**Handbook for**

# ENABLING SERVICES

**Data Collection**
**3rd Edition**



AAPCHO

# Handbook for

# ENABLING SERVICES

## Data Collection
## 3rd Edition

**The New York Academy of Medicine**

**Association of Asian Pacific
Community Health Organizations**

# contents

# Section I.
# GENERAL INSTRUCTIONS

A <u>valid entry</u> must meet the following criteria:



1.  Enabling services are defined as non-clinical services that are specifically linked to a medical encounter or the provision of medical services for a patient at your health center. They are aimed to "enable" your patients to use appropriate medical services available at your health center and to improve health care access and outcomes.

2.  The service must be provided by a staff member or volunteer at your health center. This does **not** include WIC staff housed within your health center, or providers who lease space in your health center but are not considered your employees.

3.  The service must be linked to a patient at your health center. The patient must have a medical record, registration information, or be in a primary care provider's panel.

    This does include: patients who have chosen your health center as their primary care provider through their health plan even if they

have never visited your center.

## EXAMPLES:

| | | |
|---|---|---|
| Conducting a psychosocial screen for pre-natal patients | = | Case Management: Assessment |
| Coordinating a referral to podiatrist as part of diabe-tes treatment plan | = | Case Management: Treatment and Facilitation |
| Arranging a referral to an orthopedist for knee injury | = | Case Management: Referral |
| Collecting information to determine eligibility for Medicaid | = | Financial Counseling/ Eligibility Assistance |
| Educating patient on how to use an inhaler for asthma | = | Health Education |
| Interpreting during a medi-cal encounter | = | Interpretation Services |
| Calling a patient to make an appointment with a pri-mary care provider | = | Outreach Services |
| Providing van service to health center for an ap-pointment | = | Transportation |

# Section II.
# SPECIFIC INSTRUCTIONS

*This part of the handbook includes line-by-line instructions in two sections: 1) "Core Items" that are found on your health center's encounter form, and 2) additional "Fields" that may or may NOT appear on your encounter form, and can be supplied by other health center data sources. Both sections also include optional "Items" or "Fields" that will vary by health center.*

*Please look over each "Item" and "Field" to determine which apply to you.*

## 1. Encounter form Items:

### Item 1.  Service Date
Enter the date that the actual service was provided.

This date should reflect the actual date that the provider interacted with the patient, not necessarily the appointment date, or the date the form is filled out.

### Item 2. Provider ID
Enter the provider ID that has been assigned by your health center.  If you do not have one, put your first and last names in this space.

### Item 3. Patient ID

Enter the patient identification number assigned to the person receiving medical services at your health center.

This may be the same as the medical chart number. If there are two different numbers for Patient ID and chart number, use the ID number that is used for your databases.

If you are providing an enabling service to a family member (e.g., the parent of a child), you must enter the Patient ID number of the actual patient, not the family member.

### Item 4. Patient DOB (Date of Birth)

Enter the Month/Day/Year on which the patient was born.  If you provided services to a family member regarding the patient's health, please fill in the birth date of the patient.

### Item 5. Patient Gender

Please check "M" if the patient is male or "F" if the patient is female.

### OPTIONAL - Item 6a. - Encounter Type

For services that can be provided in different settings, please specify "Face-to-face" if the encounter was face-to-face at your health center, "Telephone" if the encounter was provided over the telephone, or "Off-site" if the service was not provided at your health center.  If the service was provided "Off-site" and over the telephone,

mark "Off-site" only.

For direct transportation providers, "On-site" refers to transportation to any of the health center locations.  If transportation is provided between your health center and another location, such as a specialist office or care facility, check "Off-site." "Telephone" should be checked if the transportation provider arranged transportation for the patient by telephone regardless of whether it is to and from the health center or another location.

**OPTIONAL - Item 6b. Appointment Type**
Check "Scheduled" if the encounter was an appointment scheduled before arriving at the health center, and "Walk-in" if the patient was seen without any appointment.  "Walk-in" includes patients who are referred by a physician or other provider to be seen later the same day.

**OPTIONAL - Item 6c. Scope of Service**
If the service was provided to a group of 2 or more patients, such as a health education class or transportation for more than one patient in one trip, please check "Group".  If the service was provided to one patient only, please check "Individual".

