

Attachment B

CSHCN-Related State "Negotiated" Performance Measures¹

From the Title V Block Grant Applications/Reports Submitted in July, 2000

Each State reports on seven to ten "Negotiated" performance measures that they develop and have approved. This allows States to measure progress toward achieving goals that are specific to their State.

The following is a listing, by state, of the CSHCN-Related State "Negotiated" Performance Measures included in the Block Grant Application submitted in July 2000. Notation is also made if the Performance Measure is new since 1998 (i.e. was not identified as a state performance measure in the Block Grant Application submitted in 1998); or has been modified since 1998.

Following this information about current CSHCN-Related State "Negotiated" Performance Measures is a listing, by state, of Performance Measures that were discontinued since 1998.

States using one or more CSHCN-related "Negotiated" Performance Measures = 43

Total CSHCN-related "negotiated" Performance Measures = 106

"Negotiated" Performance Measures new since 1998. = 21

"Negotiated" Performance Measures modified since 1998 = 9

"Negotiated" Performance Measures "dropped" since 1998 = 7

¹ Based on a January 2001 review of Title V Block Grant Applications/Reports conducted through the Institute for Leaders in CSHCN Programs Project.

Alabama

Percent of CSHCN in CRS without insurance for primary and specialty care.

What degree to which state assures family participation in program and policy activities of CRS.

The degree to which the State assures a system to coordinate services exists for Children for with Special Health Care Needs (CSHCN) who are enrolled in the State CSHCN Program.

The degree to which the State assures a system of quality assurance and evaluation exists to monitor the quality of direct services delivered to Children with Special Needs (CSHCN) through the State CSHCN Program

The degree to which the State Children with Special Health Care Needs (CSHCN) Program assures public awareness of Title V CSHCN programs and activities among families and public/private service providers (new since 1998)

The percent of CSHCN enrolled in the State CSHCN Program who are referred with family consent to the Adult Vocational Rehabilitation Service for services upon their sixteenth birthday. (new since 1998)

Arizona

The percent of licensed child care centers, which meet national quality standards for health and safety. (Provide a healthy, safe, and age-appropriate child care environment for all children, including those with special health care needs, diverse cultures, and socio-economic backgrounds.)

The disparity in the percent of families of CSHCN whose out-of-pocket medical expenses exceed 5% of annual income compared to other families with children.

Asthma hospitalizations per 100,000 children age 1 through 19. (modified since 1998)

Arkansas

Conduct at least three workshops for parents of CSHCN and targeted case managers on resources available to access services.

The percent of total CSHCN on the Children's Medical program who receive specialty services.

To improve the percent of parents responding to the question on the Children's Medical Services (CMS) Parent Satisfaction Survey that CMS service coordination teams told them about other services available to them. (new since 1998)

To improve the percent of 14 to 15 year olds on Children's Medical Services (CMS) who state that CMS transition services have helped improve their knowledge and ability to transition into adult life. (new since 1998)

California

The percent of CCS S children with Cleft Palate, Spina for Bifida, and Acute Lymphoid Leukemia, who were referred to Special Care Centers for multidisciplinary, coordinated evaluation and treatment plans.

The percent of California Children Services (CCS) enrolled children registered in CMS Net, the statewide automated case management and data collection system for CCS.

Colorado

The percentage complete of an integrated data system for monitoring and assessing health needs (to improve ability to monitor and assess health needs of women and children), beginning with the Health Care Program for Children with Special Needs.

Connecticut

The percentage of CSHCN clients enrolled in the for State CSHCN program that have a written health care service plan.

The degree to which the Connecticut State Department of Public Health has the infrastructure in place to collect and report information on all children with special health care needs in the State.

The degree to which, the State of Connecticut Department of Public Health improves education, diagnosis, and case management for asthma. (new since 1998)

The degree to which the Connecticut State Department of Public Health improves mental health screening, assessment, referral, and linkages to services and supports in Title V funded programs. (new since 1998)

Delaware

Hospital discharge rate for children from 12 months through 17 years with asthma

Florida

The rate per 1,000 of hospital discharges due to asthma in children age 0-14.

Increase the proportion of Part C (early intervention) eligible children receiving services

Georgia

Percentage of children enrolled in the CSHCN Program receiving comprehensive case management services.

The degree to which risk positive children, birth to age four, are linked to a primary health care provider, referred to one or more community services, and referred to appropriate public health programs.

