STATE OF MARYLAND
Community Health Resources Commission
45 Calvert Street, Room 336 • Annapolis, Maryland 21401
Larry Hogan, Governor - Boyd Rutherford, Lt. Governor
Edward J. Kasemeyer, Chair – Mark Luckner, Executive Director

UPDATE June 29, 2022
Unique Patient Identifier and Demographic Information to be Collected & Definition of Patients Served

Unique Participant/Patient Identifier and Demographic Information to be Collected

The CHRC requires that all nine Pathways grantees use a clearly defined intake process that ensures that all standardized data required for grant reporting (e.g., race, ethnicity, gender) and necessary to create a unique participant/patient identifier, is consistently followed for collecting and documenting this data. An intake process that meets these requirements will facilitate the reporting of the number of unique individuals served by the grantees to the CHRC. If Pathways grantees have already developed a standard participant enrollment and/or patient intake/assessment form, please forward a copy of the form to CHRC and CRISP for review.

As a requirement to receive CHRC funding, Pathways grantees will be required to: (1) Submit a participant/patient enrollment, intake/assessment form or similar documentation method for review by the CHRC and CRISP; (2) Collect and report race/ethnicity and other required demographic data; and (3) Develop a robust system for collecting and reporting the number of unduplicated individuals who receive grant services. It is understood that participants may receive a number of services from multiple partners under the program, but it is critical and required that grantees develop and implement a system to report the total number of unduplicated individuals served by the program as a whole.

Definition of Individuals (Participants/Patients) Served

In addition to requiring Pathways grantees to follow a clearly defined intake process that facilitates collection of required standardized data measures, the CHRC will also require Pathways grantees to use a standard/universal definition of individuals being "served." This definition (below) is designed to reflect the variety of community outreach, interventions, and activities in the 9 Pathways projects.

Definition. An individual (a participant/patient, as identified through use of a standardized intake assessment form or other reliable data collection and documentation method) that receives services, such as clinical health services and/or Social Determinants of Health (SDOH) services that include, but are not limited to:

- Transportation
- Addressing food insecurity
- Legal services
- Stable housing

The key is that the program 1) establishes an ongoing relationship; 2) ensures that the participant/patient receives the services in order to be "counted"; and 3) all individuals recorded under the "number of **unduplicated** individuals who receive grant funded services (all project components) measure are included in the panels uploaded to CRISP.

If an individual receives health education and/or screenings, the individual **must** be referred to clinical health services or SDOH service partners for ongoing case management/ongoing services in order to be "counted" as an individual (participant/patient) served.

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For example, if the lead grantee or partners provide navigation or community outreach, screen individuals for services (clinical or SDOH), and refer these individuals for services (clinical or SDOH), the program must be able to document that these individuals in fact received the services (i.e., a documented outcome). A "closed" referral in this case means that the referred individual has established care with a healthcare provider or has engaged with a partnering community based organization or agency and obtained the needed services (e.g., housing support, healthcare coverage).

When these referrals are made to a community-based partner organization or agency, the **lead grantee** will need to ensure that the necessary data sharing/data use agreements are in place and the partnering entity has the ability to securely report this service information back to the lead grantee.

Providing health education and/or screenings, but not establishing an ongoing relationship with the individual that results in care coordination and the receipt of actual services, will not be considered as receiving services based on CHRC requirements. If an individual (participant/patient) is "counted" as receiving services, the grantee must be able to collect the demographic information necessary to ensure that the individual is not "double counted" in the total number of unique participants/patients served.

(NOTE: for SDOH services provided to "unduplicated individuals served" the grantee and/or the community based partner organization will report the outcome(s) related to provision of these services. For example, a participant/patient in need of housing placement services is able to secure stable housing).