



Massachusetts League of Community Health Centers



Advisory Board Meeting 12pm – 2pm
Jan. 18, 2011

AGENDA

Introductions

2010 Program

- Program statistics – 1,387 patients, 3,246 visits, 2,218 Eligibility Applications, 199 providers (includes External Referral Providers; must have MOA in place)
→ **2010 UDS DEADLINE**; UDS changes for 2010 and 2011
- Farmworker Focus Group results
- UConn Medical Clinics
- Medical Chart Review – to be completed in January by Masspro

2011 Program

- Grant Applications Update including ARRA:
 - *Migrant Health Center Grant*
 - *Increased Demand in Services Grant*
 - Hire Administrative Assistant - hired
 - Increase Outreach Workers FTE to expand enabling services – ongoing
 - Update enumeration study - done
 - Increase voucher reimbursement - ongoing
 - Marketing materials / posters - CRVFHP Spanish and English posters done
 - Masspro training – to be developed by end of grant period
 - *Capital Improvement Program Grant*
 - Purchase transportation vans - done
 - Purchase and enhance FHASES (Farmworker Health Administration Electronic Services) - ongoing
 - Purchase ‘ruggedized’ synced laptops – ongoing research, dependent on FHASES
 - Develop ‘virtual office’ equipment and secure website portal – medical records scanner, audio visual equipment ; ongoing research
 - *Emergency Planning & Response Grant*
 - purchased EP supplies for outreach workers to distribute and medical team to use – done
 - new grant for 2011
 - ARRA/HCQR Reports – submitted by 1/14/11 deadline (IDS & CIP); IDS ends 3/11 (303 new [68%], 207 new, uninsured [32%]; 661 encounters; *proposed was 140 new, 130 new, uninsured & 415 encounters*); CIP ends 6/11

- Migrant Expanded Services (ES) Supplemental Funding – deadline Jan. 20, 2011 (Thursday); up to \$193k available; at least 2/3, up to 100% for EMC; rest for Oral, Behavioral, Pharmacy, Enabling, Vision
- Detention / immigration issues / e-verify system

Advisory Board input

- What are 2011 trends re: population, farms, FW concerns, flu?
- Would you like to make a presentation at an upcoming CRVFHP monthly program meeting?
- Advisory Board / farmworker members needed – suggestions sent ASAP; call-in options/webinars could be made available

Next Meetings/Calls

- Feb 2-4 – New England Grows! exhibition
- Apr. 18 – CRVFHP Advisory Board Meeting, Caring HC, Springfield, MA (Heather Callahan to guest speak)
- 2011 Meeting Schedule & Locations

CRVFHP 2010 Program Statistics - as of Dec 30, 2010

Age	Female	Male	Total
< 1 yo	2	6	8
1-4 yo	7	3	10
5-12 yo	16	18	34
13-14 yo	3	5	8
15-19 yo	20	40	60
20 yo	9	23	32
21-24 yo	58	118	176
25-44 yo	214	510	724
45-64 yo	45	278	323
65-74 yo	2	6	8
75-84 yo	1	2	3
85+ yo	1	1	1
Total	378 27%	1,009 73%	1,387
2	1	1	2
< 13		4%	52
< 20		9%	120
< 25 yo		24%	328
25-44		52%	724
21-64 females only		317	23%
45-64		23%	323
65+		1%	12
Migrant		502	36.2%
Seasonal		885	63.8%

Race / Ethnicity	Number	%
Asian/Pacific Islander	5	0%
Black + Haitian	12	1%
Jamaican	206	16%
White	33	2%
Amer Indian/Alaska Native	2	0%
Hispanic *	1068	81%
Other Hispanic/Latino	2	0%
Mexican	680	51%
Guat/Nic/Ven (Central)	253	19%
Puerto Rican	73	6%
Col/Per/Equa (South)	31	2%
Hon (Central)	23	2%
Dominican	3	0%
Sal (Central)	3	0%
Unknown/Unreported	61	5%
Total	1,387	
Total minus Unk	1,326	96%

Income	Number	%
<=100% FPL	1076	91%
101-150% FPL	84	7%
151-200% FPL	15	1%
> 200% FPL	2	0%
Unknown	210	15%
Total	1,387	
Total minus Unk	1,177	85%
Low Income	1,175	100%

Month	2010 Patients				2010 Visits			
	Medical	Dental	Other	Total **	Medical	Dental	MH/Other	Total
jan	120	36	6	153	143	42	8	193
feb	94	31	5	9	149	52	13	214
mar	99	31	2	117	202	56	10	268
apr	58	4	4	62	141	9	5	155
may	87	8	1	93	186	14	1	201
jun	175	14	2	184	283	29	4	316
jul	195	34	3	203	395	47	4	446
aug	111	67	1	140	368	120	3	491
sep	65	22	1	76	211	60	2	273
oct	178	31	1	176	373	69	2	444
nov	42	23	1	55	125	59	3	187
dec	20	3		19	43	15		58
Total	1,244	304	27	1,287	2,619	572	55	3,246
	97%	24%			81%	18%		

2010 Patients by CHC				Encounter per Patient
CHC	Dental	Dental (only)	Total *	
Brightwood	407	-	407	2.25
CHCE	65	3	68	1.66
CHCFC	203	40	243	1.88
CHS	109	108	217	3.24
EHCHC	10	4	14	3.43
Fair Haven	17	-	17	3.06
Generations	160	24	184	1.59
Holyoke	70	9	79	2.92
UConn	276	5	281	1.54
Total	1,317	193	1,510	2.15

* some patients are double-counted b/c they were seen at more than 1 CHC

2010 Visits by CHC					Rx
CHC	Primary	Dental	MH/Other	Total **	
Brightwood	915		1	916	336
CHCE	90	23		113	
CHCFC	310	128	20	458	242
CHS	349	321	32	702	904
EHCHC	34	14		48	
Fair Haven	50		2	52	
Generations	249	44		293	
Holyoke	199	32		231	171
UConn	423	10		433	
Total	2,619	572	55	3,246	1,653

** not including Rx

Provider Visits	Number	%	2010 Elig Apps	
Primary Care MD	1,714	53%	CHC	FWs
Other Specialist MD	355	11%	Brightwood	629
NP	467	14%	CHCE	92
PA	24	1%	CHCFC	402
CNM	56	2%	CHS	97
Nurses	3	0%	EHCHC	18
Dentists	546	17%	Fair Haven	25
Dental Hygienists	26	1%	Generations	458
Mental Health Specialists	15	0%	Hisp HC	151
Substance Abuse Specialists	-	0%	Holyoke	82
Other Professional	40	1%	UConn	255
Total	3,246		unknown	9
			Total	2,218

PROVIDERS - TOTAL

ProviderID	ProviderName	ProviderSpecialty	ProviderOrgName
631	Aaron Hexdall, MD	OthSpec-EM	Baystate Brightwood Health Center
29	Audrey Guhn, MD	OthSpec	Baystate Brightwood Health Center
403	Barbara Graves, CNM	CNM	Baystate Brightwood Health Center
438	Bernard Price	IM	Baystate Brightwood Health Center
45	BHC PC Provider	IM	Baystate Brightwood Health Center
659	Chester Andrzejewski	OthSpec-EM	Baystate Brightwood Health Center
88	Donna Jackson-Kohlin, CNM	CNM	Baystate Brightwood Health Center
89	Dorothea Von Goeler, MD	GP	Baystate Brightwood Health Center
638	Eckart Sachsse	OthSpec-EM	Baystate Brightwood Health Center
102	Ellen Millermack, CNM	CNM	Baystate Brightwood Health Center
612	Grace Goncero	ObGyn	Baystate Brightwood Health Center
643	Gregory McDonald	OthSpec-EM	Baystate Brightwood Health Center
647	Herbert Duber	OthSpec-EM	Baystate Brightwood Health Center
695	James Cook	OthSpec-Cardio	Baystate Brightwood Health Center
708	Jean Henneberry MD	unknown	Baystate Brightwood Health Center
145	Jeffrey Fulford	FP	Baystate Brightwood Health Center
146	Jeffrey Scavron, MD	IM	Baystate Brightwood Health Center
697	Jennifer Cyrkler	OthSpec-EM	Baystate Brightwood Health Center
402	Jennifer Samale	PA	Baystate Brightwood Health Center
527	Jocelin Reatiraza	IM	Baystate Brightwood Health Center
635	Jorge Silva, MD	OthSpec-EM	Baystate Brightwood Health Center
170	Katherine Gerstle	FP	Baystate Brightwood Health Center
181	Kim Krach	OthSpec	Baystate Brightwood Health Center
3	Kristin Dardano MD	ObGyn	Baystate Brightwood Health Center
645	Linda Willard, MD	OthSpec-EM	Baystate Brightwood Health Center
197	Luis Santiago Cruz	FP	Baystate Brightwood Health Center
206	Martha Nathan, MD	FP	Baystate Brightwood Health Center
658	Martin Broder, MD	OthSpec-EM	Baystate Brightwood Health Center
666	Mary Zakhary, MD	OthPro-Path	Baystate Brightwood Health Center
646	Michael Ganey, MD	OthSpec-EM	Baystate Brightwood Health Center
634	Nicole L'Heureux	NP	Baystate Brightwood Health Center
237	Nona Girardi, MD	ObGyn	Baystate Brightwood Health Center
238	Noraymar Torres Muniz	FP	Baystate Brightwood Health Center
239	Norbert Goldfield, MD	GP	Baystate Brightwood Health Center
247	Peter Kassis	FP	Baystate Brightwood Health Center
279	Ronald Burkman, MD	ObGyn	Baystate Brightwood Health Center
39	Rx-Baystate Pharmacy	Rx	Baystate Brightwood Health Center
615	Tara Starling	ObGyn	Baystate Brightwood Health Center
636	Theresa Coleykouadio	OthSpec-EM	Baystate Brightwood Health Center
696	Thomas Kaye	OthSpec-Neurosurgeon	Baystate Brightwood Health Center
316	Thomas Lincoln, MD	FP	Baystate Brightwood Health Center
322	Tonja Santos (BHC)	ObGyn	Baystate Brightwood Health Center
344	William Ortiz, MD	GP	Baystate Brightwood Health Center
669	Carla Calcaterra	Dentist	CHC of Enfield
700	Daisy Wynn	unknown	CHC of Enfield
680	Daniel Dennehy MD	ObGyn	CHC of Enfield
678	Dipak Patel	FP	CHC of Enfield
650	Jan Weingrad Smith, CN	CNM	CHC of Enfield
652	Laura Wilson, APRN	NP	CHC of Enfield

588	Margaret Drozdowski Maule	Dentist	CHC of Enfield
651	Mythili Kasturi, MD	FP	CHC of Enfield
600	Sarah Long, APRN	NP	CHC of Enfield
665	Theresa Suozzi, MD	FP	CHC of Enfield
681	Veena Channamsetty MD	FP	CHC of Enfield
685	Allcroft Facial Plastic Surgery	OthSpec-ENT	CHC of Franklin County
561	Amy Jacobson	PA	CHC of Franklin County
480	Angelique Lauren, LICSW	MHSpec	CHC of Franklin County
21	Ann Bodkhe, NP	NP	CHC of Franklin County
535	Anna Pearson, RN	nurse	CHC of Franklin County
387	Anne Chipperfield, MD	Peds	CHC of Franklin County
31	Austin Family Eye Care	OthSpec	CHC of Franklin County
540	Baystate Affiliated Practice	many	CHC of Franklin County
414	Baystate Franklin Medical	many	CHC of Franklin County
40	Baystate Reference Laboratories	lab	CHC of Franklin County
573	Bernard Matute	Dentist	CHC of Franklin County
57	Celeste Chickering Wondstoski, RDH	DentHyg	CHC of Franklin County
611	Claire Sagor, RN	nurse	CHC of Franklin County
684	Eye and Lasik Center	OthSpec-Ophthal	CHC of Franklin County
111	Flora Sadri, DO	FP	CHC of Franklin County
113	Franklin County Cardiovascular	OthSpec	CHC of Franklin County
115	Franklin Orthopaedic Group, PC	OthSpec	CHC of Franklin County
122	Greenfield Radiology Assoc, PC	Radiology	CHC of Franklin County
533	Ian Schein	IM	CHC of Franklin County
566	Ileana Miranda	MHSpec	CHC of Franklin County
143	Jefferson Dickey, MD	IM	CHC of Franklin County
505	Joseph DeLeon	Dentist	CHC of Franklin County
171	Kathleen Kerr, MD	FP	CHC of Franklin County
629	Kiran Naik	Dentist	CHC of Franklin County
532	Lorraine Hazard, MD	FP	CHC of Franklin County
707	Louis Velazquez	MD	CHC of Franklin County
198	Lynne Bennett, RDH	DentHyg	CHC of Franklin County
591	Marcello Prebianchi, DDM	Dentist	CHC of Franklin County
431	Mary Sieruta, RD	OthPro-Nutritionist	CHC of Franklin County
231	New England Retina Consultants	OthSpec	CHC of Franklin County
483	Pioneer Podiatry, PC	OthPro-Podiatry	CHC of Franklin County
537	Pioneer Valley ENT Surgeons	OthSpec-ENT	CHC of Franklin County
699	Referral - CHCFC	Referral	CHC of Franklin County
562	Risha DeLeon	Dentist	CHC of Franklin County
553	Russell Thomas	FP	CHC of Franklin County
704	Rx-Biomet	Rx	CHC of Franklin County
84	Rx-CHCFC/Deerfield Pharmacy	Rx	CHC of Franklin County
709	Rx-CHCFC/MA Surgical Supply, LLC	Rx	CHC of Franklin County
412	Rx-CHCFC/Stop & Shop Pharmacy	Rx	CHC of Franklin County
290	Sarah Kemble, MD	IM	CHC of Franklin County
705	Smith & Nephew, Inc.	Rx	CHC of Franklin County
301	Stephanie Perkins-Strange, RDH	DentHyg	CHC of Franklin County
417	Steven Johnson, DDS	Dentist	CHC of Franklin County
656	Aliya Shamsi	Peds	Community Health Services
579	Amarillys Rodriguez, MD	IM	Community Health Services
409	Charlene Chateauneuf	OthPro-Optometrist	Community Health Services
603	Charles Astwood	Dentist	Community Health Services

