

# Annex A Addendum Presentation

September 2020– (01624)

PerformCARE<sup>®</sup>

Delivering  
**High-Quality**  
Service and Support

# Objectives of this Training

- CSOC, PerformCare and CYBER
- Security for Annex A Addendum (AAA)
- Accessing the AAA
- Creating the AAA
- Completing by Section
- Submission/Validations
- Renewing/Modifying
- Updating Contact Info by PIF
- Copying Annex A
- References

The Children's System of Care (CSOC) is a division of the Department of Children and Families in the State of New Jersey. The Division services youth with emotional and behavioral health challenges, children with developmental and intellectual disabilities and their families, as well as youth who are struggling with substance use challenges.

The Children's System of Care is committed to providing these services based on the strengths and needs of the child and family in a family-centered, community-based environment.



PerformCARE®

PerformCare is the Contracted Systems Administrator or the CSA for the System of Care administering the services included within the System of Care in New Jersey.

Our staff include Member Service Specialists who are the first point of contact within the call center, a full clinical team including a dedicated Review team a dedicated unit just for DCP&P involved youth, and units for Billing and Eligibility, Reporting, Training and Quality Improvement.

# What is CYBER

CYBER is an Internet-based repository (database) with security to manage and control access to youth records by multiple providers.

CYBER contains health information about children in the State of New Jersey with behavioral health, developmental and intellectual disability and substance use challenges. It also contains the work and documentation of the many providers who assist those youth.

You as a provider will be using the functions of CYBER to document admission and transition of youth in your care.

**NJ Children's System of Care**

Contracted System Administrator — PerformCare®

# Welcome Page

After logging in, users land on the Welcome Page\*. The Welcome Page within CYBER allows users the ability to view and access Out of Home functions and activity.

Click the Provider Details button to access either the OOH Provider Information File (PIF) or the Annex A Addendum area

*\*User views, links and buttons may vary depending on the user type and security levels.*

# System Functions - Security for Annex A

**The Security Administrator has access to create and modify and assist users with their CYBER security and password.**

**Out of Home CYBER user security options:**

The screenshot shows the 'User Login Details' form. It includes the following sections:

- Deactivation:** A checkbox for 'Deactivate', a date field for 'Deactivation Date' (format <M/d/yyyy>), and a 'Status' dropdown.
- User Information:** Text boxes for 'First, Last Name', 'User ID', 'Email', and 'Phone'.
- Authentication:** A 'Password' field with a 'Reset Password to Default' button (note: Resets to Change\_Me123) and a 'Login Attempts' field with a 'Reset Login Attempts' button.
- Programs:** An 'Assign Program(s)' section with an 'Add a Program' button and a table with columns: Program Name, Start Date, End Date, Tracking Element, Medicaid #.
- Groups:** An 'Assign Group(s)' section with a table for 'Security Group' and 'Group Description'. Below it is an 'Available Group(s)' table with columns: Security Group, Group Description. Between the tables are buttons: '>> Remove Security Group' and '<< Add Security Group'.
- Actions:** 'Exit', 'Save and Exit', and 'Save' buttons at the bottom.

## Title

RESADM – Security Administrator  
RESCM – Care Manager  
RESSUP - Supervisor  
RESMGR - Manager  
RESEXE - Executive  
RESDIR/CE – Director/Chief Executive

RESDOCATTACH and RESDOCATTACHRead  
– add both groups to view and attach documents

## Level

Level 1 – General access  
Level 2 – Anomaly management  
Level 3 – Anomaly management and Reporting

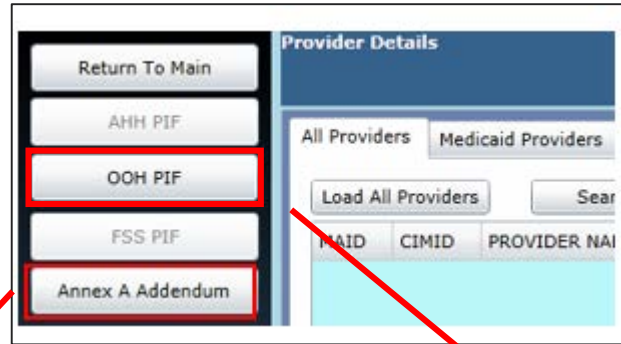
## Hierarchy

Plan Level 1 – no submission to CSA  
Plan Level 2 – can submit to CSA or Plan Level 3  
Plan Level 3 – can submit to CSA

Annex A Admin Group – Access AAA button  
Annex A Edit – Allow editing  
Annex A Provider Read Only – No editing

- **Buttons** (push buttons) – Buttons take the user to another area in the system or initiate an action (e.g. Accept, Save, Save & Close, Print, Cancel, Delete, Submit)
- **Links** – links will display data in grids or open a youth record
- **Scrollbars** – top to bottom and left to right
- **Grids** – columns and rows can be sorted; some can be double-clicked to open an item
- **Accordions** – feature that opens and closes sections to allow for more data on the screen
- **Checkboxes** – check once to display a selection, check again to remove
- **Dropdown menus** – click to display the information below and select
- **Text fields** – open boxes of text

# Provider Details



**Annex A Addendum**  
Contract document that identifies specifiers

**Provider Information File**  
Area that displays Annex A specifiers by Location

Pending Annex A Addendum Details Logout

Effective Date	Contract Number	Contract Begin Date	Contract End Date	Medicaid ID	Status	Submission Type
>					Returned for Changes	Renewal
					Returned for Changes	Renewal
					Returned for Changes	Renewal
					Saved	Modification
					Submitted	Modification
					Submitted	Modification
					Submitted	Modification
					Submitted	Modification
					Submitted	Modification
					Submitted	Modification

Approved / Denied Annex A Addendum Details

Effective Date	Contract Number	Contract Begin Date	Contract End Date	Medicaid ID	Status	Submission Type
>					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	Modification

All New/Renew Annex A Addendum Modify Annex A Addendum Update Contract Information Admin Changes Copy AnnexA Addendum

Provider Details Logout

Return To Main  
AHH PIF  
**OOH PIF**  
FSS PIF  
Annex A Addendum  
Return To Provider Details

Location

MEDID

Mast Full Name  Site Full Name  Site Type

**Admissions Contact**  Contact Phone  Contact Email  Gender Served

Licensed Beds  Contracted Beds  Male Beds  Female Beds

Checked	Age Specifiers	Accepts	Specifiers
<input type="checkbox"/>	AGE00	Y	IQ 50-69
<input type="checkbox"/>	AGE01	N	IQ 49 and under
<input type="checkbox"/>	AGE02	Y	Assault
<input type="checkbox"/>	AGE03	Y	Fire Setting
<input type="checkbox"/>	AGE04	Y	Eating Disorder
<input type="checkbox"/>	AGE05	Y	Runaway
<input type="checkbox"/>	AGE06	Y	Sexuality
<input type="checkbox"/>	AGE07	Y	Sexual Behavior
<input type="checkbox"/>	AGE08	Y	Suicide Risk
<input type="checkbox"/>	AGE09	Y	Substance Abuse
<input type="checkbox"/>	AGE10	Y	Destructive Behavior

