional)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	150	140	140	130	200
Annual Indicator	337.8	358.4	367.3	315.7	NaN
Numerator	1,223	1,324	1,337	1,150	0
Denominator	362,026	369,437	363,968	364,293	0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	120	120	120	120	
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 # 7**

Percent of teens who report use of alcohol in last 30 days

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	53%	52%	45	47	52
Annual Indicator	55.8	NA	47.0	NaN	NaN
Numerator	1,139		846	0	0
Denominator	2,041		1,800	0	0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	58	63	68	73	73
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 # 9**

Percent of Medicaid-participating dentists who see an average of 25 or more Medicaid patients per month

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	15.0%	17.0%	17	18	18
Annual Indicator	14.5	NA	33.3		NaN
Numerator	112		238		0
Denominator	770		715		0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	19	19			
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**

Percent of CSHCN seen at CSHCN multidisciplinary team clinics who receive recommended nutritional follow-up services

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	75%	75%	75	75	90
Annual Indicator	NA	93.3	100.0	95.7	72.7
Numerator		14	15	22	16
Denominator		15	15	23	22
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	90
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 # 11**

Rates of hospitalization for asthma among children ages 5 - 14.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.0	8.0	8	8	7.9
Annual Indicator	9.7	9.4	6.7	7.1	7.1
Numerator	239	238	165	175	175
Denominator	247,224	252,389	247,398	247,235	247,235
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7.9	7.8	7.8	7.7	
Annual Indicator					
Numerator					
Denominator					

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

**STATE PERFORMANCE MEASURE # 12**

The rates of minority adolescent births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	45	45	19.5	19	18.5
Annual Indicator	70.9	63.2	82.8	91.4	109.3
Numerator	869	852	917	1,039	1,271
Denominator	12,252	13,480	11,069	11,368	11,627
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	18	17.5	17.5	17.5	17.5
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 # 14**

The percent of African American women beginning prenatal care during the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	90	90	90	90	90
Annual Indicator	73.8	67.8	67.6	69.5	72.1
Numerator	648.7	932	928	998	1,044
Denominator	879	1,374	1,373	1,435	1,447
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	90
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

Nebraska's YRBS is administered every other year. Currently YRBS does not include NE's largest school district, Omaha Public Schools. This creates invalidity for statewide analysis.

Source: Nebraska YRBS

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
1998-2001 data refers to guidance effective through April 20, 2003 which requires a slightly different data than the 2002 + indicators. Therefore, comparison of indicators from 1998-2001& 2002 + is not possible.
2. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 data unavailable.
3. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 data unavailable.
4. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 data unavailable.
5. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 data unavailable.
6. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 data unavailable.
7. **Section Number:** Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objective based in HP 2010 objectives.  
  
Nebraska relies on CDC's National Immunization Survey (NIS) for it's data. Numerator and Denominator information unavailable.
8. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Nebraska does not currently have a system to measure this performance measure.
9. **Section Number:** Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Nebraska uses the Ross Laboratory Survey for this indicator. The most recent information is 2002. Numerator and denominator information is available. Annual performance objectives based on HP Objectives.
10. **Section Number:** Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objective based on Nebraska's Newborn Statutes which set the objective of 95% by 2003.
11. **Section Number:** Performance Measure #13  
**Field Name:** PM13  
**Row Name:**

- Column Name:**  
**Year:** 2005  
**Field Note:**  
2002 & 2003 data is children 0-18 year old.
12. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Source: Nebraska Medicaid
13. **Section Number:** Performance Measure #15  
**Field Name:** PM15  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objectives based on HP 2010 objectives beginning in 2003, using "best fit lines".
14. **Section Number:** Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objective based on HP 2010 objectives beginning in 2003, using "best fit line."
15. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Levels of perinatal care are not formally established/monitored except for Medicaid reimbursement purposes. Therefore, facilities for high-risk deliveries & neonates for this performance measure are based on Medicaid reimbursement information. In 2001, the number of level 3 (testing) hospitals were reduced from 10 hospitals to 4 hospitals. These reductions are reflected in the decrease in percentage of VLBW infants delivered at high risk facilities beginning in 2001. In addition, this does not reflect Nebraska resident infants that be born at high risk facilities (for example, at Children's Hospital in Denver, CO and Sacred Heart Hospital in Yankton, SD)
16. **Section Number:** Performance Measure #18  
**Field Name:** PM18  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objectives based on HP 2010 objectives.
17. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
"Women of child-bearing age" are women between the ages of 18-44.  
  