504	CHS Dental Provider	Dentist	Community Health Services
467	Dana Rotella, DDS	Dentist	Community Health Services
570	Darren Martin MD	IM/Peds	Community Health Services
610	Elzbieta Piekarcz-Dyjak, MD	IM	Community Health Services
632	Everol Ennis, APRN	NP	Community Health Services
123	Gretchen Allen, MD	ObGyn	Community Health Services
133	Irving Buchbinder, DP	OthPro-Podiatry	Community Health Services
147	Jennifer Griffin, CNM	CNM	Community Health Services
157	Johvonne Claybourne	FP	Community Health Services
673	Kathleen Cusick	ObGyn	Community Health Services
590	Mary Ann Rodriguez	NP	Community Health Services
578	Montressor Upshaw	Dentist	Community Health Services
694	Pamela Ponichtera	Peds	Community Health Services
248	Phyllis Schling, APRN	NP	Community Health Services
572	Ricardo Arduengo	Dentist	Community Health Services
628	Rita Rivera, APRN	NP	Community Health Services
607	Ritu Dutta, MD	ObGyn	Community Health Services
657	Robin Gilbert	ObGyn	Community Health Services
25	Rx-CHS/Arrow Pharmacy	Rx	Community Health Services
682	Saman Ali	unknown	Community Health Services
564	Samir Draa	Peds	Community Health Services
294	Shaheena Shan, MD	IM	Community Health Services
608	Sharjeel Ahmad, MD	OthSpec-InfecDis	Community Health Services
627	Sherwin Tucker	OthPro-Podiatry	Community Health Services
609	Susan Neagle, APRN	NP	Community Health Services
379	Tulika Kaushik	Dentist	Community Health Services
598	Angelo Carrabb	ObGyn	East Hartford Community HealthCare
430	Brian Riley	ObGyn	East Hartford Community HealthCare
639	Carol Baldwin	Dentist	East Hartford Community HealthCare
513	Chau Nguyen D.O.	FP	East Hartford Community HealthCare
569	Cynthia Goetz	CNM	East Hartford Community HealthCare
502	Edith Skelly, PA	PA	East Hartford Community HealthCare
511	Gursharan Dhal	FP	East Hartford Community HealthCare
630	Hsung Lin	Dentist	East Hartford Community HealthCare
503	Lyudmila Balyanova, DDS (EH)	Dentist	East Hartford Community HealthCare
597	Maria DeSousa	FP	East Hartford Community HealthCare
501	Maria Sacalosh DDS	Dentist	East Hartford Community HealthCare
262	Rafael Ramos, DDS	Dentist	East Hartford Community HealthCare
599	Stephen DiBenedetto, DDS	Dentist	East Hartford Community HealthCare
333	Vivien Iloeje, MD	IM	East Hartford Community HealthCare
13	Amy Molten, MD	Peds	Fair Haven Community Health Center
637	Angela Moemeka MD	Peds	Fair Haven Community Health Center
23	Anne Camp MD	IM	Fair Haven Community Health Center
59	Cheryl Rinell, CNM	CNM	Fair Haven Community Health Center
85	Denise Dean	outreach	Fair Haven Community Health Center
103	Ellen Wormser, CNM	CNM	Fair Haven Community Health Center
515	Esther Lu, MD	IM	Fair Haven Community Health Center
649	James Seely, MD	FP	Fair Haven Community Health Center
689	Karel Koenig, APRN	NP	Fair Haven Community Health Center
166	Karen Klein, PNP	NP	Fair Haven Community Health Center
688	Kelly Kyanko	IM	Fair Haven Community Health Center
420	Kevin Baran, MD	IM	Fair Haven Community Health Center

187	Laurie Bridger, MD	IM	Fair Haven Community Health Center
691	Lisa Puglisi	IM	Fair Haven Community Health Center
359	Maria Mauldon	NP	Fair Haven Community Health Center
449	Maritza Melendez, MSW	MHSpec	Fair Haven Community Health Center
210	Mary Bartlett, NP	NP	Fair Haven Community Health Center
213	Melissa Lonergan, CNM	CNM	Fair Haven Community Health Center
477	Michelle Kennedy, FNP	NP	Fair Haven Community Health Center
234	Nilda Leon-Smith, MD	IM	Fair Haven Community Health Center
581	Sarabeth Friedman, CNM	CNM	Fair Haven Community Health Center
687	Sharon Anderson	IM	Fair Haven Community Health Center
92	Eastern CT Ear, Nose & Throat, PC	OthSpec	Generations Family Health Center
167	Kari Waddington-Davis, APRN	NP	Generations Family Health Center
175	Kathy Montague, DMD	Dentist	Generations Family Health Center
698	Molly Moran, APRN	NP	Generations Family Health Center
223	Morton Glasser, MD	FP	Generations Family Health Center
225	Naida Arcenas, APRN	NP	Generations Family Health Center
671	Referral - Generations	Referral	Generations Family Health Center
672	Windham Surgical Group	OthSpec	Generations Family Health Center
370	Beatriz Onate DDS	Dentist	Holyoke Health Center
644	Cary Hardwick, NP	NP	Holyoke Health Center
585	David Zaluski	Dentist	Holyoke Health Center
701	Dawn Heffernan	unknown	Holyoke Health Center
100	Elizabeth A. Eagleson	IM	Holyoke Health Center
692	Elka Cloke	FP	Holyoke Health Center
683	Hampden Urological Associates	OthSpec	Holyoke Health Center
444	Holyoke HC PC Provider	IM	Holyoke Health Center
142	Jeanne Allen, FNP	NP	Holyoke Health Center
470	Julieth Saab DDS	Dentist	Holyoke Health Center
435	Kathy Bredecia-Rodriguez	OthPro-Nutritionist	Holyoke Health Center
495	Lisa Harvey, MD	GP	Holyoke Health Center
702	Mariluz DeLeon	unknown	Holyoke Health Center
507	Monica O'Reilly	NP	Holyoke Health Center
614	Nicole Kirchen	FP	Holyoke Health Center
240	Norman Spencer, MD	OthSpec-Ophthal	Holyoke Health Center
619	Rafael Fernandez	IM	Holyoke Health Center
616	Referral - HolyHC	Referral	Holyoke Health Center
280	Ronald Loescher, MD	GP	Holyoke Health Center
703	Rx-HolyHC/MA Surgical Supply, LLC	Rx	Holyoke Health Center
490	Rx-Holyoke HC	Rx	Holyoke Health Center
426	Stephanie Billings	FP	Holyoke Health Center
329	Valley Surgeons, Inc.	OthSpec	Holyoke Health Center
542	Vijay Bhatt, DDS	Dentist	Holyoke Health Center
347	Yeshvant Talati MD	OthSpec	Holyoke Health Center
385	Referral - UConn	Referral	UConn
388	UConn - dental	Dentist	UConn
324	UConn - primary care	IM/many	UConn

Patients By ZIP CODE

Zip Code	Patients
Other Zip Codes	
Unknown Residence	
TOTAL	

Note: This is a representation of the form, however the actual on-line input process will look significantly different, as may the printed output from the EHB.

TABLE 3A – PATIENTS BY AGE AND GENDER

AGE GROUPS		MALE PATIENTS (a)	FEMALE PATIENTS (b)
NUMBER OF PATIENTS			
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		
8	Age 7		
9	Age 8		
10	Age 9		
11	Age 10		
12	Age 11		
13	Age 12		
14	Age 13		
15	Age 14		
16	Age 15		
17	Age 16		
18	Age 17		
19	Age 18		
20	Age 19		
21	Age 20		
22	Age 21		
23	Age 22		
24	Age 23		
25	Age 24		
26	Ages 25 – 29		
27	Ages 30 – 34		
28	Ages 35 – 39		
29	Ages 40 – 44		
30	Ages 45 – 49		
31	Ages 50 – 54		
32	Ages 55 – 59		
33	Ages 60 – 64		
34	Ages 65 – 69		
35	Ages 70 – 74		
36	Ages 75 – 79		
37	Ages 80 – 84		
38	Age 85 and over		
39	TOTAL PATIENTS (SUM LINES 1-38)		

TABLE 3B – PATIENTS BY HISPANIC OR LATINO IDENTITY / RACE / LANGUAGE

PATIENTS BY RACE		PATIENTS BY HISPANIC OR LATINO IDENTITY			
		HISPANIC/ LATINO (a)	NOT HISPANIC/ LATINO (b)	UNREPORTED / REFUSED TO REPORT (c)	TOTAL (d)
NUMBER OF PATIENTS					
1.	Asian				
2a.	Native Hawaiian				
2b.	Other Pacific Islander				
2.	Total Hawaiian/Pacific Islander (SUM LINES 2A + 2B)				
3.	Black / African American				
4.	American Indian / Alaska Native				
5.	White				
6.	More than one race				
7.	Unreported / Refused to report				
8.	TOTAL PATIENTS (SUM LINES 1+2 + 3 TO 7)				

PATIENTS BY LANGUAGE		NUMBER (a)
NUMBER OF PATIENTS		
12.	PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH	

TABLE 4 – SELECTED PATIENT CHARACTERISTICS

CHARACTERISTIC		NUMBER OF PATIENTS (a)				
INCOME AS PERCENT OF POVERTY LEVEL						
1.	100% and below					
2.	101 – 150%					
3.	151 – 200%					
4.	Over 200%					
5.	Unknown					
6.	TOTAL (SUM LINES 1 – 5)					
PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE		0-19 YEARS OLD (a)		20 AND OLDER (b)		
7.	None/ Uninsured					
8a.	Regular Medicaid (Title XIX)					
8b.	CHIP Medicaid					
8.	TOTAL MEDICAID (LINE 8A + 8B)					
9.	MEDICARE (TITLE XVIII)					
10a.	Other Public Insurance Non-CHIP (specify:)					
10b.	Other Public Insurance CHIP					
10.	TOTAL PUBLIC INSURANCE (LINE 10a + 10b)					
11.	PRIVATE INSURANCE					
12.	TOTAL (SUM LINES 7 + 8 + 9 +10 +11)					
MANAGED CARE UTILIZATION						
Payor Category		MEDICAID (a)	MEDICARE (b)	OTHER PUBLIC INCLUDING NON- MEDICAID CHIP (c)	PRIVATE (d)	TOTAL (e)
13a.	Capitated Member months					
13b.	Fee-for-service Member months					
13c.	TOTAL MEMBER MONTHS (13a + 13b)					
CHARACTERISTICS – SPECIAL POPULATIONS				NUMBER OF PATIENTS -- (a)		
14.	Migrant	(330g grantees only)				
15.	Seasonal	(330g grantees only)				
16.	TOTAL MIGRANT/SEASONAL AGRICULTURAL WORKER OR DEPENDENT (ALL GRANTEES REPORT THIS LINE)					
17.	Homeless Shelter	(330h grantees only)				
18.	Transitional	(330h grantees only)				
19.	Doubling Up	(330h grantees only)				
20.	Street	(330h grantees only)				
21.	Other	(330h grantees only)				
22.	Unknown	(330h grantees only)				
23.	TOTAL HOMELESS (ALL GRANTEES REPORT THIS LINE)					
24.	TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL GRANTEES REPORT THIS LINE)					
25.	TOTAL VETERANS (ALL GRANTEES REPORT THIS LINE)					

TABLE 5 – STAFFING AND UTILIZATION

Personnel by Major Service Category		FTEs (a)	Clinic Visits (b)	Patients (c)
1	Family Physicians			
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
6				
7	Other Specialty Physicians			
8	Total Physicians (Lines 1 - 7)			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	Total "Mid-Levels" (Lines 9a - 10)			
11	Nurses			
12	Other Medical personnel			
13	Laboratory personnel			
14	X-ray personnel			
15	Total Medical (Lines 8 + 10a through 14)			
16	Dentists			
17	Dental Hygienists			
18	Dental Assistants, Aides, Techs			
19	Total Dental Services (Lines 16 - 18)			
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists			
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	Mental Health (Lines 20a-c)			
21	Substance Abuse Services			
22	Other Professional Services (specify___)			
22a	Ophthalmologist			
22b	Optometrist			
22c	Optometric Assistant			
22d	Total Vision Services (Lines 22a-c)			
23	Pharmacy Personnel			
24	Case Managers			
25	Patient / Community Education Specialists			
26	Outreach Workers			
27	Transportation Staff			
27a	Eligibility Assistance Workers			
27b	Interpretation Staff			
28	Other Enabling Services (specify___)			
29	Total Enabling Services (Lines 24-28)			
29a	Other Programs / Services (specify___)			
30a	Management and Support Staff			
30b	Fiscal and Billing Staff			
30c	IT Staff			
30	Total Administrative Staff (Lines 30a-30c)			
31	Facility Staff			
32	Patient Support Staff			
33	Total Admin & Facility (Lines 30 - 32)			
34	Total Lines 15+19+20+21+22+23+29+29a+33)			

TABLE 6A – SELECTED DIAGNOSES AND SERVICES RENDERED

Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
Selected Infectious and Parasitic Diseases			
1-2.	Symptomatic HIV , Asymptomatic HIV	042 , 079.53, V08	
3.	Tuberculosis	010.xx – 018.xx	
4.	Syphilis and other sexually transmitted diseases	090.xx – 099.xx	
4a.	Hepatitis B	ICD -9-CM Codes Needed	
4b.	Hepatitis C	ICD -9-CM Codes Needed	
Selected Diseases of the Respiratory System			
5.	Asthma	493.xx	
6.	Chronic bronchitis and emphysema	490.xx – 492.xx	
Selected Other Medical Conditions			
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 238.3 793.8x	
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x	
9.	Diabetes mellitus	250.xx; 648.0x; 775.1x	
10.	Heart disease (selected)	391.xx – 392.0x 410.xx – 429.xx	
11.	Hypertension	401.xx – 405.xx;	
12.	Contact dermatitis and other eczema	692.xx	
13.	Dehydration	276.5x	
14.	Exposure to heat or cold	991.xx – 992.xx	
14a.	Overweight and obesity	ICD-9 : 278.0 – 278.02 or V85.xx excluding V85.0, V85.1, V85.51 V85.52	
Selected Childhood Conditions			
15.	Otitis media and eustachian tube disorders	381.xx – 382.xx	
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx – 779.xx (excluding 779.3x)	
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive)--does not include sexual or mental development; Nutritional deficiencies	260.xx – 269.xx; 779.3x; 783.3x – 783.4x;	

