**WFNJ SAI/BHI Quality Assurance Reports**

The Quality Assurance Supervisor (QAS) generates and reviews multiple reports monthly and quarterly, as indicated in the list of Quality Assurance (QA) reports below. The QA reports serve multiple purposes: (1) to ensure client and child safety at all times, (2) to assist LCCs with identifying training needs for individual Care Coordinators, (3) to ensure consistent Care Coordination policy implementation and practices throughout all regions; (4) to provide continuous monitoring of the quality of Care Coordination services delivered, and (5) to ensure that information in the database is valid, allowing for accurate reporting to the DFD, upon request.

**Suicide Risk Report** (reviewed monthly) – This report ensures that the CC recorded clear and concise comments about clients’ past or current suicidal thoughts, attempts, or other self-injurious behaviors. If there were positive responses to a history of suicidal thoughts, plans, or intent, the CC would be required to document comments pertaining to these episodes. If the client reported ideation or attempts within the last 30 days, the CC is required to connect the client to services promptly.

**DCP&P Hotline/High Risk Report** (reviewed monthly) – Clients with custody of minors who experience a negative event (failure to participate in treatment, positive UDS, hostile behavior, etc.) must be reported to the DCP&P hotline, per program policy. The call must be made promptly after receiving and **confirming** the information. This report will indicate if a CC failed to contact DCP&P.

**45-day Report** (reviewed monthly) – This report shows all cases that have had no activity for 45 days or longer. Chart activity such as CSRs, CWRRFs, etc., will prevent clients from showing on this report.

**Ineligible Report** (reviewed monthly) - All CCs must assist clients with GA, TANF, and NJ FamilyCare (Medicaid) eligibility problems. The CCs have access to run this report from Atlantis at any time. The PA unit supervisor sends notification to the LACCs, SCs, and RMs, at the beginning of each month to inform them that the eligibility component of Atlantis has been updated; thereby, indicating that they can now generate the updated Ineligible Reports to send to the CCs to begin to troubleshoot the problems. The QAS reviews this report to ensure action has been taken in these cases.

**TANF Child and DCP&P Information Report** (reviewed monthly) - Child information should be in Atlantis and DCP&P case information should be updated throughout each episode of care (open, closed, etc). If a client loses custody of his/her child (ren) during an EOC, the client must apply for GA. This report indicates data entry errors that need immediate correction and will show clients who must apply for GA due to loss of custody or the need for TANF due to child re-unification.

**Length of Stay Report** (reviewed quarterly) – This report shows clients who have been in one level of care for a sustained length of time that should be reviewed for treatment needs. By ASAM criteria, these cases would not typically be in the identified LOC for the length of time indicated on the report and should be reviewed for clinical justification or movement into a lower or higher LOC.

**Diagnostic Category Report** (reviewed quarterly) – This report shows a discrepancy between the DSM-5 diagnostic impression and the selected diagnostic category; these two must always be congruent. The diagnostic impression is listed in order of primary diagnosis based on the current presenting symptoms at the time of assessment or subsequent ASAM Note. The diagnostic category must reflect whether the SUD or MH disorder is primary and whether there are co-occurring disorders.

**Unsigned or Missing Release Report** (reviewed monthly) – Releases are generated in Atlantis, and once signed, they are faxed to the PA unit to be uploaded back into the database. This report shows all releases that have been uploaded but the CC did not indicate that the release was signed, or it was indicated in Atlantis that the release was signed but was not sent to the PA unit to be uploaded.

**Expired Release Report** (reviewed monthly) – Signed releases expire after two years from the date of signature; this report shows all releases that have expired in open WFNJ SAI/BHI cases. The CC must fax new releases to the client’s program and ask them to sign and fax back or ask the client to come in to sign new releases.

**Care Coordinator Activity Summary (CCAS)** (reviewed monthly) – The WFNJ SAI/BHI requires that at least 85% of all clients must be in treatment or scheduled for treatment at all times. This report indicates the number of clients in each CC’s open caseload and the number of those clients who are in treatment or scheduled for treatment; thereby, permitting the ability to obtain a percentage. The IT Coordinator sends a mid-monthly list to all supervisors with the list of CCs who do not meet the 85% expectation.

**Pre-approval Error Report (**reviewed monthly) – This report shows the discrepancies between the date ranges that pre-approvals should be given and the actual pre-approvals documented. When completing pre-approvals, the date ranges and pre-approvals must always match for new treatment referrals based on the treatment start date. For CSRs, the date ranges must always match unless the provider failed to call to conduct the CSR within the grace period; in these situations, the pre-approvals would begin on the date that the provider called to conduct the CSR.

**Case Closure Report** (reviewed monthly) – This report is reviewed to ensure the accuracy of case closure choices used at the time the WFNJ SAI/BHI case is closed.