Source: Nebraska BFRSS
18. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Rates based on small numbers may be unreliable. Annual performance objective based on HP 2010 Objectives beginning in 2003, "best fit line."
19. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 data unavailable.
20. **Section Number:** State Performance Measure #7  
**Field Name:** SM7  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
State performance measure wording was changed in 2001 to reflect the HP 2010 objective. As a result, comparison to data presented prior to 2001 are not available.  
  
Nebraska's YBRS is administered every other year. Currently YBRS does not include NE's largest school district, Omaha Public Schools. This creates invalidity for statewide analysis.
21. **Section Number:** State Performance Measure #9  
**Field Name:** SM9  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 data unavailable at time of submission.
22. **Section Number:** State Performance Measure #10  
**Field Name:** SM10  
**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Reporting has improved due to training of the Clinic's Lead Worker and availability of an easy printable reporting form in the Connect database system.

23. **Section Number:** State Performance Measure #11

**Field Name:** SM11

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

2003 data unavailable at time of submission.

Annual performance objective based on HP 2010 Objectives beginning in 2003, using "best fit lines" (based on 24-26, children & adults aged 5 to 64 years)

24. **Section Number:** State Performance Measure #12

**Field Name:** SM12

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Annual Performance Objective is based on Nebraska's 2010 Objective for adolescent pregnancies, modified, because pregnancy rates cannot be calculated by race/ethnicity because abortion data does not include race/ethnicity.

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

**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	<u>7.9</u>	<u>7.7</u>	<u>7.1</u>	<u>7</u>	<u>6.7</u>
Annual Indicator	<u>6.8</u>	<u>7.2</u>	<u>6.8</u>	<u>7.0</u>	<u>5.4</u>
Numerator	<u>162</u>	<u>178</u>	<u>168</u>	<u>178</u>	<u>141</u>
Denominator	<u>23,900</u>	<u>24,643</u>	<u>24,818</u>	<u>25,381</u>	<u>25,900</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>6.4</u>	<u>6.1</u>	<u>5.8</u>	<u>5.5</u>	<u>5.5</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.

**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	<u>1.4</u>	<u>1.3</u>	<u>1.3</u>	<u>1.3</u>	<u>3</u>
Annual Indicator	<u>3.2</u>	<u>3.2</u>	<u>1.6</u>	<u>3.4</u>	<u>3.3</u>
Numerator	<u>19</u>	<u>20.4</u>	<u>10.2</u>	<u>20.9</u>	<u>15.9</u>
Denominator	<u>6</u>	<u>6.4</u>	<u>6.5</u>	<u>6.1</u>	<u>4.8</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>2.7</u>	<u>2.4</u>	<u>2.1</u>	<u>1.8</u>	<u>1.8</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.

**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	5.4	5.3	5.3	5.2	4.6
Annual Indicator	4.5	4.8	4.8	4.8	3.7
Numerator	107	119	119	121	96
Denominator	23,900	24,643	24,818	25,381	25,900
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.3	4.1	3.8	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	2.7	2.6	2.6	2.5	2.1
Annual Indicator	2.3	2.4	2.0	2.2	1.7
Numerator	55	59	49	57	45
Denominator	23,900	24,643	24,818	25,381	25,900
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2	1.8	1.7	1.6	1.6
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 # 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	10.25	10	10	9.9	9.6
Annual Indicator	10.3	10.2	10.5	10.3	9.5
Numerator	248	266	262	262	247
Denominator	24,041	25,952	24,961	25,381	26,051
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.9	8.1	7.4	6.7	6.7
Annual Indicator					
Numerator					
Denominator					