**OPTIONAL - Item 6d. Language Used**
Please indicate whether the enabling service was provided in a language other than English.  If you, the enabling service provider, used English, leave this box blank.  If you used a different language, please specify the language used during the encounter.

However, if you required an interpreter to provide the service, then you should leave the box blank and the interpreter should fill out a separate encounter form.

If you used a language interpretation service (such as AT&T language service), then the service is considered to have been provided in another language. Please note in the space provided that you used a language service and the language that was used.

### Item 7. Enabling Services
During an encounter with a patient during one day, please document all services provided along with the amount of time spent with the patient. You may only document those services that were provided for more than 10 minutes, otherwise do not document. (See Item 8 for more details on coding time.) Although you may provide more than one service per encounter, you cannot provide two services simultaneously.

> EXAMPLE: If you provide Financial Counseling and Health Education, then circle the amount of time for each service.

> EXAMPLE: If you provide a Referral as part of a treatment plan, then this is only Case Management Treatment and Planning. Do not indicate that you provided Case Management Referral.

If you provide a service that does not appear to fall within any of the eight specified categories, use the "Other Enabling Service" category, and briefly describe the service you provided in the space below.  Please do not choose the category that appears to fit the best. Then, circle the number of minutes you spent providing this service.

**Item 8. Time**
For all services less than 10 minutes, do not document.
If you provide enabling services for more than 10 minutes please indicate the amount of actual time you spent providing the service in 10 minute increments.  Time includes only direct patient time and does not include documentation time.

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 EXAMPLE:  If you spend 8 minutes for financial counseling and 30 minutes for Supportive Counseling, circle "30" in the Minutes column for Supportive Counseling only.  Do not document Financial Counseling.

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If you provided a service for over 2 hours, please fill in the time in 10 minute increments in the space provided under "Other."

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 EXAMPLE: If you provided a service for 2 hours and 10 minutes, please fill in 130 minutes.

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To calculate time increments that fall between 10 minute increments, any amount ending in less than or equal to 4, round down, all amounts ending in 5 and more, round up to the nearest 10 minutes.  In some instances, the combination of services may add up to less or more than the actual total time.

EXAMPLE:  If you spent 30 minutes with a patient, and you provided Case Management Assessment for 15 minutes and Case Management Referral for 15 minutes, you circle:

 "20" for Case Management Assessment and "20" for Case Management Referral.

## 2. Enabling Services Definitions:

## CASE MANAGEMENT ASSESSMENT

Non-medical assessment that includes the use of an acceptable instrument measuring socioeconomic, wellness, or other non-medical health status.

| Includes: | Does NOT include: |
|---|---|
| • **New patient assessment** | • Cancer screening |
| • **Achenbach assessment** | • HIV testing |
| • **Psychosocial assessment** | • Spirometry |
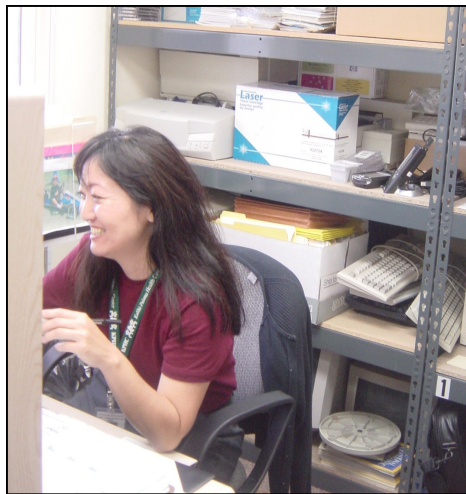
## CASE MANAGEMENT TREATMENT

An encounter with a registered patient or the patient's family member in which the patient's treatment plan is developed or facilitated by a Case Manager. The plan must incorporate the referral to services of multiple providers or health care disciplines. If the service only includes referral to one provider, please use Case Management Referral below.

| Includes: | Does NOT include: |
|---|---|
| • **Crisis intervention, all services** | • Provision of traditional healing services |
| • **Directly observed therapy** | • Family counseling * |
| • **Pharmaceutical management** | • Referral to substance abuse treatment** |

* Note: This should be coded as Health Education/Supportive Counseling if not provided as part of a treatment plan that involves more than one provider.
**This would be Case Management Referral Services if not part of a treatment plan.

