

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)
CLIENT MOVEMENT REPORT
PATH PROGRAM**

USTF PROJECT CODE: <input style="width: 50px;" type="text"/>	CALENDAR YEAR OF REPORT: <input style="width: 50px;" type="text"/>			
NAME OF AGENCY: <input style="width: 50px;" type="text"/>	JULY 1 TO SEPTEMBER 30		1 <input style="width: 30px;" type="text"/>	
NAME OF PROGRAM: <input style="width: 50px;" type="text"/>	OCTOBER 1 TO DECEMBER 31		2 <input style="width: 30px;" type="text"/>	
PERSON COMPLETING FORM/PHONE #: <input style="width: 50px;" type="text"/>	JANUARY 1 TO MARCH 31		3 <input style="width: 30px;" type="text"/>	
DATE SUBMITTED: <input style="width: 50px;" type="text"/>	APRIL 1 TO JUNE 30		4 <input style="width: 30px;" type="text"/>	
CHECK AGENCY REPORTING QUARTER:	1 <input style="width: 30px;" type="text"/>	2 <input style="width: 30px;" type="text"/>	3 <input style="width: 30px;" type="text"/>	4 <input style="width: 30px;" type="text"/>

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

CLIENT MOVEMENT REPORT

BEGINNING ACTIVE CASELOAD: Consists of clients who have had at least one face-to-face contact with your agency in the last 90 days and were active on the last of the previous quarter. **The Beginning Caseload is equal to the Ending Caseload of the previous reporting quarter.**

NEW ENROLLEES: Clients who were newly enrolled in your agency during the reporting quarter and were enrolled in this program prior to enrollment in any other program within your agency.

TRANSFERS TO: Refers to clients who are already registered within your agency in another program, and are being transferred to this program element.

TRANSFERS FROM: Refers to clients 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 of your agency is going to provide services on an ongoing basis.

TERMINATIONS: Clients who are no longer receiving services at your agency.

ENDING ACTIVE CASELOAD: Is the active caseload on the last day of the reporting quarter. It is calculated in the following manner: **Add #1 (Beginning Active Caseload) + #2 (New Enrollees) + #3 (Transfers To). Subtract #4 (Transfers From) and #5 (Terminations) = Ending Caseload #6.**

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)
LEVEL OF SERVICE REPORT
PATH PROGRAMS**

USTF PROJECT CODE:	REPORTING QUARTER: (CHECK ONE)			
NAME OF AGENCY:	JULY 1 TO SEPTEMBER 30	1		
NAME OF PROGRAM:	OCTOBER 1 TO DECEMBER 31	2		
PERSON COMPLETING FORM/PHONE #:	JANUARY 1 TO MARCH 31	3		
DATE SUBMITTED:	APRIL 1 TO JUNE 30	4		
CHECK AGENCY REPORTING QUARTER:	1	2	3	4

1. Of the Ending Caseload how many individuals are:

A. Medicaid/Familycare Enrolled: B. Medicaid/Family Non-Enrolled:

(1A. + 1B. must equal ending caseload)

2. Total Number of Unduplicated Homeless Individuals Outreached in this Quarter:

(Do not count those reported as outreached in previous QCMR's this contract year)

3. Total Number of Newly Enrolled Clients who have a co-occurring mental health and substance use disorder:

Individual Group

4. Number of Face-to-Face On-Site Contacts with or on behalf of enrolled Clients:

5. Number of Face-to-Face Off-Site Contacts with or on behalf of enrolled Clients:

6. Units of Service (Sum of 4 and 5)

7. Aggregate Number of Telephone Hours With or On Behalf of the Client:

8. Of the Total Number of **Individual** face-to-face contacts how many are provided to individuals who are:

A. Medicaid/Familycare Enrolled: B. Medicaid/Familycare Non-Enrolled:

(8A. +8B. must equal Total Number of Individual contacts in line 6 above)

9. Of the Total Number of Group face-to-face contacts how many are provided to individuals who are:

A. Medicaid/Familycare Enrolled: B. Medicaid/Familycare Non-Enrolled:

(9A. +9B. must equal Total Number of Group contacts in line 6 above)

10. Total Number of Enrolled Clients Linked to Community Based Program/Services in the following areas:

<p>a. Financial <input type="text"/></p> <p>b. Housing Placement Assistance (Long-term Housing) <input type="text"/></p> <p>c. Relevant Housing Serv. (Temporary Housing) <input type="text"/></p> <p>d. Drug/Alcohol Prog. <input type="text"/></p>	<p>e. Medical/Dental <input type="text"/></p> <p>f. Mental Health <input type="text"/></p> <p>g. Job Training (Habitation / Rehabilitation) <input type="text"/></p>
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1. Number of Enrolled Clients for Whom Funds Were Expanded for Housing Services in this Quarter:
2. Number of Enrolled Clients Receiving Supportive/Supervisory Services in a Residential Setting this Quarter:

PATH PROGRAM

1. Of the Ending Caseload how many individuals are:
- A. **Medicaid/Familycare Enrolled:** (i.e., the consumer is an enrolled NJ Medicaid/FamilyCare beneficiary)
- B. **Medicaid/Family Non-Enrolled:** (i.e., the consumer is NOT currently enrolled as a Medicaid/FamilyCare beneficiary)

For the PATH QCMR, “**enrollment**” is defined as when the individual has been determined to be PATH-eligible, has agreed to allow PATH to provide a service and that the PATH Provider has started an individual file or record for the individual (USTF) which includes, at a minimum:

- Basic demographic information needed for reporting,
- Documentation by the Provider of the determination of PATH eligibility,
- Documentation by the Provider of the mutual agreement for the provision of services,
- Documentation of services to be provided.

