

**ANNEX A
LEVEL OF SERVICE
SUMMARY SHEET**

AGENCY NAME:

CONTRACT NUMBER:

BUDGET MODIFICATION NO:
(0 = Original)

Service Commitments from the Period:
to

PROGRAM ELEMENT: PATH

BUDGET MATRIX CODE: 33

1. Total Clients to be Served

**2. Number of New
Enrollees and Transfers**

**Of the New Enrollees and
Transfers (item 2 above),
How many are:**

**a. Clients with Prior NJ State
or County Hospitalization**

**b, Clients Enrolled within 30
days of Discharge from
State Psychiatric Hospitals**

**c. Clients Enrolled within 30
days of Discharge from
County Psychiatric Hospitals**

**d, Clients Enrolled within 30
days of Discharge from a
Short-Term Care Facility**

**e, Clients Enrolled within 30
days from "Other
Hospitals"**

**f, Persons in the Community
at-risk of Psychiatric
Hospitalization**

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g. African Americans

h. Hispanics

**i. Children (17 &
Younger)**

j. Elderly (65 & Older)

k. At Poverty Level

**l. Boarding Home
Residents**

**m. Persons receiving SSI
or SSDI for Mentally Disabled**

n. Homeless

**o. Other Target Group
(Specify)**

**p. Not Target Group
Eligible**

LEVEL OF SERVICE DEFINITIONS

1. **TOTAL CLIENTS TO BE SERVED:** refers to the number of active cases at the beginning of the contract reporting period plus the projected number of new enrollees and transfers to the program element during the contract period.
2. **NEW ENROLLEES:** refers to the number of new cases to be opened and re-opened (as a USTF case) during the contract reporting period.

TRANSFERS: refers to clients who are in-house during the contract period, but move within agency program elements.
- 2b. **STATE HOSPITALS:** refers to the five state psychiatric hospitals located in New Jersey, only: Greystone Park, Trenton, Ancora, Hagedorn and Forensic.
- 2c. **COUNTY HOSPITALS:** refers to the six county hospitals in New Jersey: Bergen, Burlington, Camden, Essex, Hudson and Union.
- 2d. **SHORT-TERM CARE FACILITY (STCF):** refers to inpatient community-based mental health treatment facilities, designated by DMHS which provide acute care treatment and assessment of services to mentally ill individuals whose mental illness causes them to be dangerous to self, others or property.
- 2e. **“OTHER” HOSPITAL:** refers to any psychiatric hospital or in-voluntary psychiatric unit within a hospital in NJ that is not a State or County hospital; or a designated STCF; or any public or private psychiatric hospital located outside New Jersey.
- 2f. **PERSONS IN THE COMMUNITY AT-RISK OF PSYCHIATRIC HOSPITALIZATION:** refers to individuals who are currently in crisis and/or are marginally functioning (GLOF or 5 or under) and without intervention would likely be hospitalized.
- 2k. **AT POVERTY LEVEL:** refers to individuals at the following income levels based on the US Bureau of Census table: **Poverty Thresholds in 2007, by Size of Family and Number of Related Children Under 18 years.**
(Source: <http://www.census.gov/hhes/www/poverty/threshld/thresh07.html>)

<u>Family Size</u>	<u>Income</u>
1	\$10,787
2	\$14,291
3	\$16,705
4	\$21,100
5	\$24,366
6	\$27,187
7	\$31,031
8	\$35,255
9 or more	\$43,004