## CASE MANAGEMENT REFERRAL

Facilitation of a health-related visit for a registered patient of the center to a health care or social service provider (not otherwise considered under Case Management Treatment and Facilitation).

| Includes: | Does NOT include: |
|---|---|
| • **Creating an appointment with WIC staff** | • Arranging for patient to enter a shelter* |
| • **Arranging for visit to a social worker** | • Helping a patient get an appointment with a job counselor* |
| • **Linkage to traditional healers** | • Linkage to clothing* |

*Note: These services should be entered under the "Other Enabling Services" category.

## ELIGIBILITY ASSISTANCE/ FINANCIAL COUNSELING

Counseling of a patient with financial limitations that results in a submission of a completed application to a sliding fee scale, or health insurance program including Medicaid, Medicare, or pharmaceutical benefits program, or development of a payment plan.

| Includes: | Does NOT include: |
|---|---|
| • **Enrollment in Medicaid managed care plan** | • Referral to an off-site eligibility counselor* |
| • **Development of payment plans** | • Debt counseling* |
| • **Eligibility determination for pharmaceutical program** | • Providing assistance with filling out financial aid forms for college* |
| • **Explaining a medical bill from a hospital** | • Explaining a bill from your own health center** |

* Note: These services should be entered under the "Other Enabling Services" category.
** This is part of routine health center procedures, and is not considered an enabling service.

# HEALTH EDUCATION/
# SUPPORTIVE COUNSELING

Provision of health education or supportive counseling to an individual in which wellness, preventive disease management, or other improved health outcomes are attempted through behavior change methodology.

There are three subgroup codes under Health Education/Supportive Counseling: Health Education - Individual (HE003), Supportive Counseling (HE004), and Health Education Group (HE002).

A health center can choose to report health education/support counseling data separately, using subgroup codes: HE003 (Health Education - Individual), HE004 (Supportive Counseling), and HE002 (Health Education - Group) OR roll all three codes into the broader code, HE001, depending on health center capacity and existing templates.

## HEALTH EDUCATION - INDIVIDUAL

Provision of health education to an individual in which wellness, preventive disease management, or other improved health outcomes are attempted through behavior change methodology.

| Includes: | Does NOT include: |
|---|---|
| • **Providing a patient with diabetes information on nutrition** | • Job counseling* |
| • **Explaining a brochure on breast self -exams** | • Nutrition workshops** |
| | • WIC services* |

Note:
* These services should be entered under the "Other Enabling Services" category.
** These services should be entered as Health Education - Group.

## HEALTH EDUCATION - GROUP

The provision of health education to individuals in a workshop or groups of 2 to 12 people* in which wellness, preventive disease management, or other improved health outcomes are attempted through behavior change methodology.

| Includes: | Does NOT include: |
|---|---|
| • **Prenatal care workshops** | • Parenting workshop* |
| • **Group sessions on smoking cessation** | • GED classes |
| • **Small group sessions for asthma management** | • Nutrition counseling at a health fair to unregistered patients* |

Note:
* Health education provided to more than 12 people should be classified under the "Other Enabling Services" category.

## SUPPORTIVE COUNSELING SERVICES

Counseling sessions for the purpose of providing a supportive environment to discuss a client's concerns of his/her services are not tied specifically to a treatment plan (if yes, services should be coded under Case Management Treatment & Facilitation CM002).

| Includes: | Does NOT include: |
|---|---|
| • **Family counseling for a patient with cancer** | • Job counseling* |
| • **Substance abuse counseling** | • Nutrition workshops** |
| • **Domestic violence counseling** | • WIC services* |

Note:
* These services should be entered under the "Other Enabling Services" category.
** These services should be entered as Health Education - Group.

## INTERPRETATION SERVICES

The provision of interpreter services by a third party (other than the service provider) intended to reduce barriers for a Limited English-Proficient (LEP) patient or a patient with documented limitations in writing or speaking skills that are sufficient to affect the outcome of a medical visit or procedure.

| Includes: | Does NOT include: |
|---|---|
| • **Interpreting between a patient and a health plan representative** | • Interpreting between a patient and homeless shelter personnel* |
| • **Providing sign language during a health education workshop** | • Interpreting GED materials in English to the primary language of a patient* |
| • **Interpreting over the phone for a physician at a hospital and a health center patient** | • Providing health education in Vietnamese** |
| • **Translating medication instructions to primary language** | • Translating an electric bill for a health center patient* |

*Note: These services should be entered under the "Other Enabling Services" category.
** This service should be coded as "Health Education/Supportive Counseling" (and check "Provided in language other than English," if category is available), because the primary service is Health Education.

