

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
CONSUMER MOVEMENT REPORT
Community Support Services (CSS) (8/9/2023)

NAME OF AGENCY & CONTRACTED COUNTY:	CALENDAR YEAR OF REPORT <input style="width: 100px; height: 25px;" type="text"/>
CSS Initiative: (Please select one) Generic <input type="checkbox"/> , DD/MI <input type="checkbox"/> , RIST <input type="checkbox"/> MESH <input type="checkbox"/> , Forensic <input type="checkbox"/> , ESH <input type="checkbox"/> , RIST/MESH <input type="checkbox"/> , At-Risk <input type="checkbox"/>	REPORTING QUARTER: (CHECK ONE): JULY 1 TO SEPTEMBER 30 1 <input type="checkbox"/> OCTOBER 1 TO DECEMBER 31 2 <input type="checkbox"/> JANUARY 1 TO MARCH 31 3 <input type="checkbox"/> APRIL 1 TO JUNE 30 4 <input type="checkbox"/>
PERSON COMPLETING FORM / PHONE #:	
DATE SUBMITTED:	
CHECK AGENCY REPORTING QUARTER:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

1. Current Contracted Capacity:

2. Beginning Active Caseload (First Day of Qtr.)	3. Number of New Admissions.	4. Number of Transfers to CSS (from other programs provided by your agency)	5. Number of Transfers from CSS (and enrolled in another program provided by your agency).	6. Number of Consumers who were terminated from CSS this qtr.	7. Ending Active Case Load ((2+3+4)-(5+6))
8. Total Units of Service Provided this qtr.					

9. Number of consumers/reasons for termination (Exclude Transfers): [redacted]

9a. No longer requires Community Support Services
(Do Not Include Refusals in this Count) [redacted]

9c. Admitted to Supervised Housing (i.e., Legacy) [redacted]

9e. Hospitalized more than six months [redacted]

9g. Jailed/Incarcerated for three months or more [redacted]

9i. Other [redacted]
(Please describe)

9b. Lost to Contact [redacted]

9d. Moved out of Catchment Area [redacted]

9f. Deceased [redacted]

9h. Client Refusal (DMHAS-Approved Termination) [redacted]

(Note the sum of 9a Through 9i must equal the value of Item 6 "Number of Consumers Terminated from CSS").

10. **Ending Active Caseload** (Last day or Quarter): [redacted]
(Item 5 + Item 6w)

(Auto-calculated as: sum of (Item 2 + Item 3 + Item 4) –

Of the Ending Caseload, how many individuals are:

11a. **Medicaid/Family care enrolled:** [redacted]

11b. **Non-Medicaid/Family care enrolled:** [redacted]

(Note: The sum of Items 11a + 11b must equal Item 10).

REFERRAL SOURCES: Consumers admitted to CSS that were referred from the following this quarter:

12a. **State Hospitals:** [redacted]

12b.: **County Hospitals:** [redacted]

12c. **Short Term Care Facility:** [redacted]

12d. **Other inpatient settings (i.e., Voluntary Unit, Private Hospital):** [redacted]

12e. **Level A+, A, B Group Homes Family Care, Licensed Supervised Residences;** [redacted]

12f. **"Other Locations" (i.e. family, homeless, Boarding Home, Shelter, other CSS agency, internal referrals, etc.):** Note: Sum of Items 12a through 12f must equal Sum of Item 3 + Item 4. [redacted]

PROGRAM INDICATORS Of the total served this quarter, (i.e., Item 2 + Item 3 + Item 4) report the number of consumers receiving the following services:

13a. **Mental health medication and illness self-management:** [redacted]

13b. **Linkage, Coordination and Monitoring of Mental Health Service** (Outpatient, Partial Care / Hospitalization, services (ensures access to, assists, with arranging appointments and monitors, but not mandates on-going involvement with services)). [redacted]

13c. **Linkage, Coordination & Monitoring of Medical and Dental Services** (ensures access to, and assists with arranging appointments and monitors, but not mandates, on-going involvement with services: [redacted]

13d. **Linkage and assistance to obtain benefits** including, but not limited to: Medicaid/Medicare, food stamps, Section 8, or SRAP, transportation vouchers, etc.: [redacted]