TABLE 6A – SELECTED DIAGNOSES AND SERVICES RENDERED

Diagnostic Category		Applicable ICD-9-CM Code	Number of Visits by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	291.xx, 303.xx; 305.0x 357.5x		
19.	Other substance related disorders (excluding tobacco use disorders)	292.1x – 292.8x 304.xx, 305.2x – 305.9x 357.6x, 648.3x		
19a	Tobacco use disorder	305.1		
20a.	Depression and other mood disorders	296.xx, 300.4 301.13, 311.xx		
20b.	Anxiety disorders including PTSD	300.0x, 300.2x, 300.3, 308.3,309.81		
20c.	Attention deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx		
20d.	Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)	290.xx 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x,313.81,314.xx)		

TABLE 6A – SELECTED SERVICES RENDERED

Service Category		Applicable ICD-9-CM or CPT-4 Code	Number of Visits (A)	Number of Patients (B)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701-86703; 87390-87391		
21a.	Hepatitis B test	Need CPT-4 Codes		
21b.	Hepatitis C test	Need CPT-4 Codes		
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12		
23.	Pap test	CPT-4: 88141-88155; 88164- 88167, 88174-88175 OR ICD-9: V72.3; V72.31; V76.2		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90669; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748		
24a	Seasonal Flu vaccine	CPT-4: 90655 - 90662		
24b	H1N1 Flu vaccine	CPT-4: 90663; 90470		

25.	Contraceptive management	ICD-9: V25.xx		
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99391-99393; 99381-99383;		
26a	Childhood lead test screening (9 to 72 months)	CPT-4: 83655		
26b	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409		
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; S9075		
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014		
Service Category		Applicable ADA Code	Number of Visits (A)	Number of Patients (B)
Selected Dental Services				
27.	I. Emergency Services	ADA : D9110		
28.	II. Oral Exams	ADA : D0120, D0140, D0145, D0150, D0160, D0170, D0180		
29.	Prophylaxis – adult or child	ADA : D1110, D1120,		
30.	Sealants	ADA : D1351		
31.	Fluoride treatment – adult or child	ADA : D1203, D1204, D1206		
32.	III. Restorative Services	ADA : D21xx – D29xx		
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA : D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280		
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA : D3xxx, D4xxx, D5xxx , D6xxx, D8xxx		

Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2009. American Medical Association.

Current Procedural Terminology, (CPT) 2009. American Medical Association.

Current Dental Terminology, (CDT) 2009 / 2010. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

TABLE 6B – QUALITY OF CARE INDICATORS

(NO PRENATAL CARE PROVIDED? CHECK HERE: <input type="checkbox"/>)				
SECTION A: AGE CATEGORIES FOR PRENATAL PATIENTS (GRANTEES WHO PROVIDE PRENATAL CARE ONLY)				
DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS				
AGE		NUMBER OF PATIENTS (a)		
1	LESS THAN 15 YEARS			
2	AGES 15-19			
3	AGES 20-24			
4	AGES 25-44			
5	AGES 45 AND OVER			
6	TOTAL PATIENTS (SUM LINES 1 – 5)			
SECTION B – TRIMESTER OF ENTRY INTO PRENATAL CARE				
TRIMESTER OF FIRST KNOWN VISIT FOR WOMEN RECEIVING PRENATAL CARE DURING REPORTING YEAR		Women Having First Visit with Grantee (a)	Women Having First Visit with Another Provider (b)	
7	First Trimester			
8	Second Trimester			
9	Third Trimester			
SECTION C – CHILDHOOD IMMUNIZATION				
CHILDHOOD IMMUNIZATION		TOTAL NUMBER PATIENTS WITH 2 ND BIRTHDAY DURING MEASUREMENT YEAR (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS IMMUNIZED (c)
10	Number of children who have received required vaccines who had their 2 nd birthday during measurement year (on or prior to December 31)			
SECTION D – PAP TESTS				
PAP TESTS		TOTAL NUMBER OF FEMALE PATIENTS 24-64 YEARS OF AGE (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS TESTED (c)
11	Number of female patients aged 24-64 who had at least one Pap test performed during the measurement year or during one of the two previous calendar years			

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

	Hispanic/Latino (1)								Non - Hispanic/Latino (2)								Unreported / Refused to Report Race and Identity (h)	Total (i)
	Asian (a)	Native Hawaiian (b1)	Pacific Islander (b2)	Black/African American (c)	American Indian / Alaska Native (d)	White (e)	More than one race (f)	Race Unreported / Refused to Report (g)	Asian (a)	Native Hawaiian (b1)	Pacific Islander (b2)	Black/African American (c)	American Indian / Alaska Native (d)	White (e)	More than one race (f)	Race Unreported / Refused to report (g)		
HIV Positive Pregnant Women	<<report total only>> ----->																	
(NO PRENATAL CARE PROVIDED? CHECK HERE: <input type="checkbox"/>)																		
SECTION A: DELIVERIES AND BIRTH WEIGHT BY RACE AND HISPANIC/LATINO IDENTITY																		
1	Prenatal care patients who delivered during the year																	
2	Deliveries performed by Grantee Provider	<<report total only>> ----->																
3	Live Births < 1500 grams																	
4	Live Births 1500 – 2499 grams																	
5	Live Births ≥ 2500 grams																	

		Hispanic/Latino (1)								Non - Hispanic/Latino (2)								Unreported / Refused to Report Race and Identity (h)	Total (i)
		Asian (a)	Native Hawaiian (b1)	Pacific Islander (b2)	Black/African American (c)	American Indian / Alaska Native (d)	White (e)	More than one race (f)	Race Unreported / Refused to Report (g)	Asian (a)	Native Hawaiian (b1)	Pacific Islander (b2)	Black/African American (c)	American Indian / Alaska Native (d)	White (e)	More than one race (f)	Race Unreported / Refused to report (g)		
SECTION B: HYPERTENSION BY RACE AND HISPANIC/LATINO IDENTITY																			
Patients 18 to 85 diagnosed with hypertension whose last blood pressure was less than 140 / 90																			
6	Total hypertensive patients																		
7	Charts sampled or EHR total																		
8	Patients with HTN controlled																		
SECTION C: DIABETES BY RACE AND HISPANIC/LATINO IDENTITY																			
Patients 18 to 75 diagnosed with Type I or Type II diabetes: Most recent test results																			
9	Total patients with diabetes																		
10	Charts sampled or EHR total																		
11	Patients with HBA1c < 7%																		
12	Patients with 7% ≤ HBA1c ≤ 9%																		
13	Patients with HBA1c > 9% OR No test during year																		

TABLE 8A – FINANCIAL COSTS

		ACCRUED COST (a)	ALLOCATION OF FACILITY AND ADMINISTRATION (b)	TOTAL COST AFTER ALLOCATION OF FACILITY AND ADMINISTRATION (c)
FINANCIAL COSTS FOR MEDICAL CARE				
1.	Medical Staff			
2.	Lab and X-ray			
3.	Medical/Other Direct			
4.	TOTAL MEDICAL CARE SERVICES (SUM LINES 1 THROUGH 3)			
FINANCIAL COSTS FOR OTHER CLINICAL SERVICES				
5.	Dental			
6.	Mental Health			
7.	Substance Abuse			
8a.	Pharmacy not including pharmaceuticals			
8b.	Pharmaceuticals			
9.	Other Professional (Specify _____)			
10.	TOTAL OTHER CLINICAL SERVICES (SUM LINES 5 THROUGH 9)			
FINANCIAL COSTS OF ENABLING AND OTHER PROGRAM RELATED SERVICES				
11a.	Case Management			
11b.	Transportation			
11c.	Outreach			
11d.	Patient and Community Education			
11e.	Eligibility Assistance			
11 f.	Interpretation Services			
11g.	Other Enabling Services (specify: _____)			
11.	Total Enabling Services Cost (Sum lines 11a through 11g)			
12.	Other Related Services (specify: _____)			
13.	TOTAL ENABLING AND OTHER SERVICES (SUM LINES 11 AND 12)			
Overhead and Totals				
14.	Facility			
15.	Administration			
16.	TOTAL OVERHEAD (SUM LINES 14 AND 15)			
17.	TOTAL ACCRUED COSTS (SUM LINES 4 + 10 + 13 + 16)			
18.	Value of Donated Facilities, Services and Supplies (specify: _____)			
19.	TOTAL WITH DONATIONS (SUM LINES 17 AND 18)			

TABLE 9D (Part I of II) –PATIENT RELATED REVENUE (Scope of Project Only)

		FULL CHARGES THIS PERIOD	AMOUNT COLLECTED THIS PERIOD	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)			ALLOWANCES	SLIDING DISCOUNTS	BAD DEBT WRITE OFF	
				COLLECTION OF RECONCILIATION /WRAP AROUND CURRENT YEAR	COLLECTION OF RECONCILIATION N/WRAP AROUND PREVIOUS YEARS	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD				PENALTY/ PAYBACK
PAYOR CATEGORY		(a)	(b)	(c1)	(c2)	(c3)	(c4)	(d)	(e)	(f)
1.	Medicaid Non-Managed Care									
2a.	Medicaid Managed Care (capitated)									
2b.	Medicaid Managed Care (fee-for-service)									
3.	TOTAL MEDICAID (LINES 1+ 2A + 2B)									
4.	Medicare Non-Managed Care									
5a.	Medicare Managed Care (capitated)									
5b.	Medicare Managed Care (fee-for-service)									
6.	TOTAL MEDICARE (LINES 4 + 5A+ 5B)									
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)									
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)									

TABLE 9D (Part II of II) –PATIENT RELATED REVENUE (Scope of Project Only)

PAYOR CATEGORY		Full Charges This Period	AMOUNT COLLECTED THIS PERIOD	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)			ALLOWANCES	SLIDING DISCOUNTS	BAD DEBT WRITE OFF	
				COLLECTION OF RECONCILIATION /WRAP AROUND CURRENT YEAR	COLLECTION OF RECONCILIATION/ WRAP AROUND PREVIOUS YEARS	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD				PENALTY/ PAYBACK
		(a)	(b)	(c1)	(c2)	(c3)	(c4)	(d)	(e)	(f)
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)									
9.	TOTAL OTHER PUBLIC (LINES 7+ 8A +8B)									
10.	Private Non-Managed Care									
11a.	Private Managed Care (capitated)									
11b.	Private Managed Care (fee-for-service)									
12.	TOTAL PRIVATE (LINES 10 + 11A + 11B)									
13.	Self Pay									
14.	TOTAL (LINES 3 + 6 + 9 + 12 + 13)									

TABLE 9E –OTHER REVENUES

SOURCE		AMOUNT (a)
BPHC GRANTS (ENTER AMOUNT DRAWN DOWN - CONSISTENT WITH PMS-272)		
1a.	Migrant Health Center	
1b.	Community Health Center	
1c.	Health Care for the Homeless	
1e.	Public Housing Primary Care	
1g.	TOTAL HEALTH CENTER CLUSTER (SUM LINES 1A THROUGH 1E)	
1j.	Capital Improvement Program Grants (excluding ARRA)	
1.	TOTAL BPHC GRANTS (SUM LINES 1G + 1J)	
OTHER FEDERAL GRANTS		
2.	Ryan White Part C HIV Early Intervention	
3.	Other Federal Grants (specify: _____)	
4.	American Recovery and Reinvestment Act (ARRA) New Access Point (NAP) and Increased Demand for Services (IDS)	
4a	American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP)	
5.	TOTAL OTHER FEDERAL GRANTS (SUM LINES 2 – 4A)	
NON-FEDERAL GRANTS OR CONTRACTS		
6.	State Government Grants and Contracts (specify: _____)	
6a.	State/Local Indigent Care Programs (specify: _____)	
7.	Local Government Grants and Contracts (specify: _____)	
8.	Foundation/Private Grants and Contracts(specify: _____)	
90.	TOTAL NON-FEDERAL GRANTS AND CONTRACTS (SUM LINES 6 + 6A+7+8)	
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (specify: _____)	
11.	TOTAL REVENUE (LINES 1+5+9+10)	

Clinical Changes for 2010

Changes to Table 5

- 1) Vision Services FTEs are reported in a new category and broken down between:
 - a) Ophthalmologists
 - b) Optometrists
 - c) Optometric assistants

Note: Optometric assistants do not provide visits
- 2) Changes to vision services staff, visits and patient location
 - a) Ophthalmology was previously included on line 7
 - b) Optometry was previously included on line 22

Changes to Table 6A

- 1) Three new services have been added to Services Rendered
 - a) Line 21a: Hepatitis B test
 - b) Line 21b: Hepatitis C test
 - c) Line 26d: Comprehensive and intermediate eye exams

Note: Line 24b: H1N1 flu vaccine is still listed in order to capture early 2010 service. This line will be removed next year. Do not use for 2010-11 seasonal flu vaccines
- 2) Two additions have been made to Diagnoses
 - a) Hepatitis B has been added as line 4a
 - b) Hepatitis C has been added as line 4b
- 3) Two changes have been made to Diagnoses
 - a) Line 1 has been changed to: HIV – Symptomatic or Asymptomatic
 - b) Line 2: Asymptomatic HIV has been deleted

Clinical Changes Scheduled for 2011

All changes scheduled for 2011 have been proposed, but they have not yet been approved. These changes, if approved, will be reported in 2012 based on data that will be collected in 2011.

Table 6B

- 1) Changes will be made to Childhood Immunizations at two years of age.
 - a) Two Hepatitis A shots, two or three Rotavirus, and two influenza shots will be added
 - b) HiB will be changed from three to two shots
Note: HRSA continues to recommend that the three shots be given if the HiB vaccine is used.