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

**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	19	18	18	17.5	22.4
Annual Indicator	23.3	22.0	22.9	23.2	24.6
Numerator	79	76	78	79	84
Denominator	339,082	345,968	340,793	340,964	341,222
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	21.6	20.8	20	19.2	19
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:**  
Annual performance objective based on HP 2010 objectives in 2003, using "best fit lines."
2. **Section Number:** Outcome Measure 2  
**Field Name:** OM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objectives based on HP 2010 goals # 2: "Eliminate Health "Disparities" beginning in 2003, using "best fit line."
3. **Section Number:** Outcome Measure 3  
**Field Name:** OM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objectives based on HP 2010 objectives beginning in 2003, using "best fit lines."
4. **Section Number:** Outcome Measure 4  
**Field Name:** OM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objectives based on HP 2010 objectives beginning in 2003, using "best fit lines".
5. **Section Number:** Outcome Measure 5  
**Field Name:** OM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objectives based on HP 2010 objectives beginning in 2003, using "best fit lines".
6. **Section Number:** Outcome Measure 6  
**Field Name:** OM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Annual performance objectives based on HP 2010 objectives beginning in 2003, using "best fit lines", based on 16-3a adolescents aged 10 to 14.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: NE**

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

    3    

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

    3    

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

    3    

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

    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).

    2    

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

    1    

**Total Score:**     14    

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None

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

[Sec. 505(a)(5)]

**STATE: NE 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. Childhood morbidity and mortality due to asthma need to be reduced.
2. Reduce incidence and prevalence of nutrition-related health problems among children, including CSHCN.
3. Increase access to quality oral health care for MCH/CSHCN population.
4. Decrease rates of adolescent, non-marital, and unintended pregnancies.
5. Reduce rates of infant mortality with an emphasis on eliminating racial/ethnic disparities.
6. Reduce use of tobacco, alcohol, and illicit substances among youth and women of childbearing age.
7. Reduce rates of injury, both intentional and unintentional, among MCH/CSHCN.
8. Increase the number of CSHCN who have a medical home and access to pediatric specialists.
9. Build MCH infrastructure statewide.
10. Eliminate racial and ethnic health disparities.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

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

STATE: NE

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.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	3 components related to assessing needs/capacity: evaluate effectiveness of RFP for Title V issued in 2002; develop evaluation methodology for needs assessment process; and facilitate priority setting/strategy development process for 2004-2005	Important to know that we are using scarce resources wisely, and have optimum planning/assessment processes in place for the future	Family Health Outcome Project, University of California at San Francisco
2.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    3    </u>	Assistance with obtaining/adapting a survey to determine quality comprehensiveness, and continuity of care for CSHCN through Medicaid Managed Care	Nebraska Medicaid Program has insufficient resources to research, identify and implement an appropriate instrument	Institute for Child Health Policy, or other organization determined in consultation with MCHB
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: NE**

SP #        3

**PERFORMANCE MEASURE:** Incidence of confirmed SIDS cases (per 1,000 live births) among African American and Native American infants

**STATUS:** Active

**GOAL** To further reduce infant deaths in Nebraska due to SIDS

**DEFINITION**

**Numerator:**  
Number of investigated and confirmed cases of SIDS deaths among African American and Native American infants (combined)

**Denominator:**  
Number of live births among African American and Native American infants (combined)

**Units:** 1000 **Text:** Rate per thousand

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Birth certificate data in NDHHS vital records provide information on live births among infants by racial/ethnic background. Because numbers are very small for this measure, a 5-year average is used to provide indicator data. Data collected by Nebraska Child Death Review Team is used to determine the number of investigated and confirmed cases of SIDS deaths among all infants, and is available by racial/ethnic background. It is important to note that child death investigations in rural and small urban counties in the state may be inconsistent with investigations in large urban counties. Individual law enforcement investigators in Lincoln and Omaha have participated in numerous child death scene investigations, whereas their colleagues in smaller communities may not have encountered one in many years.

**SIGNIFICANCE**

While the incidence of SIDS in Nebraska has decreased by over 50% since the inception of the "Back To Sleep" campaign in 1994, the rate of SIDS deaths among African American and Native American infants in the state still remains over three times that of white infants .

