

INSTRUCTIONS FOR EPILEPSY SERVICES

QUARTERLY REPORT

I. **Patient Flow.** This section reports cases admitted to and discharged from your program.

A. Beginning of the Period Caseload

This is the number of cases in your active caseload at the start of business on the first day of the quarter. This will be the same as the number of active cases at the end of business on the last day of the previous quarter. For example, the beginning of the period caseload for the first quarter of FY06 (09/01/05 – 11/30/05) is equal to the open cases at the close of business on August 31, 2005.

B1. New to Clinic

The number of new clients admitted by your agency (first time visit ever) during the reported quarter (incidence).

B2. The number of established patients served this quarter (prevalence).

C. Discharges this Quarter

The number of cases closed during the reported quarter.

D. End of the Quarter Caseload

The ending number of cases on the last day of the reported quarter. This number will be the beginning of the period caseload for the succeeding quarter. $D = (A + B1) - C$

II. Program Activities.

A. TOTAL Number of Clinics this Quarter

The total number of clinics held during the reported quarter.

B. TOTAL Number of Patients Seen in Clinics this Quarter

Sum of total number of patients seen in each clinic during the reported quarter.

C. TOTAL Number of Patient/Family Encounters this Quarter

The total number of encounters during the reported quarter. This includes non-clinic encounters (home visits, phone visits, etc. are included in this category). When an individual is seen more than once in a quarter, count each contact. Record patient encounter separate from family encounters if it occurred separately. Patient with a family coming into clinic is only counted as a patient encounter. If a follow up phone call were made to a family member, this would be counted separate as a family encounter. Numbers are separated by a slash.

D. Diagnostic Services Delivered

Number of AEDs – Number of AED levels ordered.

Number of EEGs – Number of persons provided electro encephalograms.

Number of CATs – Number of persons provided computer axial tomography.

Number of MRIs – Number of persons provided magnetic resonance imaging studies.

Number Other Lab – Number of persons provided other laboratory tests.

E. Education/Outreach Session

Number of persons attending education/outreach session – counseling provided separately from clinic visit and number of persons attending community/group presentations.

III. Integrated Eligibility.

- A. Number of patients screened (new screens and re-screens).
- B. Sources of Payment.
 - 1. CSHCN – Children with Special Health Care Needs
 - 2. CHIP – Children’s Health Insurance Plan
 - 3. Medicaid
 - 4. Medicare
 - 5. Private Insurance
 - 6. Patient Pay/Fee Scale
 - 7. Other
 - 8. No Source of Payment
 - 9. DSHS Epilepsy Funds (if different from above)

IV. Total Program Referrals.

- A. Other Physicians
- B. Dentist
- C. Mental Health
- D. Housing Assistance
- E. Texas Rehabilitation Commission
- F. Comprehensive Epilepsy Center
- G. Medicaid
- H. HMO
- I. Employment
- J. Diagnostic Services
- K. Other Services

V. **Demographics.** Only applies to clients new to fiscal year. Include age, gender, ethnicity, and the number of non-English speaking admissions.

A. 0 to 6 years

B. 7 to 12 years

C. 13 to 20 years

D. 21 to 30 years

E. 31 to 40 years

F. 41 to 50 years

G. 51 to 60 years

H. 61 to 64 years

I. 65+ years