

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
CONSUMER MOVEMENT REPORT
Early Intervention Support Services (EISS) (Revised 06/01/15)

USTF PROJECT CODE:	CALENDAR YEAR OF REPORT <input style="width: 100px;" type="text"/>			
NAME OF AGENCY:	REPORTING QUARTER: (CHECK ONE):			
NAME OF PROGRAM:	JULY 1 TO SEPTEMBER 30	1	<input type="checkbox"/>	
PERSON COMPLETING FORM / PHONE #:	OCTOBER 1 TO DECEMBER 31	2	<input type="checkbox"/>	
DATE SUBMITTED:	JANUARY 1 TO MARCH 31	3	<input type="checkbox"/>	
CHECK AGENCY REPORTING QUARTER:	APRIL 1 TO JUNE 30	4	<input type="checkbox"/>	
	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CASELOAD

1. <input style="width: 100%; height: 40px;" type="text"/>	2. <input style="width: 100%; height: 40px;" type="text"/>	3. <input style="width: 100%; height: 40px;" type="text"/>	4. <input style="width: 100%; height: 40px;" type="text"/>	5. <input style="width: 100%; height: 40px;" type="text"/>	6. <input style="width: 100%; height: 40px;" type="text"/>
Beginning Caseload (First Day of Qtr.)	New Enrollees to Program Element During Qtr.	Transfers In to Program Element During Qtr.	Transfers From Program Element During Qtr.	Terminations From Program Element During Qtr.	Ending Caseload (Last Day of Qtr.)

VOLUME INDICATORS (PROGRAM OUTPUTS)

	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>	<u>Quarter Total</u>
7. Assessment Completed, Not Admitted to EISS:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>
8. Total Episodes of Care Commenced During Month:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>
9. Enrollment on Last Day of Month:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>
10. a. Program Assessment (PA) /Intake : (Auto-calculated total of 10b + 10c)	<input style="width: 60px; background-color: #cccccc;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>
b. Number of On-site PA contact hours:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>
c. Number of Off-site PA contact hours:	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>
11. a. Psychiatric Evaluation (PsyE) Sessions: (Auto-calculated total of 11b + 11c)	<input style="width: 60px; background-color: #cccccc;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>	<input style="width: 60px; background-color: #cccccc;" type="text"/>

	<u>Month 1</u>	<u>Month 2</u>	<u>Month 3</u>	<u>Quarter Total</u>
b. Number of <i>On-site</i> PsyE contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of <i>Off-site</i> PsyE contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. a. Medication Monitoring (MM) Sessions: (Auto-calculated total of 12b + 12c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of <i>On-site</i> MM contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of <i>Off-site</i> MM contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. a. Individual Therapy (IT) Sessions: (Auto-calculated total of 13b + 13c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of <i>On-site</i> IT contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of <i>Off-site</i> IT contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. a. Family Therapy (FT) Sessions: (Auto-calculated total of 14b + 14c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of <i>On-site</i> FT contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of <i>Off-site</i> FT contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. a. Group Therapy (GT) Sessions: (Auto-calculated total of 15b + 15c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of <i>On-site</i> GT contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of <i>Off-site</i> GT contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. a. Psycho-education (PE) Sessions: (Auto-calculated total of 16b + 16c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of <i>On-site</i> PE contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of <i>Off-site</i> PE contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. a. Case Management (CM) Sessions: (Auto-calculated total of 17b + 17c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of <i>On-site</i> CM contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of <i>Off-site</i> CM contact hours:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. a. Total Face-to-Face contact hours: (This is auto-calculated as sum of 10a through 17 a.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Total Face-to-Face <u>on-site</u> contact hours: (This is auto-calculated as sum of 10b through 17b.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Total Face-to-Face <u>off-site</u> contact hours: (This is auto-calculated as sum of 10c through 17c.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROGRAM PROCESS OUTCOMES

	<u>Month</u> <u>1</u>	<u>Month</u> <u>2</u>	<u>Month</u> <u>3</u>	<u>Quarterly</u> <u>Total</u>	<u>Proportion of</u> <u>New Admissions</u>
19. # of New Enrollees: OFFERED Access to Mental Health Professional Within 24 Hours of Referral:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. # of New Enrollees: Face-to-Face Access to Mental Health Professional Within 24 Hours of Referral:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. # of New Enrollees: OFFERED Access to Prescriber Within 24 Hours of Enrollment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. # of New Enrollees: Face-to-Face Access to Prescriber Within 24 Hours of Enrollment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAFFING

