DHHS EXCELS: STRATEGIC PLAN MEASURES FOR GOAL 3

Introduction

The following pages provide an overview of the Department-level measures for each Objective within Goal 3 of the DHHS Excels Initiative. Each measure includes the following information:

Glossary	
Measure Number	Number captures the Goal, Objective, and Measure as x.x.x Each measure also includes a brief name.
Description	A description of the information to be captured by the measure.
Purpose	A statement of why the measure is important to NC residents and/or how it is used by DHHS.
Basis for Measure	If the measure is adopted from a widely recognized source or was originally developed for another purpose, this is listed here.
Type of Data	The source of the data that will be used to calculate performance on the measure.
Report Frequency	How often the measure will be updated in Open Window, usually quarterly or annually.
Other Places Reported	If the measure is reported by a Division to other external agencies, such as the federal government, this is included here.
Numerator	A description of those in the denominator that met the criteria defined as adequate performance
Denominator	A description of the whole population of people or items that are taken into consideration for the measure.
Benchmark	The standard against which DHHS performance on the measure can be judged, such as a national average across all states
Target	The level of performance that DHHS seeks to achieve within a given time frame. If a target level has not been defined, the target is written as the direction in which the Department expects the performance to move, such as to maintain, decrease or increase compared to the previous reporting period.
Staff Responsible for Data	Individual staff person(s) who will report the data on the measure to the DHHS coordinator.
Divisions Impacting Performance	Responsible Divisions are all of those DHHS agencies that have some capacity to impact performance on the measure.
Related DHHS Services in Open Window	Services listed in Open Window that are included in the Department measure and/or can impact performance on the measure.
Notes	Additional information that is needed to understand what the measure captures and excludes.

OBJECTIVE 3.1:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO CHILDREN WHO ARE AT RISK

Measure 3.1.1 ADEQUATE PRENATAL CARE	
Description	Percent of live births to Medicaid-enrolled women who receive adequate care during pregnancy
Purpose	To improve the health of NC babies and mothers and decrease the occurrence of future health problems
Basis for Measure	Kotelchuck Index – an accepted measure of adequacy of prenatal care
Type of Data	Information on NC Birth Certificates
Report Frequency	Annually
Other Places Reported	CDC [http://www.schs.state.nc.us/schs/births/matched/2009/medicaid.html]
Numerator	Number in denominator with Kotelchuck Index score of "adequate" or above
Denominator	Total number of live births to women enrolled in Medicaid
Benchmark	Percent of live births to all NC women with a Kotelchuck Index score of "adequate" or above
Target	Adequate prenatal care occurs at as high a rate for Medicaid women as for all NC women giving birth
Staff Responsible for Data	**State Center for Health Statistics** - Tim Whitmire
Divisions Impacting Performance	**Division of Prevention, Access & Public Health, Maternal Health** **Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Substance Abuse Maternal/Perinatal Program** **Division of Medical Assistance, Pregnancy Medical Home** **Other?**
Related DHHS Services in Open Window	
Notes	Calendar year data. Not available in 2010 due to revision to live birth certificate which occurred in August 2010. 2011 data is not available at this time but should be available by the end of 2012. Prenatal care data from 2011 forward will not be comparable to prior years due to revisions to the live birth certificate.

OBJECTIVE 3.1:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO CHILDREN WHO ARE AT RISK

Measure 3.1.2 BIRTHS TO TEENS	
Description	Rate of births to women ages 15-17 and 18-19 per 1,000 population
Purpose	To ensure the best start for NC babies and young adults by decreasing the potential for future health, economic and domestic problems
Basis for Measure	Healthy People 2020
Type of Data	Birth records (National Center for Health Statistics, Centers for Disease Control
Report Frequency	Annually
Other Places Reported	CDC [http://www.schs.state.nc.us/schs/data/pregnancies/2010/fert1517.pdf]
Numerator	1000 x number of live births to women ages 15-17 and 18-19
Denominator	Number of NC female residents ages 15-17 and 18-19
Benchmark	National rate of teen births per 1,000 population
Target	NC teen births occurs at a lower rate than the national average and decrease annually
Staff Responsible for Data	**State Center for Health Statistics** - Tim Whitmire
Divisions Impacting Performance	**Division of Prevention, Access and Public Health** **Division of Medical Assistance, Pregnancy Medical Home** **Other?**
Related DHHS Services in Open Window	
Notes	Calendar year data. 2011 NC data should be posted in the next few weeks & is embargoed until that time. (Note: we also intend to track an identical measure for women aged 18-19.)

