



ASSISTANT CARE COORDINATOR/SYSTEMS COORDINATOR MANUAL

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ASSISTANT CARE COORDINATOR MANUAL

Answering the Regional Office Door

When people other than NCADD-NJ staff knock on the office door or enter the office:

- Inquire, “*Hi, how may I help you?*”
- If it is someone soliciting a product, refer them to the NCADD-NJ Administrative Office in Robbinsville and give them the phone number.
- If it is the mail carrier, give them the outgoing mail and collect incoming mail.
- If it is someone with an appointment, ask for their name, who they have the appointment with, ask them to have a seat and inform the person they are there to see that their appointment has arrived.
- For all others, redirect them to where they need to be if their destination is in the vicinity.
- If you become concerned for your safety, call 911 immediately.
- Keep office doors locked after 5 PM or if alone in the office.

Answering Phones

- Greet the caller with, “Hello, Work First New Jersey SAI/BHI, this is (your name). How can I help you?”
- If the caller requests to speak to another person say, “Whom may I tell him/her is calling?” Then, “One moment. I will see if he/she is available.”
- If the person requested is not available, either forward the caller to the requested person’s voicemail, or take the message by inquiring about the person’s name, their agency, their number and the message. Tell the caller that you will see that the person requested receives the message. Place the message in the appropriate person’s mailbox.

Answering Phone Inquiries about the WFNJ SAI /BHI

Often the regional offices receive phone inquiries requesting information about the WFNJ SAI/BHI. Below are some examples of inquiries and answers that you can give.

What is the WFNJ SAI/BHI?

- Tell the caller that the WFNJ SAI/BHI is an acronym for Work First New Jersey Substance Abuse Initiative and Behavioral Health Initiative. It is a statewide initiative for welfare clients suspected of having a substance abuse and/or a mental health problem. The WFNJ SAI/BHI is available for both TANF and GA clients who receive a welfare cash grant. The WFNJ SAI/BHI Care Coordinators are located in each county at county welfare offices. The WFNJ SAI/BHI Care Coordinator assesses the client for a substance abuse and/or mental health disorders, refers the client to treatment, approves payment only for contracted substance abuse treatment and refers the client back to welfare when treatment is almost finished so that the client can be placed in a work activity.

How is someone referred to the WFNJ SAI/BHI?

- Clients are referred to the WFNJ SAI/BHI by the welfare case worker through the County Board of Social Services in the county they reside, through the local Municipal Welfare Director or DCP&P.
- The client must be receiving cash benefits and have active NJ Family Care from welfare to be eligible for the WFNJ SAI/BHI.
- The client can ask their welfare worker or DCP&P worker (if applicable) for a referral to the WFNJ SAI/BHI.

How long does it take to get an appointment for an assessment with the WFNJ SAI/BHI?

- Most client assessment appointments are scheduled within 3 business days of receiving the referral from the welfare worker/DCP&P worker (if applicable).
- In some cases, depending on availability, the client can be seen at the time of the referral to the WFNJ SAI/BHI if the client is willing to stay and wait for the assessment.
- In an emergency, most clients can be seen the same day as long as the referring person indicates that the situation is emergent.

How does a client get into treatment?

- If the client needs treatment, the WFNJ SAI/BHI Care Coordinator (CC) will refer the client to the treatment program and arrange transportation if needed.
- The CC will approve payment for treatment in contracted substance abuse treatment providers so that there is no cost to the client.
- For mental health-only clients, the WFNJ SAI/BHI CC refers clients to a non-contracted treatment provider who will accept their Medicaid so that there is no cost to the client.

How about other needed services while the client is in treatment?

- When the client is referred to treatment, the WFNJ SAI/BHI CC can arrange for childcare for the client.
- When a client needs transportation to treatment, housing or emergency housing assistance, the WFNJ SAI/ BHI Care Coordinator will arrange for these services for the client through welfare and/or LogistiCare.

Answering Phone Inquiries about Clients

Answering Client Inquiries

When clients call to check on their assessment date and time, or to reschedule an appointment, do the following:

- YOU MUST VERIFY THAT THE CLIENT IS ACTUALLY CALLING by asking for the client's social security number and date of birth.
- If the client requests clinical information, offers critical information, or requests a copy of their file, always refer the client to the CC, or if not available, to the LCC or Regional Manager.

Answering Treatment Provider Inquiries

When a treatment provider calls to give or request information about a client, do the following:

- Ask for the client's name, date of birth and social security number as appropriate.
- Verify that the client signed a release to disclose information to the provider.
This information can be obtained in the Forms Print section in Atlantis, under releases.
- **If there is no release** for that provider, you must say to the provider, "I am unable to either confirm or deny that the client you mentioned is a WFNJ SAI /BHI client."
- Then refer the provider to the LCC or the RM or take the message and tell the provider that a supervisor will get back to them.
- If there is an emergency or crisis with the client, contact the supervisor immediately.

Answering Welfare Inquiries

When a welfare worker calls to inquire or to give information about a client, do the following:

- If the welfare worker calls to give information about a recent referral, ask for the client's name, date of birth and social security number, take down the information and update the information in Atlantis (if they are updates).
- If the client has already been assessed, enter the information in Atlantis in the Service Log. Depending on the information given, you may also call or email the CC. If in doubt, consult with your supervisor.
- If the welfare worker calls to inquire whether a client kept their assessment appointment, you may give the worker this information and schedule a new appointment, if applicable.
- If the welfare worker calls to inquire about clinical information, refer the worker to the CC or the LCC. **Never give clinical information to anyone.**
- If in doubt about how to handle a call, always consult with the supervisor.

Answering Inquiries from Family Members

Whenever a family member calls to give information or to inquire about a client, do the following:

- You **may not** indicate that the client is a WFNJ SAI/BHI client. Please state to the caller, "I am not able to confirm or deny that the client mentioned is a WFNJ SAI/BHI client."
- If the family member is calling to give information only, take down the information, the caller's name and phone number and tell the caller that you will give the information to a supervisor.
- If the family member is calling to make any type of inquiry about a client, ask the caller to hold and summon the supervisor. When the supervisor is not available, take the caller's name and phone number and tell them that someone will return the call.
- Enter the information into the Service Log.
- Always contact the CC and the LCC to inform them of family member inquiries.

Answering Inquiries from DCP&P Workers

When a DCP&P worker calls to give information or to inquire about a client, do the following:

- Always summon the LCC or RM, or, if not available, take the worker's name, position and phone number, as well as the message and the client's name, date of birth and social security number. Inform the worker that the message will be forwarded to the supervisor to return their call.
- Never give clinical information about WFNJ SAI/BHI clients to anyone over the phone, but you must ensure that the supervisor or the CC receives the message in a timely manner so that they can act upon the information or return the call.

Arranging Client Transportation to Treatment

When an ACC/SC is called upon to arrange client transportation to an assessment, to a treatment interview or to treatment, do the following:

- If it is possible to arrange transportation through the client's county welfare agency, contact the county's designated transportation representative (LogistiCare - 866-527-9933) or the county's designated cab company. Consult with the CC about this first.
- If transportation is not available through LogistiCare or the county welfare office, refer to the most recent copy of the WFNJ SAI/BHI Emergency Transportation Taxi Cab Companies spreadsheet and find a cab company in the county the client is to be transported from or the closest county to where the client resides.
- Before calling LogistiCare or a cab company, be sure to have the following information available to give to the cab company dispatcher: the client's name, Medicaid number, the client's address for pick up, the destination address and telephone number, time of pick up, approximate wait time, and other instructions, if applicable. **(Important! You must obtain the estimated cost of the trip. If the cost will be \$300 or more, you must obtain approval from the Director of the WFNJ SAI/BHI.)**
- If transportation is being arranged through the county welfare office (such as with bus a pass), generate a CWRRF detailing the information, print the CWRRF and fax the CWRRF to the welfare caseworker.
- If using WFNJ SAI/BHI Emergency Transportation, fill out an Emergency Transportation Form entering all the information required on the form and **fax the completed form to the taxi company.**
- Save a copy of the form for your records.
- Forward the Emergency Transportation Form to the LCC or RM for approval. The supervisor will forward the form to the NCADD-NJ Controller, Laura Videtti.
- Document the transportation arrangements in the client's Atlantis Service Log (including the company name). **You must select "Client Support" in the left margin in Atlantis service Log to enter the data.**

Attendance Forms (WFNJ 87) Forms

Client attendance must be sent to welfare every two weeks by the ACCs. Attendance forms are also known as WFNJ 87 Forms and are printed in batches from Atlantis; there is one form per client. If your LACC asks you to send the bi-weekly attendance to the counties in your regional area, ask the LACC if the WFNJ 87 forms are going to be sent along with the Program Flow, the Work Activity Report, and the Work Activity Case Closure Report. The WFNJ-87 schedule will contain the Bi-weekly Period Start and End Dates and the Print and Send date that you will need to carry out this task. The attendance forms may be faxed, emailed, or Fedexed. (See the Atlantis Manual for instructions regarding how to Batch Print.)

Checking Regional Office Voicemail Messages

Some offices have the ability to forward messages to another staff person's voicemail. Follow the process that is available for your office. If your office does not have voicemail forwarding capability, do the following:

- Check for new messages in your office's main voicemail in the morning and throughout the day.
- Write down the following information from the call: the date and time the message was left, the caller's name and telephone number, the caller's message, and the name of the recipient of the message.
- Send an email to the staff person the message was for providing all of the information from the call in the body of the email.
- In the event the message is of high importance or it requires immediate action, either contact the person the message was for directly by phone, and/or contact the supervisor immediately.