Cancel Submit



# Annex A Addendum Screen

## Pending AAA Details

- Submitted and Unsubmitted AAA

## Approved AAA Details

- Approved
- Denied

## Filtering by Program

- All
- Select one program at a time

**Pending Annex A Addendum Details**

Effective Date	Contract Number	Contract Begin Date	Contract End Date	Medicaid ID	Status	Submission Type
					Returned for Changes	Renewal
					Returned for Changes	Renewal
					Returned for Changes	Renewal
					Saved	Modification
					Submitted	Modification
					Submitted	Modification
					Submitted	Modification
					Submitted	Modification
					Submitted	Modification

**Submitted Annex A Addendums awaiting CSOC review**

**Approved / Denied Annex A Addendum Details**

Effective Date	Contract Number	Contract Begin Date	Contract End Date	Medicaid ID	Status	Submission Type
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New
					Approved	New

**Approved Annex A Addendums**

Medicaid ID NAME OF PROGRAM-(SITE NAME) - PROVTYPE  
Medicaid ID NAME OF PROGRAM-(SITE NAME) - PROVTYPE  
Medicaid ID NAME OF PROGRAM-(SITE NAME) - PROVTYPE  
Medicaid ID NAME OF PROGRAM-(SITE NAME) - PROVTYPE

All  
All

New/Renew Annex A Addendum   Modify Annex A Addendum   Update Contract Information   Admin Changes   Copy AnnexA Addendum

# Submission Types

**New** - very first Annex A Addendum for the program; if returned, in the Agency Information section only Contract Begin Date and Contract End Date may be changed by the provider.

**Renewal** - renews any Addendum after the first Annex A; can be created 90 days before the existing Contract End Date ends.

**Modify** - make changes any time after a contract begins. The following fields may not be edited by the provider during a Modification:

- Contract Begin Date
- Contract End Date
- Contract Number
- Mod #
- Mod Effective Date
- Provider Type
- Program Type

**Update Contact Information** – allows changes to the Contact Information section only

**Admin Changes** - allows changes to the Contract Begin Date, Site Details, and Comments. Admin Changes also allows the user to identify a date for when the changes became effective.

# New/Renew Annex A Addendum

New/Renew  
Annex A  
Addendum

Modify  
Annex A  
Addendum

Update  
Contact  
Information

Admin  
Changes

Copy  
AnnexA  
Addendum

# Creating Annex A – Section by Section

## Agency information

- Program ID
- Contract Begin/End
- Medicaid Provider ID#
- Agency Name
- Contract Number
- Provider Type
- Program Type

The screenshot shows a web application window titled "Edit Annex Form....Program ID". The main heading is "Annex A Addendum". Below the heading are five radio buttons: "New" (selected), "Renewal", "Modification", "Update Contact Info", and "Admin Changes". A section titled "AGENCY INFORMATION" is expanded, showing several input fields: "Program" (with "Program ID" in the text), "Medicaid Provider#" (empty), "Agency Name" (empty), "Contract Number" (with "Contract Number" in the text), "Provider Type" (dropdown menu), and "Program Type" (dropdown menu). On the right side, there are date pickers for "Contract Begin Date" (with "15" in the year field) and "Contract End Date" (empty), and an "Effective Date" picker (with "<M/d/yyyy>" in the text and "15" in the year field). A checkbox labeled "Conditionally Approved" is also present.

## Agency Contact Info

- All required except website
- Enter Zip and select City/County

The screenshot shows the "AGENCY CONTACT INFO" section of the form. It starts with a "Website Address" input field. Below this is a table with the following columns: "Name", "Title", "Phone Number", "Fax Number", "Email Address", "Address", and "City". The rows are labeled on the left as "CEO or equiv.", "CFO or equiv.", "Contract Person", "Billing Contact", and "Program Director". Each row has corresponding empty input fields for each column.

	Name	Title	Phone Number	Fax Number	Email Address	Address	City
CEO or equiv.							
CFO or equiv.							
Contract Person							
Billing Contact							
Program Director							

# Population Served

- Gender Served
- Ages Served
- Additional Information
- Languages Spoken by Staff

The Populations Served accordion will open to the Gender Served and Ages Served areas (which document the population that served for the entire program, across all sites); both of these are required areas and at least one Gender selection and at least one Age selection must be made in each area.

AGENCY CONTACT INFO

POPULATIONS SERVED

Navigation

**GENDER SERVED**

Male  Female  Both

**AGES SERVED**

<input type="checkbox"/> AGE 00	<input type="checkbox"/> AGE 01	<input type="checkbox"/> AGE 02	<input type="checkbox"/> AGE 03
<input type="checkbox"/> AGE 04	<input type="checkbox"/> AGE 05	<input type="checkbox"/> AGE 06	<input type="checkbox"/> AGE 07
<input type="checkbox"/> AGE 08	<input type="checkbox"/> AGE 09	<input type="checkbox"/> AGE 10	<input type="checkbox"/> AGE 11
<input type="checkbox"/> AGE 12	<input type="checkbox"/> AGE 13	<input type="checkbox"/> AGE 14	<input type="checkbox"/> AGE 15
<input type="checkbox"/> AGE 16	<input checked="" type="checkbox"/> AGE 17	<input checked="" type="checkbox"/> AGE 18	<input checked="" type="checkbox"/> AGE 19
<input checked="" type="checkbox"/> AGE 20	<input checked="" type="checkbox"/> AGE 21		

**ADDITIONAL INFORMATION**

School on Site

Transitional Living Facility

Transitional Living Program

There is a **Navigation menu** at the top of the accordion that allows users to choose which section of Populations Served to navigate to.

# Population Served (cont)

- IQ
- Assault
- Fire Setting
- Eating Disorders
- Runaways
- Sexuality
- Sexual Behavior
- Trauma History
- Suicide
- Self Injurious Behavior
- Substance Use
- Juvenile Justice Issues
- Destructive Behavior
- Psychiatric Hospitalization
- Primary Psychiatric Diagnosis
- Genetic/Congenital Disorders
- Self-Help/Development Skills
- Medical Conditions
- Education

TRAUMA HISTORY	
<b>1. Victim of:</b>	
<input checked="" type="checkbox"/>	a. Physical Abuse
<input checked="" type="checkbox"/>	b. Sexual Abuse
<input checked="" type="checkbox"/>	c. Emotional Abuse
<input checked="" type="checkbox"/>	d. Medical Trauma
<input checked="" type="checkbox"/>	e. Natural Disaster
<b>2. Witness to:</b>	
<input checked="" type="checkbox"/>	a. Family Violence
<input checked="" type="checkbox"/>	b. Community Violence
<input checked="" type="checkbox"/>	c. Witness/Victim to Criminal Activity

In general, checking any checkbox in a specifier section indicates that the program serves individuals with needs under that section. Leaving a specifier blank indicates the program does not serve this specific need; any specifiers completely left blank will print with an indication of “No”.