- 2) Additions will be made for specific age ranges:
 - a) Percentage of patients age 2 – 17 for whom:
 - i) A weight assessment was conducted and BMI percentile was calculated and recorded
 - ii) Diet and physical activity counseling were provided, regardless of BMI percentile
 - b) Percentage of patients age 18+ for whom:
 - i) BMI was recorded
(1) AND if the patient was underweight or overweight, a follow-up plan was documented
 - ii) A tobacco screening was given (patients were queried about tobacco use at least once in the previous 24 months)
 - c) Percentage of tobacco users 18+ who had a visit in the last year and received “cessation intervention”
 - d) Percentage of patients age 5 – 40, with persistent asthma that were prescribed approved pharmaceuticals

Table 7

- 1) Changes will be made to the categories of diabetes. This adds a category.
 - a) Categories will be HbA1c levels: <7, 7 – 7.9, 8 – 9 and >9.
 - i) Controlled will be considered < 8, not 9 or less



PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2010-04

DATE: May 25, 2010

DOCUMENT TITLE: Uniform Data System Changes for Calendar Year 2010

TO: Health Center Program Grantees
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. BACKGROUND

In this Program Assistance Letter, the Health Resources and Services Administration (HRSA) is providing information on the changes to the Uniform Data System (UDS) for calendar year (CY) 2010. These include modifications to:

- Provide a revised definition of agriculture in the UDS Manual;
- Report full time equivalents (FTEs) for ophthalmologists, optometrists, and optometric assistants;
- Combine reporting of Symptomatic and Asymptomatic HIV;
- Report Hepatitis B and Hepatitis C patients, visits and tests; and
- Report comprehensive and intermediate eye exam patients and visits.

HRSA collects data annually from section 330-funded health centers through the UDS. The data are reviewed to ensure compliance with legislative and regulatory requirements; improve health center performance and operations; and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data are compared with national data to compare differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center Program grantees, partners, and communities about health centers and their patients.

II. CHANGES FOR CY 2010 UDS REPORTING

The following changes have been made to UDS Tables for CY 2010.

A. Table 4: Characteristics of Special Populations, Migrant and Seasonal Farmworkers – Revised Agriculture Definition

The definition of agricultural workers is being changed to align with the Health Center Program statute (section 330(g) of the Public Health Service Act). The following definition will be included in the CY 2010 UDS Manual:

- Agriculture. The term "agriculture" means farming in all its branches, including--
 - (i) cultivation and tillage of the soil;
 - (ii) the production, cultivation, growing, and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in or on, the land; and
 - (iii) any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) performed by a farmer or on a farm incident to or in conjunction with an activity described in clause (ii).

The impact of this change is likely to increase the number of agriculture workers that are reported because the definition of farming is broader than in previous UDS Manuals.

B. Table 5: Staffing and Utilization – Addition of Types of Vision Services Providers

Vision care is a primary care service that has been selected for reporting in the UDS because this care reduces disabilities, costs, and deaths associated with a number of eye diseases and disorders that disproportionately burden target populations served by health centers. The following data elements for vision services providers have been added to UDS Table 5: Staffing and Utilization:

- Line 22a, Ophthalmologist – number of FTEs
- Line 22b, Optometrist – number of FTEs
- Line 22c, Optometric Assistant – number of FTEs
- Line 22d, Total Vision Services – clinic visits and patients

As identified below, eye exams provided by vision service providers are also reported in the UDS because they provide links to early detection, care, treatment and prevention of those who suffer from eye disease and chronic diseases such as diabetes, hypertension, thyroid disease and arthritis. These exams also provide opportunities to promote behavioral changes linked to eye health (e.g., cigarette smoking, excessive use of alcohol).

C. Table 6A: Selected Diagnoses and Services Rendered

1) Combine Symptomatic and Asymptomatic HIV

People with HIV are reported to go back and forth between symptomatic and asymptomatic during the course of the disease. This creates the likelihood of duplicate reporting of the same patient during the reporting year. Therefore, lines 1 and 2 of Table 6A are combined into a single line on the UDS.

2) Addition of Data Elements for Hepatitis B and Hepatitis C

Viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation. In the United States, an estimated 1.2 million Americans are living with chronic Hepatitis B and 3.2 million Americans are living with chronic Hepatitis C. Hepatitis B and Hepatitis C have been reported to have a disproportionate impact on minority populations. Lab

tests for these two conditions will assist providers in identifying health center patients that will benefit from treatment.

The following data elements for Hepatitis B and Hepatitis C have been added to Table 6A: Selected Diagnoses and Services Rendered:

- Line 4a: Hepatitis B, along with the applicable ICD-9-CM codes. This line provides the number of patients and visits with a primary diagnosis of Hepatitis B.
- Line 4b: Hepatitis C, along with the applicable ICD-9-CM codes. This line provides the number of patients and visits with a primary diagnosis of Hepatitis C.
- Line 21a: Hepatitis B test, along with the applicable CPT codes. The number of visits and patients receiving Hepatitis B tests are reported on this line.
- Line 21b: Hepatitis C test, along with the applicable CPT codes. The number of visits and patients receiving Hepatitis C tests are reported on this line.

3) Addition of Data Elements for Vision

The following data element for comprehensive and intermediate eye exams has been added to Table 6A: Selected Diagnoses and Services Rendered:

- Line 26d: Comprehensive and Intermediate Eye Exams, along with the applicable ICD-9-CM codes (CPT 92002, 92004, 92012, 92014). This line provides the number of visits and patients receiving comprehensive eye exams.

These changes will be included in the 2010 UDS manual trainings, technical assistance, and frequently asked questions.

Please note that final rules for reporting with ICD-10 (International Statistical Classification of Diseases and Related Health Problems, 10th Revision) codes were published on January 16, 2009. These rules provide that implementation of ICD-10 codes will be on or after October 1, 2013. While ICD-10 codes will apply to the 2013 Uniform Data System, providers are expected to meet Version 5010 electronic claims transactions standards effective January 2012, thereby setting the stage for ICD-10 reporting in 2013. We strongly encourage you to plan for the implementation of these changes in January 2012. HRSA will work with the Center for Medicare and Medicaid Services in developing technical assistance resources for health centers on Version 5010 and ICD-10.

If you have any questions regarding changes to the 2010 UDS, please contact the Office of Quality and Data at OQDComments@hrsa.gov or 301-594-0818.

Sincerely,

/S/

James Macrae
Associate Administrator for Primary Care

Attachment

TABLE 5 – STAFFING AND UTILIZATION

Personnel by Major Service Category		FTEs (a)	Clinic Visits (b)	Patients (c)
1	Family Physicians			
2	General Practitioners			
3	Internists			
4	Obstetrician/Gynecologists			
5	Pediatricians			
6				
7	Other Specialty Physicians			
8	Total Physicians (Lines 1 – 7)			
9a	Nurse Practitioners			
9b	Physician Assistants			
10	Certified Nurse Midwives			
10a	Total “Mid-Levels” (Lines 9a - 10)			
11	Nurses			
12	Other Medical personnel			
13	Laboratory personnel			
14	X-ray personnel			
15	Total Medical (Lines 8 + 10a through 14)			
16	Dentists			
17	Dental Hygienists			
18	Dental Assistants, Aides, Techs			
19	Total Dental Services (Lines 16 – 18)			
20a	Psychiatrists			
20a1	Licensed Clinical Psychologists			
20a2	Licensed Clinical Social Workers			
20b	Other Licensed Mental Health Providers			
20c	Other Mental Health Staff			
20	Mental Health (Lines 20a-c)			
21	Substance Abuse Services			
22a	Ophthalmologists			

Personnel by Major Service Category		FTEs (a)	Clinic Visits (b)	Patients (c)
22b	Optometrists			
22c	Optometric Assistant s			
22d	Total Vision Services (Lines 22a-c)			
22	Other Professional Services (specify___)			
23	Pharmacy Personnel			
24	Case Managers			
25	Patient / Community Education Specialists			
26	Outreach Workers			
27	Transportation Staff			
27a	Eligibility Assistance Workers			
27b	Interpretation Staff			
28	Other Enabling Services (specify___)			
29	Total Enabling Services (Lines 24-28)			
29a	Other Programs / Services (specify___)			
30a	Management and Support Staff			
30b	Fiscal and Billing Staff			
30c	IT Staff			
30	Total Administrative Staff (Lines 30a-30c)			
31	Facility Staff			
32	Patient Support Staff			
33	Total Admin & Facility (Lines 30 – 32)			
34	Total (Lines 15+19+20+21+22+23+29+29a+33)			

TABLE 6A – SELECTED DIAGNOSES AND SERVICES RENDERED

Diagnostic Category		Applicable ICD-9-CM Code	Number of Visits by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
Selected Infectious and Parasitic Diseases				
1, 2.	Symptomatic and Asymptomatic HIV	042.xx , 079.53, V08		
3.	Tuberculosis	010.xx – 018.xx		
4.	Syphilis and other sexually transmitted diseases	090.xx – 099.xx		
4a.	Hepatitis B	070.20,070.22, 070.30, 070.32		
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71		
Selected Diseases of the Respiratory System				
5.	Asthma	493.xx		
6.	Chronic bronchitis and emphysema	490.xx – 492.xx		
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8x		
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x		
9.	Diabetes mellitus	250.xx; 775.1x		
10.	Heart disease (selected)	391.xx – 392.0x 410.xx – 429.xx		
11.	Hypertension	401.xx – 405.xx		
12.	Contact dermatitis and other eczema	692.xx		
13.	Dehydration	276.5x		
14.	Exposure to heat or cold	991.xx – 992.xx		
14a.	Overweight and obesity	ICD9CM Code: 278.0 – 278.02 or V85.xx excluding V85.51 and V85.52		
15.	Otitis media and eustachian tube	381.xx – 382.xx		

Diagnostic Category		Applicable ICD-9-CM Code	Number of Visits by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
	disorders			
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx – 779.xx (excluding 779.3x)		
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive)-- does not include sexual or mental development; Nutritional deficiencies	260.xx – 269.xx; 779.3x; 783.3x – 783.4x		
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	291.xx, 303.xx; 305.0x 357.5x		
19.	Other substance related disorders (excluding tobacco use disorders)	292.1x – 292.8x 304.xx, 305.2x – 305.9x 357.6x, 648.3x		
19a.	Tobacco use disorder	305.1		
20a.	Depression and other mood disorders	296.xx, 300.4 301.13, 311.xx		
20b.	Anxiety disorders including PTSD	300.0x, 300.21, 300.22, 300.23, 300.29, 300.3, 308.3, 309.81		
20c.	Attention deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx		
20d.	Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)	290.xx 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.21, 300.22, 300.23, 300.29, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x,313.81,314.xx)		
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701-86703; 87390-87391		
21a.	Hepatitis B test	CPT-4: 86704,86706, 87515-87517		
21b.	Hepatitis C test	CPT-4: 86803-86804, 87520-87522		
22.	Mammogram	CPT-4: 77055-77057 OR		

Diagnostic Category		Applicable ICD-9-CM Code	Number of Visits by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
		ICD-9: V76.11; V76.12		
23.	Pap test	CPT-4: 88141-88155; 88164-88167 OR ICD-9: V72.3; V72.31; V76.2		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Influenza virus, Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90657 – 90660; 90669; 90700 – 90702; 90704 – 90716; 90718; 90720-90721, 90723; 90743 – 90744; 90748		
24a.	Seasonal flu vaccine	CPT-4: 90655-90662		
24b.	H1N1 Flu vaccine	CPT-4: 90663; 90470		
25.	Contraceptive management	ICD-9: V25.xx		
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99391-99393; 99381-99383; 99431-99433 OR ICD-9: V20.xx; V29.xx		
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655		
26b.	Screening, Brief Intervention, and Referral (SBIRT)	CPT-4: 99408-99409		
26c.	Smoke/tobacco counseling; Smoking cessation treatment	CPT-4: 99406 and 99407; S9075		
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014		
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110		
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0180		
29.	Prophylaxis – adult or child	ADA: D1110, D1120,		
30.	Sealants	ADA: D1351		
31.	Fluoride treatment – adult or	ADA: D1203, D1204, D1206		

Diagnostic Category	Applicable ICD-9-CM Code	Number of Visits by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
child			
32.	III. Restorative Services	ADA: D21xx, D23xx, D27xx	
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280	
34.	V. Rehabilitative services (Endo, Perio, Prosth, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	

Note: Encounters and patients are reported by Primary Diagnosis for lines 1-20d.

Note: x denotes any number including the absence of a number in that place.

- I International Classification of Diseases, 9th Revision, Clinical Modification, Volumes 1 and 2, 2008. American Medical Association.
- II Current Procedural Terminology, CPT 2008. American Medical Association.
- III Current Dental Terminology, CDT 2007 / 2008. American Dental Association.



PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2010-12

DATE: August 30, 2010

DOCUMENT TITLE: Proposed Uniform Data System Changes to Clinical Measures for Calendar Year 2011

TO: Health Center Program Grantees
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. BACKGROUND

This Program Assistance Letter (PAL) provides information on the Health Resources and Services Administration's (HRSA) proposed changes to the calendar year (CY) 2011 Uniform Data System (UDS) clinical measures to be reported by Health Center Program grantees in early 2012. These changes were among those announced in the Federal Register Notice (FRN) on July 9, 2010, wherein approval is sought for UDS data collection for the next three years. The proposed changes to the UDS clinical measures are described in greater detail in this PAL. Although the 60 day comment period for this FRN ends September 9, 2010, you are invited to submit comments either directly to HRSA, as a response to the current 60 day notice or to the 30 day notice that is expected to be published by October.

II. PROPOSED NEW AND REVISED MEASURES FOR CY 2011 UDS REPORTING

Four new clinical measures are proposed for the CY 2011 UDS. In addition, HRSA is proposing revisions to two current clinical measures for diabetes and childhood immunizations. Reporting on the four other UDS clinical measures (prenatal access to care, low birth weight babies, Pap tests for adult women, and blood pressure control – hypertension) will continue as currently prescribed.

Proposed New Measures:

1. Weight Assessment and Counseling for Children and Adolescents:

Percentage of patients age 2 to 17 years who had a visit during the current year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

2. **Adult Weight Screening and Follow-up:** Percentage of patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented.
3. **Tobacco Use Assessment and Counseling.**
 - a. **Tobacco use Assessment:** Percentage of patients age 18 years and older who were queried about tobacco use one or more times within 24 months.
 - b. **Tobacco Cessation Counseling:** Percentage of patients age 18 years and older who are users of tobacco and who had a visit during the current year who received (charted) advice to quit smoking or tobacco use.
4. **Asthma – Pharmacological therapy:** Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication (inhaled corticosteroid) or an acceptable alternative pharmacological therapy (leukotrene modifiers, cromolyn sodium, nedocromil sodium, or sustained released methylxanthines) during the current year.