Receiving Referrals from Welfare

All WFNJ SAI/BHI referrals from welfare are sent directly to one of the FOUR WFNJ SAI/BHI regional offices (Essex, North, South, and Camden). **All referrals must be entered into the database on the same day they are received.**

Below are the triage guidelines for determining if the client should be deemed "SAI" or "BHI" in the referral screen (note, all referrals from DCP&P are deemed "SAI" since this is a different referral packet):

SAI and BHI Welfare Referral Triage Guidelines

All statewide referrals will include the new WFNJ 125 and combined WFNJ SAI/BHI Screening Tool.

The ACCs will receive the referral and triage the client to the correct program track, SAI or BHI, by choosing one of the following criteria:

- If the client has one or more positive responses to questions 8-12 and no positive responses to questions 1-7 → the client should be given a "SAI" appointment. The ACC will select "SAI" in the referral screen.
- If the client did not have a previous SAI or BHI case, and if the questions between 8-12 and questions 1-4 have one or more positive responses → the client should be given a "SAI" appointment.
- If the client did have a previous SAI or BHI case and if the questions between 8-12 and questions 1-4 have one or more positive responses and the client was placed in a SAI provider in their previous EOC → the client should be given an SAI appointment. The ACC will select "SAI" in the referral screen.

- If the client had a previous BHI case and if the questions between 8-12 and questions 1-4 have one or more positive responses and was placed in a Mental Health provider → the client will be given a BHI appointment. The ACC will select “BHI” in the referral screen.
- If the client had a previous SAI or BHI case, and if the client answers “yes” to one or more questions between 8-12, and questions #5, #6, #6a., or #7 → the client should be given a BHI appointment (same day). The ACC will select “BHI” in the referral screen.
- If the client never had a SAI or BHI case and answers “yes” to 1 or more questions between 1-5 plus #6, #6a., or #7 and “yes” to any questions between 8-12 → the client should be given a BHI appointment and the ACC will select “BHI” in the referral screen (same day).
- If the client had a previous SAI/BHI case but was previously closed as “Mental Health Primary” and answered “yes” to any question between 8-12 → the client should be given a BHI appointment. The ACCs will select “BHI” in the referral screen.
- If the client answered “yes” to one or more questions between 1-7 and did not answer “yes” to any questions between 8-12 → the client should be given a BHI appointment. The ACC will select “BHI” in the referral screen.

Any positive responses to questions #6, #6a, or #7 must be given a same-day “BHI” assessment appointment, if a “BHI” appointment is not available, you will give a “SAI” appointment due to immediate need. If you are unsure, please consult a supervisor.

If a referral goes to the SAI, the ACC will select “SAI” in the referral screen; if the referral goes to the BHI, the ACC will select “BHI” in the referral screen.

As always, all red-flagged clients must be reviewed by a supervisor. The ACC will forward the red-flag referral to the supervisor and may discuss the rationale for the program track selected.

When a client responds “Yes” to questions 6, 6a, and 7, you must ask the following questions before giving an assessment appointment. You are going to have to assist the welfare caseworker with determining if the client is in need of emergency services and if 911 or other emergency services should be called.

ACC Script for questions 6 and/or 6a, assuming that the client is with the welfare caseworker:

“I see from the referral that the client indicated that they had suicidal thoughts this month (or today). Do you have genuine concerns for the safety of this client? Does the client appear to be in crisis currently; for example, does the client appear depressed, hopeless, distraught, or is he/she very tearful?”

If he/she responds “Yes”: “Ask the client if he/she has a plan on how he/she would go about hurting him/herself.”

If he/she answers “Yes” and they do have a plan then: “Ask him/her if they have the means or access to carry out their plan (pills, a gun, etc.).

If he/she answers “Yes” that they do have means and access, then the ACC will say: “You will need to follow your county’s protocol for calling emergency psychiatric services, such as 911. I am not going to give you an assessment appointment at this time because the client needs crisis intervention today. When the client has been stabilized and concerns for his/her safety are not an imminent risk, then you can refer the client at that time.”

If at any point the welfare worker wants to put the client on the phone with you, then you must be firm and say: “We have to talk to you and not to the client. You need to ask the client these

questions since you are there to accurately assess the safety of the client and we are not. I am going to tell you what questions to ask the client.”

ACC Script for 7, assuming that the client is with the welfare caseworker:

“I see from the referral that the client indicated that they had thoughts to harm someone else this month (or today). Do you have genuine concerns for the safety of this other individual? Does the client appear to be in crisis; for example, does the client appear hostile, enraged or outright verbalizing that they are going to hurt this person?”

If he/she responds “Yes”: “Ask the client if they have a plan to hurt this person.”

If he/she responds “Yes” and they do have a plan: “Ask the client if they have access to this person and the means to harm the person.”

If he/she responds “Yes” and they have the means and access, the ACC must say: “You will need to follow your county’s protocol for emergency services, which may require a call to 911 and also informing the intended person of harm.”

If the client is not with the welfare worker and the client has answered “Yes” to question 6, 6a, and 7, the ACC must instruct the welfare worker to outreach the client immediately to ask the questions above, before an assessment appointment can be given. The ACC will inform the welfare worker that if there is genuine concern that the client is suicidal or homicidal, then they will have to follow their emergency protocol.

- If the welfare worker does not have serious concerns for the client or others’ safety at the time of the referral, and if there is an available same day appointment, then the client should be given an assessment appointment on the same day. If not, every attempt should be made to schedule this person within 3 days, as required.
- If the client reports that they only stated these things to get a sooner appointment, or if they are at risk of losing their housing, you should still try to schedule all clients as soon as possible.
- If you are still unsure how to triage the referral and unable to make a determination even after asking the above questions, ask a supervisor. Do not hesitate when it comes to the safety of the clients or others.

Checking Client Cash Eligibility in GAAS:

All Medicaid coverage for single adults, GA and non-GA, are assigned a PSC code of 762. All other Medicaid PSC codes were eliminated. ACCs and SCs no longer need to check the Medicaid PSC at the time of referral because everyone, GA and non-GA, now have a PSC of 762.

All ACCs and SCs are now required to check the General Assistance Automated System (GAAS) at the time of referral to ensure the client is getting, or will be getting (presumptive eligibility), a cash grant of \$140 or \$210. If a client is not receiving cash, or does not have presumptive eligibility for cash, they are not eligible for participation in the WFNJ SAI/BHI. If an ACC/SC receives a referral for a client who is not receiving cash, they will need to find out the cause and document the information in the service log. If the reason is another form of earned income, Drug Court, SSI, etc., the ACC/SC will not accept the referral, as the process has always been for these reasons. Many clients are referred with presumptive eligibility. Clients are eligible

if they have presumptive eligibility, this means that once they complete the intake process, recertify, or cure a sanction, they will receive cash assistance; most times, a client will have to enter and engage in treatment before they will obtain cash in these circumstances.

Atlantis is automated to check **all** clients on an Open Caseload in GAAS during the first week of the month to ensure they are still receiving cash. If it is determined that a client has lost their cash grant or their eligibility for cash, the LACC, SC or ACC will be required to contact the CC who should notify the client, treatment provider and/or the welfare worker to trouble-shoot the issue and to determine if the client can regain their cash grant. The ACCs/SCs/LACCs may assist with trouble-shooting as needed. All actions or comments related to client eligibility should be noted in the Atlantis service log.

The end date of the cash grant will auto-fill when the system checks all open cases at the beginning of the month. This is located in the Referral section of Atlantis under the eligibility screen. Once a date is indicated in this field, it will prevent a PA from being generated.

Checking Client Medicaid Eligibility in New Jersey Molina Medicaid Solutions:

ACCs and SCs have the responsibility of checking Medicaid eligibility for every client referral that comes into the regional office. In addition, each is responsible for working with the Eligibility Specialist in the PA Unit to resolve Medicaid eligibility issues. It is also the responsibility of the CCs, the LCCs and the RMs to work with welfare, the client, treatment providers and the PA Unit to assist with resolving Medicaid eligibility problems in order to ensure that clients can be placed in treatment and that treatment providers can be paid for their services. To check a client's Medicaid eligibility, perform the following tasks:

Checking Client Eligibility Online

- On your computer Desktop, click on the "Glink" icon.
- Next to "Please Enter Application Request", type **njp**.
- At "logon id", type your logon ID and press the "Tab" key.
- Next, enter your password and press the "Enter" key.
- At the next screen, type **njmmis** and press the "Enter" key.
- The next screen will be The State of NJ Medicaid Management Information System main menu. Type the numbers **02** and press the "Enter" key.
- This will bring you to the Recipient Search Menu. Type **BWS** and press the "Enter" key.
- The next page allows you to conduct the search by entering the Medicaid number, the social security number, or the first five letters of the client's last name and the first name initial along with the client's date of birth, in the appropriate spaces on the screen. Press the "Enter" key.
- On the next screen, a list of names will appear. Choose the correct client by typing an **e** next to the name and press the "Enter" key.
- Next, look at the client's Medicaid number and check to be sure that the first 2 numbers reflect the county. The next two numbers should be either 70 for GA, or 30 for TANF. If the 3rd and fourth number is not either 70 or 30, then the client is most likely not eligible for the WFNJ SAI/BHI.