# Specifiers

Some specifiers will have No, Yes and Required as selection options.

Selecting **No** indicates that the program does not serve youth that have this need; youth with this need will not be automatically matched with the program in YouthLink.

Selecting **Yes** indicates that the program does serve youth with this need and they will be automatically matched with the program in YouthLink.

Selecting **Required** indicates that the program only serves youth with this need; *unless this need is indicated on the referral, the youth will not be automatically matched with the program in YouthLink.* If a youth has all other specifiers indicated on their referral, but do not possess the one that is required by the program, they will not be matched to the program in YouthLink.

The screenshot shows a form titled "a. Pervasive Developmental Disorders". At the top, there are three radio buttons: "No", "Yes", and "Required". The "Yes" button is selected. Below the radio buttons is a list of disorders with checkboxes:

- i. Autistic Disorder
- ii. Rhett's Disorder
- iii. Childhood Disintegrative DO
- iv. Asperger's Disorder
- v. PDD NOS
- vi. Non-verbal
- b. Developmental Disabilities
- c. Disruptive Disorders
- d. Tic Disorder (Tourette's, etc.)

These specific indicators are:

- IQs 69 and below
- Sexual Behavior
- Substance Use
- Genetic/Congenital Disorders - Cerebral Palsy
- Self-Help/Developmental Skills – IDD
- Medical Conditions – Pregnancy, Diabetes, Visually Impaired, Hearing Impaired

# Population Served (cont)

Additional sections about the programs appear at the end of the Populations Served and all are required.

**Special Expertise** – N/A is ok if none

**Capacity** of Contracted Beds must match with the upcoming Site Details.

**Accreditation** selection is required - either an accreditation and inspection dates. None may be selected if no accreditation is required.

**General Comments**– N/A is ok if none

**SPECIAL EXPERTISE**  
Please submit additional information on any special programs, expertise, etc. That you want the CSOC to consider when making referrals to your facility, e.g., sex offender treatment, eating disorder treatment, etc.

N/A

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**CAPACITY**

Licensed Capacity  
5

Date of last Licensing inspection  
7/24/2017

Total # of Contracted Beds  
5

**ACCREDITATIONS: (Include last inspection date)**

<input type="checkbox"/> JCAHO	Last Inspection Date: <M/d/yyyy>	Date of Expiration: <M/d/yyyy>
<input checked="" type="checkbox"/> COA	Last Inspection Date: 8/5/2015	Date of Expiration: 8/4/2018
<input type="checkbox"/> CARF	Last Inspection Date: <M/d/yyyy>	Date of Expiration: <M/d/yyyy>
<input type="checkbox"/> OTHER	Last Inspection Date: <M/d/yyyy>	Date of Expiration: <M/d/yyyy>
<input type="checkbox"/> NONE		

**GENERAL COMMENTS**  
n/a



# Site Details – Create a Site

The screenshot displays the 'SITE DETAILS' window with a grid of columns: SITE NAME, SITE ADDR, COUNTY, CITY, STATE, ZIP, EMAIL ADDRESS, GENDER SERVED, and CAPAC. A 'Create New Site' button is located at the bottom of the grid. A 'New AnnexA Site....' dialog box is open, featuring the following fields and options:

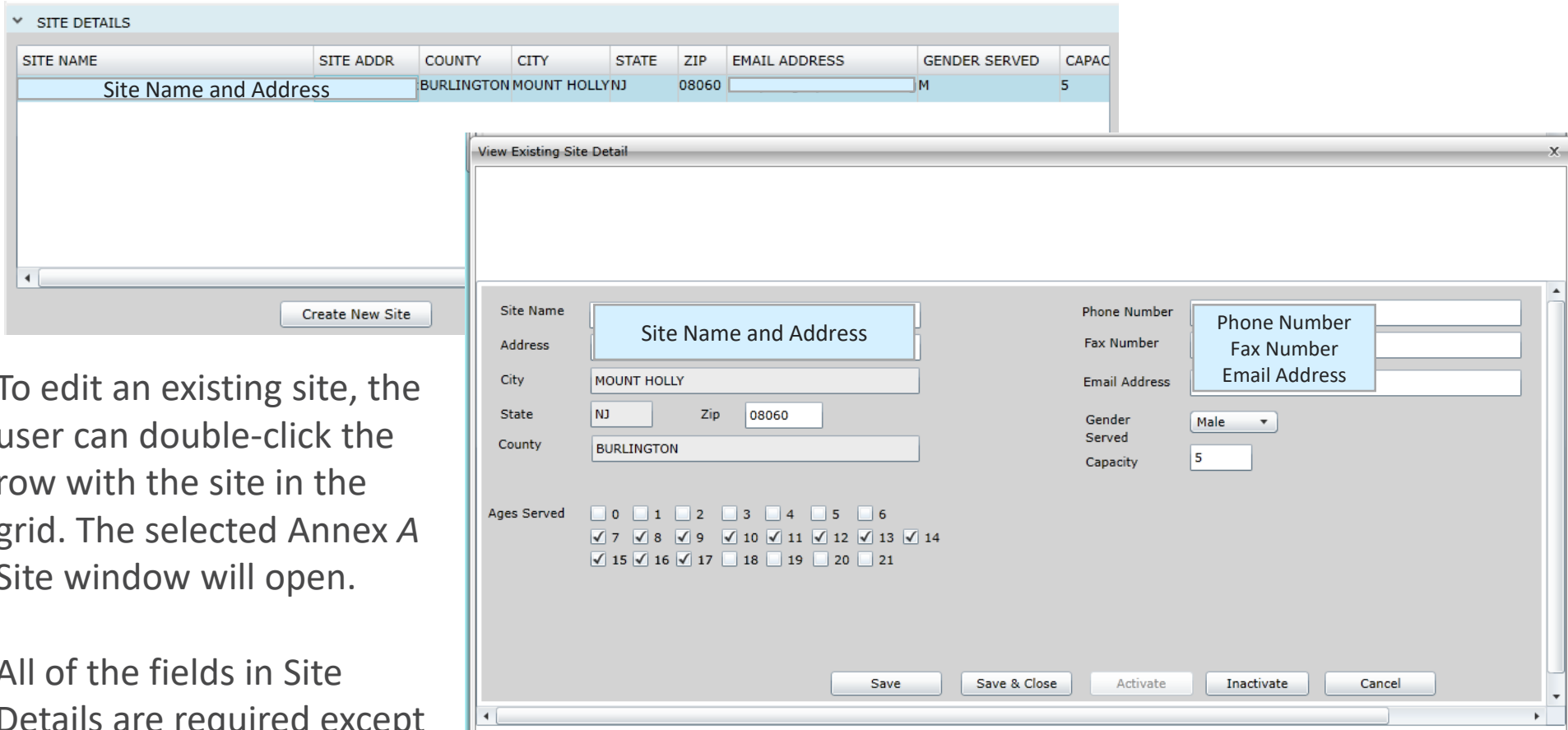
- Site Name:
- Address:
- City:
- State:  Zip:
- County:
- Phone Number:
- Fax Number:
- Email Address:
- Gender Served:
- Capacity:
- Ages Served:  0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21

Buttons at the bottom of the dialog include: Save, Save & Close, Activate, Inactivate, and Cancel.