**OBJECTIVE 3.1:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES
TO CHILDREN WHO ARE AT RISK**

Measure 3.1.3 WIC PARTICIPATION RATE	
Description	Percent of eligible women, infants and children who are enrolled in the Women, Infants and Children (WIC) program
Purpose	To ensure the best start for NC babies and children born to low-income women and decrease the potential for future health problems
Basis for Measure	
Type of Data	WIC Program
Report Frequency	Annually
Other Places Reported	
Numerator	Number of enrolled participants in the WIC program each fiscal year
Denominator	Number of women, infants and children eligible for participation in the WIC program each fiscal year
Benchmark	Average participation rate among all states; previous year's performance
Target	100% participation rate
Staff Responsible for Data	**State Center for Health Statistics** - Tim Whitmire **Division of Prevention, Access and Public Health** - Chip Pate
Divisions Impacting Performance	**Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	

OBJECTIVE 3.1:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO CHILDREN WHO ARE AT RISK

Measure 3.1.4 IMMUNIZATIONS FOR CHILDREN - NC RESIDENTS	
Description	Percentage of children aged 19-35 months who receive the recommended vaccinations
Purpose	To ensure the best start for NC children and decrease the potential for deadly diseases
Basis for Measure	Healthy NC 2020
Type of Data	Immunization Records (NC Immunization Registry)
Report Frequency	Annually
Other Places Reported	CDC
Numerator	Number of NC children with recommended doses of of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines
Denominator	Number of NC children ages 19-35 months old
Benchmark	National average vaccination rates; Health NC 2020 baseline =77.3% (2007); previous year's performance
Target	91.3% (Healthy NC 2020 target); increase over previous year
Staff Responsible for Data	**State Center for Health Statistics** – Jammie Johnson (Manager of NCIR)
Divisions Impacting Performance	**Division of Prevention, Access and Public Health** **Division of Medical Assistance** **Other?**
Related DHHS Services in Open Window	
Notes	Does not include 100% of NC providers or immunizations.; Not reported to OSBM

OBJECTIVE 3.1:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO CHILDREN WHO ARE AT RISK

Measure 3.1.5 IMMUNIZATIONS FOR CHILDREN – MEDICAID	
Description	Percentage of Medicaid children aged two years who receive the recommended vaccinations
Purpose	To ensure the best start for NC children and decrease the potential for deadly diseases
Basis for Measure	NCQA HEDIS Childhood Immunization Status measure
Type of Data	Medicaid claims
Report Frequency	Annually
Other Places Reported	CDC
Numerator	The number of NC Medicaid children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate ((PCV); two Hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday
Denominator	Number of NC Medicaid children two years of age meeting enrollment criteria
Benchmark	NCQA HEDIS national mean for Childhood Immunization status; HEDIS national mean for Medicaid programs: 72.3%
Target	91.3% (Healthy NC 2020 target); annual increase
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes Unit** – Terri Pennington
Divisions Impacting Performance	**Division of Medical Assistance** **Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	Includes only children served by Medicaid funds; Not reported to OSBM

OBJECTIVE 3.1: ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO CHILDREN WHO ARE AT RISK

Measure 3.1.6 INFANT MORTALITY RATE	
Description	Number of infant deaths per 1,000 live births to resident NC women
Purpose	To evaluate the adequacy of health care for NC women and their infants
Basis for Measure	Healthy NC 2020
Type of Data	Birth records
Report Frequency	Annually
Other Places Reported	CDC
Numerator	Number of infant deaths per calendar year
Denominator	Number of live births per calendar year divided by 1,000
Benchmark	National average rate per 1,000 births
Target	Decrease annually; decrease to below national average
Staff Responsible for Data	**State Center for Health Statistics** - Tim Whitmire
Divisions Impacting Performance	**Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 3.1:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO CHILDREN WHO ARE AT RISK