Asthma-related hospitalizations among children, 1-19 years of age (modified since 1998)

Hawaii

The mean number of school days absent per public school student aged 5-18 who is diagnosed with severe asthma

Percent of infants with hearing loss who are receiving appropriate intervention services by age 6 months.

Degree of availability of mandated early intervention services to meet needs specified in the Individual Family Support Plan (IFSP) for children age 0-3 years who are developmentally delayed, or biologically or environmentally at risk.

Illinois

Proportion of CSHCN ages 14 and above for and their parents who receive comprehensive transition planning services to promote awareness of adult services.

The Proportion of DCFS caseworkers that have been trained on CSHCN and DSCC services.

Indiana

Establish data collection and analysis system for Family Care Coordination (including care coordination for CSHCS) to evaluate enabling effects on health outcomes of this service.

Establish a method of tracking children with chronic and disabling conditions and babies born with chronic conditions predisposed to developmental delay.

The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0 - 493.9) among children less than five years old

The degree to which, the state assures family participation in program and policy activities in the State MCH program. (new since 1998)

Iowa

Percent of children with special health care for needs enrolled in managed care plans that have a written plan of shared management protocols and protocol monitoring.

Degree to which Iowa's providers of general medical care services to children with special health care needs use of quality improvement measures in their practices.

The percent of infants identified in the state as high risk receiving follow-up (or appropriate discharge) at age 30 months.

Percent of children served under Title V and Title XIX who have a documented need for mental health/behavioral services who receive care from a service provider specializing in child and adolescent mental/behavioral health.

Percent of CSHCN enrolled in Title XIX Medicaid managed care of Title XXI HAWK-I that have their needs identified and met. (new since 1998)

Percent of counties that report screenings and referrals for behavioral problems in young children (ages 3-5) (new since 1998)

Kansas

Percent of Kansas' school nurses trained in use of quality standards including services for special needs students.

Kentucky

Percent of primary care providers in Kentucky who use the agency to provide care to children with special health care needs

Degree to which the state Title V/CSHCN agency ensures that CSHCN have opportunities necessary to make appropriate transitions to adult life including healthcare, work, and independence. (modified since 1998)

Degree to which CSHCN ensures enrolled children with special health care needs receive comprehensive coordinated care. (new since 1998)

Louisiana

Percent of CSHS patients with case management (follow-up visits) from a nurse, social worker, or nutritionist.

Percent of Central Office and regional epidemiologic positions filled and working on MCH/CSHS data and epidemiologic issues. (modified since 1998)

Maine

The percent of children with Special Health Needs, receiving services from the State Title V CSHN Program. (modified since 1998)

Maryland

The degree to which the state CSHCN program implements key components of a strategic plan to redesign the program

The rate of deaths to children aged 1-4 caused by sickle cell disease.

The Percent of infants with abnormal newborn screening tests that are followed-up.

Asthma mortality rate (per 1,000,000) among children aged 1 – 14. (modified since 1998)

Massachusetts

The degree to which children with special health care for needs and their families have appropriate health care management plans in place.

Michigan

Percentage of those enrolled with a Special Health Plan having an identified care coordinator.

Percentage of Individualized Health Care Plans (IHCP) established for children and adults with special health care needs enrolled in CSHCS Special Health Plans.
(modified since 1998)

Percent of CSHCS beneficiaries enrolled in a managed care Special Health Plan.
(new since 1998)

Utilization of dental services by CSHCS beneficiaries (CSHCS reimbursed)
(new since 1998)

Minnesota

Number of local public health agencies, which track children with identified risk factors which may lead to chronic illness/disability.

Percent of children with disabilities placed in out of home placement due to disability.

Mississippi

Percent of children with genetic disorders who receive case management services. (modified since 1998)

Infants screened and referred for hearing impairment greater than or equal to 35 dB nHL will receive appropriate follow-up and intervention upon hospital discharge.
(modified since 1998)

Nebraska

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

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

Nevada

The degree to which CSHCN in the State have access to case management and other enabling for services.

The degree to which Children with Special Health Care Needs in the State have access to specialty nutrition services

Access to specialty and subspecialty services available to CSHCN should be increased. (new since 1998)

Increase access to enabling services that assist CSHCN in care coordination, respite care, outreach, transportation, case management, and coordination with Medicaid, Nevada Check Up, and/or purchase of health insurance. (new since 1998)

Nevada (cont.)