To add a new site, the user can click **Create New Site** button at the bottom of the Site Details grid. A *New Annex A Site* window will then open.

All of the fields in Site Details are required except email and fax number; at least one selection must be made within **Ages Served** and **Gender Served**.

# Site Details – Edit an Existing Site



To edit an existing site, the user can double-click the row with the site in the grid. The selected Annex A Site window will open.

All of the fields in Site Details are required except **email** and **fax number**.

An active site can be inactivated. If a selected site is inactive, it can be reactivated here. Changes can be made to site name, address and phone numbers. **Ages Served, Gender and Capacity** across all sites in *Site Details* should be reviewed to ensure they match **Total of Contracted beds** in *Capacity in Population Served*.

# Connection - Population Served and Site Details

**Ages Served, Gender Served, and Capacity** in Site Details across all sites **MUST** total the entered information in the **Populations Served** accordion. Here are some examples:

- If your agency has 3 sites with 10 youth in each, the **Population Served Contracted Beds** must equal 30.
- If your agency has a site for ages 2-6 and a second site for ages 16-21, **Population Served** should have ages 2-6 **and** 16-21 checked or it will show a validation error.

*\*Licensed Capacity and Contracted Beds do not have to be the same. Your site may have more Licensed beds than CSOC Contracted beds.*

The screenshot shows a 'New AnnexA Site....' form with the following fields:

- Site Name, Address, City, State, Zip, County, Phone Number, Fax Number, Email Address
- Gender Served (dropdown menu)
- Capacity (text input)
- Ages Served (checkboxes for ages 0-21)

Below the main form is a 'GENDER SERVED' section with radio buttons for Male, Female, and Both. Below that is an 'AGES SERVED' section with checkboxes for AGE 00 through AGE 21. A 'CAPACITY' summary box is also visible, containing:

- Licensed Capacity: 30
- Date of last Licensing inspection: 7/24/2017
- Total # of Contracted Beds: 30

# Physical Environment

The screenshot shows a software interface for data entry. At the top, there is a navigation bar with a right-pointing chevron and the text 'POPULATIONS SERVED'. Below this, a dropdown menu is open, showing 'PHYSICAL ENVIRONMENT' with a downward-pointing chevron. The main content area is divided into several sections:

- Housing Type:** Three checkboxes: 'Single Family Home', 'Dormitory', and 'Cottages'.
- Therapeutic Holds Used?:** Three checkboxes: 'Handle With Care', 'CPI', and 'Other Personal Restraint Method'. Below these is a large empty text box, and at the bottom is a checkbox for 'No Physical Intervention'.
- Gender Of Beds:** Three checkboxes: 'Male', 'Female', and 'Both'.
- Bedroom Type:** Three checkboxes: 'Single / Double : How Many Rooms?', 'Triple / Quadruple : How Many Rooms?', and 'Community Living (4+) How Many Rooms?'. Each checkbox is followed by a small empty text box for the number of rooms.
- General Area:** Three checkboxes: 'Urban', 'Rural', and 'Suburban'.
- On Grounds Recreation Area:** Two radio buttons: 'Yes' and 'No'.
- Mass Transit Access Describe:** A large empty text box.

At the bottom of the interface, there is a navigation bar with a right-pointing chevron and the text 'SERVICES PROVIDED'.

All areas of **Physical Environment** are required; at least one selection must be made in each area and the Mass Transit Access Describe text box is required.

Under Bedroom Type, the corresponding text box for the selection made must be completed with the appropriate number of rooms.

# Service Provided – Part A

Under **Part A - Clinical Services**, the user should check off either Agency, Community or both options for any of the listed Clinical Services that are provided through the contracted per diem rate. If a service is not provided through contracted per diem rate, neither Agency nor Community should be selected.

Under **Independent Living Curriculum/Life Skills Training**, a Type must be selected for Agency or Community options.

Under **Part A - Allied Services**, the text box labeled “Other” is a required field; if the user has nothing additional to add, entering “N/A” will fulfill the field requirement.

PHYSICAL ENVIRONMENT

SERVICES PROVIDED

**PART A: Services checked are provided through contracted per diem rate**

Clinical Services	Provided By	
Family Therapy	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
<b>Group</b>	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Didactic Group	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Individual	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Behavioral Support	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
<b>Targeted Treatment:</b>		
Sex Specific	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Fire Setting	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Substance Abuse	<input type="checkbox"/> Agency	<input checked="" type="checkbox"/> Community
<b>Independent Living Curriculum/ Life Skills Training</b>	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
	Type: [dropdown]	
	Other: [text box]	
Psychiatric Assessment and Consultation	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Psychological Assessment	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Behavioral Assessment(e.g. FBA, ABA)	<input type="checkbox"/> Agency	<input type="checkbox"/> Community

Edit Annex Form....8374007

Allied Services	Agency	Community
Art Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recreation Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Adventure Base Counseling</b>	<input type="checkbox"/>	<input type="checkbox"/>
High Elements	<input type="checkbox"/>	<input type="checkbox"/>
Low Elements	<input type="checkbox"/>	<input type="checkbox"/>
<b>Animal Assisted Therapies</b>	<input type="checkbox"/>	<input type="checkbox"/>
Equine Assisted Learning	<input type="checkbox"/>	<input type="checkbox"/>
Equine Assisted Psycho-therapy	<input type="checkbox"/>	<input type="checkbox"/>
Pet Therapy (certified dogs, cats and others)	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Art	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sensory Integration	<input type="checkbox"/>	<input type="checkbox"/>
Psychodrama	<input type="checkbox"/>	<input type="checkbox"/>
Movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER:		N/A

# Service Provided – Part B

**Under Part B – Other Services, Educational Services** – At least one Educational Service type must be selected; check either Agency or Community, or both may be selected. Also required is the text box, “Describe how educational program is supported by agency”.