- Next, check the end date. If there is no end date, leave this field blank in Atlantis. If the end date is 99/99/99, enter 9/9/2029 in Atlantis. If the end date is a future date, enter that future date in Atlantis. If the end date is a **past date, the client is not eligible**. If the client you are researching is already a WFNJ SAI/BHI client, this should be reported to the CC.
- Next, look at the Program Status Code under “PSC.” **The only eligible PSC for GA is 762 and for TANF the eligible PSCs are 295, 310 through 470 or 490 and 491.** If the client’s service code is not any of the above listed numbers, the client is not eligible for the WFNJ SAI/ BHI.

Obtaining GA Employable/Unemployable Status in GAAS

All ACCs/SCs will be responsible for checking the Employable or Unemployable status of all GA SAI and BHI clients monthly. The LACCs will print the Open Caseload Report for each CC in their region during each month and will work with the Regional Manager for their region to assign each ACC/SC which clinical staff’s caseload to check for employability status.

The ACC or SC will check the GAAS database to determine the amount of the cash benefit awarded to each GA client on the caseload of the CC to which they are assigned. If the database indicates that the client is receiving \$140 monthly, the client is considered “Employable.” If the database indicates the client is receiving \$210 or (possible more) monthly, the client is considered “Unemployable.” The ACC/SC will place an “E” or a “U” next to the client’s name on the Open Caseload Report. The ACC will then check the client’s referral screen in Atlantis to ensure that the correct GA employability status is selected. When the employability status in Atlantis does not match the ACC/SCs findings in GAAS, the ACC/SC will make the correction in the appropriate drop-down on the referral screen. **The ACC/SC will document the end date of the Medical Deferral in the field labeled “End Date of Med 1.”** If an end date is not provided in the GAAS database then the ACC/SC must contact the Welfare Caseworker to obtain the end date of the Medical Deferral.

When the ACC/SC receives a new referral for an Unemployable GA client, the ACC/SC must now ask the Welfare Caseworker for the end date of the Medical deferral Med-1 Form. The ACC/SC will write the end date of the medical deferral on the referral to be faxed to the CC and will document the end date in the service log.

Once all of the GA clients have been checked and new information entered in Atlantis as appropriate, the ACC/SC will write their name and the completion date at the top of the Open Caseload Report and hand the Open Caseload Report back to the LACC. All checking must be completed within the month the report was printed.

Instructions for Obtaining Information in GAAS

Search for the client and enter the record. You must then choose the “**Work Reg**” link from the top of the page. Under “**Work Registration**,” you will see a list of client activities. Click the hyperlink under “**Program Type**”. This will take you to the “**Work Registration**” page and on that page the “**Case Type**” will identify if the client is Unemployable and the amount of their cash grant. Then click “**Main Page**” from the menu options at the top of the screen and click the

“**Case Specific Case Management**” hyperlink. Then choose the “**Work Deferral**” link from the menu options at the top of the page and you will see a list with deferral reasons with start and end dates. This will tell you why the client was deferred and when the deferment will end.

Client “No-Show” Cases

When it is determined that a client did not show for their assessment, or was rescheduled, the ACC/SC must notify welfare or DCP&P by doing the following:

- In the client’s electronic file, complete a Caseworker Referral Response Form (CWRRF); if DCP&P the ACC/SC must also complete a DCP&P Referral Response Letter (RRL) to inform the referring worker that the client did not show.
- To generate a CWRRF: In the Atlantis menu under “Referral” click “CWRRF.”
 - Enter the date and in the “Response Reason” field select “Client did not show for assessment.” In the “Work Activity Indicated” field, select “No work activity.” In the “Referred to Sanction” field, select “No.”
 - In the “Comments” of the CWRRF enter the following information: “Client was referred to the WFNJ SAI/BHI on (enter date). Client missed a scheduled appointment on (enter date). Refer the client back to the WFNJ SAI/BHI for assessment. If the client is not assessed within 30 days of the initial referral request, a new referral must be issued.” Enter your initials, close the comments box. Then click “Save.”
 - Print and fax the CWRRF to the Welfare Caseworker.
 - Document in the Service Log that the CWRRF was sent.
- To generate a RRL: In the Atlantis menu under “Referral” click “Referral Response Letter”
 - Enter the date and the CC name from the Assessment screen
 - Select from the drop-down “Client did not show for assessment.”
 - Print and fax the RRL to the referring DCP&P caseworker.
 - Document in the Service Log that the RRL was sent.
- The ACC/SC will mail a Missed Appointment Letter to the client instructing them to contact the regional office as soon as possible to reschedule. In some cases, the letter may contain a new appointment date and time.
 - Indicate in the Service Log that a Missed Appointment Letter was sent to the client.

Closing a No-Show Case

Print out the “No Assessment in 30 Days” report on a daily basis.

When a client fails to show up for their scheduled assessment appointments after 30 days of receiving the referral, do the following:

- Inform welfare that you are closing the case by generating a CWRRF: In the menu under “Referral, click “CWRRF.”
- Enter the date and in the “Response Reason” field select “Case Closed.” In the “Work Activity Indicated” field, select “No work activity.” **In the “Referred to Sanction” field, select “Yes.” All clients who fail to show for assessment are referred for a sanction.**

- In the “Comments” field type, **“The client failed to be assessed within thirty days of the referral date. WFNJ SAI/BHI case closed and must be referred back to WFNJ SAI/BHI to lift sanction.”** Click “Save” and then print the CWRRF.
- Then enter the date and a note in the Service Log stating, “CWRRF created for case closure.” Click “Save.”
- Next, you must close the electronic case record for the client. Under “Referral,” select “Case Closure.”
- Fill in the “Closure Date” field, select “Refused Assessment” and in the comments field document that the client failed to be assessed. Click “Save.”
- Fax CWRRF to the Welfare Caseworker.
- SCs will fax a DCP&P Monthly Update to the referring DCP&P worker informing them that the WFNJ SAI/BHI case is closed and the client has been referred for a welfare sanction.

Intent to Close (ITC) Report Process

Every 3 weeks on Mondays, the Payment Authorization (PA) Unit develops two Intent to Close (ITC) Reports, the ITC Non-Attendance Report and the ITC CSR (Clinical Service Review) Report, and forwards the reports to the Division Director, Deputy Director, the Regional Managers, the LCCs, and the LACCs.

ITC Non-Attendance Report

The PA Unit develops an ITC Non-Attendance Report listing those clients in treatment whose attendance for the previous 2-3 weeks has not been received. The ITC Non-Attendance Report also lists the dates the report covers, and includes the WFNJ number, the treatment provider, and the name of the CC. In addition, the PA Unit sends an “Intent to Close” letter to the treatment provider warning the provider that the missing attendance for the period indicated must be received within 10 days and that if it is not received, either the client will be transferred to another program or the case will be closed with the WFNJ SAI/BHI.

Upon receiving the ITC Non-Attendance Report, the LCCs/LACCS review each client’s electronic file to determine if the client should actually be listed as in treatment with the provider indicated on the report. The LCC follows up with the CCs regarding these clients and the need to conduct follow-ups and/or to refer the client to another provider. At the end of the bi-weekly ITC period, if the attendance has still not been received, the PA Unit will discharge the PPLs.

ITC CSR Report

The PA Unit develops an ITC-CSR Report listing those clients in treatment whose CSRs are more than two weeks overdue. The ITC-CSR Report includes the WFNJ #, the treatment provider, the name of the CC and the date the CSR was due. The PA Unit will send a letter to the treatment provider for past due CSRs, and also sends the ITC CSR Report to the Division Director, Deputy Director, the Regional Manager, the LCCs and the LACC. Upon receiving the ITC-CSR Report, the LCC speaks to the CC to determine if the treatment provider had attempted to contact the CC to conduct a CSR. **At the end of the bi-weekly ITC period, it is the responsibility of the LCC or LACC to discharge the PPLs for clients with past due CSRs.**

- The PA Unit will generate an excel spreadsheet indicating the clients that were sent letters which should be utilized to determine which clients will need follow-ups as well as which PPLs to discharge if the attendance and/or CSRs continue to be overdue.

10 Business Days Later

- After 10 business days have passed, the LCC, LACC or designated ACC looks in Atlantis check to see if the CSR was conducted during the 10-day period for each client who received an ITC letter.
- **If the CSR continues to be past due, the LCC or LACC must close the PPL.**
- The LCC or LACC must place a note in the client's Service Log that the PPL was closed due to past due CSR and the date of closure.
- The LCC or LACC should send an email to the CC indicating that the PPL was closed due to a past due CSR, the date the PPL was closed and that the CC should either refer the client to another treatment program or close the case as appropriate.
- **The LCC or LACC does not close the PPL for continued missing attendance.** The PA Unit will discharge the PPL. This will be indicated on the excel spreadsheet as a notification that the PPL will be closed. The PA Unit will also enter a service log note when closing a PPL.

Preparing Closed Client Files for Scanning

Regions vary as to who is responsible for preparing closed client files, but the process for preparing the closed client file is the same in every region.