Measure 3.1.7 TOBACCO, DRUG AND ALCOHOL USE AMONG YOUTH	
Description	Percent of children reporting tobacco, drug or alcohol use
Purpose	To address early indications of misuse of substances and prevent future health, social, and economic problems among NC youth
Basis for Measure	National HHS measure
Type of Data	National Survey of Drug Use and Health (NSDUH)
Report Frequency	Annually
Other Places Reported	SAMHSA
Numerator	Number of NC youth reporting any use of tobacco, alcohol or illicit drugs in the past 30 days
Denominator	Number of NC youth surveyed
Benchmark	National average
Target	Decrease annually; decrease to below national average
Staff Responsible for Data	**Division of Mental Health, Developmental Disabilities & Substance Abuse Services** – Marlee Moore
Divisions Impacting Performance	**Division of Prevention, Access and Public Health** **Division of Mental Health, Developmental Disabilities & Substance Abuse Services, Prevention & Early Intervention** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 3.1:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO CHILDREN WHO ARE AT RISK

Measure 3.1.8 HEALTH CHECK PARTICIPATION	
Description	Percent of Medicaid-enrolled children participating in Health Check
Purpose	To ensure early identification and health care for NC youth
Basis for Measure	
Type of Data	Paid Medicaid service claims (CMS416 Report)
Report Frequency	Annually
Other Places Reported	CMS
Numerator	Number of children ages 0-20 who have a Health Check visit each federal fiscal year
Denominator	Number of children ages 0-20 enrolled in Medicaid each federal fiscal year
Benchmark	
Target	100% of children in Medicaid receive an annual Health Check visit
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes Unit** – Terri Pennington
Divisions Impacting Performance	**Division of Medical Assistance** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 3.1:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO CHILDREN WHO ARE AT RISK

Measure 3.1.9 CHILD DENTAL VISITS- MEDICAID	
Description	Percent of Medicaid-enrolled children with annual dental visits
Purpose	To increase prevention and early detection of problems for NC children
Basis for Measure	HEDIS; AAP/Bright Futures
Type of Data	Paid Medicaid claims data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of Medicaid-enrolled children with at least one dental visit
Denominator	Number of Medicaid-enrolled children ages 2-21
Benchmark	NCQA HEDIS national means for all payers and NCQA HEDIS national means for Medicaid programs
Target	
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes Unit** – Terri Pennington
Divisions Impacting Performance	**Division of Medical Assistance** **Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	We also have procedure codes to capture measures for vision, hearing, behavioral and developmental screens; Not reported to OSBM

OBJECTIVE 2:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK

Measure 3.2.1 MEDICATION ASSISTANCE - PARTICIPATION	
Description	Percent of low-income, uninsured persons accessing medication assistance through NC Medication & Access Review Program (MARP) services
Purpose	To help low-income uninsured NC residents maintain or regain health through improved access to appropriate medications
Basis for Measure	
Type of Data	Medication & Access Review Program data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of NC patients enrolled in MARP
Denominator	Number of NC patients eligible for MARP
Benchmark	Previous year's performance
Target	2.94% proposed target 2012-13
Staff Responsible for Data	**Division of Prevention, Access and Public Health** – Ginny Klarman
Divisions Impacting Performance	**Division of Prevention, Access and Public Health, MARP Other?**
Related DHHS Services in Open Window	
Notes	MARP currently receives $1.7 million to provide assistance to the 1.7 million NC residents who are uninsured. Funding is nonrecurring; therefore, percentages beyond the current fiscal year are unknown.