**Under Medical Services**, all three of the text boxes are required.

**PART B- Other Services**

**Educational Services**

Regular Education	<input type="checkbox"/> Agency	<input checked="" type="checkbox"/> Community
Special Education – IEPs	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Pre-Vocational Education	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Vocational Education	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Transitional planning for youth 14 y/o or older	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Community
Occupational Therapy	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Physical Therapy	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Speech/Communication Therapy	<input type="checkbox"/> Agency	<input type="checkbox"/> Community

Describe how educational program is supported by agency:

Legacy operates a special educational school on campus. All classified students attend this school. The s education and supportive services as per each youth's IEP.

**Medical Services**

Primary Medical Services	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Specialized Medical Services	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Detoxification Services	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Urine Screens	<input type="checkbox"/> Agency	<input type="checkbox"/> Community

Describe how primary medical care is provided:

Describe how routine medical care is provided (dentistry, eye examination, etc):

Describe how specialized medical care is provided:

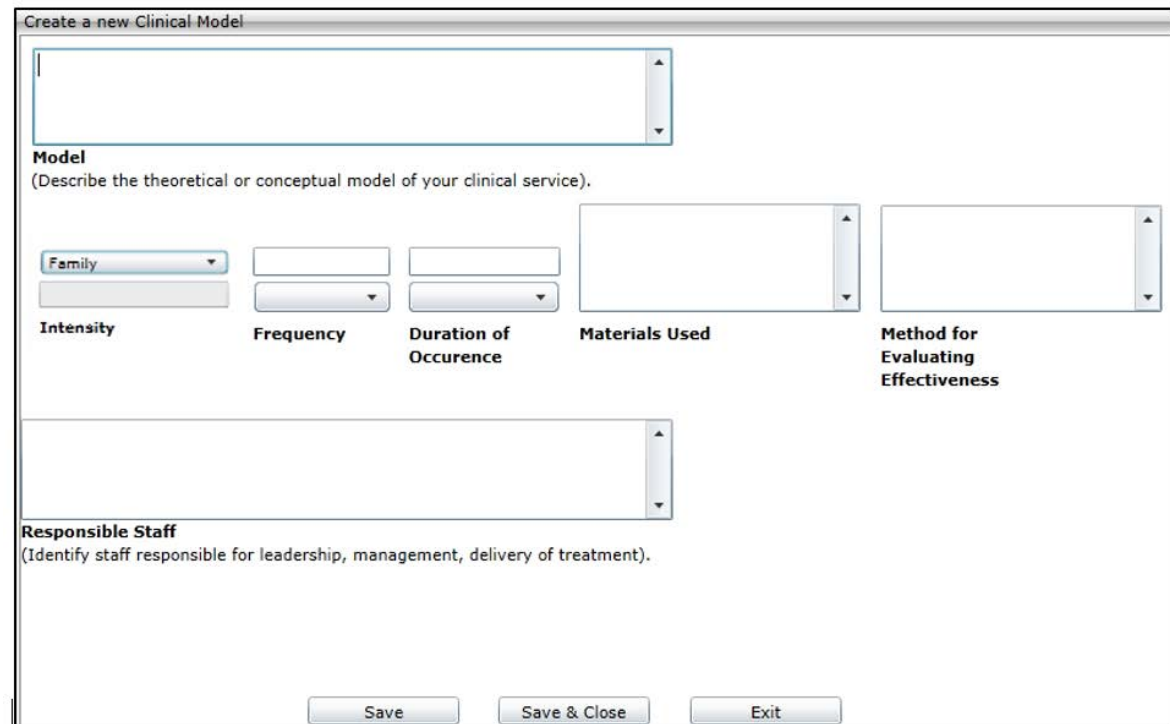
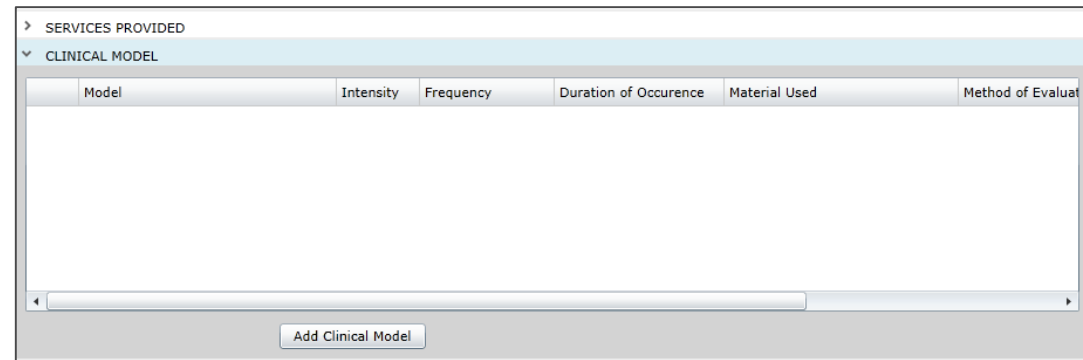
**Under Community Based Opportunities**, the only required field is the text box; no others are required, however either Agency or Community, or both may be selected.

Community Based Opportunities		
Intra and interscholastic sports	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Community Service Projects	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Employment Opportunities	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Employment Training	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Volunteer Opportunities	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Describe any other provisions for community opportunities:		<input type="text"/>

# Clinical Model

Users will find a grid when the Clinical Model accordion opens. In order to add information, click the **Add Clinical Model** button at the bottom of the accordion. Doing so will open the *Create a New Clinical Model* window.

All fields are required for each Model entered and at least one Model must be entered in order to submit the Addendum successfully.





## Clinical Models

- **Intensity** menu includes *Family, Group, Individual and Other*; if Other is chosen, the Intensity text box immediately below becomes a required field.
- **Frequency** menu includes *Weekly, Biweekly, Monthly and Annually*.
- **Duration of Occurrence** menu currently only has *Hours* as an duration option.

Users can add as many Clinical Models that are necessary to document their model for clinical services.

<b>Intensity</b>	<input type="text" value="Family"/>	<input type="text"/>	<input type="text"/>
	<input type="text" value="Family"/> Group Individual Other (Specify)	<input type="text" value="Weekly"/>	<input type="text" value="hour(s)"/>
	<input type="text" value="Other (Specify)"/>	<b>Frequency</b>	<b>Duration of Occurrence</b>
	<input type="text"/>		

# Team Members to Child Ratios

In the **Team Members to Child Ratios** section, completion of every row is not required. However, if you complete a field within a row (including Credentials), the entire row becomes required.

As fields are completed within a row, the # Children Served boxes will automatically populate with the number of Contracted Beds entered into the Populations Served accordion. (If the user changes the number of Contracted Beds, this field will automatically update.)