- Remove all pages from the red client file folder.
- Save all documents that contain signatures.
- Remove documents that can be recreated in Atlantis (Assessment Summary, ASAM Notes, Face Sheet, CWRRFs, RRLs, Monthly Updates, etc.).
- Retain all letters, correspondence, psychiatric evaluations, etc. that cannot be recreated
- Remove all paper clips and staples from documents.
- Place all documents to be destroyed in the Recycle HIPAA Bin or shred documents.
- Place all documents to be saved in a regular folder and label folder with the WFNJ number; place the Case Closure Summary on top of all documents.
- Place the folder in a locked cabinet with other closed files to be transported to the NCADD-NJ Administrative Office for scanning.

Office Clean up

ACCs/SCs may be expected to assist with light office clean up.

- Empty trash
- Run vacuum
- Clean up lunch area, including lunch table.
- Change paper products
- Keep work area neat and tidy

Sending Fed Ex/UPS Packages

Always seek an alternative to using FedEx (mail, fax, scan/email, etc.); however, if you must send something via FedEx or UPS then follow these steps:

- Obtain a Fed Ex or UPS mailing form or envelope.
- Print legibly the requested information on the mailing form.
- Check “Signature Requested” on the Fed Ex shipping label.
- Include the correct NCADD-NJ account number.
- Verify and include the recipient’s correct name/address/telephone number.
- Verify and include the sender’s correct name/address/telephone number.
- Take the package or envelope to the Fed Ex/UPS building or place in the Fed Ex/UPS box and send the package two-day Fed Ex.
- Keep copies of the Fed Ex bills in a file for six months.

Signing for Fed Ex/UPS Packages

- Verify the name and address to ensure the recipient is located at your office.
- Print and sign your name on the form supplied by the Fed Ex/UPS delivery person.
- Give the package to the recipient or place package in recipient’s office.

Staff or Other Meeting Minutes

Documenting the minutes from staff or other meetings may vary based on the type of meeting and whether the meeting is recorded or notes are taken. Follow the steps below as a guide:

- Either bring a tape recorder to the meeting or take careful notes of the meeting. Speak to your supervisor about their preference in advance.
- Make a list of everyone who attended the meeting.
- Use the meeting agenda as your outline to follow.
- Write down the main points discussed under each agenda item and the person who made the points.
- Be sure to list all important dates, deadlines, names and phone numbers.
- Place an asterisks or a check mark next to any topic or issue that may require follow-up or that may need to be discussed again in the next meeting.
- Make a note of the next meeting date.

After the meeting:

- If you have a recording device, listen to the recorded tape to make sure your notes are accurate.
- Double-check your notes to ensure that you have not left anything out.
- Condense the information under each agenda item into two or three sentences per topic, if possible.
- Check with your supervisor about any information you think you may have misunderstood.
- Type the minutes into an easy-to-read format.
- Have the meeting facilitator or your supervisor proof- read and approve the minutes.
- Fix any mistakes or add any information that was missing.

- Once minutes are approved by the meeting facilitator or your supervisor, make sufficient copies to be handed out at the next meeting.
- Email the minutes to all meeting attendees if the facilitator or supervisor directs you to do so.
- File a copy of the minutes away with the agenda attached for your records.

Work Activity Reports

During the first week of each month, the LACC prints the Work Activity Report, the Case Closure Work Activity, and the Program Flow to be sent to the counties. If your LACC assigns the reports to you, ask your LACC for a copy of the previous month's Client Flow Report, ask if there are any municipalities that have requested the report, and ask for a list of which counties and municipalities the report should be faxed to as opposed to sending the report by mail.

Follow the steps below as a guide:

- Go into Atlants Reporting and click on "Work Activity" to bring up the Work Activity Reports Screen.
- In the "As Of" field, type in the last day of the previous month.
- Then in the "County" field drop-down box click on one of the counties in your regional area.
- In the "Program Status" field drop-down box, click "All."
- Then click "Print."
- When the report comes up on the screen, in the upper left-hand corner above the report and directly above the word Preview, click on the printer icon to print the report for that county.
- Repeat this process for all of the counties in your regional area.
- If a particular Municipality in your regional area has requested a copy of the Work Activity Report, go back to the Work Activity Reports screen, type in the same date, choose the appropriate county, choose "GA" in the "Program Status" field drop-down and choose the appropriate municipality in the "Municipality" drop-down box. Print the report.
- Print as many copies of the previous month's Client Flow Report as there are counties and municipalities receiving the Work Activity Report.
- Go into Atlantis Reporting and click on "Case Closure Work Activity" to bring up the Case Closure Work Activity Report screen.
- In the "Start Date" field, type in the first day of the previous month and in the "End Date" field, type in the last day of the previous month.
- In the "County" field drop-down box, click on one of the counties in your regional area.
- In the "Program Status" field drop-down box, click "All."
- When the report shows on the screen, print the report.
- Repeat this procedure for all of the counties in your regional area.
- Repeat this procedure for all of the municipalities in your regional area that have requested copies each month remembering to choose "GA" in the "Program Status" drop-down field.
- Paperclip the Work Activity, Case Closure Work Activity and Program Flow Report together for each county and municipality.

- Either fax (if the total report page is 3 pages or less) or mail via Fed Ex the three reports to each County Welfare Liaison and each Municipal Welfare Director as appropriate.
- Send an email to your LACC indicating that you have completed the process.

Note: If the Attendance (WFNJ 87) Forms are due at the same time as the Work Activity, Client Flow and Case Closure Reports, they should be sent to the counties together.

Employee Attendance Policy

Staff must be aware of the guidelines and expectations of reporting to work. While the agency offers a significant amount of time off, it is expected that staff use this time wisely and in a professional manner. All time is tracked and will be reviewed quarterly. Please be reminded that chronic tardiness and excessive absences are subject to disciplinary action up to and including termination. Disciplinary action may include removal from the Alternate Work Schedule (AWS). Since the AWS is a privilege and not a right, employees can be removed from the AWS to ensure their arrival to work on time or to cut down on the number of absences from work. Please remember that sick hours are to be used for medically necessary absences, not personal or vacation time. Employees who do not use sick hours during an entire quarter can earn a bonus of four (4) additional personal hours to use as they choose for time off.

Repeated or excessive absenteeism or tardiness will not be accepted. All employees should be mindful that excessive tardiness and absenteeism have a significant impact on the entire team and places stress on co-workers who need to perform the responsibilities of others due to their absence from work.

The employee must contact his/her supervisor in a timely manner whenever they are unable to report to work or will be tardy. The employee must speak with a supervisor; he/she should not leave a voicemail or send an email reporting their absence for that day.

To maintain a safe and productive work environment, NCADD-NJ expects its employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on NCADD-NJ. While it is recognized that there are circumstances that may cause an employee to be late or absent from work, these instances must be kept to a minimum in order to provide our clients with steady, quality service.

In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their immediate supervisor as soon as possible in advance of the anticipated tardiness or absence. When you call your immediate supervisor, you must state the reason you will be absent and when you expect to return to work. Prior notice should be given to your immediate supervisor if you know in advance that you are going to be absent.

NCADD-NJ retains the right to require employees to provide written verification from a physician as to the reason for any absences; the right to deny authorization for any requested absence and the right to investigate the reason for any absence. Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action, up to and including termination of employment.

Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action up to and including termination of employment.

WFNJ SAI/BHI Staff Conflict Resolution Policy and Procedure

Policy Rationale:

The Care Coordination Services (CCS) Division of NCADD-NJ is committed to sustaining a positive work environment in which employees work constructively together. The conflict resolution policy and procedure has been established as a foundation for ensuring that the work environment remains positive and, as a result, our clients receive higher-quality care.

It is recognized that conflict is not a problem; it is normal in any team. Disagreements, differences of opinion, varying clinical perspectives on assessment and treatment, and interpersonal conflicts are inevitable among interdisciplinary team members. Because of different life experiences, training, theoretical orientations and familiarity with recovery, personnel can be expected to encounter clinical, administrative and team-functioning conflicts. Team members have the right and responsibility to resolve conflicts as soon as possible. Resolving conflicts helps staff stay centered and improves and/or maintains healthy team functioning. If conflicts are not evident from time to time, it is likely that one or more members of the team are not speaking up assertively for what they believe in. They may not be advocating for their perspective, to the possible detriment of the clients served and the health of the team. The conflict resolution policy is intended to:

- Provide the opportunity to resolve a conflict or complaint quickly, fairly and without reprisal.
- Improve communication between employees; and between employees and their supervisor.
- Ensure confidence in management decisions by providing a mechanism whereby management decisions can be objectively reviewed.
- Support a positive work environment in which disagreements and conflict are considered normal and in which each employee has the right and obligation to resolve disagreements and work related conflict.

Procedure: Informal conflict resolution and complaint process

1. Each team member has the right and obligation to ask for clarification and discussion about any behavior, decision or treatment intervention that could compromise high quality care.
2. If the question arises because of an individual team member's behavior, decision, or treatment intervention, then the discussion should occur at the lowest level possible, face-to-face.
3. If the team member is not able to approach the individual face-to-face, he or she may request supervisory coaching in order to do so.
4. If resolution is not achieved, each person has the right and obligation to seek consultation from a team member who is next higher in the organizational structure. However, this is openly suggested and discussed together before calling in such a person. Sometimes such

discussion finally resolves the conflict; while at other times, seeking such consultation will be necessary.