23. Please record staffing information (See instructions below as needed):

Staffing Position	Contracted Staff Composition (FTEs)	Actual Team Composition at End of Month (FTEs)			Quarterly Total (auto-calculated)	Quarterly Staff Fill Rate (auto-calculated)
		Month 1	Month 2	Month 3		
a. Program Director						
b. Psychiatrist						
c. Psychiatric APN						
d. RN						
e. Clinician/Case Mang. (Masters Level)						
f. Clinician/Case Mang. (Bach Level)						
g. Substance Abuse Specialist						
h. Peer MH Specialist						
i. Other Direct Care						
j. Total Direct Care (Auto-calculated)						
k. STAFF FILL RATE (Direct Care Only)						
l. Secretary/Administrative. Support						
n . Security						

The reporting on *consumer outcomes* is conducted annually and is separate from this report.

DEFINITIONS and INSTRUCTIONS

1. **Beginning Caseload (First Day of Qtr.):** Refers to the EISS caseload on the first day of the reporting period.
2. **New Enrollees:** refers to the number of consumers admitted to EISS during the month. **New Enrollees to Program Element During Qtr.:** Refers to the number of consumers, for whom a case was opened by EISS during the quarter.
3. **Transfers In to Program Element During Qtr.:** Refers to consumers who are already registered within your agency in another program element, and are being transferred to this program element service
4. **Transfers From Program Element During Quarter:** Refers to consumers who are registered within your agency in this program element, but for whom this program has ceased to provide services on an ongoing basis and for whom another program element of your agency is going to provide services on an ongoing basis.
5. **Terminations From Program Element During Qtr.:** Refers to the number of consumers, for whom a case was closed by EISS during the quarter.

NOTE: Item 4 and Item 5 are mutually exclusive.

6. **Ending Active Caseload (Last Day of Qtr.):** Refers to the EISS caseload on the last day of the reporting period.

VOLUME INDICATORS (PROGRAM OUTPUTS): For this section, please provide monthly responses. Quarterly data will be auto-calculated in the column labeled "Quarter Total".

For items 7 through 18, these volume indicators are general programmatic measures of EISS outputs. Billing considerations are independent of these measures. All services, including clinical services are to be rendered in accord with all applicable state and federal regulatory requirements.

7. **Assessment Completed, Not Admitted to EISS - -** refers to the number of face-to-face assessments during the month by EISS staff with a prospective EISS consumer, in which the consumer is referred to another program and is **not** enrolled in EISS.
8. **Total Episodes of Care Commenced During Month:** is the sum of the previous two entries.
9. **Enrollment on Last Day of Month:** Refers to the active EISS caseload (e.g. open cases) on the last day of the month.
10. **Program Assessment/Intake:** Indicate the duplicated number of consumers assessed/interviewed for purposes of evaluating the clinical appropriateness of enrolling an individual into the EISS program.

NOTE: for Items #10 - #17: The agency is to input data for onsite sessions (b.) and off-site sessions (c.). These values will be auto-calculated into item a.

- a. **Face-to-Face on-site contact hours:** Refers to cumulative face-to-face contact time consumers or members of a consumers' family/support system receive from EISS staff at the EISS location. [Does not include telephone contact time; 60 minutes of face-to-face service provided to one 1 consumer = 1 hour of face-to-face service, irrespective of how many staff are present: (e.g. One staff provides a one hour group session to four consumers = 4 Hours of Face-to-Face Service; Two staff provides a one hour group session to four consumers = 4 Hours of Face-to-Face Service). No rounding (e.g. from 50 minutes to 1 hour) is permitted. 45 minutes of face-to-face service provided to one 1

consumer = .75 hour of face-to-face service.] Record and sum actual duration of each face-to-face contact to produce cumulative total face-to-face hours.

b. **Face-to-Face off-site contact hours:** refers to cumulative face-to-face contact time consumers or members of a consumers' family/support system receive from EISS staff, outside of the EISS location. Travel time to and from contact is excluded. [Does not include telephone contact time; 60 minutes of face-to-face service provided to one 1 consumer = 1 hour of face-to-face service, irrespective of how many staff are present: (e.g. One staff provides a one hour group session to four consumers = 4 Hours of Face-to-Face Service; Two staff provides a one hour group session to four consumers = 4 Hours of Face-to-Face Service). No rounding (e.g. from 50 minutes to 1 hour) is permitted. 45 minutes of face-to-face service provided to one 1 consumer = .75 hour of face-to-face service.] Record and sum actual duration of each face-to-face contact to produce cumulative total face-to-face hours.