13e. Number of consumers receiving services through DMHAS **Wrap Requests:** [redacted]

COMMUNITY INTEGRATION OUTCOME INDICATORS: Of the total served this quarter (i.e., Item 2 + Item 3 + Item 4), report the number of consumers involved in:

Employment Outcomes

- 14a. **Employed:** [] (Auto-calculated as sum of 14a1 + 14a2)
- 14.a.1. Competitive employment (full or part time): []
- 14.a.2. Supported Employment: []
- 14b. **Unemployed:** []
- 14c. **Not in Labor Force:** [] (Auto-calculated as sum of 14c1 + 14c2 + 14c3+14c4)
- 14c.1 Retired: []
- 14c.2 Sheltered Employment: []
- 14c.3 Sheltered Workshops: []
- 14c.4 Other (e.g., student, homemaker, volunteer, disabled): []
- 14d. [Employment Status] **Not available:** []
- 14e. **Total** (Auto-calculated as sum of 14a + 14b + 14c+14d): []
(The sum of 14e must equal sum of Item 2 + Item3 + Item4).

Education

- 15a. Enrolled in Education program(s): []
- 15b. Not known to be enrolled in any educational programs: []
- 15c. **Total** [] (Auto-calculated as 15a + 15b)
(The sum of 15c must equal sum of Item 2 + Item3 + Item4)

Number of clients enrolled but refusing services:

- 16a. Number of consumers involved in **Community Integration activities:** (Including but not limited to: Self-Help Centers, self-help groups for Substance/Alcohol Abuse, community based clubs/organizations/recreational activities, spiritual or religious organizations, etc.): []
- 16b. Number of consumers **not** known to be involved in any community integration activities: Note: Sum of 16a + 16b must equal sum of Item 2 + Item 3 + Item 4 . []

CONSUMER OUTCOMES

Please report the # of Enrolled Consumers (From the ending caseload, Item #10) who, were/used:

i. **DURING ANY POINT IN THE QUARTER**

ii. **LAST DAY OF THE QUARTER**

17a. In a psychiatric in-patient unit:	[]	[]
17b. Incarcerated:	[]	[]
17c. Homeless:	[]	[]
17d. Designated Screening Services:	[]	NA
17e. Evicted	[]	[]
17f. Met at least one goal in their IRP	[]	NA

UNITS OF SERVICE

Individual Units of Service: face to face contact with one consumer for 15 continuous minutes. If a contact exceeds more than 15 continuous minutes, count as multiple contacts. If two staff members simultaneously serve one consumer, count as one staff contact. Travel time to and from contact is to be excluded from overall contact time.

Group Units of Service: face to face contact where one staff member serves between two and six consumers simultaneously for 15 continuous minutes, count as one group contact per consumer (group contacts of seven or more consumers by one staff member are not reportable). Travel time to and from contact is to be excluded from overall contact time.

	Individual Units of Service					Group Units of Service		
	a CSS Medicaid Billable	CSS Not Medicaid Billable		State Funded CSS		f CSS Medicaid Billable	g CSS Not Medicaid Billable	h. State Funded CSS
		b. Institutional Setting	c. Community Setting	d. Institutional Setting	e. Community Setting			
18.1. Number of Face-to-Face (Non-Crisis Intervention) Client Contacts Pre-Admission Activities:								
18.2 Number of Face-to-Face (Non-Crisis Intervention) Client Contacts Wellness Checks:								
18.3. Number of Face-to-Face (Non-Crisis Intervention) Client Contacts All Other:								
18. Number of Face-to-Face (Non-Crisis Intervention) Client Contacts Total (Sum of 18.1 + 18.2 + 18.3)								
19. Number of Face-to-Face Crisis Intervention Client Contacts:								
20. Number of Face-to-Face Client Family Contacts with Consumer:								
21. Number of Face-to-Face Client Family Contacts without Consumer:								
22.1. Number of Collateral Contacts Made on Behalf of the Consumer Face-to-Face								
22.2. Number of Collateral Contacts Made on Behalf of the Consumer Telephone:								
22. Number of Collateral Contacts Made on Behalf of the Consumer Total (Sum of 22.1 + 22.2):								
23 Number of Engagement Activity Contacts (For Column D and Column E, this is the sum of #18 + 19 + 20 + 21 + 22):								
24. Column Total Units of Service (For Columns A, F, G, and H, this is the sum of #18 + 19 + 20 + 21) (For Columns B, C, D, and E, this is the sum of #18 + 19 + 20 + 21 + 22):								
25. Total Individual Units of Service (Sum of items #24a + 24b + 24c + 24d + 24e):								
26. Total Group Units of Service (Sum of items #24f + 24g + 24h):								
27. Total Units of Service (Sum of Items #25 + 26):								