Proposed Revised Measures:

1. **Diabetes HbA1c Control:** Proposed to include HbA1c levels < 8 percent in addition to readings less than or equal to 7 percent and > 9 percent.
2. **Childhood Immunizations 2 years:** Proposed to add two Hepatitis A shots, two or three Rotavirus shots and two influenza shots; and to reduce the number of H influenza type B shots from 3 to 2. (HRSA continues to recommend that the required three shots be given if the HiB vaccine is used.)

III. RATIONALE

The proposed new and revised clinical measures were selected because they are highly relevant to patients served by health centers (adult weight screening and follow up, weight assessment and counseling for children and adolescents, tobacco use assessment and counseling, asthma pharmacologic therapy, diabetes HbA1c control, childhood immunizations).

All of the proposed new and revised measures are aligned with the Department's meaningful use measures that eligible providers will report on starting in 2011. (These measures are described in the Medicare and Medicaid EHR Incentive Program Final Rule dated July 28, 2010).

- Two of the measures (adult weight screening and follow up, tobacco use assessment and counseling) are included in the three core meaningful use measures that all eligible providers are required to report.

- Two of the measures (weight assessment and counseling for children and adolescents, childhood immunizations) are included in the three alternate core meaningful use measures.
- The remaining two measures are among the other 38 meaningful use measures from which eligible providers must select three to report.

Two other current measures are also meaningful use measures - Pap tests for adult women and blood pressure control-hypertension. The remaining two measures, prenatal access to care and low birth weight babies, are in the core set of measures for use in implementing the Children’s Health Insurance Program Reauthorization Act (CHIPRA).

IV. DETAILED INFORMATION ON PROPOSED NEW MEASURES FOR CY 2011 UDS REPORTING

The table below shows the numerators and denominators for the proposed new and revised clinical measures for the CY 2011 UDS. The specifications for each of these measures are available at

http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp

PROPOSED NEW AND REVISED CLINICAL MEASURES FOR CY 2011 UDS REPORTING			
Performance Measure	Description	Numerator	Denominator
Weight Assessment and Counseling for Children and Adolescents	Percentage of patients age 2 to 17 years who had a visit during the current year and who had Body Mass Index (BMI) percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.	Patients in the denominator with Body Mass Index (BMI) percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.	All patients age 2 to 17 years on December 31 of the measurement year.
Adult Weight Screening and Follow Up	Percentage of all patients age 18 years or older who had their BMI calculated at the last visit or within the last six months and , if they were overweight or underweight, had a follow-up plan documented.	Patients in the denominator with (1) BMI charted and (2) a follow up plan documented if patients are overweight or underweight.	All patients age 18 years and over on December 31 of the measurement year.
Tobacco Pair: Assessment	Percentage of tobacco users age 18 years or older who were queried about tobacco use in the measurement year or year prior.	Patients in the denominator who have been queried about tobacco use in the measurement year or year prior.	All patients age 18 years and over on December 31 of the measurement year.
Tobacco Pair: Cessation	Percentage of patients 18 years or older and	Patients who received advice to quit smoking or	All patients aged 18 years and older with diagnosed tobacco

Counseling	are smokers or tobacco users who received advice to quit smoking.	tobacco use.	dependence.
Asthma: Pharmacologic therapy	Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (mild, moderate, or severe) who were prescribed either the preferred long term control medication (inhaled corticosteroid) or an acceptable alternative pharmacological therapy (leukotrene modifiers, cromolyn sodium, nedocromil sodium, or sustained released methylxanthines) during the current year.	Patients in the denominator who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative pharmacologic therapy (leukotrene modifiers, cromolyn sodium, nedocromil sodium, or sustained released methylxanthines) during the current year.	All patients age 5 to 40 years with a diagnosis of persistent asthma (mild, moderate, or severe).
Diabetes HbA1c control	Percentage diabetic patients whose HbA1c levels are less than or equal to 7% and <8%; ≥8% and ≤9%; and >9%.	Number adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is ≤7 % and <8%, among those patients included in the denominator (also for ≥8% and ≤9%; and >9%).	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.
Childhood immunizations 2 years	Percentage of children with 2nd birthday during the measurement year with appropriate immunizations.	Number of children who received all of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1VZV (Varicella) and 4 Pneumococcal conjugate, 2 HepA, 2 or 3 RV, and 2 influenza vaccines prior to or on their 2nd birthday whose second birthday occurred during the measurement year, among those children included in the denominator.	Number of children with at least one medical visit during the reporting period, who had their second birthday during the reporting period, who did not have a contraindication for a specific vaccine.

Proposed changes to UDS Tables 6B and 7 for CY 2011 reporting of the clinical measures are shown in the attachment.

V. CONTACTS

If you have any questions regarding the proposed changes to the 2011 UDS, please contact the Office of Quality and Data at OQDComments@hrsa.gov or 301-594-0818.

Sincerely,

/S/

James Macrae
Associate Administrator for Primary Care

Attachment

**DRAFT FOR CY 2011 UDS
TABLE 6B – QUALITY OF CARE INDICATORS**

(NO PRENATAL CARE PROVIDED? CHECK HERE: <input type="checkbox"/>)				
SECTION A: AGE CATEGORIES FOR PRENATAL PATIENTS (GRANTEES WHO PROVIDE PRENATAL CARE ONLY)				
DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS				
AGE		NUMBER OF PATIENTS (a)		
1	LESS THAN 15 YEARS			
2	AGES 15-19			
3	AGES 20-24			
4	AGES 25-44			
5	AGES 45 AND OVER			
6	TOTAL PATIENTS (SUM LINES 1 – 5)			
SECTION B – TRIMESTER OF ENTRY INTO PRENATAL CARE				
TRIMESTER OF FIRST KNOWN VISIT FOR WOMEN RECEIVING PRENATAL CARE DURING REPORTING YEAR		Women Having First Visit with Grantee (a)	Women Having First Visit with Another Provider (b)	
7	First Trimester			
8	Second Trimester			
9	Third Trimester			
SECTION C – CHILDHOOD IMMUNIZATION				
CHILDHOOD IMMUNIZATION		TOTAL NUMBER PATIENTS WITH 2 ND BIRTHDAY DURING MEASUREMENT YEAR (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS IMMUNIZED (c)
10	Children who have received age appropriate vaccines who had their 2 nd birthday during measurement year (on or prior to 31 December)			
SECTION D – CERVICAL CANCER SCREENING				
PAP TESTS		TOTAL NUMBER OF FEMALE PATIENTS 24-64 YEARS OF AGE (a)	NUMBER CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS TESTED (c)
11	Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer			
SECTION E – WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN AND ADOLESCENTS				
ASSESSMENT AND COUNSELING		TOTAL PATIENTS AGED 2 – 17 ON DECEMBER 31 (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH AND COUNSELING AND BMI DOCUMENTED (c)
12	Children and adolescents aged 2 - 17 with a BMI percentile, and counseling on nutrition and physical activity documented for			

	the current year			
SECTION F – ADULT WEIGHT SCREENING AND FOLLOW-UP				
	SCREENING AND FOLLOW-UP	TOTAL PATIENTS 18 AND OVER (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH BMI CHARTED AND APPROPRIATE FOLLOW-UP PLAN DOCUMENTED (c)
13	Patients aged 18 and over with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight			
SECTION G – TOBACCO USE ASSESSMENT AND CESSATION ADVICE				
	TOBACCO ASSESSMENT AND COUNSELING	TOTAL PATIENTS 18 AND OVER (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS ASSESSED FOR TOBACCO USE (c)
14	Patients queried about tobacco use one or more times in the measurement year or prior year			
	TOBACCO CESSATION ADVICE	TOTAL PATIENTS WITH DIAGNOSED TOBACCO DEPENDENCE (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS ADVISED TO QUIT (c)
15	Tobacco users aged 18 and above who have been advised to quit			
SECTION H – ASTHMA PHARMACOLOGICAL THERAPY				
	ASTHMA TREATMENT PLAN	TOTAL ASTHMATIC PATIENTS AGED 5 - 40 (a)	CHARTS SAMPLED OR EHR TOTAL (b)	NUMBER OF PATIENTS WITH ACCEPTABLE PLAN (c)
16	Patients aged 5 through 40 diagnosed with asthma who have an acceptable pharmacological treatment plan			

	Hispanic/Latino (1)								Non - Hispanic/Latino (2)							Unreported / Refused to Report Race and Identity (h)	Total (i)
	Asian (a)	Native Hawaiian (b1)	Pacific Islander (b2)	Black/African American (c)	American Indian / Alaska Native (d)	White (e)	More than one race (f)	Race Unreported / Refused to Report (g)	Asian (a)	Native Hawaiian (b1)	Pacific Islander (b2)	Black/African American (c)	American Indian / Alaska Native (d)	White (e)	More than one race (f)		
HIV Positive Pregnant Women	<<report total only>> ----->																
(NO PRENATAL CARE PROVIDED? CHECK HERE: <input type="checkbox"/>)																	
SECTION A: DELIVERIES AND BIRTH WEIGHT BY RACE AND HISPANIC/LATINO IDENTITY																	
1	Prenatal care patients who delivered during the year																
2	Deliveries performed by Grantee Provider	<<report total only>> ----->															
3	Live Births < 1500 grams																
4	Live Births 1500 – 2499 grams																
5	Live Births ≥ 2500 grams																

	Hispanic/Latino (1)							Non - Hispanic/Latino (2)							Unreported / Refused to Report Race and Identity (h)	Total (i)	
	Asian (a)	Native Hawaiian (b1)	Pacific Islander (b2)	Black/African American (c)	American Indian / Alaska Native (d)	White (e)	More than one race (f)	Race Unreported / Refused to Report (g)	Asian (a)	Native Hawaiian (b1)	Pacific Islander (b2)	Black/African American (c)	American Indian / Alaska Native (d)	White (e)			More than one race (f)
SECTION B: HYPERTENSION BY RACE AND HISPANIC/LATINO IDENTITY																	
Patients 18 to 85 diagnosed with hypertension whose last blood pressure was less than 140 / 90																	
6	Total hypertensive patients																
7	Charts sampled / EHR total																
8	Patients with HTN controlled																
SECTION C: DIABETES BY RACE AND HISPANIC/LATINO IDENTITY																	
Patients 18 to 75 diagnosed with Type I or Type II diabetes: Most recent test results																	
9	Total diabetic patients																
10	Charts sampled / EHR total																
11	Patients with HBA1c < 7%																
12a	Patients with HBA1c >= 7% and < 8%																
12b	Patients with HBA1c >= 8% and <= 9%																
13	Patients with HBA1c > 9% OR No test during year																

CONNECTICUT RIVER VALLEY FARMWORKER HEALTH PROGRAM

FOCUS GROUP SURVEY

We are interested in providing better health care to our patients. We want to learn from you and other people who respond to this survey about ways to make things better. We hope you will take the time to answer these questions. Most people find it takes only 10 minutes to answer these questions. What you have to say is private. Your doctor or nurse will never see this survey. Your answers will be combined with others. You will not be asked to put your name on this survey.

**The following questions are about the health care team you usually see for health care.
Your health care team is the doctors, nurses, dietitians or health educators who care for you.**

1. Does your health care team explain things in a way that you understand?

Never ☹️ (1) Sometimes ☹️ (1) Usually ☺️ (5) Always ☺️

2. Does your health care team respect what you have to say about your health care?

Never ☹️ Sometimes ☹️ (1) Usually ☺️ (7) Always ☺️

3. Does your health care team involve you in making a plan to care for your health care?

Never ☹️ Sometimes ☹️ Usually ☺️ (8) Always ☺️

4. Does your health care team give you choices about how to best care for your health?

Never ☹️ Sometimes ☹️ Usually ☺️ (8) Always ☺️

5. Do you feel okay telling your health care team when there is something you don't want to do concerning your health care?

Never ☹️ Sometimes ☹️ (2) Usually ☺️ (6) Always ☺️

6. Do you feel comfortable asking your health care team questions?

Never ☹️ (1) Sometimes ☹️ (1) Usually ☺️ (6) Always ☺️

7. Is your health care team helpful with health problems that come up?

Never ☹️ Sometimes ☹️ Usually ☺️ (8) Always ☺️

8. Does your health care team spend enough time with you caring for your health care?

Never ☹️ Sometimes ☹️ Usually ☺️ (8) Always ☺️

9. Overall, how helpful is your health care team in making you feel you can take care of your health care?

Not very helpful ☹️ A little helpful ☹️ Somewhat helpful ☺️ (8) Very helpful ☺️

Thank You for Sharing Your Thoughts with Us!

ABOUT YOU

1. On how many of the last 7 days have you followed a healthful eating plan?

0 1 2 3(1) 4(2) 5(2) 6 7(2)

2. On how many of the last 7 days did you do at least 30 minutes of physical activity (including walking)?

0(1) 1(1) 2 3 4 5(1) 6(1) 7(2)

3. On how many of the last 7 days did you take your recommended primary care medicine?

0(1) 1 2 3 4 5(5) 6 7(3) NA

4. Overall, how would you rate your health during the past 4 weeks?

Poorly ☹️ (3) Okay 😊 (3) Very Well 😊

5. What is your age now?

(1) 18 to 24 25 to 34 (3) 35 to 44 (2) 45 to 54
 55 to 64 65 to 74 75 or older

6. Are you male or female?

(5) Male (1) Female

7. What is the highest grade or level of school that you have completed?

(1) 8th grade or less
(1) Some high school, but did not graduate
(2) High school graduate or GED
 Some college or 2-year degree
(1) 4-year college graduate
 More than 4-year college degree

8. Are you of Hispanic or Latino origin or descent?

(3) Yes, Hispanic or Latino (3) No, not Hispanic or Latino

9. How would you rate this focus group?

Poorly ☹️ Okay 😊 (6) Very Well 😊

10. Did someone help you complete this survey?

(1) Yes (5) No

11. If Yes, how did that person help you? Check all that apply.

(1) Read the questions to me
 Wrote down the answers I gave
 Answered the questions for me
 Translated the questions into my language
 Helped in some other way

Thank You for Sharing Your Thoughts with Us!