The percent of children and youth, women of childbearing age, and CSHCN who have access to mental health services, regardless of ability to pay, should be increased. (new since 1998)

The percent of children and youth (ages birth to twenty-one) and women of childbearing age who have homes for primary medical care, regardless of ability to pay, should be increased. (new since 1998)

New Hampshire

The degree to which the State safeguards the quality of care for children with special health care needs enrolled in managed care plans as evidenced by parent satisfaction measures.

New Jersey

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry

The percentage of HIV exposed newborns receiving treatment.

Percent newborns with a confirmed positive screening that receive appropriate treatment.

Develop and implement state plan to reduce ambulatory care sensitive conditions including asthma.

New Mexico

The state has a program for Birth Defects Prevention and Surveillance.

New York

The Hospitalization Rate for Asthma in Children 1 to Age 14

North Carolina

Percent of children in the State less than 3 years old enrolled in early intervention services to reduce the effects of developmental delay, emotional disturbance, or chronic illness.

North Dakota

The percent of children impacted by a CSCC funded for community grant whose focus is categorized as "health" by the grantee. (Increase percentage of CSHCN with access to family-centered community-based systems of services.)

The percent of children with special health care who are receiving care coordination services by CSHS.

Rate per 100,000 of pediatric hospitalization for asthma in children age 1 through age 17

The percent of CSHCN served by CSHS with a specialty care visit.

Oklahoma

The annual percent increase for respite care days for the CSHCN population.

The number of citations related to transition in Sooner Start/Early Intervention and local school special education compliance monitoring reports. (new since 1998)

Oregon

Percent of CSHCN in Oregon receiving appropriate care for coordination services

Percent of providers in Oregon participating in educational experience addressing CSHCN.

Percent of identified programs/providers for who have signed a collaborative working agreement with OSCSHN.

Pennsylvania

The degree of improvement in the Division of SHCP participation in prevention initiatives that impact conditions and complications affecting children with special health care needs.

The percent of increase in awareness of Title V CSHCN activities among families, providers, and public and private agencies

The percent of CSHCN in managed care environments that have appropriate medical and ancillary care including access to specialists and care coordination.

The percent of visits to specialty clinics by CSHCN in which contractors coordinate services with primary care physicians (new since 1998)

The percent of increase in access to specialty care among CSHCN. (new since 1998)

Rhode Island

Increase family input into all levels of Family Health program and policy development.

The number of children in Early Intervention Program with Individual Family Service Plans (IFSPs) for whom an Individual Education Plan (IEP) is developed by the 36th month.

The percentage of at risk (risk positive) newborns that receive a home visit from the Family Outreach Program during the early newborn period.

South Carolina

The degree to which the State assures a transition system for is developed for those children aging out of the CSHCN program

South Dakota

Identify issues and trends that impact access to health care for CSHCN and families.

Texas

Change in institutionalized CSHCN, as percent of previous year. (new since 1998)

Utah

The percent of children with special health care needs in the rural areas of the state receiving direct clinical services through the state CSHCN program.

Vermont

The degree to which an accessible, comprehensive data system supports CSHCN policy making, planning, and activities.

The percentage of Vermont Department of Health districts, that have a community-based hearing screening and diagnostic follow-up program (Hearing Outreach Program) for children.

The percentage of state health department MCH staff who have successfully completed cultural competency training

Virginia

Enhancement of the statewide network of comprehensive, for community-based health care systems that serves children with special health care needs to assure family-centered, culturally competent, and coordinated services.

Percent of newborns screened for genetic diseases and hearing loss that receive recommended follow-up services.

Washington

Establish state and local capacity for determining the prevalence of children with special health care needs. (new since 1998)

Wyoming

Percent of counties with community-wide plans for services to the MCH population. including CSHCN

Increase number of specialty/subspecialty outreach clinics in Wyoming staffed by tertiary care centers.

CSHCN-Related State Negotiated Performance Measures Discontinued since 1998

Massachusetts

The degree to which there is a statewide system for early identification, referral, appropriate services, and care coordination for all at risk children from birth to age 3.

The (a) selection or development and (b) utilization of reliable and easily measurable indicator(s) to track the management of childhood asthma

Nebraska

Percent of CSHCN who receive assistive technology and/or home modification services.

Percent of CSHCN in state CSHCN Program that have transition plans that address health care, including insurance, by age 18.

Texas

Percent of children with special health care needs receiving high quality health care and health related services.

Washington

The establishment of an assessment plan for Children with Special Health Care Needs

Community measures for identifying & monitoring infants & young children at risk for health & development problems will be assessed, & recommendations for increasing communities' ability to promote the health of this population will be developed.