TREATMENT TEAM MEMBERS TO CHILD RATIOS

Position	Credentials	FTE	Total Hours per Week	# Children Served	Hours Per Child
Psychiatrist	MD,BC/BE/APN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NJ Licensed Physician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NJ Licensed Therapist	LCSW, LMFT, LPC, Licensed Psychologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Masters Level Therapist	Under the supervision of a NJ Licensed Practitioner and achieving licensure within 2 years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Addictions Counselor	LCADC/CADC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Behavior Analyst	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allied Clinical Therapist	Licensed where applicable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse	RN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dietician (As Needed)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychologist (As Needed)	PHD, PsyD and Ed.D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct Care Staff	BA or HS Diploma with 3-5 years experience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Management	BA with 3-5 years experience or unlicensed MA with 1 year experience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments	<input type="text"/>				

**Note: Scroll right to complete the required Hours Per Child/Week column.**

*\*Please include only staff in proportion to CSOC contracted beds, not the total number of program staff. Including all staff that may be part of a larger program could result in inflated hours per youth numbers.*

# Performance Based Outcomes

Every field in the **Performance Based Outcomes** accordion is required; each can accept a whole number with two numbers after a decimal point (if necessary).

▼ PERFORMANCE BASED OUTCOMES

**I Length of Stay**

Please calculate the following:

Average length of stay for residents discharged in the last contract year = A)  Days

Goal for this contract year =AVG LOS from A) above less 10% = B)  Days

**II Discharge Destination**

Please choose a percentage as a performance goal for each of the following:

A)  % of discharged youth will go to less restrictive settings.

B)  % of A) above that are still in less restrictive 3 months post discharge

C)  % of A) above that are still in less restrictive settings 6 months post discharge

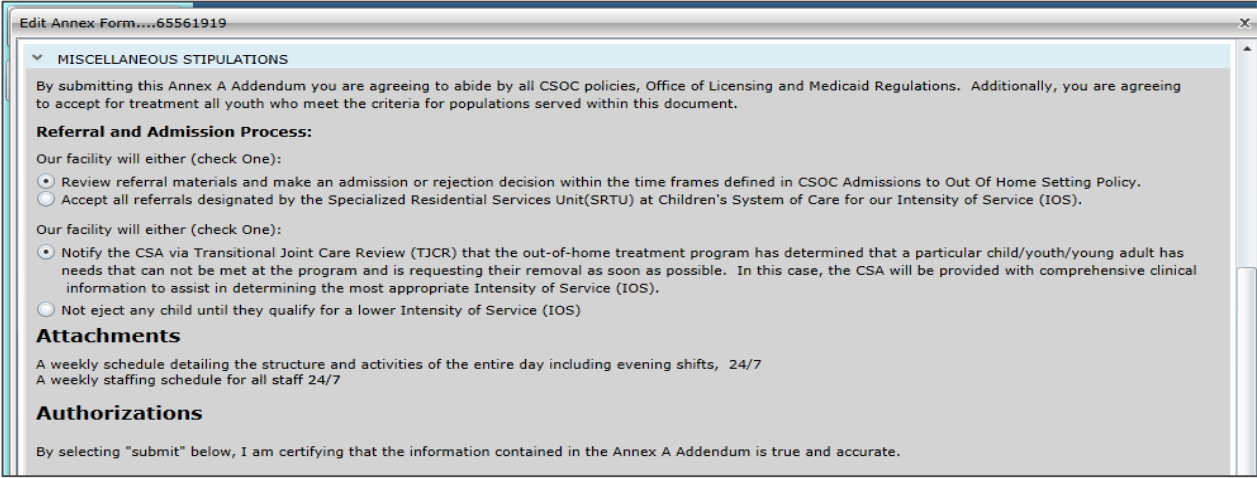
**III Improvement in Needs Assessment Scores**

What percentage of youth discharged 6 to 18 months prior to the end of current contract year will have an overall improvement (lower scores) across the Behavioral/Emotional Needs, Risk Behaviors, and Life Domain Functioning assessment domains when comparing each child's assessment just prior to admission with their assessments closest to 8 months post admission.

%

# Miscellaneous Stipulations

The Miscellaneous Stipulations accordion houses the statement that the Annex A submission is an agreement to the abide by CSOC policies.



Edit Annex Form....65561919

▼ MISCELLANEOUS STIPULATIONS

By submitting this Annex A Addendum you are agreeing to abide by all CSOC policies, Office of Licensing and Medicaid Regulations. Additionally, you are agreeing to accept for treatment all youth who meet the criteria for populations served within this document.

**Referral and Admission Process:**

Our facility will either (check One):

- Review referral materials and make an admission or rejection decision within the time frames defined in CSOC Admissions to Out Of Home Setting Policy.
- Accept all referrals designated by the Specialized Residential Services Unit(SRTU) at Children's System of Care for our Intensity of Service (IOS).

Our facility will either (check One):

- Notify the CSA via Transitional Joint Care Review (TJCR) that the out-of-home treatment program has determined that a particular child/youth/young adult has needs that can not be met at the program and is requesting their removal as soon as possible. In this case, the CSA will be provided with comprehensive clinical information to assist in determining the most appropriate Intensity of Service (IOS).
- Not eject any child until they qualify for a lower Intensity of Service (IOS)

**Attachments**

A weekly schedule detailing the structure and activities of the entire day including evening shifts, 24/7  
A weekly staffing schedule for all staff 24/7

**Authorizations**

By selecting "submit" below, I am certifying that the information contained in the Annex A Addendum is true and accurate.

Under **Referral and Admission Process**, the user is required to choose one selection in the each of the two facility areas.

Upon submission of this electronic document, no signed hard copies of the Annex A are required to be provided to CSOC Contracting. Users do not have the ability to upload or attach their weekly staffing and schedules to the Addendum. Please refer to the Contract Administrator regarding submission of weekly schedules.

# Comments

The Comments accordion will be enabled once the user submits the Addendum to CSOC. This area will be used for CSOC Contracting staff to document reasons regarding a return of an Addendum for changes, or regarding a denial.