SP # 4

**PERFORMANCE MEASURE:**

Percent of women of child-bearing age who report smoking in the last 30 days

**STATUS:**

Active

**GOAL**

To promote healthy lifestyles in women of child-bearing age

**DEFINITION**

**Numerator:**

Number of women of child-bearing age who report smoking on annual risk factor survey

**Denominator:**

Number of women of child-bearing age participating in the annual risk factor survey in Nebraska during calendar year.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The Nebraska Behavioral Risk Factor Survey, conducted annually, provides the required data for this measure. Women of child-bearing age is no longer defined by MCHB, so may not offer consistency to a similar measure by other states. Normally, women of child bearing age starts at either age 10 or 14, but because data is provided inconsistently and at different intervals for ages 10-17 (YRBS) than for ages 18-44 (BRFS), it was decided to include only the age tracked by BRFS. Minorities are not well represented in the BRFS and HHS has under taken a Minority BRFS, but was only able to do it one time.

**SIGNIFICANCE**

Healthy living among women of child-bearing age increases the chances of healthy birth outcomes, as well as the quality of life in women and their children. Abstinence from smoking and alcohol use, as well as healthy eating and exercise, all contribute to a healthy lifestyle.

SP # 5

**PERFORMANCE MEASURE:**

Incidence of neural tube defects (per 10,000 live births)

**STATUS:**

Active

**GOAL**

To reduce the prevalence of neural tube defects

**DEFINITION**

**Numerator:**

Number of cases of spina bifida and anencephaly in calendar year

**Denominator:**

Number of live births in Nebraska in the calendar year

**Units:** 10000 **Text:** Rate per ten thousand

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Birth defects surveillance data, birth certificate data in NDHHS vital records. Neural tube defects are defined as spina bifida and anencephaly and classified according to the British Pediatric Association (BPA) Classification of Disease World Health Organization's 1979 International Classification of Diseases 9th Edition. Clinical modification (ICD-9-CM) with modification developed by the National Centers for Disease Control.

**SIGNIFICANCE**

Neural tube defects are among the most common birth defects contributing to significant infant morbidity and mortality in the U.S. One-half to two-thirds can be prevented by the daily use of folic acid in women of child-bearing age. The incidence of NTDs in Nebraska is significantly higher than the national rate. Preventing NTDs is a major opportunity to reduce mortality and morbidity in babies and children. Blood folates may be an additional means for determining whether a population of women of child-bearing age are consuming adequate amounts of folic acid.

SP #          6

**PERFORMANCE MEASURE:**

Hospitalizations for injuries (per 100,000), birth to 14 (intentional and unintentional)

**STATUS:**

Active

**GOAL**

Promote safe environments and behaviors for all children and their caretakers

**DEFINITION**

**Numerator:**

Number of discharges from NE hospitals for injuries among children, birth to 14 years of age

**Denominator:**

Number of children 0-14 years of age

**Units:** 100000 **Text:** Rate per hundred thousand

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The source for hospital discharge data is the Nebraska Hospital Discharge Database. Hospitalizations includes inpatient discharges from Nebraska acute care hospitals. Population estimates are found through U.S. Census Bureau current population survey data.

**SIGNIFICANCE**

Unintentional injury ranks as one of our most pressing public health problems. It is the leading cause of death in Nebraska among children age 1-14, as determined by the Nebraska Child Death Review Team for children dying in the state in 1993 - 1995. Awareness and action to prevent the occurrence and severity of injuries must occur at all levels (state, community, homes and families) to be most effective.

SP # 7

**PERFORMANCE MEASURE:**

Percent of teens who report use of alcohol in last 30 days

**STATUS:**

Active

**GOAL**

To promote healthy lifestyles among youth

**DEFINITION**

a

**Numerator:**

Number of high school students that reported they drank alcohol in the last 30 days

**Denominator:**

Number of high school students in survey

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

The Youth Risk Behavior Survey is the source for this data and is administered bi-annually. A number of large, urban schools with students in grades 9-12 chose not to participate in the YRBS. In those large schools that did not participate, a larger than expected number of students did not complete the survey. This means that these survey results for grades 9-12 provide an important description of the priority health risk behaviors of the survey participants. The total sample, however, is not truly representative of the state's grade 9-12 students because it under-represents Nebraska's urban adolescents.

**SIGNIFICANCE**

Alcohol is the most commonly used drug in Nebraska among teens. Alcohol increases the likelihood of sexual activity, exposing youth to STDs and HIV. Alcohol is responsible for a high percentage of teen motor vehicle accidents, and has a strong influence on morbidity and mortality.