5. If resolution is not achieved even with this consultation and three-way discussion, each person has the right and obligation to seek consultation from a team member who is now higher in the organizational structure. This again is openly discussed together before calling in such a person. This process of consultation moving up the organizational structure continues until the conflict is resolved, even to the point of calling in a consultant outside of the organization if necessary.
6. If there is a question or conflict about administrative, clinical, or other issues that affect the whole team or agency, then it is the person's right and obligation to bring the concern to group supervision or an equivalent team meeting.
7. If the issue is unresolved, any team member has the right and obligation to openly suggest consultation from a person who is next higher in the organizational structure. As before, this process of consultation moving up the organizational structure continues until the conflict is resolved, even to the point of calling in a consultant outside the organization if necessary.
8. A team member may require supervision to assist in resolving conflicts at the lowest level possible. However, supervision is not a substitute for open discussion of the conflict between or among team members. Follow-through on these conflict resolution policies is a performance expectation, and will be included in areas monitored in employee evaluations.
9. If the employee is not satisfied with the informal resolution of the conflict, he or she may proceed to NCADD-NJ's Grievance procedure.

Glossary of Terms

Assessing CC - The *Assessing Care Coordinator* conducts the initial assessment interview with the client. The *Assessing CC* may or may not be assigned as the Managing CC.

Case Worker Referral Response Form - The *Case Worker Referral Response Form (CWRRF)* is created and transmitted to welfare case workers by the CC in order to provide welfare case workers with information about client assessment, participation, and availability for work activities. The *CWRRF* is created in Atlantis whenever a client is assessed, no-shows for assessment, is referred to treatment, changes LOC, completes or drops out of treatment, is discharged from all levels of care, or the client's WFNJ SAI/BHI case is closed. A *CWRRF* is transmitted to the welfare caseworker and in some instances to the employment case manager whenever client status changes or every 30 days if there has been no change in client status.

Continuing Service Review- The *Continuing Service Review (CSR)* is a focused interaction between the CC and Treatment Provider in which the CC evaluates the client's symptom severity within each ASAM Dimension to determine if there has been a change in symptom severity and if continuing services, additional or other services, or discharge from all services is indicated. The frequency of CSRs varies depending on intensity of service as well as relative symptom

severity. For example, a client placed in a less intensive LOC than is indicated by assessment would be reviewed more frequently than a client who was placed in the assessed LOC.

DFD – The *Division of Family Development (DFD)* within the Department of Human Services is the state agency that provides leadership and supervision to the public and private agencies that deliver financial aid and support services to individuals and families. *DFD's* primary task is to direct the state's welfare program, Work First New Jersey (WFNJ). WFNJ is administered by the county welfare agencies in each of the 21 counties in New Jersey and by certain municipal welfare departments. NCADD-NJ is contracted by *DFD* to provide the SAI and BHI programs.

DCP&P- The *Division of Child Protection and Permanency* within the Department of Children and Families is New Jersey's child protection/child welfare agency. Its mission is to protect children, support families, ensure permanency for children and prevent violence and family disruption. *DCP&P* is responsible for investigating allegations of child abuse and neglect and if necessary arranging for the child's protection and the family's treatment.

Eligibility – Client *eligibility* refers to the client's status in the on-line Medicaid Management Information System (MMIS). If a client does not have an active Medicaid number in MMIS, the SAI cannot approve payment for treatment services and the client cannot be placed in treatment. Clients who do not have an active Medicaid number are usually not *eligible* for WFNJ SAI/BHI services. An active Medicaid number must be accompanied by a program status code in MMIS that is within the approved WFNJ SAI/BHI program status code range in order for a client to be *eligible* for the WFNJ SAI/BHI.

Employment Case Manager - *Employment Case Managers* are responsible for coordinating work activities for welfare recipients. They are typically based at the county one-stop agencies and are employees of the county Department of Labor (DOL) system.

Enhanced Services - *Enhanced Services* are available to clients and are intended to remove barriers to treatment participation or recovery. Usually disbursed in some form of specific financial assistance, *Enhanced Services* must be approved by the Lead Care Coordinator prior to being delivered to clients.

Episode of Care - An *Episode of Care* begins when a client is referred for assessment and ends when the client has been discharged from all treatment services and a Case Closure Summary has been completed in the database. Clients may or may not be assessed within an Episode of Care and may have no, one, or multiple treatment placements and Patient Placement Logs within an Episode of Care. Because the WFNJ SAI/BHI provides services across the treatment continuum, the Case Closure status at the end of an Episode of Care indicates the outcome of the entire Episode of Care and not the outcome of a single LOC placement.

Follow-up – A *follow-up* is a face-to-face or phone contact with a client ten minutes or longer in duration. All *follow-ups* must be documented in the Service Log and may require a Client Follow-Up LOC if an ASAM LOC dimensional review is conducted.

GA – A *General Assistance (GA)* client is a single adult with no children who receives cash assistance and may receive other services, including Emergency Assistance, from the county welfare agency. GA recipients are eligible for WFNJ SAI/BHI services. All GA clients are

subject to the 5-year lifetime welfare benefits regardless of employment status unless they have been granted an extension.

GA Employable – A *GA Employable* client is a GA client who has a work activity requirement. *GA Employable* clients typically receive a cash grant of \$140 per month.

GA Unemployable - A *GA Unemployable* client is a GA client who has is deferred from a work activity requirement. *GA Unemployable* clients typically receive a cash grant of \$210 per month or more if they are on an extension.

Good Cause Exception - A *Good Cause Exception* may be granted to certain individuals with a drug distribution charge who would otherwise be ineligible for welfare benefits. This exception may be granted based on the client's assessment result and willingness to follow WFNJ SAI/BHI treatment recommendations or because the client is enrolled in a licensed residential treatment program. Clients who have been identified as subject to the exception receive the same services as other WFNJ SAI/BHI clients. The welfare agencies are responsible for eligibility determinations and referring clients as appropriate to the WFNJ SAI/BHI. Further information on the *Good Cause Exception* can be found in the most recent DFD instruction regarding *Good Cause Exceptions*.

IRP – The *Individual Responsibility Plan (IRP)* is the welfare client's welfare-to-work service plan. It is completed by the welfare caseworker with the client and should include participation in WFNJ SAI/BHI services, if indicated, based on the CC's recommendations for treatment participation.

Level of Care (LOC) - The ASAM PPC (Third Edition) provides guidelines for the different *Levels of Care (LOCs)* according to standardized criteria for intensity of services at each level. The levels of care are: Level 0.5, Early Intervention; Level 1, Outpatient Treatment; Level 2, Intensive Outpatient/Partial Hospitalization; Level 2, Residential/Inpatient Treatment; and Level 4, Medically-Managed Intensive Inpatient Treatment. Within these broad levels of service is a range of specific levels of care. Each *LOC* offers a standardized intensity of services as outlined in the WFNJ SAI/BHI Service Descriptions for each LOC.

Managing CC – The *Managing Care Coordinator* is assigned to manage the client's case after the initial assessment. The *Managing CC* may or may not be assigned as the Assessing CC.

Mandatory Referral – A client referral to the WFNJ SAI/BHI is a *Mandatory Referral* if the client is sanctioned at the time of the referral for non-participation in a work activity and substance abuse is a contributing factor to the work activity non-participation. The referring welfare caseworker should indicate on the WFNJ SAI/BHI referral form that the client's participation in the WFNJ SAI/BHI is mandatory and the client should be coded as a *Mandatory Referral* in the Atlantis Referral screen. A *Voluntary* client becomes a *Mandatory* client once they agree to attend treatment.

Medicaid Number - The *Medicaid Number* is a unique client identifier assigned to GA and TANF clients in NJMMIS, which is used to determine eligibility for WFNJ SAI/BHI services as well as for processing authorizations and claims for WFNJ SAI/BHI services. It is also used for processing regular Medicaid claims. If a client does not have an active *Medicaid Number* in

NJMMIS, the WFNJ SAI/BHI cannot approve payment for treatment services and the client cannot be placed in treatment. The WFNJ SAI/BHI enters the *Medicaid Number* in Atlantis for all clients at the time of referral. Not all clients with a *Medicaid Number* are eligible for the WFNJ SAI/BHI, as there are many programs under which a client may be eligible for Medicaid coverage, including GA and TANF. An active Medicaid number must be accompanied by a program status code in NJMMIS that is within the approved WFNJ SAI/BHI program status code range in order for a client to be eligible for the WFNJ SAI/BHI.

Mental Health Treatment Provider – A *Mental Health Treatment Provider* is a treatment agency utilized by the MHCCs to refer clients with mental health disorders. Mental Health providers would not qualify to be in the Contracted WFNJ SAI/BHI Network Treatment Providers due to not having a substance abuse treatment license. *Mental Health Treatment Providers* are not approved to be reimbursed for treatment services; however, they have agreed to comply with all WFNJ SAI/BHI program requirements regarding reporting on client treatment participation and progress.

Network Treatment Provider – A *Network Treatment Provider* is an addictions Treatment Provider agency that has applied for and been accepted into the WFNJ SAI/BHI Treatment Provider network. *Network Treatment Providers* are approved to be reimbursed for treatment services within specific levels of care as specified in the Electronic Provider Directory and have agreed to comply with all WFNJ SAI/BHI program requirements regarding reporting on client treatment participation and progress. All *Network Treatment Providers* are assigned a unique identifier in NJMMIS that is used for service authorization and claims submission.