## OUTREACH SERVICES

Patient services that result in the acceptance of a new patient into a provider's panel who was formerly without a primary care provider at your health center.  Registration information for the patient must be available.

| Includes: | Does NOT include: |
| --- | --- |
| • **A community health fair with a method for resulting in a patient's kept appointment to the health center.** | • A community health fair with a strategy that results in a patient keeping an appointment to the health center |
| • **Assignment of a patient at the health center to a primary care provider** | • Going door-to-door in community, but does not result in an appointment |
| • **Telephone calls to patients to encourage colon cancer screening** | • Telephone calls as part of an awareness campaign to those who are not patients |

## TRANSPORTATION SERVICES

Providing transportation to a registered patient requiring necessary medical care.  Transportation is provided by an employee or contractor of a health center.

| Includes: | Does NOT include: |
| --- | --- |
| • **Van service to and from appointments at the health center** | • Van service to a soup kitchen |
| • **Coordinating car service to off-site specialist appointments** | • Providing reimbursement for taxi fare |
| • **Enrolling patients in a transportation voucher program** | • Handing out transportation tokens |

## OTHER

All other services that reduce access barriers to health care for a registered patient and that do not fall into the above eight categories and are provided by an employee or contractor at the health center.

| Includes: |
| --- |
| • **Child care** |
| • **Housing assistance** |
| • **Parenting workshops** |
| • **Food provision** |

## 3. Patient Information and Other Fields:

*This information may be collected on the encounter form or can be obtained from other data sources. If these items are not present on your encounter form, they do not apply to you, and the following information will be used by data managers only.*

### Field 1. Job Type

Please determine what best describes your job position. If you are an enabling services provider, please indicate whether you have been hired to provide more than one service as a "General Enabling Services Provider," or only one specific service as listed, regardless of what you actually provide. If you do not fall in any of the categories listed, please check "other" and fill-in your title. If your job title does not indicate that you are an enabling services provider, but have a different primary role at the health center, such as a nurse, or a certified or licensed social worker, you should only check the appropriate type as "Nurse" or "Social
Worker- certified or licensed".

EXAMPLE: If you were hired to provide both health education and case management, you should mark "General Enabling Services Provider".

*Very important!* You must always check the SAME job type box on every encounter form you use, unless your actual job title changes or your job title is different on different days.

### Field 2. Patient Zip Code
Please fill in the zip code of the patient's primary residence. If the patient has more than one residence, indicate the location where the patient lives most of the time.

### Field 3. Payor Source
This is the payor responsible for the patient's medical charges. The payor may be a health plan or the individual.

If the patient's payor is a managed care plan, please check "Y" for yes, or "N" for no.

If the patient is eligible to pay by sliding fee scale, please check "Y" if eligible, or "N" if not eligible.

Please check the box appropriate to the carrier of the service. Self-pay includes the uninsured or those who have insurance that is not accepted by your health center. If there is a payor that does not fall into any of these categories, please check the box for "Other" and indicate the source of payment.

### Field 4. Primary Language
Please determine the language in which the patient is most comfortable communicating. If you do not know or cannot determine, check "Other" and fill-in "Unknown". Do not check "Other" and leave blank.

### Field 5. Race/Ethnicity

Please check the box that best describes the race/ethnicity that the patient considers him/herself.  If the patient does not know, check "Other" and fill-in "Unknown". Do not check "Other" and leave blank.

### Field 6. Date of Entry

This field is for data entry staff ONLY.  This is the date that the encounter form is entered into the database.  This is required for reporting purposes.

### OPTIONAL - Field 7a.– Country of Birth

Please check the box that reflects the country of birth of the patient, not his/her residence. If the patient does not know, check "Other" and fill-in "Unknown". Do not check "Other" and leave blank.

### OPTIONAL - Field 7b. – Literacy

Please fill in whether the patient is able to read and/or write in their primary language.  If the patient can read and/or write in his/her primary language, please leave the box blank.