OBJECTIVE 2:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK

Measure 3.2.2 MEDICATION ASSISTANCE – SAVINGS FOR PARTICIPANTS	
Description	Average cost savings on medications for uninsured NC residents
Purpose	To help low-income uninsured NC residents maintain or regain health through reduced cost medications
Basis for Measure	
Type of Data	340B Pricing Program data
Report Frequency	Annually
Other Places Reported	
Numerator	Average wholesale costs of drugs minus cost of drugs purchased through the 340B Pricing Program
Denominator	Average wholesale costs of drugs purchased through 340B Pricing Program
Benchmark	Previous year's performance
Target	88% proposed target 2012-13 through 2015-15
Staff Responsible for Data	**Division of Prevention, Access and Public Health** – Zoe Cummings; Elizabeth Freeman Lambar
Divisions Impacting Performance	**Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	In SFY 2010 and SFY 2011, wholesaler retail price was not consistently entered. Therefore, the reported percentages are likely lower than the actual savings.

> **OBJECTIVE 2: ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK**

Measure 3.2.3 BREAST CANCER SCREENINGS - MEDICAID	
Description	Percent of targeted Medicaid-enrolled adults with the recommended screenings for breast cancer
Purpose	To increase early detection and treatment
Basis for Measure	HEDIS
Type of Data	Medicaid claims
Report Frequency	Annually
Other Places Reported	
Numerator	Number of Medicaid-enrolled women ages 50-69 who receive a breast cancer screening
Denominator	Number of Medicaid-enrolled women ages 42-69
Benchmark	NCQA HEDIS national means for all payers and NCQA HEDIS national means for Medicaid programs (50.0%)
Target	50% proposed targets 2012-13 through 2015-16
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes Unit** – Terri Pennington
Divisions Impacting Performance	**Division of Medical Assistance** **Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	Data limitations: Claims lag

> **OBJECTIVE 2:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK**

Measure 3.2.4 CERVICAL CANCER SCREENINGS - MEDICAID	
Description	Percent of targeted Medicaid-enrolled adults with the recommended screenings for cervical cancer
Purpose	To increase early detection and treatment for NC adults with serious illnesses
Basis for Measure	HEDIS
Type of Data	Paid Medicaid claims data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of Medicaid-enrolled women ages 21-64 who receive a cervical cancer screening
Denominator	Number of Medicaid-enrolled women ages 21-64
Benchmark	NCQA HEDIS national means for all payers and NCQA HEDIS national means for Medicaid programs: (64.8%)
Target	
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes Unit** – Terri Pennington
Divisions Impacting Performance	**Division of Medical Assistance** **Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 2: ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK

Measure 3.2.5 COLORECTAL CANCER SCREENINGS - MEDICAID	
Description	Percent of targeted Medicaid-enrolled adults with the recommended screenings for colorectal cancer
Purpose	To increase early detection and treatment for NC adults with serious illnesses
Basis for Measure	HEDIS
Type of Data	Paid Medicaid claims data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of Medicaid-enrolled adults ages 51-75 who receive a colorectal cancer screening
Denominator	Number of Medicaid-enrolled adults ages 51-75.
Benchmark	NCQA HEDIS national means for all payers and NCQA HEDIS national means for Medicaid programs (not available).
Target	
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes Unit** – Terri Pennington
Divisions Impacting Performance	**Division of Medical Assistance** **Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 2:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK

Measure 3.2.6 EMERGENCY DEPARTMENT VISITS – MEDICAID	
Description	Percent of Medicaid-enrolled children and adults with ED visits
Purpose	To increase Medicaid recipient interaction with primary care providers for assessment and treatment of non-life threatening illness and injury
Basis for Measure	HEDIS (Modified) There is no HEDIS measure just about ED visits. However, certain HEDIS measure specifications can be used to identify specific reasons a person was in ED, such as asthma, bronchitis, etc.
Type of Data	CCNC report on number of recipients who had ED visits with and without a life threatening illness or injury
Report Frequency	Annually
Other Places Reported	
Numerator	Number of Medicaid-enrolled persons with at least one ED visit for a non-life-threatening illness or injury
Denominator	Number of Medicaid-enrolled persons
Benchmark	Could NC DETECT offer a benchmark?
Target	
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes Unit** – Terri Pennington
Divisions Impacting Performance	**Division of Medical Assistance Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 2: ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK

Measure 3.2.7 DIABETES EYE EXAMS - MEDICAID	
Description	Percent of Medicaid-enrolled persons with diabetes who receive an eye exam
Purpose	To increase early detection of problems for NC adults with diabetes
Basis for Measure	HEDIS
Type of Data	Paid Medicaid claims data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of Medicaid-enrolled persons ages 10-75 with diabetes who received an eye exam in the past 15 months
Denominator	Number of Medicaid-enrolled persons ages 10-75 with diabetes
Benchmark	NCQA HEDIS national means for all payers and NCQA HEDIS national means for Medicaid programs (not available).
Target	
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes Unit** – Terri Pennington
Divisions Impacting Performance	**Division of Medical Assistance** **Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 2: ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK

Measure 3.2.8 ASTHMA ED VISITS - MEDICAID	
Description	Rate of targeted ED visits for asthma
Purpose	To increase prevention and early detection of problems for NC residents
Basis for Measure	HEDIS
Type of Data	Paid Medicaid claims data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of ED visits for persons ages 5 - 40 with asthma as a primary diagnosis per 1000 asthma member-months.
Denominator	Number of 1000 asthma member-months.
Benchmark	NCQA HEDIS national means for all payers and NCQA HEDIS national means for Medicaid programs (not available).
Target	
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes Unit** – Terri Pennington
Divisions Impacting Performance	**Division of Medical Assistance** **Division of Prevention, Access and Public Health** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 2: ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK

Measure 3.2.9 HIV DIAGNOSES	
Description	Rate of new HIV diagnoses per 100,000 NC residents
Purpose	To evaluate efforts to reduce the spread of HIV and AIDS
Basis for Measure	
Type of Data	State Laboratory Information Management System (LIMS);
Report Frequency	Annually
Other Places Reported	
Numerator	Number of positive tests for HIV
Denominator	Number of NC residents divided by 100,000
Benchmark	Healthy NC 2020 baseline (2008): 24.7 per 100,000 population; Performance from previous year
Target	Healthy NC 2020 target: 22.2 per 100,000 population
Staff Responsible for Data	**State Laboratory** – Who?
Divisions Impacting Performance	**Division of Prevention, Access and Public Health** **Division of Mental Health, Developmental Disabilities and Substance Abuse Services** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 2:   ENSURE ACCESS AND PROVISION OF PREVENTION SERVICES TO ADULTS WHO ARE AT RISK

Measure 3.2.10 HIV TESTING	
Description	Change in number of HIV tests performed annually
Purpose	To ensure adequate identification and treatment of HIV to reduce the spread and impact of the disease among NC residents
Basis for Measure	
Type of Data	State Laboratory Information Management System (LIMS);
Report Frequency	Annually
Other Places Reported	
Numerator	Number of tests for HIV during current fiscal year
Denominator	Number of tests for HIV during previous fiscal year
Benchmark	Performance from previous year
Target	Increase positive change from previous year
Staff Responsible for Data	**State Laboratory** – Who?
Divisions Impacting Performance	**State Laboratory** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 3:   IMPROVE CAPACITY FOR FAMILIES WHO ARE AT RISK TO MEET THEIR BASIC MEDICAL & ECONOMIC NEEDS

Measure 3.3.1 MEDICAID ENROLLMENT	
Description	Percent of qualifying NC residents who are enrolled to receive Medicaid prevention and treatment services and prescription drugs
Purpose	To ensure access to healthcare for low-income NC residents in defined populations
Basis for Measure	
Type of Data	Medicaid enrollment data; Census data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of persons enrolled in Medicaid (by corresponding program aid categories) at end of state fiscal year
Denominator	Number of NC residents within the appropriate % of Federal Poverty Level corresponding to the program aid categories in numerator.
Benchmark	Prior year's performance (enrollment percent)
Target	Increase over previous year
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes** – Brad Griffith
Divisions Impacting Performance	**Division of Medical Assistance** **Division of Social Services** **Division of Mental Health, Developmental Disabilities and Substance Abuse Services** **Other?**
Related DHHS Services in Open Window	
Notes	

