 WFNJ SUBSTANCE ABUSE AND BEHAVIORAL HEALTH INITIATIVE (WFNJ SAI/BHI)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for facilitating the admission of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is scheduled for admission to your program on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The client should be placed in the following level of care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A signed consent form that allows communication about this client between the NCADD-NJ WFNJ SAI/BHI and your program is enclosed along with a copy of this client’s ASI and ASAM Assessment Summary.

The WFNJ SAI/BAI is required to report all clients’ treatment attendance to the County Welfare Agencies (CWA) every week. Please contact us to let us know when the client has begun treatment at your agency. We ask that you assist the client by completing the **Weekly** **Attendance Form** so that we can report the client’s attendance to the CWA. If you require a copy of this form, please contact Amber Quaker (aquaker@ncaddnj.org):

* Please fax or email the completed **Weekly Attendance Form** to the WFNJ SAI/BHI Payment Authorization (PA) Unit at (609) 259-1458 or email to [paunit@ncaddnj.org](mailto:paunit@ncaddnj.org) within two working days of the end of the week in which the services are provided.
* WFNJ SAI/BHI **contracted** treatment providers must conduct weekly urine drug screens. The completed **Urine Drug Screen Reporting Form or Lab results** must be mailed, sent Fed Ex , or emailed to the WFNJ SAI/BHI PA Unit within two working days of the end of the week in which the UDS was collected.

YOUR ASSISTANCE WITH THIS WILL HELP TO ENSURE THAT THE CLIENT CONTINUES TO RECEIVE BENEFITS AND WILL PREVENT THE CLIENT FROM INCURRING A SANCTION DUE TO NON-ATTENDANCE AT TREATMENT.

If the client needs services other than what has been pre-approved, the WFNJ SAI/BHI contracted treatment provider must contact the WFNJ SAI/BHI Care Coordinator for pre-approval in order to receive payment authorization for other services. It is the treatment provider’s responsibility to contact the WFNJ SAI/BHI CC for a service review by the service review date indicated on the ASAM note; otherwise, this will affect payment authorization for services.

For **non-contracted** mental health treatment providers, the WFNJ SAI/BHI CC will contact the program counseling staff once per month to obtain information on client progress, participation, and attendance. If the client needs services other than what he/she has been referred to your program to receive, you may contact the CC at any time for assistance with referring the client to the most appropriate treatment or level of care.

If you have any questions or concerns about this client’s placement, or if there is an emergency (including unscheduled discharge) regarding this client, please contact the CC as follows:

* Monday through Friday, 8:00 AM-4:30 PM, by phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or, after business hours and on the weekends, you may call the CC’s telephone number and leave a message on the voicemail. If there is a clinical emergency and you need to speak with someone in the WFNJ SAI/BHI immediately, then call: (800) 396-6646 and follow the instructions to reach the Regional Manager.

Thank you for your assistance and cooperation.

Sincerely,

WFNJ SAI/BHI Care Coordinator