Of the **Individual Units** of Service, how many of these units were provided to individuals who are:

28a . Medicaid/Family care enrolled: 28b. Non-Medicaid/Family care enrolled:

(Note: The Sum of 28a + 28b must equal the sum of Total Units of Individual Units 24 (Individual)).

Of the Group Units of Service, how many of these units were provided to individuals who are:

29a. Medicaid/Family care enrolled: 29b. Non-Medicaid/Family care enrolled:

(Note: The Sum of 29a + 29b must equal the sum of Total Units of Group Units (25. (Group))

30. **Payer Mix:** How many of your consumers on the ending caseload have their services paid for by the following payers?
(Auto-calculated as sum of 30a through 30j; Total MUST match response to #10)

30a. Medicaid 30b. Medicare 30c. State Funded 30d. Self-Pay 30e. Private/Commercial Insurance

30f. Charity Care 30g. Provider Funded 30h. Block Grant 30i. Other funded 30j. Unknown funding

Note: Each client is to be counted only once time, (even if they have more than one payer). For those consumers with more than one payer, please count the client with the payer that is the major/primary payer

DEFINITIONS and INSTRUCTIONS

CSS Eligible means the consumer meets the medical necessity criteria.

CSS Enrolled means a consumer has been identified and assigned to a CSS provider.

Admission means the consumer is in the community, in housing, in a program with an assigned provider.

Full definitions can be found in N.J.A.C. 10:37B.

1. Current Contracted Capacity/Caseload (based on CSS award)

Utilization by Initiative and County Grid (2a. through 6.1.w): For data items 2 through 6.1. please provide the following information based on the county of residence of the CSS consumers served by the initiative.

2. Beginning Active Caseload (Carry-over from last quarter)

3. Number of New Admissions to Program Element During this Quarter (an Enrollment/Admission form was submitted)

4. Number of Transfers to this CSS (from other programs provided by your agency).

5. Number of Transfers from this CSS (and enrolled in another program provided by your agency)

6. Number of Consumers who were terminated from CSS This Quarter:

7. Ending Active Caseload

8. Total Units of Service Provided to CSS consumers in the report quarter.

9. Number of consumers/reasons for termination:

a. No longer requires Community Support Services (goals are met)

b. Lost to Contact

c. Returned to Supervised Housing (i.e., Legacy)

d. Moved out of Catchment Area

e. Hospitalized more than six months

f. Deceased

g. Jailed/Incarcerated for 3 months or more

h. Client refusal (of CSS services)

i. Other (Please describe) (e.g., consumer no longer wishes to work on goals or is denying services)

10. Ending Active Caseload (Last day or Quarter): Auto-calculated as: $\text{sum of (Item 2w + Item 3w + Item 4w) - (Item 5 + Item 6w)}$

11. Of the Ending Caseload, how many individuals are:

9a. Medicaid/Family care enrolled

9b. Non-Medicaid/Family care enrolled

12. **REFERRAL SOURCES:** Of all the consumers admitted into your CSS program this quarter, please indicate from where they were referred, based on the categories below.

12a. State Hospitals

12b. County Hospitals

12c. Short Term Care Facility

12d. Other inpatient settings (i.e., Voluntary, Private Hospitals)

12e. Level A+, A, B Group Homes, Family Care, Licensed Supervised Residences

12f. "Other Locations" (i.e. family, homeless, Boarding Home, Shelter, etc.)

13. **PROGRAM INDICATORS:**

13a. Mental health medication and illness self-management. (As defined under 10:37A-4.3, c.7):

13b. **Linkage, Coordination and Monitoring of Mental Health Service** (Outpatient, Partial Care / Hospitalization, services (ensures access to, assists, with arranging appointments and monitors, but not mandates on-going involvement with services)).

