

Community Health Care Association of New York State

The following are some helpful answers to some questions raised during the UDS trainings hosted in New York State:

How can health centers maximize resources?

One-third of health center patients have unknown income. Health centers should make every effort to document/collect income data and only include individuals on Table 4 line 5 - unknown income - if income data has not been collected within the past year. Centers can be losing resources if individuals have incomes below 200% FPL.

Where do we report information on Medicaid, SCHIP, etc?

Health centers should note the following tables and lines for reporting:

- Family Health Plus - Medicaid line 8a - Table 9D lines 1-3
- Child Health Plus line 10b - Table 9D: lines 7, 8a and 8b
- Valumed - line 10a - Table 9D: lines 7, 8a and 8b
- Healthy NY line 10a - Table 9D: lines 7, 8a and 8b
- NY Public Goods Pool - uninsured line 7 (report on Table 9E line 6a - though charges go on Table 9D line 13 column A)
- PCAP = Medicaid

CHIP - other public line 10b - Table 9D: lines 7, 8a and 8b

How is homelessness defined for UDS reporting?

Here are some examples as discussed during UDS training:

Example 1:

Last visit March 2008 - homeless
Got an apartment in January 2009
Next visit June 2009 - not considered homeless

Example 2:

Last visit March 2008 - homeless
Got an apartment in January 2009
Next visit February 2009 - still considered homeless as within 12 month window

Example 3:

Someone walks in new and living in their apartment but 6 months ago they were homeless, they are not considered homeless.

Note: Take the first place they are housed when we first saw them in the reporting year.

How are FTES counted for ARRA vs. UDS reporting?

FTES being counted for ARRA vs. UDS - IDS activity that meets the UDS requirements should be included in the UDS report. If someone was hired July 1, 2009 and worked full time for the remainder of the year, then the health center should include this as .5 FTE on their 2009 UDS report. If that person left 12/31/09, then this person would not be included in the CY 2010 UDS report, but would still count on the ARRA quarterly report as ARRA is cumulative over the entire grant period (e.g., 2 years -- so, at the end of the 2 years, this individual would be .25 FTE (6 months worked/24 months of the grant).

Gender is one of the variables to be captured. How is gender determined for transgender/transsexual and those beginning and/or under going gender reassignment surgery?

Gender identification is what is in the record at the end of the year. It is up to the health center to determine what variable they place there.

Does treatment adherence count as a visit? What about Directly Observed Therapy?

Treatment adherence suggests that decisions (i.e., independent clinical judgment) are not being made so that it does not count as a visit.

Directly Observed Therapy (DOT) for TB treatment patient visit - DOT is generally for TB but it could also be methadone. It is not a visit as it is a pharmacy event.