## 4. Sample Encounter Forms

During this encounter, a Case Manager saw a walk-in patient face-to-face on December 15, 2002.  The patient was a 57 year-old female who considers herself Chinese, and her primary language is Mandarin.  She was enrolled in Medicaid managed care, and did not qualify for sliding fee.  The Case Manager performed a psychosocial assessment in Mandarin which took 24 minutes, and then spent 10 minutes translating the instructions for taking her diabetes medications, for a total time of 34 minutes.

**Sample 1.** Sample form with all fields filled in.

**Sample 2.** Sample form with encounter information filled in only.

During another encounter, 3 patients attended a group health education session for diabetes which took 30 minutes. The session was conducted in Mandarin.

**Sample 3.** Sample form for group health education encounters only. Note: "group health education" has a different code from "individual health education."

## Sample 1.

| Service Date 12/15/02 | Provider ID 1001 | Patient ID 123456 | Patient DOB 03/11/1945 | Pt. Gender ☐ M ☒ F | Pt. Zip Code 10013 |
|---|---|---|---|---|---|
| Encounter Type (check only one): | | ☒ Face to Face | ☐ Telephone | | ☐ Off-site |
| Appointment Type (check only one): | | ☒ Scheduled | ☐ Walk-in | | |
| Group or Individual (check only one): | | ☐ Group | ☒ Individual | | |

| Payor Source at time of service (circle) | | | |
|---|---|---|---|
| A. Managed Care ☒ Y ☐ N | | B. Sliding Fee ☐ Y ☒ N | |

| C. Carrier at time of service (check only one) | | |
|---|---|---|
| ☒ Medicaid | ☐ Medicare | ☐ Other Public including Non-Medicaid CHIP |
| ☐ Private | ☐ Self-pay | ☐ Other (please specify): |

**D. Primary Language (check only one)**

☐ English ☒ Mandarin ☐ Vietnamese ☐ Hmong ☐ Samoan ☐ Visayan ☐ Cantonese ☐ Spanish ☐ Other Chinese ☐ Japanese ☐ Tagalog ☐ Khmer ☐ Tibetan ☐ Other (please specify): ☐ Korean ☐ Thai ☐ Laotian ☐ Tongan

**E. Race/Ethnicity (check only one)**

☐ Asian Indian/ South Asian ☒ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian/ Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ American Indian/ Alaskan Native ☐ White ☐ Hispanic/ Latino ☐ Black/ African American ☐ Mixed – AAPI ☐ Mixed – Other ☐ Other (Please specify):

**F. ENABLING SERVICE**

| F. ENABLING SERVICE | CODE | MINUTES (Circle one or specify in Other if > 120 minutes) | | | | | | | | | | | | Other |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case Management – Assessment | CM001 | 10 | ⟨20⟩ | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Case Management – Treatment and Facilitation | CM002 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Case Management – Referral | CM003 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Financial Counseling/ Eligibility Assistance | FC001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Health Education/ Supportive Counseling | HE001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Interpretation Services | IN001 | ⟨10⟩ | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Outreach Services | OR001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Transportation | TR001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Other: describe services below | OT001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |

**G. Job Type**

☐ General Enabling Services Provider ☐ Interpreter
☒ Case Manager ☐ Outreach Worker
☐ Eligibility/Financial Worker ☐ Transportation Provider
☐ Health Educator ☐ Volunteer
☐ Counselor/Therapist ☐ Consultant/Contractor
☒ Provided in language other than English: **Mandarin**

☐ Administrator/Clerk/Facility Staff ☐ Nutritionist
☐ Community Health Worker ☐ Pharmacist
☐ Counselor/Therapist (licensed) ☐ Physician (MD or DO)
☐ Dental Personnel ☐ Physician's Assistant
☐ Medical Assistant ☐ Social Worker (certified)
☐ Nurse (NP, RN, LVN, Midwife) ☐ Traditional Healer
☐ Other (please specify)

## Sample 2.

| Service Date (M/D/Y) 12/15/02 | Provider ID 1001 | Patient ID 123456 | Pt. DOB (M/D/Y) 3/11/45 | Pt. Gender ☐ M ☒ F |
|---|---|---|---|---|

| Encounter Type (check one): | ☒ Face to Face | ☐ Telephone | ☐ Off-site |
|---|---|---|---|