NJ Spirit Number – The *NJ Spirit Number* is the unique client identifier assigned to DCP&P clients. All clients with a current or previous open DCP&P case have an *NJ Spirit Number*. The WFNJ SAI/BHI enters the *NJ Spirit Number* in Atlantis for all clients with a known current or previous open DCP&P case at the time of referral or as soon as it is known.

Non-network Treatment Provider – A *Non-network Treatment Provider* is a licensed addictions Treatment Provider agency that has not applied for and/or has not been accepted into the WFNJ SAI/BHI Treatment Provider network. *Non-network Treatment Providers* are not approved to be reimbursed for treatment services; however, they have agreed to comply with all WFNJ SAI/BHI program requirements regarding reporting on client treatment participation and progress.

Patient Placement Log – The *Patient Placement Log (PPL)* screen within the database captures critical information regarding patient placement, including level of care assessed, LOC placed, the reason for difference in LOC assessed and placed, scheduled treatment start, treatment admission date, treatment discharge date, and Treatment Provider. Each client must have a separate *PPL* for each LOC, even if both levels of care are being provided at the same Treatment Provider site.

Payment Authorization – A *Payment Authorization (PA)* is a standardized form issued to treatment providers that includes client and treatment provider identifiers, the service date range, and service codes for which a treatment provider may submit a claim for services. *PA*s are created electronically and issued to treatment providers based on compliance with the WFNJ SAI/BHI program reporting requirements. Each *PA* is assigned a unique identifier, which is

entered into NJMMIS/Molina along with the client, treatment provider, and service information so that a provider can submit a claim against the PA via Molina.

Program Status – Each client is assigned a *Program Status* in Atlantis that specifies the client’s welfare program status (either GA or TANF) as well as the client’s DCP&P case status (DCP&P open or closed, or DCP&P reported) and, in the case of GA clients, employability status. The differences in *Program Status* are important, as clients may be eligible for different services depending on *Program Status* as well as for program reporting purposes.

Referral – A *Referral* is required to open a client’s case with the WFNJ SAI/BHI. *Referrals* are made by welfare caseworkers in all 21 counties to the WFNJ SAI/BHI regional or county program offices by the completion and submission of a “125” standardized referral form, two signed releases to share information (WFNJ 126 and 127), and the WFNJ SAI/BHI Screening Tool. DCP&P can make referrals to the WFNJ SAI/BHI in 12 counties (Atlantic, Camden, Cape May, Cumberland, Gloucester, Hudson, Essex, Ocean, Mercer, Monmouth, Passaic, and Union). The DCP&P referrals include an 11-46, containing relevant DCP&P and demographic information.

Sanction – A Sanction may be imposed by welfare on a welfare-to-work client for failure to participate in a work activity or in treatment as an alternative work activity. The imposition of a Sanction results in the incremental reduction of a client’s cash grant depending upon the level (the number) of sanctions previously imposed. In some cases a Sanction may be lifted if the client completes a 10-day “intent to comply” period by participating in an approved work activity, such as treatment through the WFNJ SAI/BHI.

TANF - A *Temporary Assistance to Needy Families (TANF)* client is an adult with dependent children, whose family receives cash assistance and may receive other services, including Emergency Assistance, from the county welfare agency. *TANF* recipients are eligible for WFNJ SAI/BHI services. All *TANF* clients are subject to the 5-year lifetime welfare benefits regardless of employment deferral status unless they have been granted an extension.

UDS – A *Urine Drug Screen (UDS)* is both a test and the report of a test to detect evidence of recent drug use as measured in a client’s urine drug sample. The WFNJ SAI/BHI collects and records weekly *UDS* results in the database for all clients.

Molina/NJMMIS - The *NJMMIS (Medicaid Management Information System)* is the on-line information system for Medicaid client and provider information, including prior authorization, claims processing, and client eligibility. Although the system information is populated by DMAHS (The Division of Medical Assistance and Health Services) within the Department of Human Services, claims are submitted to and processed by Molina Medicaid Solutions, a private vendor agency contracted by DMAHS to provide these services.

Voluntary Referral - A client referral to the WFNJ SAI/BHI is a *Voluntary Referral* if the client is not sanctioned at the time of the referral. The referring welfare caseworker should indicate on the SA/BHI referral form that the client’s participation in the WFNJ SAI/BHI is voluntary and the client should be coded as a *Voluntary Referral* in the Atlantis Referral screen. Once a client has been assessed by the WFNJ SAI/BHI and agreed to participate in treatment, the treatment

service plan should be entered in the client's IRP by the welfare caseworker and the client's participation in the WFNJ SAI/BHI then becomes the client's mandated work activity.

Welfare Case Number –The *Welfare Case Number* is a unique client identifier assigned to GA and TANF clients by the county welfare agencies, which is used to track the client's case in the welfare data systems.

Work Activity – A *Work Activity* is a welfare-approved activity, including participation in the WFNJ SAI/BHI that satisfies the Work First New Jersey requirement that all welfare-to-work clients participate in work or a *Work Activity* within two years of the initial receipt of benefits. Clients may be deferred or exempt from a *Work Activity* by welfare if they meet specific criteria for deferral or exemption. Clients may be placed in certain structured *Work Activities* by Employment Case Managers based at the county One-Stop or other Department of Labor (DOL) offices. GA clients are expected to participate in a work activity for 30 hours a week and TANF clients are expected to participate in a work activity for 35 hours a week. Employable WFNJ SAI/BHI clients who are in treatment for fewer than 20 hours a week are referred to welfare for placement in part- or full-time activities.

Work First New Jersey
Substance Abuse Initiative and Behavioral Health Initiative
Referral Form

(Fax completed forms to 609-208-0152 or 609-208-0153 or 609-208-0154, then call 609-689-2650)

CWA/MWA Agency: _____		Date: _____
Address: _____		
CWA/MWA Caseworker: _____	Phone: _____	Fax: _____
CWA/MWA Supervisor: _____	Phone: _____	Fax: _____

Recipient's Name: _____
SSN: _____ DOB: _____
Address: _____
City: _____ Zip Code: _____ Phone Number: _____

Case Number: _____ Medicaid number: _____

DCP&P (formerly DYFS) NJ Spirit# _____

Living Arrangements (EA, etc.): _____

Status of Individual Being Referred: _____ GA _____ TANF; _____ SAIF

Check all that apply:

_____ Mandatory _____ Non-mandatory _____ Employable
_____ Sanctioned _____ Med-1 Deferral (If yes, end date _____),
Unemployable
_____ 60-Month Time Limit Exemption (May or may not have a Med-1 Deferral)

Reason for Referral: (Check all that apply)

_____ Pre-Assessment Checklist Responses _____ Physician Report
_____ Substance Abuse _____ Mental Health
_____ Self Identified Problem _____ Convicted of Possession /Use ("Good Cause")

Sanctioned/Intent to Comply _____ Sanctioned/Non-compliance with work activity
_____ Treatment Included in IRP _____ Positive responses on SAI/BHI questionnaire
_____ Drug Court or MAP

Names of Children: _____
DOB: _____ DOB: _____

Comments _____

**WORK FIRST NEW JERSEY
SAI and BHI
SCREENING TOOL**

Client Name: _____

Welfare Case # _____

Please circle the appropriate response to the following:

- | | | |
|---|-----|----|
| 1.) Have you ever been hospitalized for emotional or mental health problems? | Yes | No |
| 2.) Were you ever prescribed medication for a mental health condition, such as Depression, Anxiety, or any other mental health issue? | Yes | No |
| 3.) During the past year, did you feel excessive worry or nervousness or have a panic attack (sudden fear or panic for no reason)? | Yes | No |
| 4.) In the past year, have you felt very sad for two weeks or more, meaning you felt hopeless and could not experience any pleasure? | Yes | No |
| 5.) In the past year, have you heard or seen things that others did not see or hear that was not related to drug or alcohol use? | Yes | No |
| 6.) Have you had suicidal thoughts, or thoughts to hurt yourself in the past 30 days? | Yes | No |
| 6.a.) If yes, are you having those thoughts now? | Yes | No |
| 7.) Have you had thoughts to seriously harm someone else in the past 30 days? | Yes | No |
| 8.) In the past year, have you used drugs or alcohol? | Yes | No |
| 9.) In the past year, have you ever felt you should cut down on your drinking or drug use? | Yes | No |
| 10.) Were you ever treated for a drug or alcohol problem in an inpatient or outpatient program? | Yes | No |
| 11.) Has your drinking or drug use ever caused family, job, or legal problems? | Yes | No |
| 12.) Have others expressed concern about you regarding any of the above questions? | Yes | No |

Client Signature

Date

**CONSENT FOR THE RELEASE OF CONFIDENTIAL
ALCOHOL/DRUG AND/OR MENTAL HEALTH TREATMENT INFORMATION TO THE
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE-NJ WORK
FIRST NEW JERSEY SUBSTANCE ABUSE/BEHAVIORAL HEALTH INITIATIVE**

I, _____ authorize
(Name of Recipient)
_____ representing
(Name of County/Municipal welfare case worker)

(Name of County/Municipal welfare agency)

to disclose to the Care Coordinator of the National Council on Alcoholism and Drug Dependence and the Division of Addiction Services information on my participation in the Work First New Jersey program and the reasons for my referral to the Substance Abuse Initiative or Behavioral Health Initiative.