UConn Migrant Farm Worker Clinic Summer and Fall Schedule

(as of June 15, 2009)

2010 SUMMER MIGRANT FARM WORKER CLINIC SCHEDULE				
Week	Day of week	Date	Farm	Farm Location
Week 1	Tuesday	June 22, 2010	Scott's Orchard	Glastonbury
Week 1	Wednesday	June 23, 2010	Pride's Corner	Willimantic
Week 1	Thursday	June 24, 2010	Casertano (Family Clinic)	Cheshire
Week 2	Tuesday	June 29, 2010	Thrall	Windsor
Week 2	Wednesday	June 30, 2010	Thrall	Windsor
Week 2	Thursday	July 1, 2010	Mulnite	Broad Brook (East Windsor area)
Week 3	Tuesday	July 6, 2010	Thrall	Windsor
Week 3	Wednesday	July 7, 2010	Thrall	Windsor
Week 3	Thursday	July 8, 2010	Markowski	Broad Brook (East Windsor area)
Week 4	Tuesday	July 13, 2010	Mulnite	East Windsor
Week 4	Wednesday	July 14, 2010	Thrall	Windsor
Week 4	Thursday	July 15, 2010	Casertano (Family Clinic)	Cheshire
Week 5	Tuesday	July 20, 2010	Rose's Berry Farm	Glastonbury
Week 5	Wednesday	July 21, 2010	Markowski	Broad Brook (East Windsor area)
Week 5	Thursday	July 22, 2010	Jarmoc	Enfield
Week 6	Tuesday	July 27, 2010	Mulnite	East Windsor
Week 6	Wednesday	July 28, 2010	Thrall	Windsor
Week 6	Thursday	July 29, 2010	Pride's Corner	Willimantic
Week 7	Tuesday	August 3, 2010	Markowski	Broad Brook (East Windsor area)
Week 7	Wednesday	August 4, 2010	Jarmoc	Enfield
Week 7	Thursday	August 5, 2010	Thrall	Windsor
Week 8	Tuesday	August 10, 2010	Pride's Corner	Willimantic
Week 8	Wednesday	August 11, 2010	Thrall	Windsor
Week 8	Thursday	August 12, 2010	Mulnite	East Windsor
Week 9	Tuesday	August 17, 2010	Jarmoc	Enfield
Week 9	Wednesday	August 18, 2010	Casertano (Family Clinic)	Cheshire
Week 9	Thursday	August 19, 2010	Thrall	Windsor
2010 FALL CLINICS (Wednesdays only)				
Week	Day of week	Date	Farm	Farm Location
Week 1	Wednesday	September 8, 2010	Thrall	Windsor
Week 2	Wednesday	September 15, 2010	Scott's Orchard	Glastonbury
Week 3	Wednesday	September 22, 2010	Jarmoc	Cromwell
Week 4	Wednesday	September 29, 2010	Lyman	Middlefield
Week 5	Wednesday	October 6, 2010	Pride's Corner	Willimantic
Week 6	Wednesday	October 13, 2010	Lyman	Middlefield

Massachusetts League of Community Health Centers



MEDICAL CHART REVIEW – 2009 CHARTS

CHC Name: _____ Review Date: _____

Patient Name: _____ Patient ID: _____

Birth Date: _____ Age: _____

Gender (M, F): _____ Type (M, S): _____ Race/Ethnicity: _____

Clinical Measure Recorded in CRVFHP Database if DM or HTN: _____

of 2009 Visits – CHC Records: _____

First medical visit in review period: _____ Last medical visit in review period: _____

of visit(s) by type Routine [] Follow-Up [] Urgent []

of visit(s) by location: CHC [] Camp/Farm [] UNK [] Other, specify: _____

Comment Section: _____

SECTION 1: PREVENTIVE CARE:

Physical exam Y [] N []
 History taken ever Y [] N []

Updated immunizations:

Tetanus, diphtheria, pertussis (Td/Tdap) Y [] N [] NA [] R [] PDNK []
 Human papillomavirus (HPV) Y [] N [] NA [] R [] PDNK []
 Measles, mumps, rubella (MMR) Y [] N [] NA [] R [] PDNK []
 Varicella Y [] N [] NA [] R [] PDNK []
 Influenza Y [] N [] NA [] R [] PDNK []
 Pneumococcal (polysaccharide) Y [] N [] NA [] R [] PDNK []
 Hepatitis A Y [] N [] NA [] R [] PDNK []
 Hepatitis B Y [] N [] NA [] R [] PDNK []
 Meningococcal Y [] N [] NA [] R [] PDNK []
 Zoster Y [] N [] NA [] R [] PDNK []

Cancer screening:

Breast (mammogram) Y [] N [] NA [] R []
 Cervical (pelvic) Y [] N [] NA [] R []
 Cervical (pap) Y [] N [] NA [] R [] E []
 Colorectal Y [] N [] NA [] R []
 Testicular & Prostate Y [] N [] NA [] R []
 Skin Y [] N [] NA [] R []

Blood pressure Y [] N [] (If no, skip below)

If Yes:

Date taken: _____ B/P: _____
 Date taken: _____ B/P: _____

Last B/P <130/80 Y [] N []
 Last B/P <140/90 Y [] N []
 If <140/90, referral made: Y [] N []

Body mass index (BMI) Y [] N [] (If no, skip below)

If BMI >25, 10 lb weight loss documented Y [] N [] NA [] UNK []

Lipid profile Y [] N [] NA [] R []
 HIV testing Y [] N [] NA [] R []
 Hepatitis C testing Y [] N [] NA [] R []
 Tuberculosis testing Y [] N [] NA [] R []
 Diabetes screening Y [] N [] NA [] R []
 STD screening Y [] N [] NA [] R []
 Environmental / Occupational health screening Y [] N []
 Sexual / Intimate Violence screening Y [] N []
 Documented Tobacco use Y [] N [] UNK []
If Yes, documentation of counseling Y [] N []

Age, Gender: _____
Clinical Measure: _____

Depression (mental health) screening Y [] N []

In 2008:

Depression (mental health) screening Y [] N []

Dental exam / referral Y [] N [] *(If no, skip below)*

If Yes, dental exam/referral kept Y [] N [] UNK []

In 2008:

Dental exam/referral Y [] N [] *(If no, skip below)*

If Yes, dental exam/referral kept Y [] N [] UNK []

Comment Section: _____

Age, Gender: _____
Clinical Measure: _____

Lipid Profile

Y [] N [] UNK [] (If no or unk, skip below)

If Yes:

Date performed _____ Results: Total Cholesterol _____ LDL _____ HDL _____ Triglyceride _____

Date performed _____ Results: Total Cholesterol _____ LDL _____ HDL _____ Triglyceride _____

Fasting

Y [] N [] UNK []
(If no or unk, skip below)

If Fasting, last LDL < 100

Y [] N [] UNK []

Micro albumin screening

Y [] N []

Retinal referral

Y [] N [] (If no, skip below)

If Yes, retinal referral appointment kept

Y [] N [] UNK []

Podiatry referral

Y [] N [] (If no, skip below)

If Yes, podiatry referral appointment kept

Y [] N [] UNK []

Comment Section: _____

Age, Gender: _____
Clinical Measure: _____

SECTION 3: HYPERTENSION ONLY: Y [] N [] *(If no, skip below)*

Date of Original Dx: _____ # of years (including 2009): _____ Not documented: []

Blood pressure taken Y [] N [] *(If no, skip below)*

If Yes:

Date taken: _____ B/P: _____

Date taken: _____ B/P: _____

Last B/P <140/90 Y [] N []

Lipid Profile Y [] N [] *(If no, skip below)*

If Yes:

Date performed _____ Results: Total Cholesterol _____ LDL _____ HDL _____ Triglyceride _____

Date performed _____ Results: Total Cholesterol _____ LDL _____ HDL _____ Triglyceride _____

Fasting Y [] N [] UNK []

Coronary artery disease (CAD) Y [] N [] *(If no, skip below)*

Date of Original Dx: _____ # of years: _____ Not documented: []

If CAD and LDL documented:

LDL for CAD or CAD risk equivalent or dyslipidemia in 1 year Y [] N [] UNK []

If last fasting, LDL <100 if CAD or CAD risk equivalent Y [] N [] UNK []

Risk of CAD Y [] N [] *(If no, skip below)*

If fasting, LDL <130 if 2 or more risk factors without CAD Y [] N [] UNK []

If fasting, LDL <160 if 0-1 risk factors without CAD Y [] N [] UNK []

Prescription medications patient is currently taking:

Antithrombotic agent prescribed Y [] N []

Aspirin used as an antithrombotic agent Y [] N []

Beta-blocker prescribed Y [] N []

If age 55+, ACE inhibitor prescribed Y [] N []

If age 55+, ARB medication prescribed Y [] N []

Age, Gender: _____
Clinical Measure: _____

Micro albumin screening Y [] N [] *(If no, skip below)*
 If Yes, results 300 µ/mg creatinine (macro albumin) Y [] N [] UNK []

Documentation of self-management goal setting Y [] N []

Comment Section: _____

Age, Gender: _____
Clinical Measure: _____

SECTION 4: DIABETES MELLITUS AND HYPERTENSION: Y [] N [] E [] *(If no or excluded, skip below)*

Date of Original Dx: _____ # of years (including 2009): _____ Not documented: []

HbA1c: Y [] N [] *(If no, skip below)*

Date performed: _____ Results: _____

Date performed: _____ Results: _____

If Yes, Total # HbA1c performed: _____

- Last recorded HbA1c:
- <7% []
 - ≥7% and ≤9% []
 - >9% []
 - Unknown []

Documentation of self-management goal setting Y [] N []

Documentation of patient using glucometer Y [] N []

Documentation of patient keeping nutrition diary Y [] N []

Documentation of nutrition consultation Y [] N []

Blood pressure taken Y [] N [] *(If no, skip below)*

If Yes:

Date taken: _____ B/P: _____

Date taken: _____ B/P: _____

Last B/P <130/80 Y [] N []

Last B/P <140/90 Y [] N []

Lipid Profile Y [] N [] UNK [] *(If no or unk, skip below)*

If Yes:

Date performed _____ Results: Total Cholesterol _____ LDL _____ HDL _____ Triglyceride _____

Date performed _____ Results: Total Cholesterol _____ LDL _____ HDL _____ Triglyceride _____

Fasting Y [] N [] UNK []

Coronary artery disease (CAD) Y [] N [] *(If no, skip below)*

Date of Original Dx: _____ # of years: _____ Not documented: []

If CAD and LDL documented:

LDL for CAD or CAD risk equivalent or dyslipidemia in 1 year Y [] N [] UNK []

If last fasting, LDL <100 if CAD or CAD risk equivalent Y [] N [] UNK []

Age, Gender: _____
Clinical Measure: _____

Risk of CAD Y [] N [] (If no, skip below)
If fasting, LDL <130 if 2 or more risk factors without CAD Y [] N [] UNK []
If fasting, LDL <160 if 0-1 risk factors without CAD Y [] N [] UNK []

Micro albumin screening Y [] N [] (If no, skip below)
If Yes, results 300 µ/mg creatinine (macro albumin) Y [] N [] UNK []

Retinal referral Y [] N [] (If no, skip below)
If Yes, retinal referral appointment kept Y [] N [] UNK []

Podiatry referral Y [] N [] (If no, skip below)
If Yes, podiatry referral appointment kept Y [] N [] UNK []

Prescription medications patient is currently taking:

Antithrombotic agent prescribed Y [] N []
Aspirin used as an antithrombotic agent Y [] N []
Beta-blocker prescribed Y [] N []
If age 40+, statin prescribed Y [] N []
If age 55+, ACE inhibitor prescribed Y [] N []
If age 55+, ARB medication prescribed Y [] N []

Comment Section: _____

street and block traffic.

You have rights if you are detained by immigration authorities.

1. Remember that you have the right to remain silent and do not have to answer any questions until you speak with an attorney.
2. You have a right to an attorney, but the government will not pay for the attorney. Immigration officials must show you a list of free or low-cost legal service.
3. Do not sign any paper unless you have spoken with an attorney. Do not sign any paper if you are unsure about the contents of the paper. You have a right to a translator.
4. If you have not already been ordered deported, you may have a right to a hearing before an immigration judge.
5. If you have a right to a hearing, then you have a right to know the charges filed against you and you have a right to contest these charges.
6. You have the right to speak with your consulate.

MY RIGHTS CARD

I am giving you this card because I do not wish to speak to you or have any further contact with you. I choose to exercise my right to remain silent and to refuse to answer your questions. If you arrest me, I will continue to exercise my right to remain silent and to refuse to answer your questions. I want to speak to a lawyer before answering your questions.



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What to Do if the Police, Immigration or Other Authorities Stop You

You have the right to be free from unlawful searches and seizures.

You have rights as a pedestrian.

What to do if you are approached by the police or immigration agents on the street:

1. You have the constitutional right to remain silent. You have the right to remain silent even if you are asked questions about your immigration status. They cannot arrest you without "probable cause" (a good reason to believe you have committed an offense). Always remember that you have the constitutional right to remain silent, regardless of your immigration status.
2. It's not a crime to refuse to answer questions, but refusing to answer might make the police suspicious about you.

What to do if you are asked to identify yourself:

- If you have valid identification that does not reveal your immigration status, then show it.

- If you think your name or the documents in your possession will place you at risk for arrest, then say you choose to remain silent, and don't show them anything until you speak with a lawyer. Presenting fraudulent documentation is a federal offense and will result in your arrest.
3. If you are approached on the street by an immigration official, the FBI or police, you **MUST** ask if you are free to go. Ask them, "Am I under arrest or am I free to go?" If they say that you are not being arrested, then you are free to walk away.
 4. If you are told that you are under arrest, then you have the right to ask why you are being arrested. Tell the police officer or immigration agent that you do not want to answer any questions until you speak with an attorney.

You have rights in your car.

What to do if the police, immigration or other officials stop you in your car:

1. The officer must have "probable cause" (a good reason that criminal activity or traffic violation is happening) to stop the car, but they may stop the car in a routine stop.

2. You should never drive without a valid driver's license.
3. If you are driving and you are stopped, then you must show your driver's license, proof of registration and insurance.
4. You do not have to answer questions about your immigration status or any other questions. If asked, tell the officer you wish to remain silent.
5. You do not have to allow the police to search your car unless they have probable cause (a good reason that there is criminal activity happening). If they ask, **DO NOT** let them search the car because they can legally search the car with your consent.