SP #      9

**PERFORMANCE MEASURE:**

Percent of Medicaid-participating dentists who see an average of 25 or more Medicaid patients per month

**STATUS:**

Active

**GOAL**

Improve access to dentistry services for Medicaid-eligible children

**DEFINITION**

.

**Numerator:**

Number of Medicaid-participating dentists who see an average of 25 or more patients per month in the fiscal year

**Denominator:**

Number of Medicaid-participating dentists in the fiscal year

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

NDHHS Financial and Program Analysis Unit provides all information for this measure.

**SIGNIFICANCE**

Access to dental care is a large issue in Nebraska for the Medicaid-eligible population. Reimbursement rates from Medicaid are significantly lower than the costs to dentists to provide services, and documentation necessary in order to receive reimbursement are cumbersome and time-consuming. Many dentists in Nebraska choose not to participate in Medicaid, and many of those that do participate with Medicaid have only a handful of Medicaid patients. Ongoing collaborator efforts are underway via the Nebraska Dental Health Division, Nebraska Medicaid, and the Nebraska Dental Association to address these issues.

SP # 10

**PERFORMANCE MEASURE:**

Percent of CSHCN seen at CSHCN multidisciplinary team clinics who receive recommended nutritional follow-up services

**STATUS:**

Active

**GOAL**

To identify CSHCN requiring nutritional services and assure their provision of such services

**DEFINITION**

a

**Numerator:**

Number of CSHCN identified as needing nutritional follow-up services by the CSHCN multidisciplinary team clinic during the year who received such services

**Denominator:**

Number of CSHCN identified as needing nutritional follow-up services during the year

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

MHCP clinic statistics are the primary source for this data. Nutritional payment records for MHCP, Medicaid Home and Community-Based Aged and Disabled Waiver, and Medicaid EPSDT programs will also verify this data.

**SIGNIFICANCE**

Children with Special Health Care Needs require adequate nutrition, as do all children. However, CSHCN are at increased risk for poor nutrition due to the physical or developmental problems, drug-nutrient interactions, chronic medical conditions or feeding problems associated with their disability or chronic illness.

SP # 11

**PERFORMANCE MEASURE:**

Rates of hospitalization for asthma among children ages 5 - 14.

**STATUS:**

Active

**GOAL**

Reduce hospitalization rates due to asthma for children ages 5-14.

**DEFINITION**

Units: Rate per 10,000(Number) (Text)

**Numerator:**

Number of hospitalizations of children ages 5-14 hospitalized due to asthma.

**Denominator:**

Number of children in Nebraska ages 5-14.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Hospital Discharge Data (HDD) provided by hospitals to the Nebraska Association of Hospitals and Health Systems (NAHHS). Ninety-three (100%) Nebraska acute care hospitals reported patient information to NAHHS. The three regional centers, three veterans hospitals, the Beatrice State Development Center, the Indian Health Services Winnebago Health Center and the military hospital at Offutt Air Force Base do not report patient discharge information to NAHHS. Source: Asthma Surveillance Report, October 2000. These indicators measure inpatient discharge data only. Population estimates are available through the U.S. Census Bureau.

**SIGNIFICANCE**

Hospitalization rates and death rates due to asthma are increasing in Nebraska. This is an age-adjusted death rate of 1.9/100,000, higher than the US death rate of 1.4/100,000.

SP # 12

**PERFORMANCE MEASURE:**

The rates of minority adolescent births.

**STATUS:**

Active

**GOAL**

To lower the birth rate among minority adolescents.

**DEFINITION**

Units: 1,000 Rate per 1,000 (Number) (Text)

**Numerator:**

Number of live births to minority adolescent females in the calendar year (combined).

**Denominator:**

Number of minority adolescent females in the calendar year.

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

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Birth and death certificate data in NDHHS vital records provide information on live births by racial/ethnic background and age. Population estimates are available through the US Census Bureau.

**SIGNIFICANCE**

Adolescent parents are less likely to complete high school and more likely to experience economic hardships than are older parents. Nebraska has an infant mortality problem. Adolescent, non-marital and unintended pregnancies, according to research, end in higher rates of infant mortality. Nebraska's teen mothers are less likely to begin first trimester prenatal care and more likely to not receive prenatal care than any other age group. In Nebraska, between 25-30% of teen mothers will have more than one pregnancy before they turn 20. This is higher than the national average of 20-22%. Nebraska's minority populations have a higher rate of adolescent birth than does the overall population.