☒ Service provided in language other than English – specify language __Mandarin__

| ENABLING SERVICE | CODE | MINUTES (circle one) | | | | | | | | | | | | Other |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case Management – Assessment | CM001 | 10 | (20) | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Case Management – Treatment & Facilitation | CM002 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Case Management – Referral | CM003 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Financial Counseling / Eligibility Assistance | FC001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Health Education / Supportive Counseling | HE001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Interpretation Services | IN001 | (10) | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Outreach Services | OR001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Transportation | TR001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |
| Other Enabling Service | OT001 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | |

Describe Other Enabling Service:

## Sample 3.

**Sample Health Education Group Encounter Form**

**Health Education Group Encounter Form**

Service Date: _____10/18/2010_____          Provider ID: __10001_____

[x] Provided in language other than English (language: _____Mandarin_____ )

| Health Education – Group (<12 people) | HE004 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | Other: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

SIGN IN SHEET:

| Name | Patient ID | Age | M or F? Circle one | |
|---|---|---|---|---|
| 1.  L. Johnson | 0001 | 52 | M | F |
| 2.  M. Lee | 0002 | 45 | M | F |
| 3.  S. Kim | 0003 | 60 | M | F |
| 4. | | | M | F |
| 5. | | | M | F |
| 6. | | | M | F |
| 7. | | | M | F |
| 8. | | | M | F |
| 9. | | | M | F |
| 10. | | | M | F |
| 11. | | | M | F |
| 12. | | | M | F |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Note: The data entry staff will enter each patient into the database as separate encounters with the same header information (date, provider ID, language, code and time).

# Section III.
# TROUBLESHOOTING

*If you have any questions about how to code the service you have provided or need help in filling out your encounter form, call the Helpline listed at the end of this handbook.  If you are unsure of the instructions, please do not fill out the encounter form without assistance.*

## COMMON QUESTIONS:

**1. What box do I check if the service that I have provided does not appear to fall into any of the listed categories?**

> ANSWER: Check "Other Enabling Service" and describe the service you provided.  You may also call the **Help-line** number listed at the end of this handbook to assist you.

**2. What if I provide services to a patient who is not a patient at our health center or who is not registered but referred by another provider?**

> ANSWER: Although you have provided an enabling service, this is not considered a "valid entry" and should not be documented.

**3. Our new patient registration also includes assessing patients' financial eligibility based on a sliding scale. Should this be included under the financial counseling/eligibility assistance ES category?**

> ANSWER: Yes.

**4. How many encounter forms should I fill out if I provide three (3) services during one (1) encounter, such as financial counseling, case management assessment, and case management referral?**

ANSWER: Only one form should be filled out. The 3 services should be marked with the time you spent providing each service during the encounter, unless you spent less than 10 minutes providing that service.

**5. If the patient's primary language is Korean, but can speak English adequately, what do I check for "Primary Language"?**

ANSWER: The primary language of the patient is "Korean." If you provide the service in English, then you do not check the box for "Provided in a language other than English."

**6. What if patients consider themselves of mixed race/ ethnicity? For example, one parent is Chinese, and the other is Hispanic-White?**

ANSWER: If the patients identify themselves as mixed and not of one race/ethnicity, but are part Asian American or Pacific Islander, check "Mixed-Asian American and Pacific Islander." Only check this box if the patients themselves do not identify themselves as only one race/ethnicity.

**7. What do I check under race/ethnicity if a patient has parents who are White and Black-Hispanic?**

ANSWER: Please check "Mixed-other."

**8. Our health education specialist records a radio program on various topics every week. The recording is 6-8 minutes long and she spends about 3-5 hours in preparation/recording for each session. Would her radio program count as an enabling service?**

>ANSWER: If it doesn't involve any patients and doesn't happen during an encounter, it should not be counted as an enabling service.

**9. I only provide health education and outreach. Do I consider myself an "Outreach Worker," a "Health Educator," or a "General Enabling Services Provider?"**

>ANSWER: Please check "General Enabling Services Provider."

**10. Our health education and diabetes specialists offer workshops on various topics a few times each year. These workshops usually range anywhere from 12- 65 people. Some past topics include parenting, heart health, and diabetes/nutrition. Would these workshops count as an enabling service?**

>ANSWER: Yes, according to the protocol, health education workshops for 2-12 people would be counted as "health education –group" and some CHCs use a group encounter form to document. For health education provided to more than 12 people, it should be classified under "Other Enabling Services."