You have rights in your home.

What to do if immigration agents, the police or housing inspectors come to your house:

1. Do **NOT** let anyone from the government (police, immigration or housing inspectors) in your house without a warrant (an official authorization).
2. If there is a warrant, **ASK TO SEE IT**, but do not open the door.
3. When you see the warrant, make sure that your name

and address are on the warrant.

4. If there is a warrant from an immigration officer, then you have the right to not allow the officers in your home. **GO OUTSIDE** to see the officers, especially if there are other people in the house with immigration problems.
5. If the officers do **NOT** have a warrant, then do **NOT** let them into your house.
6. If they enter your house without a warrant, then make it clear that you do not consent to the search.
7. **ALWAYS** get the names of the officers and their badge numbers if you can.

You have rights when you are at work.

What to do if immigration agents come to your place of work:

1. Immigration officers are not allowed to check your work records or documents at your job without a warrant.
2. If an immigration officer approaches you at work, you do not have to answer any questions. Tell the officer that you wish to remain silent and if the officer asks you for your papers, tell the officer that you wish to speak with your lawyer.

3. If you are a member of a union, your union should let you know if immigration officials are coming to look for you.

You have the right to solicit for work.

1. You have the right to talk about work or to look for work with a contractor or anyone else in a public space protected by the First Amendment to the United States Constitution.
2. You have the right to stand and gather on public property as long as you are obeying the law and not blocking street traffic or creating a safety problem for yourself, other pedestrians or drivers.
3. You **DO NOT** have the same right to solicit for work on private property and could be arrested for trespassing, which would have criminal or financial penalties.
4. Here are some tips for avoiding contact with law enforcement:
 - Keep the sidewalk clean of trash.
 - Always leave space for passers-by on sidewalks.
 - Be respectful of those around you.
 - Make sure that you abide by all pedestrian laws, cross the street in designated areas and do not stand in the

- c. respete a los que lo rodean
- d. siga todas las leyes peatonales, cruce la calle en áreas señaladas y no se pare en medio de la calle ni impida el tráfico.

Usted tiene derechos si autoridades de inmigración lo detiene

- Recuerde que usted tiene el derecho de permanecer callado y no tiene que contestar preguntas hasta que usted hable con un abogado.
- Usted tiene el derecho de hablar con un abogado. Aunque el gobierno no pagará su abogado, los agents de inmigración deben de enseñarle una lista de abogados que prestan su servicio gratis o a un bajo costo.
- No firme ningún papel al menos de que usted ya haya hablado con un abogado.
- No firme ningún papel si usted esta inseguro de su contenido. Usted tiene el derecho a un traductor.
- Si no han pedido su deportación anteriormente, usted tiene el derecho a una audiencia judicial ante un juez de inmigración.
- Si usted tiene el derecho a una audiencia, usted tambien tiene el derecho a saber de qué lo acusan y disputar estos cargos.
- Usted tiene el derecho de hablar con su consulado.

MI TARJETA de DERECHOS

Le entrego esta tarjeta porque no deseo hablarle o tener contacto adicional con usted. Elijo ejercer mi derecho de guardar silencio y de no contestar sus preguntas. Si usted me arresta, continuaré ejerciendo mi derecho de guardar silencio y de no contestar sus preguntas. Deseo hablar con un abogado antes de contestar sus preguntas

MY RIGHTS CARD

I am giving you this card because I do not wish to speak to you or have any further contact with you. I choose to exercise my right to remain silent and to refuse to answer your questions. If you arrest me, I will continue to exercise my right to remain silent and to refuse to answer your questions. I want to speak to a lawyer before answering your questions.



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Qué hacer si la policía, inmigración u otras autoridades lo detienen:

Usted tiene el derecho a no sufrir registros o detenciones ilegales.

¿Qué debe hacer si un agente de inmigración o de la policía lo para en la calle?

1. Usted tiene el derecho constitucional de guardar silencio. Usted tiene el derecho de guardar silencio aun si lo interrogan sobre su estado migratorio. Usted no puede ser arrestado sin una "causa probable" (una buena razón de creer que usted a cometido un delito). Recuerde que usted tiene el derecho constitucional de guardar silencio, sin importar su estado migratorio.
 2. No es un delito negarse a contestar preguntas, aunque el negarse puede causar que sospechen de usted.
- ¿Qué hacer si le piden identificación?:**
- Si tiene una identificación válida, que no revele su estado migratorio, preséntela.

- c. respete a los que lo rodean
- d. siga todas las leyes peatonales, cruce la calle en áreas señaladas y no se pare en medio de la calle ni impida el tráfico.

Usted tiene derechos si autoridades de inmigración lo detiene

- Recuerde que usted tiene el derecho de permanecer callado y no tiene que contestar preguntas hasta que usted hable con un abogado.
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- Si no han pedido su deportación anteriormente, usted tiene el derecho a una audiencia judicial ante un juez de inmigración.
- Si usted tiene el derecho a una audiencia, usted tambien tiene el derecho a saber de qué lo acusan y disputar estos cargos.
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- ¿Qué hacer si le piden identificación?:**
- Si tiene una identificación válida, que no revele su estado migratorio, preséntela.

- Si usted piensa que los documentos en su posesión lo pone en riesgo de ser detenido, usted puede elegir guardar silencio y negarse a presentar documentos sin haber hablado con un abogado. Presentar documentos falsos es un delito federal y podría causar su detención.
- 3. Si la policía, el FBI o un agente de inmigración se le acerca en la calle es necesario que usted le pregunte si es libre de irse. Usted DEBE preguntar, "estoy siendo detenido libre de irse." Si le dicen que no está siendo arrestado entonces usted está libre de seguir caminando.
- 4. Si le dicen que usted está siendo detenido, entonces usted tiene el derecho de preguntar por qué lo están arrestando. Dígale al oficial de la policía o al agente de inmigración que usted no desea contestar ninguna pregunta hasta no hablar con un abogado.
- 5. El oficial debe tener una "causa probable" para parar su coche, aunque pueden parar su coche en una parada rutinaria.
- 6. Usted nunca debe conducir un coche sin una licencia

Usted tiene derechos en su coche.

- Si usted está conduciendo y lo paran, debe presentar su licencia, la prueba de registro y el seguro de conductor.
- 3. Si usted está conduciendo y lo paran, debe presentar su licencia, la prueba de registro y el seguro de conductor.
- 4. Usted no tiene que contestar preguntas sobre su estado migratori o ninguna otra pregunta. Si le piden esta información, dígame al oficial que usted desea guardar silencio.
- 5. Usted no tiene que permitir que la policía registre su coche a menos de que tengan una "causa probable". Si le piden su permiso para registrar su coche, simplemente no lo de. Agentes pueden legalmente revisar su coche con su consentimiento.
- 6. No le permita la entrada a cualquier persona del gobierno (policía, inmigración o inspectores) sin una "orden de registro" o una "orden de arresto".
- 7. Si hay una orden de registro o de arresto, entonces PIDA VERLA, pero no abra la puerta.
- 8. Cuando usted vea la orden de registro or de arresto, asegúrese de que su nombre y dirección estén en la orden y de que esté firmada por un juez.

Usted tiene derechos en su hogar

- 4. Si hay una orden de un oficial de inmigración, entonces usted tiene el derecho de negarles la entrada a los oficiales. SALGA FUERA DE SU CASA a hablar con los oficiales, especialmente si hay otras personas en la casa con problemas de inmigración.
- 5. Si los oficiales no tienen una orden, no los deje entrar a su casa.
- 6. Si entran a su casa sin una orden de registro o de arresto, de inmediato hágale saber al oficial que usted no está dando su consentimiento al registro.
- 7. SIEMPRE obtenga los nombres de los oficiales y sus números de placa, si usted puede.
- 8. Usted tiene el derecho de hablar sobre empleo, entonces usted tiene el derecho de negarles la entrada a los oficiales. SALGA FUERA DE SU CASA a hablar con los oficiales, especialmente si hay otras personas en la casa con problemas de inmigración.
- 9. Si los oficiales no tienen una orden, no los deje entrar a su casa.
- 10. Si entran a su casa sin una orden de registro or de arresto, de inmediato hágale saber al oficial que usted no está dando su consentimiento al registro.
- 11. SIEMPRE obtenga los nombres de los oficiales y sus números de placa, si usted puede.
- 12. Usted tiene el derecho de hablar sobre empleo, entonces usted tiene el derecho de negarles la entrada a los oficiales. SALGA FUERA DE SU CASA a hablar con los oficiales, especialmente si hay otras personas en la casa con problemas de inmigración.
- 13. Agentes de inmigración no tienen el derecho de revisar sus documentos en el trabajo sin una orden de arresto o de registro.
- 14. Si un oficial de inmigración se le acerca en el trabajo, usted no tiene que contestar sus preguntas. Dígale al oficial que usted desea guardar silencio. Si el oficial le pide sus papeles, informele que usted desea hablar con su abogado.

Usted tiene derechos en el trabajo.

- 3. Si usted es un miembro de una unión/ sindicato, su unión debe dejarte saber si los funcionarios de inmigración lo están buscando.
- 4. Usted tiene el derecho de hablar sobre empleo, entonces usted tiene el mismo derecho de solicitar empleo en un lugar privado. Esto puede causar su arresto, y podría significarle penas criminales o multas.
- 5. Aquí están algunos puntos que le evitarán contacto con oficiales:
- 6. Mantenga la acera limpia
- 7. Permita espacio para otros peatones

Usted tiene el derecho de solicitar empleo

- 3. Si usted es un miembro de una unión/ sindicato, su unión debe dejarte saber si los funcionarios de inmigración lo están buscando.
- 4. Usted tiene el derecho de hablar sobre empleo, entonces usted tiene el mismo derecho de solicitar empleo en un lugar privado. Esto puede causar su arresto, y podría significarle penas criminales o multas.
- 5. Aquí están algunos puntos que le evitarán contacto con oficiales:
- 6. Mantenga la acera limpia
- 7. Permita espacio para otros peatones

- Si usted piensa que los documentos en su posesión lo pone en riesgo de ser detenido, usted puede elegir guardar silencio y negarse a presentar documentos sin haber hablado con un abogado. Presentar documentos falsos es un delito federal y podría causar su detención.
- 3. Si la policía, el FBI o un agente de inmigración se le acerca en la calle es necesario que usted le pregunte si es libre de irse. Usted DEBE preguntar, "estoy siendo detenido libre de irse." Si le dicen que no está siendo arrestado entonces usted está libre de seguir caminando.
- 4. Si le dicen que usted está siendo detenido, entonces usted tiene el derecho de preguntar por qué lo están arrestando. Dígale al oficial de la policía o al agente de inmigración que usted no desea contestar ninguna pregunta hasta no hablar con un abogado.
- 5. El oficial debe tener una "causa probable" para parar su coche, aunque pueden parar su coche en una parada rutinaria.
- 6. Usted nunca debe conducir un coche sin una licencia

Usted tiene derechos en su coche.

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- 3. Si usted está conduciendo y lo paran, debe presentar su licencia, la prueba de registro y el seguro de conductor.
- 4. Usted no tiene que contestar preguntas sobre su estado migratori o ninguna otra pregunta. Si le piden esta información, dígame al oficial que usted desea guardar silencio.
- 5. Usted no tiene que permitir que la policía registre su coche a menos de que tengan una "causa probable". Si le piden su permiso para registrar su coche, simplemente no lo de. Agentes pueden legalmente revisar su coche con su consentimiento.
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- 5. Si los oficiales no tienen una orden, no los deje entrar a su casa.
- 6. Si entran a su casa sin una orden de registro or de arresto, de inmediato hágale saber al oficial que usted no está dando su consentimiento al registro.
- 7. SIEMPRE obtenga los nombres de los oficiales y sus números de placa, si usted puede.
- 8. Usted tiene el derecho de hablar sobre empleo, entonces usted tiene el derecho de negarles la entrada a los oficiales. SALGA FUERA DE SU CASA a hablar con los oficiales, especialmente si hay otras personas en la casa con problemas de inmigración.
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- 11. SIEMPRE obtenga los nombres de los oficiales y sus números de placa, si usted puede.
- 12. Usted tiene el derecho de hablar sobre empleo, entonces usted tiene el derecho de negarles la entrada a los oficiales. SALGA FUERA DE SU CASA a hablar con los oficiales, especialmente si hay otras personas en la casa con problemas de inmigración.
- 13. Agentes de inmigración no tienen el derecho de revisar sus documentos en el trabajo sin una orden de arresto o de registro.
- 14. Si un oficial de inmigración se le acerca en el trabajo, usted no tiene que contestar sus preguntas. Dígale al oficial que usted desea hablar con su abogado.

Usted tiene derechos en el trabajo.

- 3. Si usted es un miembro de una unión/ sindicato, su unión debe dejarte saber si los funcionarios de inmigración lo están buscando.
- 4. Usted tiene el derecho de hablar sobre empleo, entonces usted tiene el mismo derecho de solicitar empleo en un lugar privado. Esto puede causar su arresto, y podría significarle penas criminales o multas.
- 5. Aquí están algunos puntos que le evitarán contacto con oficiales:
- 6. Mantenga la acera limpia
- 7. Permita espacio para otros peatones

Usted tiene el derecho de solicitar empleo

- 3. Si usted es un miembro de una unión/ sindicato, su unión debe dejarte saber si los funcionarios de inmigración lo están buscando.
- 4. Usted tiene el derecho de hablar sobre empleo, entonces usted tiene el mismo derecho de solicitar empleo en un lugar privado. Esto puede causar su arresto, y podría significarle penas criminales o multas.
- 5. Aquí están algunos puntos que le evitarán contacto con oficiales:
- 6. Mantenga la acera limpia
- 7. Permita espacio para otros peatones

FACILITY LIST - Population Data as of August 15, 2009; Source: IIDS, August 24, 2009

• **Facilities Types**

CDF - Contract Detention Facility: a facility that is owned and operated by a private company and contracted directly with ICE

CDF* - Varick Street is a government owned property with contracted detention services.

IGSA - Inter-governmental Service Agreement: a facility operated under the management of state and local government(s).