11. **Psychiatric evaluation** - refers to a face-to-face contact a consumer has with a physician or nurse practitioner, either on site or off site, for the primary purpose of completing a comprehensive assessment and initiating a psychotropic medication regimen.

12. **Medication Monitoring Sessions:** refers to a face-to-face contact a consumer has with a physician or nurse practitioner for at least fifteen minutes, either on site or off site, for the purpose of reviewing medication history and discussing medication management.

13. **Individual Therapy Sessions:** refers to a face-to-face counseling or therapeutic session of at least 30 minutes with a consumer by a master's level clinician, either on site or off site. DO NOT DOUBLE COUNT FOR A SESSION THAT LASTS 60 MINUTES.

14. **Family Therapy Sessions:** refers to a face-to-face counseling or therapeutic session of at least 30 minutes with a consumer and/or a family member by a master's level clinician, either on site or off site. DO NOT DOUBLE COUNT FOR A SESSION THAT LASTS 60 MINUTES.

15. **Group Therapy Sessions:** refers to a face-to-face counseling or therapeutic session of at least 30 minutes with two or more consumers by a master's level clinician, either on site or off site. DO NOT DOUBLE COUNT FOR A SESSION THAT LASTS 60 MINUTES.

16. **Psycho-education Sessions:** refers to a face-to-face contact of at least 15 minutes with a consumer and/or a family member, either on site or off site, with the primary purpose of providing information related to a psychiatric condition, wellness, skill building and/or recovery options. DO NOT DOUBLE COUNT FOR A SESSIONS THAT LASTS 30 Minutes or longer.

17. **Case Management Sessions:-** refers to a face-to-face contact of at least 15 minutes with a consumer and/or a family member, either on site or off site, with the primary purpose of assisting with linkage or concrete service needs. DO NOT DOUBLE COUNT FOR A SESSIONS THAT LASTS 30 Minutes or longer.

18a . **Total Face-to-Face contact hours.** This is an auto-calculated field which sums up Items #10a through 17a. (The subtotal of onsite and offsite hours).

18b . **Total Face-to-Face contact hours.** This is an auto-calculated field which sums up Items #10b through 17b. (The subtotal of on-site hours).

18c . **Total Face-to-Face contact hours.** This is an auto-calculated field which sums up Items #10c through 17c. (The subtotal of off-site hours).

PROGRAM PROCESS OUTCOMES: For items 19 – 22 please indicate the monthly values for each of these outcome indicators. The quarterly total will be auto-calculated as the sum of Month 1 + Month 2 + Month 3 in the column labeled “Quarter Total”.

19. # of New Enrollees: OFFERED Access to Mental Health Professional Within 24 Hours of Referral:

20. # of New Enrollees who actually had Face-to-Face Access to a Mental Health Professional Within 24 Hours of Referral.

21. # of New Enrollees: OFFERED Access to a Psychiatric Prescriber Within 24 Hours of Enrollment:

22. # of New Enrollees who actually had Face-to-Face Access to Psychiatric Prescriber Within 24 Hours of Enrollment:

For Items # 19. – 22. A “Proportion of New Admissions” value is calculated for each Item. The numerator is the quarterly 3-month total of each specific data item. The denominator is the Item 2 “New Admissions to Program Element During Quarter” plus Item #3 “Transfers Into the Program Element During Quarter”

STAFFING

23. Record information per the prompts.

Contracted Staff Composition (FTEs) - In the first column, indicate the contracted number of staff for each position type. Information must correspond to your agency’s Annex A and Annex B documents. Staffing positions that are less than 1.0 Full-time equivalent (FTE) should be reflected as a proportion of an FTE – e.g. 0.25 FTE, 0.5 FTE, etc.

For the columns labeled, “**Month 1**”, “**Month 2**”, and “**Month 3**” indicate the number of staff employed by your agency at each position type on the last day of the month.

The column labeled “**Quarter Total**” will be auto-populated as the sum of the previous 3 columns (Months 1 through 3).

The column labeled, “**Quarterly Direct Care Staff Fill Rate**” will be auto-populated for each row as: Quarterly Total / (Contracted Staff Composition * 3) . These calculations are provided for *direct care* staff only.

The aggregated Staff Fill rate will be auto-calculated as: Quarterly Total of your Total Direct Care Staff / (total Contracted Staff Composition (FTEs) of your total Direct Care * 3)

Periodic audits of information submitted in this report will be conducted by DMHAS.