The purpose of the disclosure authorized herein is to enable the National Council on Alcoholism and Drug Dependence-NJ Care Coordinator to establish a record of my participation in the Work First New Jersey Substance Abuse or Behavioral Health Initiative project, to authorize payment for substance abuse treatment and monitor any substance abuse and/or mental health treatment which I may need in order to get and retain employment, and to coordinate that treatment with my welfare case worker.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and Protected Health Information under the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Section 1320d, et. seq. and the regulations thereunder, 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Date (must be specified) _____

Other events (be specific) _____

Signature of participant

Signature of parent, guardian or
authorized representative when required

Name/relationship of authorized representative

**PROHIBITION ON RE-DISCLOSURE
OF INFORMATION CONCERNING CLIENT
IN ALCOHOL/DRUG ABUSE OR MENTAL HEALTH TREATMENT**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2) and under the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Section 1320d, et. seq. and the regulations thereunder, 45 C.F.R. Parts 160 and 164. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**CONSENT FOR THE RELEASE OF
CONFIDENTIAL ALCOHOL/DRUG AND/OR MENTAL HEALTH
TREATMENT
INFORMATION TO STATE OF NEW JERSEY WELFARE
INFORMATION SYSTEMS**

I, _____ authorize
(Name of Recipient)

_____ representing
(Name of County/Municipal welfare case worker)

_____ (Name of County/Municipal welfare agency)

to create a record of my participation in substance abuse or mental health treatment authorized by the National Council on Alcoholism and Drug Dependence Care Coordinator in the computerized welfare tracking system for this County/Municipality, which may include the Division of Family Development's FAMIS/OMEGA database.

The purpose of the disclosure authorized herein is to enable the state Division of Family Development and my County/Municipal welfare case worker to authorize child care and transportation services in support of any substance abuse or mental health treatment recommended by the Work First New Jersey Substance Abuse or Mental Health Care Coordinator, and to ensure that this treatment is regarded as an alternative work activity.

I understand that my records are protected under the federal regulations governing confidentiality of Protected Health Information and Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Section 1320d, et. seq. and the regulations thereunder, including 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Date (must be specified) _____

Other events (be specific) _____

Signature of participant

Signature of parent, guardian or authorized representative
when required

Name/relationship of authorized representative

**PROHIBITION ON RE-DISCLOSURE
OF INFORMATION CONCERNING CLIENT
IN ALCOHOL/DRUG ABUSE OR MENTAL HEALTH TREATMENT**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2) and under the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Section 1320d, et. seq. and the regulations thereunder, 45 C.F.R. Parts 160 and 164. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

WORK FIRST NEW JERSEY
MANDATORY SUBSTANCE ABUSE INITIATIVE

WFNJ-130
(Rev. 6/00)

PRE-ASSESSMENT CHECKLIST

The following signs and symptoms are potential indicators of barriers which may impede a move to self-sufficiency. This list is not exhaustive but provides some guideposts regarding making a referral. The presence of several of these indicators would warrant concern and a referral should be made to the SAI Care Coordinator

<u>PHYSICAL SYMPTOMS</u>	BEHAVIORAL OBSERVATIONS	HISTORICAL INFORMATION
<input type="checkbox"/> Lack of coordination <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Slurred speech <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Rapid change in weight <input type="checkbox"/> Reports difficulty sleeping <input type="checkbox"/> Restlessness, can't sit still <input type="checkbox"/> Self mutilation/scars <input type="checkbox"/> Shakiness, trembling <input type="checkbox"/> Needle marks <input type="checkbox"/> Less energy than usual <input type="checkbox"/> Smell alcohol, marijuana <input type="checkbox"/> Frequent illness <input type="checkbox"/> Bad teeth <input type="checkbox"/> Skin problems <input type="checkbox"/> Significantly underweight <input type="checkbox"/> Significantly overweight	<input type="checkbox"/> Sudden outburst, verbally abusive <input type="checkbox"/> Hyperactivity, nervousness <input type="checkbox"/> Frequent mood swings <input type="checkbox"/> Dirty, cluttered home <input type="checkbox"/> Super tidy home <input type="checkbox"/> Problems controlling anger <input type="checkbox"/> Frequently misses appointments <input type="checkbox"/> Frequently late to appointments <input type="checkbox"/> Expressing suicidal thoughts <input type="checkbox"/> Rambling speech, difficulty staying on track <input type="checkbox"/> Excessive talking <input type="checkbox"/> Time disorientation <input type="checkbox"/> Inappropriate responses <input type="checkbox"/> Dramatic attention-getting <input type="checkbox"/> Excessive crying <input type="checkbox"/> Often looks tired/sleepy <input type="checkbox"/> Self report of frequent use <input type="checkbox"/> "I don't care" attitude <input type="checkbox"/> Alcohol/drug use during pregnancy <input type="checkbox"/> Empty alcohol containers in home <input type="checkbox"/> Drug paraphernalia in the home	<input type="checkbox"/> DUI or other A & D related legal issues <input type="checkbox"/> Family history of alcoholism or addiction <input type="checkbox"/> Problems on the job <input type="checkbox"/> SCF/Corrections involvement <input type="checkbox"/> Friends who use drugs <input type="checkbox"/> Expresses favorable attitudes about drugs <input type="checkbox"/> Physical/sexual abuse survivor <input type="checkbox"/> History of suicide attempts <input type="checkbox"/> History of, or current work in the sex industry <input type="checkbox"/> Unexplained source of money <input type="checkbox"/> Frequent use of over the counter medications <input type="checkbox"/> Drug/alcohol use resulting in dangerous behaviors/situations <input type="checkbox"/> Homeless or frequent change of address or living situation <input type="checkbox"/> Community complaints received <input type="checkbox"/> Past referral to or participation in treatment <input type="checkbox"/> Failed Drug Test

Client's name: _____

Date: _____

DCP&P 11-48
(rev. 7/2012)State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
Division of Child Protection and Permanency

Adult Substance Abuse Assessment Referral Form

PART I (Completed by Worker)

Date Referred: 12/18/2015 Current Case Status (check all that apply): Investigation ☒ Permanency ☐ Transfer ☐

Case Name:

DCP&P Case ID #:

Local Office: CAPE MAY LO

Address: 601 Court House Commons, Route 9 South Bldg B, Cape May

Courthouse, NJ 08210

Worker: RUIZ, COURTNEY C

Phone/Ext.:

Supervisor: BECICA, DAWN

Phone/Ext.:

Court Ordered? Yes ☐ No ☒Litigation Case? Yes ☒ No ☐Temporary Assistance to Needy Families/General Assistance Eligible? Yes ☐ No ☒ TANF/GA #:

Mother:

Phone: (609)214-3703

Address:

Father (if known):

Phone: (917)200-8333

Address:

Child (ren)'s Name (s)/Age (s):

(Check)

In-Home:

Out-of-Home:

Date of Initial Placement:

1.

☒☐

2.

☒☐

3.

☐☐

4.

☐☐

5.

☐☐

6.

☐☐

Alleged Adult Substance User:

Social Security # (Optional):

Address: Pleasantville, NJ 08232

Birth Date:

Health Insurance/Medicaid Provider & Identification Number:

Type(s) of Substance(s) Reported/Alleged and Duration of Use (select substance(s) from National Institute on Drug Abuse (NIDA) chart):

Level of Cooperation with Treatment (check): Poor ☐ Fair ☒ Good ☐Discussed Adoption and Safe Families Act (ASFA) timelines with client? Yes ☐ No ☐ Date of Discussion:

Projected date of action to terminate parental rights (TPR) due to prolonged placement of child:

(ASFA/TPR questions must be answered or referral will be returned for completion. Enter day, month, and year.)

(For Transfer cases with no new Worker, Parts I and II are completed by the previous Supervisor.)

PART II (Completed By Worker and Supervisor)

Reason for Referral (relevant to alleged substance abuse): Referral received with concerns for Mr. Gordy's paramour, Ms. Blomdahl being highly intoxicated and police called to the home. Mr. Gordy reports that Ms. Blomdahl is an alcoholic. The police report that they have been to the home many times for DV over the last 10 years. Mr. Gordy is managed by a pain doctor for a back issue. Ms. Blomdahl reports that Mr. Gordy does not take his meds as prescribed and is also a drinker. Case was open in the past for similar issues and concerns. A SPP is in place stating that both Ms. Blomdahl and Mr. Gordy have to be supervised with their children.

Priority Level for Referral (select one):

☒ **Priority #1: Safety Concern** - DCP&P cases in investigation or permanency supervision, in which it is believed that alleged substance use within the home poses an imminent risk of harm to the child for abuse and/or neglect. Criteria for determination (check all that apply and explain as appropriate):

- ☐ a) Medical evidence:
- ☐ b) Admission of substance user:
- ☒ c) Safety factor identified by Structured Decision Making (SDM) tool:
- ☐ d) Statements to other professional(s) from child(ren):
- ☐ e) Personal observation:
- ☐ f) Other:

☐ **Priority # 2: Risk Concern** - Cases that involve risk of harm to the child(ren) or risk of termination of parental rights due to prolonged placement of the child(ren):

- ☐ a) DCP&P cases in investigation or permanency supervision, in which alleged substance use by the parent or caregiver poses a risk of harm to the child for abuse and/or neglect (e.g., risk identified by SDM tool).
- ☐ b) Out-of-home placement cases, in which the parent's or caregiver's alleged substance use has delayed reunification, and possible action to terminate parental rights is expected **within 6 months**. Projected date of TPR:

☐ **Priority #3: Child Welfare Services (CWS)/Other** - Child Welfare Services' cases or other placement cases where reunification is delayed.