SPC - Service Processing Center: a facility that is owned by ICE and operated by a combination of federal and contract employees

NAME	ADDRESS	CITY	COUNTY	ST	ZIP	AOR	TYPE 1	Over/ Under 72
SUFFOLK COUNTY HOUSE OF CORRECTIONS	20 BRADSTON STREET	BOSTON	SUFFOLK	MA	02118	BOS	IGSA	Over 72
PLYMOUTH COUNTY CORRECTIONAL FACILITY	10 OBERY HEIGHTS -ADMINISTRATION	PLYMOUTH	PLYMOUTH	MA	02360	BOS	IGSA	Over 72
BRISTOL CNTY NDARTMOUTH	DARTMOUTH HOUSE OF CORRECTIONS	NORTH DARTMOUTH	BRISTOL	MA	02747	BOS	IGSA	Over 72
FRANKLIN COUNTY HOUSE OF CORRECTIONS	160 ELM STREET	GREENFIELD	FRANKLIN	MA	01301	BOS	IGSA	Over 72
NORFOLK COUNTY	200 WEST STREET	DEDHAM	NORFOLK	MA	02026	BOS	IGSA	Over 72
ESSEX CO. JAIL, MIDDLETON	ESSEX COUNTY HOUSE OF CORRECTION	MIDDLETON	ESSEX	MA	01949	BOS	IGSA	Over 72
YORK CORR INST	201 WEST MAIN STREET	NIANTIC	NEW LONDON	CT	06357	BOS	IGSA	Over 72
LAFAYETTE SHERIFFS LOCK	101 LAFAYETTE STREET	HARTFORD	HARTFORD	CT	06106	BOS	IGSA	Under 72

Wednesday

February 2

7:00 a.m. - 5:00 p.m.

Registration Open

8:00 am - 12:00 N

[PLANET Certification Exams](#)

advance registration required

8:00 a.m. - 5:00 p.m.

C. Pine & Associates Meeting

8:00 a.m. - 5:00 p.m.

John Deere Meeting

8:00 a.m. - 3:30 p.m.

Garden Center Success! at New England Grows

advance registration required



9:00 a.m. - 10:00 a.m.

The Other Side of the Fence: Tricks of the Trade from a Major League Groundskeeper

[David Mellor](#), Director of Grounds & Sports Turf Consultant, Fenway Park, Boston, Massachusetts

CEU
NE NJ NY

Extreme Low Maintenance Perennials

[Kerry Ann Mendez](#), Owner, Perennially Yours, Ballston Spa, New York

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LA LD NOFA

Putting Biocontrols to Work in the Greenhouse

[Roger McGaughey](#), Head Grower Michael's Greenhouses, Cheshire, Connecticut

CEU
NE NJ NY NOFA

Guidance-to-Go: Consultation as a Profit Center

[C.L. Fornari](#), Garden Communicator & Consultant, GardenLady.com Sandwich, Massachusetts

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NOFA

10:00 a.m. - 5:00 p.m.

Exposition Open

11:00 a.m. - 12:00 noon

Top 10 Herbaceous Perennial Diseases in the Northeast

[Ann R. Chase](#), President/Plant Pathologist, Chase Horticultural Research, Mt. Aukum, California

CEU
NE NJ NY

11:00 a.m. - 12:30 p.m.

Suburban Force: What Really Brought Americans to the Suburbs & Why It Matters Now More Than Ever

[John R. Stilgoe](#), Orchard Professor in the History of Landscape, Harvard University, Cambridge, Massachusetts

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12:00 noon - 1:00 pm

Massachusetts Association of Lawn Care Professionals Meeting

2:00 p.m. - 3:00 p.m.

The Latest Developments in Weed Management

[Andy Senesac, Ph.D.](#), Weed Science Specialist, Cornell University Cooperative Extension of Suffolk Co., Riverhead, New York

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Sustainable Solutions: Leading by Example

[Candy P. Traven & Lloyd R. Traven](#), Owners/Partners, Peace Tree Farm, Kintnersville, Pennsylvania

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2:00 p.m. - 3:30 p.m.	Exploring The High Line: Inspirations and Aspirations for the Urban Landscape Patrick Cullina , Vice President of Horticulture & Park Operations, Friends of the High Line, New York, New York	CEU LA LD
	Communication Skills: The Key to Customer Service & Satisfaction Richard S. Gallagher , President, Point of Contact Group, Ithaca, New York	CEU NOFA
4:30 p.m. - 6:00 p.m.	Massachusetts Association of Landscape Professionals Reception <i>by invitation</i>	
5:00 p.m.	Exposition Closes (reopens Thursday at 8:00 a.m.)	
5:00 p.m. - 7:00 p.m.	New Hampshire Green Industry Educators & Professionals Reception	

Thursday

February 3

7:00 a.m. – 5:00 p.m.	Registration Open	
7:00 a.m. – 8:00 a.m.	Jump Start Café	
8:00 a.m. – 5:00 p.m.	Exposition Open	
8:00 a.m. – 5:00 p.m.	John Deere Meeting	
8:00 a.m. – 8:30 a.m.	Massachusetts Certified Landscape Professionals Program	
8:00 a.m. – 1:00 p.m.	Irrigation Association of New England Seminars	
8:00 a.m. – 2:00 p.m.	Certified Snow and Ice Professional Examination <i>advance registration required</i>	
8:00 a.m. – 5:00 p.m.	Pleasant View Meeting	
9:00 a.m. – 10:00 a.m.	What's Ahead for Insect Pest Management Whitney Cranshaw , Professor & Extension Specialist, Colorado State University, Ft. Collins, Colorado	CEU NE NJ NY
	Revisions to Current Planting Methods & Bare Root Transplanting Matthew R. Foti, MCA , Owner, Matthew R. Foti, Landscape & Tree Service, Lexington, Massachusetts	CEU ISA NOFA
	Native Plants: A Changing Landscape Paradigm Doug Tallamy , Professor and Chair, University of Delaware, Oxford, Pennsylvania	CEU LA LD NOFA

The Essentials of Woody Plant Identification

[Jack Ahern, Ph.D., FASLA](#), Professor of Landscape Architecture, University of Massachusetts, Amherst, Massachusetts

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ISA NOFA

9:30 a.m. – 10:30 a.m.

Olmstead Center for Landscape Preservation Meeting

10:00 a.m. – 11:00 a.m.

Dig Safe® Meeting

Massachusetts Division of Occupational Safety Meeting

11:00 a.m. – 12:00 noon

Spray Application in the Nursery: Cutting Edge Research

[Randy Zondag](#), Commercial Horticulture Educator and Director, Ohio State University Extension – Lake County, Painesville, Ohio

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11:00 a.m. – 12:30 p.m.

Artscaping: The Design and Installation of Land-Made Sculpture

[Dan Snow](#), Dry Stone Waller, Artist, Writer, In the Company of Stone, Dummerston, Vermont

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11:30 a.m. – 1:00 p.m.

Massachusetts Nursery & Landscape Association Annual Meeting *by invitation – advance registration required*

11:30 a.m. – 2:00 p.m.

Garden Writers Association Luncheon *by invitation*

12:00 noon – 1:00 p.m.

Association of Professional Landscape Designers

CEU
NOFA

MeetingOrganic Land Care Program Meeting

1:00 p.m. – 2:00 p.m.

Massachusetts Flower Growers Meeting *by invitation*

2:00 p.m. – 3:00 p.m.

Advances in Environmentally Responsible Grasses

[Albert Kausch, Ph.D.](#), Professor of Cell and Molecular Biology, University of Rhode Island, Kingston, Rhode Island

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Yankee Ingenuity: Growing a Design Practice in New England

[Stephen Stimson, FASLA](#), Owner, Stephen Stimson Associates Landscape Architects, Falmouth, Massachusetts

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2:00 p.m. – 3:30 p.m.

Promising Perennials

[David L. Culp](#), Sales & New Plant Research, Sunny Border Nurseries, Downingtown, Pennsylvania

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Lean Management for Wholesale Nurseries

[Gerson "Gary" Cortes](#), Partner, FlowVision, Dillon, Colorado

5:00 p.m.

Exposition Closes (reopens Friday at 8:00 a.m.)

5:00 p.m. – 7:00 p.m.

The Landscape Institute Reception

5:00 p.m. – 8:00 p.m.

Stockbridge School and UMass Alumni Reception

Friday

February 4

7:00 a.m.– 3:00 p.m.

Registration Open

7:00 a.m. – 8:00 a.m.

Jump Start Café

7:30 a.m. – 8:30 a.m.

New England Nursery Association Annual Meeting
by invitation

8:00 a.m. – 3:00 p.m.

Exposition Open

8:00 a.m. – 5:00 p.m.

John Deere Meeting

9:00 a.m. – 10:00 a.m.

IPM & EAB: The Straight Scoop[Michael J. Raupp, Ph.D.](#), Professor and Extension Specialist, University of Maryland, College Park, MarylandCEU
NE NJ NY ISA**Integrating Edibles Into the Ornamental Landscape**[Eric Toensmeier](#), Author, PerennialSolutions.org, Holyoke, MassachusettsCEU
LA LD NOFA**Harnessing the Power of Cranes for Large Tree Removal**[Todd Kramer, ISA](#), Director of Field Operations & Education, Kramer Tree Specialists, West Chicago, IllinoisCEU
CT&P ISA NOFA**Online Marketing: Driving Word of Mouth with your Website, Social Media, and Email**[Lindy Drever](#), Chief Social Media Marketer, SocialFish, Washington, DCCEU
NOFA

9:00 a.m. – 12:00 noon

Massachusetts Certified Horticulturist Examination
advance registration required

10:00 a.m. – 11:00 a.m.

U.S. Department of Labor/OSHA Meeting

11:00 a.m. – 12:00 noon

Wetting Agents: Important Tools for Fighting Turf Disease & Drought[Nathaniel Mitkowski](#), Associate Professor of Plant Pathology, The University of Rhode Island, Kingston, Rhode IslandCEU
NJ NY

11:00 a.m. – 12:30 p.m.

The Fusion Between Great Plantsmanship and Great Landscape Architecture: A Novel Idea[Richard Hartlage](#), Associate Principal, AHBL, Inc., Tacoma, WashingtonCEU
LA LD

2:00 p.m. – 3:00 p.m.

New Pests, New Strategies: Invasive Insect Species in the Northeast[Robert D. Childs](#), Extension Entomologist, University of Massachusetts, Amherst, MassachusettsCEU
NE NJ NY ISA

2:00 p.m. – 3:00 p.m.

Growing Your Business Through Email Marketing[Corissa St. Laurent](#), Regional Development Director, Constant Contact, Inc., Waltham, MassachusettsCEU
NOFA

2:00 p.m. – 3:30 p.m.

Advancements in Ecological Landscape Design

[Chuck Carberry](#), President, Ecotope Environmental Services, Providence, Rhode Island

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Advanced Climbing & Rigging Techniques

[Mark Chisholm](#), 3-Time ISA International Tree Climbing Champion & Certified Arborist, Director of Field, Aspen Tree Expert Co., Jackson, New Jersey

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CTSP ISA NOFA

3:00 p.m.

Exposition Closes

CEU Continuing Education Key

CTSP Certified Treecare Safety Professional

ISA International Society of Arboriculture

LA American Society of Landscape Architects LA CES PDH

LD Association of Professional Landscape Designers

NE Connecticut, Maine, Massachusetts, New Hampshire, Hampshire, Rhode Island, Vermont pesticide bureaus

NJ New Jersey pesticide bureau

NY New York pesticide bureau

NOFA Northeast Organic Farming Association

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Massachusetts Arborists Association

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Massachusetts League of Community Health Centers



Date	Comment	Location
Jan. 18, 2011	CRVFHP Update Meeting: 10-11:45 am Advisory Board mtg: 12-2pm	CHC of Enfield, Enfield, CT
Feb. 15, 2011	Uniform Data System (UDS) Initial Submission Deadline	--
Feb. 16, 2011	MCR to be started; RFP Released – 3½ weeks to complete	--
Feb. 22, 2011	CRVFHP Update / RFP Conference Call: 10am-12pm	Conference call
Mar. 4, 2011	RFP Due	--
Mar. 15, 2011	CRVFHP Update Meeting: 10am-12pm	CHCE, Enfield, CT
Mar. 23-27, 2011	NACHC Policy & Issues Forum	Washington, DC
Mar. 31, 2011	UDS Final Submission Deadline; RFP Awards Announced	--
Apr. 19, 2011	CRVFHP Update Meeting: 10-11:45 am (H Callahan to guest speak) Advisory Board mtg: 12-2pm	Caring HC, Springfield, MA
May 11-13, 2011	MA League of CHCs Community Health Institute; National Farmworker Health Conference	Hyannis, MA; Delray Beach, FL
May 17, 2011	CRVFHP MSFW Eligibility Training: 9-10am CRVFHP Update Meeting: 10am-12pm	Hispanic HC, Hartford, CT
June 2011 (21?)	CRVFHP Update Meeting: 11:45am-12:45pm - to correlate with UConn Symposium from 8:30am-3:30pm	UConn Medical School, Farmington, CT
July 19, 2011	CRVFHP Update Meeting: 10-11:45 am Advisory Board mtg: 12-2pm	Caring HC, Springfield, MA
Aug. 9, 2011	CRVFHP Update Meeting: 10am-12pm	CHS, Hartford, CT
Aug. 26-30, 2011	NACHC Community Health Institute & Expo	San Diego, CA
Sept. 20, 2011	CRVFHP Update Meeting: 10am-12pm	BHC, Springfield, MA
Oct. 18, 2011	CRVFHP Update Meeting: 10-11:45 am Advisory Board mtg: 12-2pm	Caring HC, Springfield, MA
Oct 18, 2011	CRVFHP MSFW Patient Satisfaction Focus Group	TBD
Oct., 2011 TBD	East Coast Migrant Stream Forum	<i>New England?</i>
Oct., 2011 TBD	New England Rural Health RoundTable Symposium	--
Nov. 15, 2011	CRVFHP Update Meeting: 10am-12pm	Holyoke HC, Holyoke, MA
Dec. 13, 2011	CRVFHP Update Meeting: 10am-12pm	EHCHC, East Hartford, CT
2012 CRVFHP Monthly Meetings: TO BE DETERMINED		

Also, check www.massleague.org and Click on 'Calendar of Events' for any changes to meeting schedule.