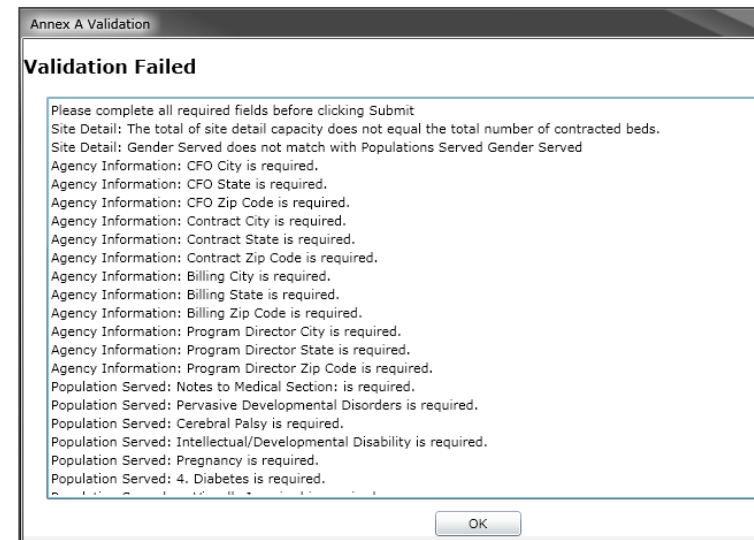
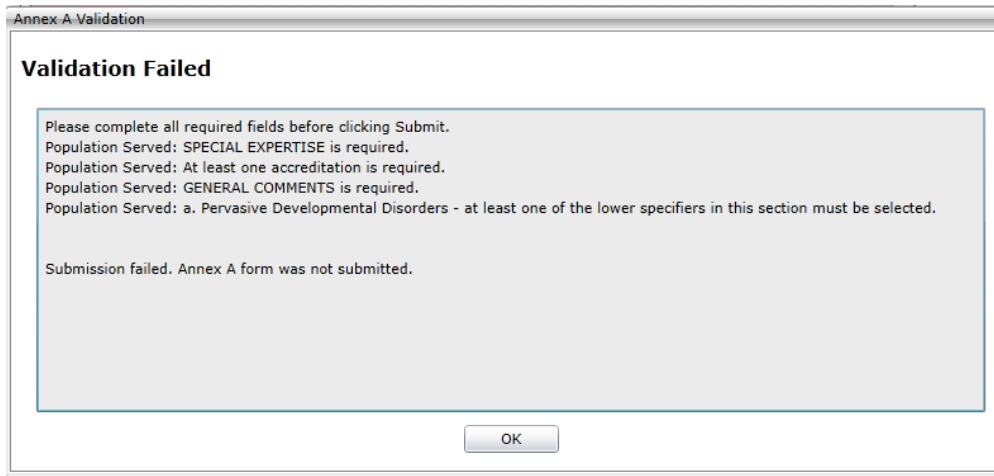
Once the document has been returned and you make changes or updates, the Comments accordion may be utilized to communicate back to Contracting regarding the changes made. The Comments accordion is not part of the contract, so it will not print with the rest of the document.

The screenshot displays a web interface for adding comments. At the top, there is a light blue header with a downward arrow and the text "COMMENTS". Below this is a white section titled "COMMENTS" in bold. Underneath is a table with three columns: "DATE ENTERED", "COMMENTS", and "AUTHOR". The table is currently empty. At the bottom of the interface is a button labeled "Add Comments".

DATE ENTERED	COMMENTS	AUTHOR
--------------	----------	--------

Add Comments

At any point in your entry process, you can click Submit to see if you have missed a validation. You will see detailed validations regarding entries that are required.



On the Addendum, the missing or incorrect fields will be highlighted in a color, making them easier to locate.

#### 4. Diabetes

No  Yes  Required

# Action Buttons

**Save** – saves the Annex A; system will display a saving symbol and respond with *Record is Saved* message; user may continue working.

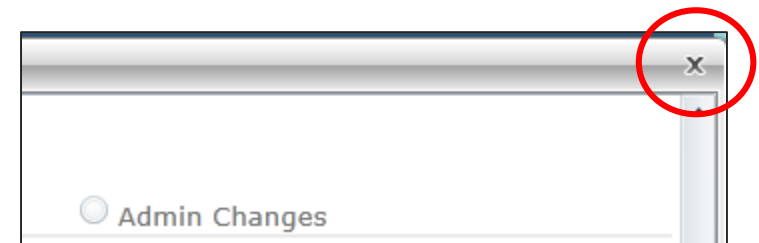
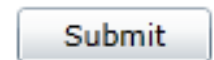
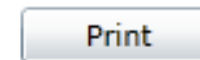
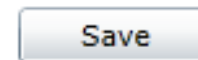
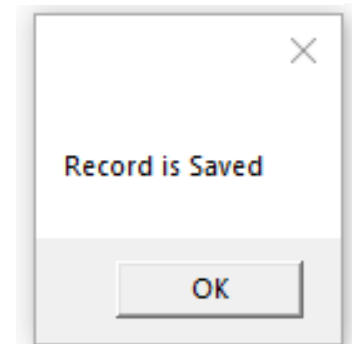
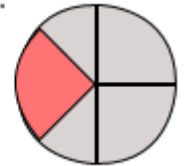
**Print** – Print may be used after the Annex A is saved the first time. It will show a Draft watermark until it is approved.

**Submit** – when the user submits the Annex A it will check the validations. If the document is complete, the Annex A will become read-only to the OOH until it is returned or approved.

**Delete** – allows the user to delete an unsubmitted Annex A only.

To close the Annex A - click the X in the upper corner

Saving Record ...



**The Renewal option is used when an Annex A Addendum is nearing its contract term end. Use the Renewal option up to 90 days before the end date of the current contract. Prior to that, the Renewal functionality will not be available.**

- Select the appropriate program from the drop-down menu
- The historical record of all Addendum activity in the bottom grid will be displayed (Approved/Denied Details)
- Click on the New/Renew button at the bottom of the window to create a Renewal Addendum
- The Renewal will be pre-populated with all of the information from the last approved Addendum.

*It is strongly recommended that the Renewal Addendum should be completely reviewed prior to submission.*



# Modify Annex A Addendum

New/Renew  
Annex A  
Addendum

Modify  
Annex A  
Addendum

Update  
Contact  
Information

Admin  
Changes

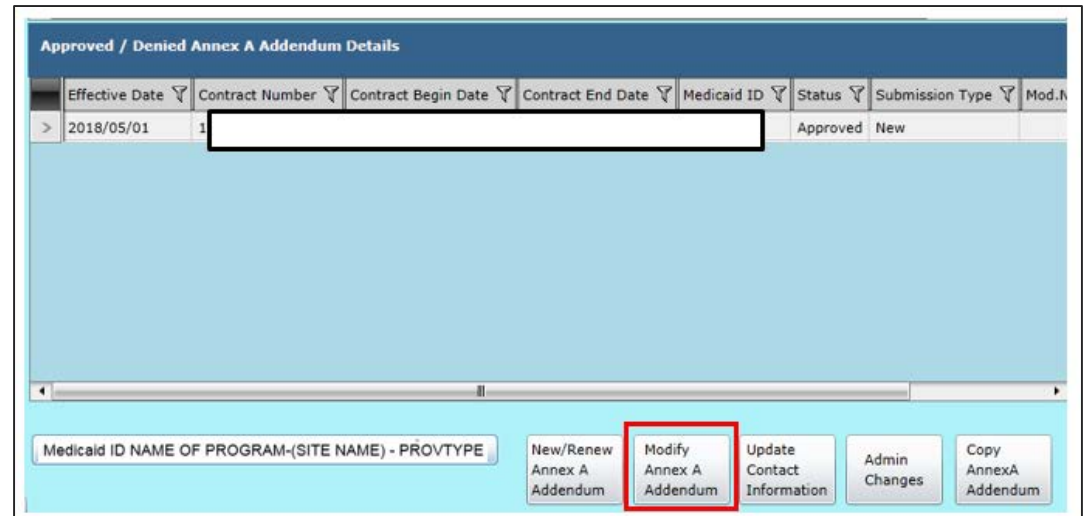
Copy  
AnnexA  
Addendum

# Modify Annex A

**A Modification should be submitted when there are changes to the program, such as a change to the number of contracted beds or a change in the population that the program serves.**

A Modification may be created once a program has an approved, active Annex A Addendum.