OBJECTIVE 3:   IMPROVE CAPACITY FOR FAMILIES WHO ARE AT RISK TO MEET THEIR BASIC MEDICAL & ECONOMIC NEEDS

Measure 3.3.2 PRIMARY CARE THROUGH COMMUNITY CARE OF NC	
Description	Percent of Medicaid-enrolled individuals who are linked to a CCNC primary care provider
Purpose	To increase care coordination for Medicaid enrollees and cost-effectiveness of Medicaid funded services
Basis for Measure	
Type of Data	Medicaid enrollment data Medicaid DRIVE data warehouse (CLIENT_POPULATION table); CCNC reports.
Report Frequency	Annually
Other Places Reported	
Numerator	Average number of persons enrolled in CCNC during state fiscal year
Denominator	Average number of Medicaid-enrolled persons within a state fiscal year
Benchmark	Previous year's performance
Target	Increase over previous year's performance
Staff Responsible for Data	**Division of Medical Assistance, Quality, Evaluation & Health Outcomes** – Brad Griffith, Director
Divisions Impacting Performance	**Division of Medical Assistance** **Division of Social Services** **Division of Mental Health, Developmental Disabilities and Substance Abuse Services** **Other?**
Related DHHS Services in Open Window	
Notes	NOTE: Not all Medicaid persons receive services from CCNC; OSBM doc description refers to Medicaid eligibles, but methodology includes only Medicaid enrolled

OBJECTIVE 3:   IMPROVE CAPACITY FOR FAMILIES WHO ARE AT RISK TO MEET THEIR BASIC MEDICAL & ECONOMIC NEEDS

Measure 3.3.3 CHILD CARE SUBSIDIES	
Description	Percent of eligible NC families receiving child care subsidies
Purpose	To support participation in the labor force for low-income NC families with children
Basis for Measure	
Type of Data	Child Care Subsidy System data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of children receiving child care subsidies during fiscal year
Denominator	Number of families at or below 200% of the Federal Poverty Level during fiscal year
Benchmark	Previous year's performance
Target	Increase over previous year
Staff Responsible for Data	**Division of Child Development** – who?
Divisions Impacting Performance	**Division of Child Development** **Other?**
Related DHHS Services in Open Window	
Notes	NOTE: Should denominator be number of families with children receiving…?

OBJECTIVE 3:   IMPROVE CAPACITY FOR FAMILIES WHO ARE AT RISK TO MEET THEIR BASIC MEDICAL & ECONOMIC NEEDS

Measure 3.3.4 HIGH QUALITY CHILD CARE	
Description	Percent of children receiving child care subsidies in high quality child care
Purpose	To support a safe daily environment and strong educational foundation for children from low-income families
Basis for Measure	
Type of Data	Child Care Subsidy System data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of subsidized children in child care settings with 4 or 5 star ratings
Denominator	Number of children in subsidized child care
Benchmark	Number of children in child care settings with 4 or 5 star ratings as a percent of all children in child care during the fiscal year
Target	Same percentage as for all children in NC child care settings with 4 or 5 star ratings
Staff Responsible for Data	**Division of Child Development** - who?
Divisions Impacting Performance	**Division of Child Development** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM

OBJECTIVE 3:   IMPROVE CAPACITY FOR FAMILIES WHO ARE AT RISK TO MEET THEIR BASIC MEDICAL & ECONOMIC NEEDS

Measure 3.3.5 SERVICES TO FAMILIES IN NEED	
Description	Percent of individuals served in families in need of nutrition and emergency assistance
Purpose	To ensure that at-risk families have access to services needed to maintain their independence and health
Basis for Measure	
Type of Data	CSDW tables (or FSIS; LIHEAP; CIP); Census data
Report Frequency	Annually
Other Places Reported	
Numerator	Number of individuals/individuals in families/families served by FNS, LIHEAP & CIP programs
Denominator	CIP, FNS & LIHEAP: Number of individuals below 150% FPL
Benchmark	Previous year's performance
Target	Increase over previous year's performance
Staff Responsible for Data	**Division of Social Services:** Joan Otto
Divisions Impacting Performance	**Division of Social Services** **Other?**
Related DHHS Services in Open Window	
Notes	Not reported to OSBM