SP # 14

**PERFORMANCE MEASURE:** The percent of African American women beginning prenatal care during the first trimester.

**STATUS:** Active

**GOAL** To improve the birth outcomes of African American women.

**DEFINITION** .

**Numerator:**  
Number of African American beginning prenatal care during the first trimester

**Denominator:**  
Number of African American women giving birth

**Units:** 100 **Text:** 1

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES** Nebraska Vital Statistics

**SIGNIFICANCE** Early entry into prenatal care results in improved birth outcomes.

**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: NE**

**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
<b>Annual Indicator</b>	15.3	15.5	15.3	15.9	NaN
<b>Numerator</b>	176	181	179	186	0
<b>Denominator</b>	114,802	117,048	116,701	117,058	0
<b>Is the Data Provisional or Final?</b>				Final	Final

**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
<b>Annual Indicator</b>	92.6	88.0	92.9	97.5	99.8
<b>Numerator</b>	8,188	8,778	10,006	11,637	12,134
<b>Denominator</b>	8,842	9,978	10,769	11,941	12,153
<b>Is the Data Provisional or Final?</b>				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
<b>Annual Indicator</b>	100.0	100.0	30.3	34.6	48.7
<b>Numerator</b>	50	41	37	45	904
<b>Denominator</b>	50	41	122	130	1,856
<b>Is the Data Provisional or Final?</b>				Final	Final

**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
<b>Annual Indicator</b>	73.8	71.7	72.6	73.6	73.6
<b>Numerator</b>	17,605	17,669	18,008	18,677	19,074
<b>Denominator</b>	23,843	24,643	24,818	25,381	25,900
<b>Is the Data Provisional or Final?</b>				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.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>28.6</u>	<u>56.5</u>	<u>54.6</u>	<u>57.5</u>	<u>64.5</u>
<b>Numerator</b>	<u>13,638</u>	<u>13,704</u>	<u>16,598</u>	<u>18,398</u>	<u>18,308</u>
<b>Denominator</b>	<u>47,659</u>	<u>24,245</u>	<u>30,405</u>	<u>31,978</u>	<u>28,398</u>
<b>Is the Data Provisional or Final?</b>				Final	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.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>35.6</u>	<u>36.5</u>	<u>36.9</u>	<u>36.5</u>	<u>36.2</u>
<b>Numerator</b>	<u>1,123</u>	<u>1,020</u>	<u>1,015</u>	<u>1,088</u>	<u>1,060</u>
<b>Denominator</b>	<u>3,152</u>	<u>2,794</u>	<u>2,752</u>	<u>2,981</u>	<u>2,927</u>
<b>Is the Data Provisional or Final?</b>				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:**  
2002 data unavailable.
2. **Section Number:** Health Systems Capacity Indicator #02  
**Field Name:** HSC02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 data Source: FFY02 HCFA-416 report. Information reported is for all Medicaid eligible children, including SCHIP and Children enrolled in Medicaid Managed Care. Age as of 9-31-03.
3. **Section Number:** Health Systems Capacity Indicator #03  
**Field Name:** HSC03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 Data Source: Modified FFY02 HCFA -416 report.
4. **Section Number:** Health Systems Capacity Indicator #07  
**Field Name:** HSC07  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
2003 Data Source: FFY03 SMC-416 report. Information reported is for all Medicaid eligible children, including SCHIP. Age as of 9/30/03.
5. **Section Number:** Health Systems Capacity Indicator #08  
**Field Name:** HSC08  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Total SSI eligible children under age 16 in Nebraska as of 12/2002 = 3100, receiving SSI CCP benefits=892.  
\*Does not count contacts and activities of outreach to those who do not receive enabling services benefit/purchase in their behalf.