13c. Linkage, Coordination and Monitoring of Medical and Dental Services (ensures access to, assists with arranging appointment and monitors, but not mandates on-going involvement with services):

13d. **Linkage and assistance to obtain benefits** including, but not limited to: Medicaid/Medicare, food stamps, Section 8, or SRAP, transportation vouchers, etc.

13e. Number of consumers receiving services through DMHAS Wrap Requests (refers to monitoring and other activities related to consumer safety). One-time housing costs are *not* to be included here.

COMMUNITY INTEGRATION OUTCOME INDICATORS:

14a. **Employed** (This is auto-calculated as sum of those in: competitive employment (13.a.1) + those employed either Full or part-time (13.a.2.) + those in supported employment (13.a.3). Per SAMHSA/NRI definitions found in URS Data Table Instructions, Employed means "competitively employed, part-time or full-time. Supported employment and transitional employment, under competitive employment conditions individuals should be reported as "employed." Informal labor for cash, (i.e., day labor) is counted as employed".

14. a. 1 **Competitive Employment** (full or part time): Consumer is known to be in full or part time competitive employment during the quarter

14.a.2 **Supported Employment:** Consumer is enrolled in Supported Employment program during the quarter.

14b. **Unemployed:** Consumer is known to be eligible to be included in the workforce, but whom are unemployed, and actively looking for work but have not found any employment during the quarter

14c. **Not in Labor Force**, is the general category of individuals no longer considered to be part of the labor force. For those individuals please indicate how many fall into one of the four categories below:

14.c.1 Consumer is **retired**

14.c.2 Consumer is enrolled in a **sheltered employment program**

14.c.3 Consumer participates in a **Sheltered Workshop**

14.c.4 **Other** (Consumer is either a full-time student, homemaker, volunteer or is not in labor force due to a disability)

14d. Employment Status] **Not available:** The employment status of the consumer is unknown/not available.

14e. Total (of 13a thru 13d); This is auto-calculated. This must be equal to the sum of Item 2w + Item 3w + Item 4w

15a. **Education program;** Consumer is enrolled in any type of education or educational enrichment program

15b. Not known to be enrolled in any educational programs.

- 15c. Total of (14a and 14b) [Education]: This is auto-calculated. This must be equal to the sum of Item 2w + Item 3w + Item 4w.

Number of clients enrolled but refusing services

- 16a. Community Integration activities: (Including but not limited to: Self-Help Centers, self-help groups for Substance/Alcohol Abuse, community based clubs/organizations/recreational activities, spiritual or religious organizations, etc.)
- 16b. Not known to be involved in any community integration activities. This must be equal to the sum of Item 2 + Item 3.

CONSUMER STATUS Indicate if any consumer on your caseload in this quarter was in the following. (If a consumer was in more than one category, you can mark that consumer in all those that apply).

- 17a. In a psychiatric in-patient unit
- 17b. Incarcerated
- 17c. Homeless
- 17d. Designated Screening Services
- 17e. Evicted
- 17f. Met at least one goal in their IRP: How many consumers successfully met at least one goal in their Individual Service Plan (IRP) at any point during the report quarter.

UNITS OF SERVICE: Data Items 18 - 27

This section is broken out by: **Individual Units** (units of service provided to individuals) and **Group Units** (units of service for two to six individuals simultaneously). Count as one group contact per consumer. Group contacts of seven or more consumers by one staff member are not reportable.) Within each of these headings, **please specify the number of units provided to consumers who fit into one of the following three categories:**

CSS Medicaid billable (Columns a & f): 15 continuous minutes of face-to-face skills building activities with admitted consumers.

CSS Not Medicaid billable (Columns b. & c.): Consumer is CSS enrolled and has Medicaid, but service is not billable to Medicaid

- i. *Institutional setting* (Columns b & d):
 1. Count units for consumers admitted to CSS, then entered Jail or an Inpatient setting (medical hospital, voluntary input unit, STCF unit; does not include Emergency Department since CSS face-to-face contact will be billable via Crisis Plan).
 2. Count units, for example: engagement activities; apartment search/applications; furniture shopping; attendance at Treatment team meetings.
- ii. *Community setting* (Columns c & e):
 1. Count units for consumers who are Medicaid enrolled but who are receiving services not billable to Medicaid.
 2. Count units, for example: apartment search/applications; furniture shopping; picking up medications/delivering to consumer; waiting for consumer during an appointment;

State Funded CSS (Columns d e, & h): Consumer is not receiving Medicaid, all CSS service units are covered by State funds

- iii. *Institutional setting* (Column d): count units for consumers who have been readmitted to a state or county facility.