2. **Total Number of Unduplicated Homeless Individuals Outreached in this Quarter:** Please do not count those reported as outreached in previous QCMR’s this contract year.

“**Outreach**” means any staff contact with a homeless individual in order to introduce the program and staff, establish a relationship, assess the individual’s eligibility status and attempt to engage and enroll the individual in the PATH program and into an array of mainstream services. In active outreach, workers seek out individuals who are homeless. A “**homeless individual**” is defined as an individual who lacks a fixed and regular and adequate nighttime residence or whose primary nighttime residence is a homeless shelter or transitional housing (without regard to whether the individual is a member of a family).

3. **Total Number of Newly Enrolled Clients who have a Co-occurring Substance Use Disorder:** Newly enrolled homeless persons with a serious mental illness who has a co-occurring substance use disorder. The designation of a “**co-occurring substance abuse disorder**” indicates when the PATH worker (and in some cases the consumer) believes that the consumer is in a period of active substance use that affects his/her functioning or recovery from substance use and continues to require support.
4. **Number of Face-to-Face On-Site Contacts with or on behalf of enrolled Clients:** For the PATH QCMR and Annex A, “**face-to-face contacts**” refers to direct contact with or on behalf of the consumers for 15 continuous minutes. If a contact exceeds more than 15 continuous minutes, count as multiple contacts. If one staff member serves between two and six clients simultaneously, count as one group contact per client (group contacts of seven or more clients are not reportable). Travel time is to be excluded from overall contact time. In the context of the PATH QCMR, “**on-site**” means services provided at the agency offices. Please indicate both the number of contacts occurring in individual settings and in group settings during the report quarter.
5. **Number of Face-to-Face Off-Site Contacts with or on behalf of enrolled Clients:** In the context of the PATH QCMR, “**off-site**” means services provided in any location *other than* the agency offices.
6. **Units of Service (Sum of 4 and 5):** Sum of On-Site and Off-Site units (Individual and group).
7. **Average Number of Telephone Hours With or On Behalf of the Client:** Indicate the quarterly average number of hours PATH staff spent on the phone with, or on behalf of the PATH Client.
8. Of the Total Number of *Individual* face-to-face contacts how many are provided to individuals who are
- A. **Medicaid/Familycare Enrolled:**

- B. **Medicaid/Family Non-Enrolled:**
9. Of the Total Number of *Group* face-to-face contacts how many are provided to individuals who are:
A. **Medicaid/Familycare Enrolled:**
B. **Medicaid/Family Non-Enrolled:**
10. Total Number of Enrolled Clients who were linked to the following programs and services:
- a. **Financial:** Income supports are financial supports that can be used at the consumer's discretion and are not limited to specific uses. Examples include Social Security Income (SSI), Social Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF), and pensions, including Veteran pension. Income supports that are not earned income (wages), non-cash benefits (food stamps/Supplemental Nutrition Assistance Program [SNAP], etc.), or temporary financial assistance (security deposits, rental assistance, utility or energy assistance).
 - b. **Relevant Housing Services (Temporary Housing):** Shelter or Motel/Hotel placement, transitional housing, Safe Haven, temporarily doubled up with family or friends and not on lease or mortgage.
 - c. **Housing Placement Assistance (Long-Term Housing):** Permanent housing (apartment, rooming house, with relative, etc.) or supportive housing.
 - d. **Drug/Alcohol Program:** Services including linkages to detox, drug/alcohol rehabilitation, or Partial Care treatment program for Co-occurring substance use.
 - e. **Mental Health Services:** Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. Examples of community based mental health services include Outpatient psychiatric and counseling services, Partial Care, Intensive Family Support Services, Medication Monitoring, Intensive Case Management Services, Supportive Housing Services, etc.
 - f. **Primary Health and Dental Services:** Medical care that is overseen by a licensed medical primary care provider or licensed dentist.
 - g. **Job Training (Habilitation and Rehabilitation) :** Community-based employment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals; such as Work First, Supported Employment and other Vocational services.
11. **Number of Enrolled Clients for Whom Funds Were Expanded for Housing Services in this Quarter:** Indicate the unduplicated number of clients enrolled in PATH for whom program funds were expended for housing services (e.g., security deposits, rent, utilities) during the contract quarter.
12. **Number of Enrolled Clients Receiving Supportive/Supervisory Services in a Residential Setting this Quarter:** Indicate the unduplicated number of PATH clients whom received supportive/supervisory services (e.g., Services provided in residential settings that are designed to support individuals during their transition into mainstream services) during the contract quarter.