This % is lower than expected. However, all SSI eligible children referrals received from NDOE, Disability Determinations Section (a) are not counted/entered into the CSHCN System (b) until the family has decided the seek benefits from one of the CSHCN programs and that (c) CSHCN may not provide benefits some families require. These factors and the presence of the S-CHIP benefits serving more children have acted to lower CSHCN counts.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	1999	Matching data files	<u>8.9</u>	<u>5.7</u>	<u>6.8</u>
b) <i>Infant deaths per 1,000 live births</i>	1999	Matching data files	<u>7.7</u>	<u>5.5</u>	<u>6.2</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	1999	Matching data files	<u>73.2</u>	<u>89.9</u>	<u>84.2</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>	1999	Matching data files	<u>64.9</u>	<u>78.4</u>	<u>73.8</u>

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

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>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> )	2003	<u>133</u>
(Age range <u>6</u> to <u>14</u> )		<u>100</u>
(Age range <u>15</u> to <u>18</u> )		<u>100</u>
c) <i>Pregnant Women</i>	2003	<u>185</u>

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

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>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> )	2003	<u>185</u>
(Age range <u>6</u> to <u>14</u> )		<u>185</u>
(Age range <u>15</u> to <u>18</u> )		<u>185</u>
c) <i>Pregnant Women</i>	2003	<u>185</u>

**FORM NOTES FOR FORM 18**

None

**FIELD LEVEL NOTES**

None

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

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

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

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

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

<b>DATA SOURCES</b>	<b>Does your state participate in the YRBS survey? (Select 1 - 3)*</b>	<b>Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)</b>
Youth Risk Behavior Survey (YRBS)	2	No
Other:		

**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)*

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

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

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

**FORM NOTES FOR FORM 19**

\*Currently YRBS does not include NE's largest school district Omaha Public Schools. This creates invalidity for statewide analysis. YRBS is performed every other year.

\*\*Currently not an electronic database. We receive frequently tables.

Nebraska participates in additional tobacco surveys includes the Youth Tobacco Surveys (both middle and and high school) and the social climate survey.

**FIELD LEVEL NOTES**

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

**Field Name:** Other1\_09C

**Row Name:** Other

**Column Name:**

**Year:** 2005

**Field Note:**

Nebraska published "overweight among NE Youth" report

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

**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
<b>Annual Indicator</b>	6.7	6.9	6.7	7.2	6.9
<b>Numerator</b>	1,613	1,690	1,655	1,820	1,794
<b>Denominator</b>	23,900	24,643	24,818	25,381	25,900
<b>Is the Data Provisional or Final?</b>				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
<b>Annual Indicator</b>	5.0	5.2	3.9	4.2	NaN
<b>Numerator</b>	1,145	1,242	961	1,057	0
<b>Denominator</b>	23,068	23,874	24,818	25,381	0
<b>Is the Data Provisional or Final?</b>				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
<b>Annual Indicator</b>	1.2	1.3	1.3	1.3	NaN
<b>Numerator</b>	296	313	322	331	0
<b>Denominator</b>	23,900	24,643	24,818	25,381	0
<b>Is the Data Provisional or Final?</b>				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
<b>Annual Indicator</b>	0.9	0.9	0.8	0.7	
<b>Numerator</b>	203	214	197	187	
<b>Denominator</b>	23,068	23,874	24,818	25,381	
<b>Is the Data Provisional or Final?</b>				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	10.2	6.2	10.4	12.4	
Numerator	37	23	38	45	
Denominator	362,026	369,427	363,968	364,293	
Is the Data Provisional or Final?				Final	

**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	4.7	4.9	5.5	4.9	
Numerator	17	18	20	18	
Denominator	362,026	369,427	363,968	364,293	
Is the Data Provisional or Final?				Final	

**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	29.8	29.4	29.2	44.5	34.4
Numerator	75	75	75	115	89
Denominator	251,915	255,240	257,222	258,581	258,381
Is the Data Provisional or Final?				Final	Final

**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	338.6	413.3	318.4	315.7	NaN
Numerator	1,226	1,527	1,159	1,150	0
Denominator	362,026	369,427	363,968	364,293	0
Is the Data Provisional or Final?				Final	Final

**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.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>12.7</u>	<u>20.3</u>	<u>17.9</u>	<u>12.6</u>	<u>NaN</u>
<b>Numerator</b>	<u>46</u>	<u>75</u>	<u>65</u>	<u>46</u>	<u>0</u>
<b>Denominator</b>	<u>362,026</u>	<u>369,427</u>	<u>363,968</u>	<u>364,293</u>	<u>0</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