- iv. *Community setting* (Column e): count units for consumers who need wrap services/additional supports
- v. *Group* (Column h): count units for consumers who attend group, but not receiving Medicaid.

Individual Units of Service (Columns a. – e.) : face to face contact with one consumer for 15 continuous minutes. If two staff members simultaneously serve one consumer, count as one staff contact. Travel time to and from contact is to be excluded from overall contact time.

Group Units of Service (Columns f. – h.): face to face contact where one staff member serves between two and six consumers simultaneously for 15 continuous minutes, count as one group contact per consumer (group contacts of seven or more consumers by one staff member are not reportable). Travel time to and from contact is to be excluded from overall contact time.

18. Number of Face-to-Face Non-Crisis Intervention Client Contacts (Sum total of 18a through 18c):

18.1: **Pre-Admission Hospital Engagements:** Visits from agency staff to assigned consumers in state hospitals prior to hospital discharge/admission to the CSS agency.

18.2: **Wellness Checks:** Visits from agency staff to consumers in CSS placements for purposes of assessing overall well-being while receiving the services of the CSS agency.

18.3: **Other Face-to-Face Non-Crisis Intervention Client Contacts:** All other face-to-face non-crisis intervention client contacts not included in items 18.1 or 18.2.

19. **Number of Face-to-Face Crisis Intervention Client Contacts:** this is the occurrence of an urgent/emergent situation not addressed in the consumer's Individualized Rehabilitation Plan (IRP) but requires immediate intervention for stabilization. Note: If an individual consumer requires multiple crisis interventions regarding the same issue then that issue should be included in the consumer's IRP.

20. Number of Face-to-Face Consumer Family Contacts with consumer

21. Number of Face-to-Face Consumer Family Contacts without consumer

22.1 Number of Collateral Contacts made on behalf of consumer made on behalf of a consumer (Face to Face)

22.2 Number of Collateral Contacts made on behalf of consumer made on behalf of a consumer (Telephone)

22. Number of Collateral Contacts Made on Behalf of the Consumer (Sum of 22.1 + 22.2)

23. Number of Engagement Activity Contacts. *These are calculated for columns d and e (State-funded CSS) only, auto-calculated as sum of values in rows 18 + 19 + 20 + 21+22*

24. Column **Total Units of Service:** For columns a. b. c. f. g. & h this is the sum of 18 + 19+ 20 + 21. For columns d & e (State Funded CSS) this the sum of 18 + 19+ 20 + 21 + 22]

25. **Total Individual Units of Service** (Auto-calculated as sum of all individual units of service fields, Items #24a + 24b + 24c + 24d + 24e).

26. **Total Group Units of Service** (Auto-calculated as sum of all group units of service fields, Items #24f + 24g + 24h).

27. **Total Units of Service** (Auto-calculated as sum of Items #25 + 26).

Units of Service DEFINITIONS

Of the Individual Units of Service, how many were provided to individuals who are:

28a. Medicaid/Family care enrolled

28b. Non-Medicaid/Family care enrolled

Note: The sum of 28a + 28b (Individual Medicaid/Family Care Units + Individual Non-Medicaid/Non-FamilyCare units must equal the sum of 25 (Total Individual Units of Service)

Of the Group Units of Service, how many were provided to individuals who are:

29a. Medicaid/Family care enrolled

29b. Non-Medicaid/Family care enrolled

30a. Through 30j. **Payer Mix:** Of your ending caseload please indicate the payer(s) of this service. Note: Each client is to be counted only once time, (even if they have more than one payer). For those consumers with more than one payer, please count the client with the payer that is the major/primary payer.

30a. **Medicaid**

30b. **Medicare**

30c. **State Funded:**

30d. **Self-Pay**

30e. **Private/Commercial Insurance**

30f. **Charity**

30g. **Provider Funded**

30h. **Block Grant**

30i. **Other funded**

30j. **Unknown funding**