**11. We also have a behavioral/mental health specialist who sees patients by appointment. Would this count as an enabling service?**

>ANSWER: It depends on the types of services they pro-

vide. Many of the services can be classified under "Supportive Counseling/Health Education."

**12. Am I a "Case Manager" if I provide health education one day a week and case management on all other days?**

> ANSWER: If you actually have more than one job title, then you will be considered a different "Job Type" depending on the day of service. Thus, on the day you are considered a health educator only, you may mark "Health Educator" and on the days you are a case manager only, you may mark "Case Manager."
>
> However, if you were hired to be a "Case Manager" for all days, but you provide health education on one particular day, you are considered a "Case Manager" for all encounters.

**13. Some health plans require an e-referral, which is filled out by our MAs/RNs. Do referrals count under case management referral?**

> ANSWER: Yes.

**14. If I am an accountant, and I provide interpretation services, what would I check for job type?**

> ANSWER: Your job type would be "Administrator/ Clerk/Facility staff" and you would indicate that you provided "Interpretation" services.

**15. If the patient is in managed care, and thus cannot qualify for a sliding fee scale, then should I not check any boxes?**

ANSWER: You should check "N" even if it does not apply. Do not leave any sections blank without explanation.

**16. If a patient saw multiple providers for multiple services during one encounter, can one form be used?**

> ANSWER: No. Each provider must fill out a separate encounter form and only indicate the service that he/ she provided.

**17. If a patient has two encounters separated by several hours on the same day and with the same provider, does this count as one or two encounters?**

> ANSWER: This is considered as one encounter. Please do not include the time between the two contacts in the calculation of time.

**18. If I am reading a brochure about diabetes management to a patient in Korean, do I mark both "Interpretation" and "Health Education?"**

> ANSWER: The category of "Interpretation" does not apply if the providers themselves use another language while actually providing a service, or there is no third-party present. Please code as "Health Education" and check "Provided in language other than English" with "Korean" filled in the appropriate space.

**19. If I am reading a prescription label to a patient in Korean, do I mark "Interpretation" or "Health Education?"**

> ANSWER: Please code this as "Interpretation."

**20. Do enabling services for dental care qualify as "enabling**

**services"?**

>ANSWER: No, because only enabling services linked to a *medical* encounter qualify.

**21. If I explained a medical bill from my clinic to a patient, does this qualify as "Financial Counseling"?**

>ANSWER: No, because this is a service that is part of your routine clinic services. However, if you explained a bill that is not associated with your clinic (e.g., Medicaid, Medicare), this qualifies as "Financial Counseling."

**22. Our registration process for new patients includes assessing patient financial situation, insurance, screening needs, referrals, assisting patients in applying for programs or public health insurance, and encouraging them to go through screening/professional assessment. Does this match the new patient assessment definition?**

>ANSWER: The registration process involves multiple enabling services including Case Management Assessment and Financial Counseling/Eligibility Assistance.

**23. Our Member Services Dept. helps patients to enroll in Child Health and Disability Program and Candidate Development Program. Does this belong under new patient assessment or some other category?**

>ANSWER: This should be documented under "Financial Counseling/Eligibility Assistance.

**24. How do we document outreach services provided offsite, such as community fairs, etcetera?**

ANSWER: Only services resulting in a patient's kept appointment to the health center will be documented. Please refer to the data collection handbook for more details.

**25. What is your timeline for the Enabling Services  project? How long do we need to collect data for and how often should we compile reports?**

ANSWER: Enabling services data collection is an ongoing process. The data collected is mainly for internal operational purposes for resource allocation and quality improvement. The four health centers that have been on the project from the very beginning have been collecting data for almost 7 years and will continue to collect data. For health centers that have fully implemented enabling services data collection, they report data to AAPCHO once a year. For health centers at the beginning stage, we usually collect the first 3 months' data and run a data report to evaluate data volatility. The frequency of running reports really depends on the needs of your organization and the availability of the staff.

**26. How can we validate data collected by staff and find out whether a staff member over-reported the service time (e.g. he/she reports the service time as 1 hr, but it actually should only be 30 minute)?**

ANSWER: You could examine the overall range and average encounter time among all enabling service providers who provide that service and decide whether

the particular staff time varies significantly, and use the data to have a conversation with staff to improve services.

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