**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.

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>110.8</u>	<u>125.8</u>	<u>110.4</u>	<u>104.7</u>	<u>NaN</u>
<b>Numerator</b>	<u>279</u>	<u>321</u>	<u>284</u>	<u>271</u>	<u>0</u>
<b>Denominator</b>	<u>251,915</u>	<u>255,240</u>	<u>257,222</u>	<u>258,851</u>	<u>0</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 05A**

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

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>18.3</u>	<u>21.2</u>	<u>14.8</u>	<u>19.3</u>	<u>20.2</u>
<b>Numerator</b>	<u>1,220</u>	<u>1,392</u>	<u>957</u>	<u>1,238</u>	<u>1,288</u>
<b>Denominator</b>	<u>66,690</u>	<u>65,674</u>	<u>64,774</u>	<u>64,193</u>	<u>63,669</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 05B**

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

	<b>Annual Indicator Data</b>				
	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Annual Indicator</b>	<u>5.0</u>	<u>6.3</u>	<u>4.0</u>	<u>5.8</u>	<u>6.7</u>
<b>Numerator</b>	<u>1,464</u>	<u>1,872</u>	<u>1,194</u>	<u>1,738</u>	<u>1,986</u>
<b>Denominator</b>	<u>292,281</u>	<u>299,471</u>	<u>299,941</u>	<u>299,350</u>	<u>298,565</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

**FORM NOTES FOR FORM 20**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Health Status Indicator #04A  
**Field Name:** HSI04A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
a

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

**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: 2003 Is this data from a State Projection? No

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	23,492	21,017	1,517	456	502	0	0	0
Children 1 through 4	94,147	84,500	5,921	1,675	2,051	0	0	0
Children 5 through 9	120,043	108,369	7,219	1,858	2,597	0	0	0
Children 10 through 14	127,032	115,281	7,442	1,880	2,429	0	0	0
Children 15 through 19	130,871	119,891	7,218	1,722	2,040	0	0	0
Children 20 through 24	128,510	118,279	6,685	1,523	2,023	0	0	0
Children 0 through 24	624,095	567,337	36,002	9,114	11,642	0	0	0

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

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	20,930	1,281	0
Children 1 through 4	83,783	5,182	0
Children 5 through 9	168,885	6,629	0
Children 10 through 14	113,168	6,932	0
Children 15 through 19	118,145	6,363	0
Children 20 through 24	106,720	6,044	0
Children 0 through 24	611,631	32,431	0

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

**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: 2003 Is this data from a State Projection? No

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	25	18	6	1	0	0	0	0
Women 15 through 17	696	541	111	41	3	0	0	0
Women 18 through 19	1,609	1,327	187	78	17	0	0	0
Women 20 through 34	20,680	18,858	1,032	309	481	0	0	0
Women 35 or older	2,910	2,677	111	27	95	0	0	0
Women of all ages	25,920	23,421	1,447	456	596	0	0	0

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

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	14	11	0
Women 15 through 17	493	179	24
Women 18 through 19	1,241	295	73
Women 20 through 34	17,063	2,708	889
Women 35 or older	2,562	254	94
Women of all ages	21,373	3,447	1,080

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

**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: 2003 Is this data from a State Projection? No

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	141	111	23	6	1	0	0	0
Children 1 through 4	40	35	5	0	0	0	0	0
Children 5 through 9	18	16	2	0	0	0	0	0
Children 10 through 14	26	25	0	1	0	0	0	0
Children 15 through 19	77	67	8	2	0	0	0	0
Children 20 through 24	111	95	15	1	0	0	0	0
Children 0 through 24	413	349	53	10	1	0	0	0

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

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	148	20	0
Children 1 through 4	27	3	0
Children 5 through 9	22	1	0
Children 10 through 14	23	1	0
Children 15 through 19	85	5	0
Children 20 through 24	86	6	0
Children 0 through 24	391	36	0

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

**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)*

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
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)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
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  
DEMOGRAPHIC DATA  
STATE: NE**

**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	_____
<b>Total - all children 0 through 19</b>	<b>0</b>

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

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

**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: NE**

**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**

None

**FIELD LEVEL NOTES**

None