- ☐ a) CWS cases where the parent's alleged use of substances has a negative impact on the child(ren) but the impact does not rise to the level of child abuse and/or neglect.
- ☐ b) Other DCP&P cases that involve out-of-home placement in which family reunification may be delayed or may not occur due to the alleged substance use of the parent/caregiver.

☐ Check, if reports attached. Explain:

PART III (Completed By Gatekeeper)

Gatekeeper reviewed Priority Level; adjusted, if needed? Yes ☐ No ☐ If adjusted, new Priority Level:

Telephone/In Person Conference held with Worker and/or Supervisor regarding Priority Level? Yes ☐ No ☐

Explain:

PART IV

SIGNATURES:

DCP&P 11-46
(rev. 7/2012)

DCP&P Worker: _____

Date: _____

DCP&P Supervisor: _____

Date: _____

For transfer cases, (from investigation to permanency supervision; unit to unit; Worker to Worker):

Signature of DCP&P Assigned Supervisor or Casework Supervisor: _____

Date: _____

DCP&P Gatekeeper/Liaison: _____

Date: _____

Substance Abuse Counselor/CADC: _____

Date Received: _____

Cape May County Interagency Referral for Substance Abuse Assessment

Agency Originating Referral (Complete Client Information and Section on Your Agency's Information)			
Signature/Print Name of Person Originating the Referral: <u>[Signature]</u>			Today's Date: <u>12/18/15</u>
Client Last Name	Client First Name	Client SSN# <u>[Redacted]</u>	Client DOB
Client Address			house) Client Telephone#
Originating Agency Will Fax Form to the Agency(s) and Person(s) Identified Below for Follow-up The Agency(s) Checked below Completes Information and Faxes Form Back to the Originating Agency within 2 Business days			
<input type="checkbox"/> CMCBS Peg Donahue - CMCBS Tel: (609) 886-6200 x222 Fax: (609) 889-9332	<input checked="" type="checkbox"/> DCP&P Jennifer Hirsch ARDIS Gatekeeper Tel: (609) 463-9662 x203 Fax: (609) 463-9689	<input type="checkbox"/> CPSAI Lisa Saggese-CFS Tel: (609) 463-9662 x254 Fax: (609) 463-9689	<input checked="" type="checkbox"/> SAI - NCADD Sally Lopez- Systems Coordinator Tel: (609) 889-4905 Fax: (609) 889-4904
			Assessment Priority:
<input checked="" type="checkbox"/> DCP&P Open Date: <u>12/18/15</u>			<input type="checkbox"/> NO DCP&P Case
DCP&P Case Worker: <u>Ruiz #2360</u> Telephone/Extension: <u>Bea #207</u>			FAX: <u>103-9689</u>
Number of Children on Case ID# Living in Home: <u>2</u>		Number of Children in Out-of-Home Placement:	
Refer to CPSAI/PBH for	Refer to SAI/NCADD for	<input type="checkbox"/> Refer ACBS for Follow-up	
<input checked="" type="checkbox"/> Assessment and/or <input type="checkbox"/> Treatment Placement	<input checked="" type="checkbox"/> Assessment and/or <input type="checkbox"/> Treatment Placement		
DYFS Comments/Disposition (Attach Completed DYFS 11-46 Referral Form for CPSAI or SAI Referral):			
<u>[Signature]</u>			Date: <u>12-22-15</u>
Signature of DCP&P Gatekeeper or Designer			
This Section Completed By The Cape May County Systems Coordinator			
Adult Active TANF <input type="checkbox"/> YES <input type="checkbox"/> NO	WFNJ Case #	Eligibility Worker	Telephone and FAX
Children Active TANF <input type="checkbox"/> YES <input type="checkbox"/> NO			
Number of Children on Case:	Number of Other Children in Home:	Medical Case #	
Active GA <input type="checkbox"/> YES <input type="checkbox"/> NO	WFNJ (GA Case #)	GA Medical Case #	Welfare Case Manager Telephone/Fax
WFNJ Mandatory Work Requirement <input type="checkbox"/> YES <input type="checkbox"/> NO		Sanction Status <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three <input type="checkbox"/> closed	
TANF or GA - EA Shelter, Housing or TRA Recipient <input type="checkbox"/> YES <input type="checkbox"/> NO		Date Welfare Case Closed	
<input type="checkbox"/> Current Referral to SAI		Number of Welfare Referrals to SAI	
Systems Coordinator Signature		Date	

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
Division of Child Protection and Permanency

12/29
Adult Substance Abuse Assessment Referral Form

N/E
no cash

PART I (Completed by Worker)

Date Referred: 12/29/2015 Current Case Status (check all that apply): Investigation ☐ Permanency ☒ Transfer ☐

Case Name:

DCP&P Case ID #:

Local Office: ATLANTIC EAST LO

Address: 1601 Atlantic Avenue, Atlantic City, NJ 08401

Worker: THOMAS, MICHELLE

Phone/Ext.: (609)441-3164

Supervisor: TARANTINO, CATHERINE

Phone/Ext.: (866)815-9199

Court Ordered? Yes ☒ No ☐Litigation Case? Yes ☒ No ☐Temporary Assistance to Needy Families/General Assistance Eligible? Yes ☒ No ☐ TANF/GA #:

Mother:

Phone:

Address:

Father (if known):

Phone:

Address:

Child (ren)'s Name (s)/Age (s):	(Check)	In-Home:	Out-of-Home:	Date of Initial Placement:
1.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	

Alleged Adult Substance User:

Social Security # (Optional):

Address:

Birth Date:

Health Insurance/Medicaid Provider & Identification Number:

Type(s) of Substance(s) Reported/Alleged and Duration of Use (select substance(s) from National Institute on Drug Abuse (NIDA) chart):

Level of Cooperation with Treatment (check): Poor ☐ Fair ☒ Good ☐Discussed Adoption and Safe Families Act (ASFA) timelines with client? Yes ☐ No ☒ Date of Discussion:

Projected date of action to terminate parental rights (TPR) due to prolonged placement of child:

(ASFA/TPR questions must be answered or referral will be returned for completion. Enter day, month, and year.)

(For Transfer cases with no new Worker, Parts I and II are completed by the previous Supervisor.)

\$ 321
Add stamp

PART II (Completed By Worker and Supervisor)

Reason for Referral (relevant to alleged substance abuse): Ms. Caldwell left the New Hope Drug Rehabilitation Center after 21 day she tested positive on the day she left 12/28/2015. Ms. Caldwell needs to be reassessed for treatment services.

Priority Level for Referral (select one):

- ☐ **Priority #1: Safety Concern** - DCP&P cases in investigation or permanency supervision, in which it is believed that alleged substance use within the home poses an imminent risk of harm to the child for abuse and/or neglect. Criteria for determination (check all that apply and explain as appropriate):
- ☐ a) Medical evidence:
 - ☐ b) Admission of substance user:
 - ☐ c) Safety factor identified by Structured Decision Making (SDM) tool:
 - ☐ d) Statements to other professional(s) from child(ren):
 - ☐ e) Personal observation:
 - ☐ f) Other:
- ☒ **Priority #2: Risk Concern** - Cases that involve risk of harm to the child(ren) or risk of termination of parental rights due to prolonged placement of the child(ren):
- ☐ a) DCP&P cases in investigation or permanency supervision, in which alleged substance use by the parent or caregiver poses a risk of harm to the child for abuse and/or neglect (e.g., risk identified by SDM tool).
 - ☒ b) Out-of-home placement cases, in which the parent's or caregiver's alleged substance use has delayed reunification, and possible action to terminate parental rights is expected **within 6 months**. Projected date of TPR: 12/09/2016
- ☐ **Priority #3: Child Welfare Services (CWS)/Other** - Child Welfare Services' cases or other placement cases where reunification is delayed.
- ☐ a) CWS cases where the parent's alleged use of substances has a negative impact on the child(ren) but the impact does not rise to the level of child abuse and/or neglect.
 - ☐ b) Other DCP&P cases that involve out-of-home placement in which family reunification may be delayed or may not occur due to the alleged substance use of the parent/caregiver.

☐ Check, if reports attached. Explain:

PART III (Completed By Gatekeeper)

Gatekeeper reviewed Priority Level; adjusted, if needed? Yes ☐ No ☐ If adjusted, new Priority Level:

Telephone/In Person Conference held with Worker and/or Supervisor regarding Priority Level? Yes ☐ No ☐

Explain:

PART IV**SIGNATURES:**

DCP&P Worker:

Date:

DCP&P Supervisor:

Date:

For transfer cases, (from investigation to permanency supervision; unit to unit; Worker to Worker):

Signature of DCP&P Assigned Supervisor or Casework Supervisor:

Dec. 29. 2015 11:11AM

No. 9175 P. 3

DCP&P 11-46
(rev. 7/2012)

Date: _____

DCP&P Gatekeeper/Liaison: _____

Date: _____

Substance Abuse Counselor/CADC: _____

Date Received: _____

Jan. 1. 2016 11:32AM

No. 9250 P. 25

DCP&P 11-46
(rev. 7/2012)

Date: _____

DCP&P Gatekeeper/Liaison: _____

Date: 1-1-16

Substance Abuse Counselor/CADC: _____

Date Received: _____