The start or effective date of the contract has passed by one day.



- Choose a program from the drop down
- Select the Modify Annex A Addendum button
- Once the Modify button has been selected, the user will receive confirmation that the Modification has been created and the document will open.



# Modify Annex A

The document that opens is the active and approved current Addendum; by choosing a Modification, the system allows the user to make any necessary changes to the *entire* document.

The user must open the Agency Information accordion and enter an effective date for the Modification.

- Effective date can be changed by CSOC after submission
- Effective Date must be equal to, or after, the Contract Begin date of the active Addendum
- Will display in the Approved/Denied grid

The screenshot displays the 'Annex A Addendum' form. At the top, there are radio buttons for 'New', 'Renewal', 'Modification' (which is selected), 'Update Contact Info', and 'Admin Changes'. Below this is an expanded 'AGENCY INFORMATION' section. It contains several input fields: 'Program' with a 'Program ID' field, 'Medicaid Provider#' with a text input, 'Agency Name' with a text input, 'Contract Number' with a 'Contract Number' field and a 'Mod #' field, 'Provider Type' with a 'Provider Type' field, and 'Program Type' with a 'Program Type' field. There are also date fields for 'Contract Begin Date' and 'Contract End Date', both with a '15' in a small box next to them. The 'Effective Date' field is highlighted with a red box and contains the text '<M/d/yyyy>' and a '15' in a small box. A 'Conditionally Approved' checkbox is located at the bottom right of the form.

# Update Contact Information

New/Renew  
Annex A  
Addendum

Modify  
Annex A  
Addendum

Update  
Contact  
Information

Admin  
Changes

Copy  
AnnexA  
Addendum

# Updating Contact Info using the Annex A

## If you only need to change the Agency Contact Information accordion, you can:

- Click the Provider Details button on Welcome Page
- Click Annex A Addendum button
- Select the program from the drop down menu
- Click the “Update Contact Information” button
- Only the Agency Contact Info section will be available for editing
- Save and Submit the Annex A

This type of change does not require a review.



The screenshot shows a light blue header bar. On the left is a dropdown menu with the text "Medicaid ID NAME OF PROGRAM-(SITE NAME) - PROVTYPE". To the right of the dropdown are five buttons: "New/Renew Annex A Addendum", "Modify Annex A Addendum", "Update Contact Information", "Admin Changes", and "Copy AnnexA Addendum".



The screenshot shows an accordion titled "Annex A Addendum". Below the title are five radio buttons: "New", "Renewal", "Modification", "Update Contact Info", and "Admin Changes". The "Update Contact Info" radio button is selected.

# Update Admission Contact from PIF

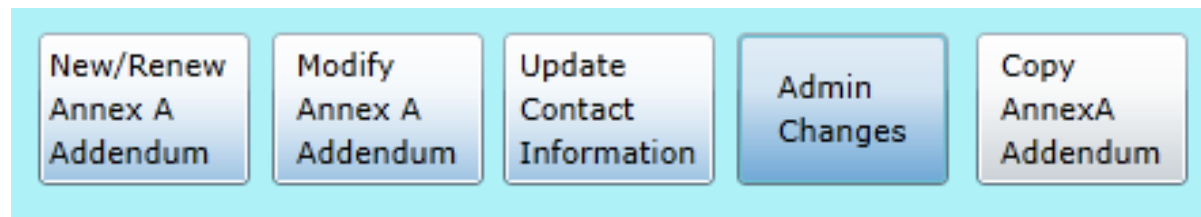
You may update Admission Contact Information directly on the Provider Information File (PIF).

- Click **Provider Details** button
- Click the **OOH PIF** button
- Select the program **Location** from the drop down menu at the top of the screen. The screen will populate with all the PIF details.
- Change only *Admission Contact*, *Contact Phone*, and *Contact Email*
- Click Submit

The screenshot shows a web form titled "Provider Details" with a "Logout" button in the top right corner. The form contains several input fields and a dropdown menu. A red rectangular box highlights the "Admissions Contact", "Contact Phone", and "Contact Email" fields. Below these fields are four more input fields: "Licensed Beds", "Contracted Beds", "Male Beds", and "Female Beds", each containing the number "0".

Provider Details				Logout
Location				- 44
MEDID				
Mast Full Name		Site Full Name		Site Type
Admissions Contact		Contact Phone	Contact Email	Gender Served
Licensed Beds	Contracted Beds	Male Beds	Female Beds	
0	0	0	0	

# Admin Changes



## The Administrative Change Annex A Addendum allows a user to only change information in the program's Site Details.

- Changes can include moving the number of beds at one site to another site
- Activating/Inactivating a site
- Adding a new site
- Changing the gender and/or ages served at a site within existing target population and parameters

*Important Note: These selections still need to fit into the parameters chosen within Populations Served, even though that accordion is not available for use in the Admin Change Addendum; if users need to make changes to the Populations Served accordion, a **Modification** is recommended instead.*



# Admin Changes (cont)

To complete a change to Site Details you must also do the following:

Enter the **Admin Changes Effective Date** – this is the date when the changes to Site Details go into effect

- *If Effective Date is in past or on the date of approval, changes will be updated the following day.*
- *If Effective Date is in future, the PIF will update on the Effective Date*

Enter the **Comments** area of the Addendum to document why the changes were made, or to give further information about the changes made to Site Details.

The screenshot shows the 'Annex A Addendum' form with the following elements:

- Navigation tabs:  New,  Renewal,  Modification,  Update Contact Info,  Admin Changes
- Section: AGENCY INFORMATION
- Fields: Program (Program ID), Medicaid Provider#, Agency Name, Contract Number (Contract Number), Provider Type, Program Type, Contract Begin Date, Contract End Date.
- Highlighted field: Admin Changes Eff Date (with a date picker set to 15) and a 'Conditionally Approved' checkbox.

# Copy Annex A Addendum

New/Renew  
Annex A  
Addendum

Modify  
Annex A  
Addendum

Update  
Contact  
Information

Admin  
Changes

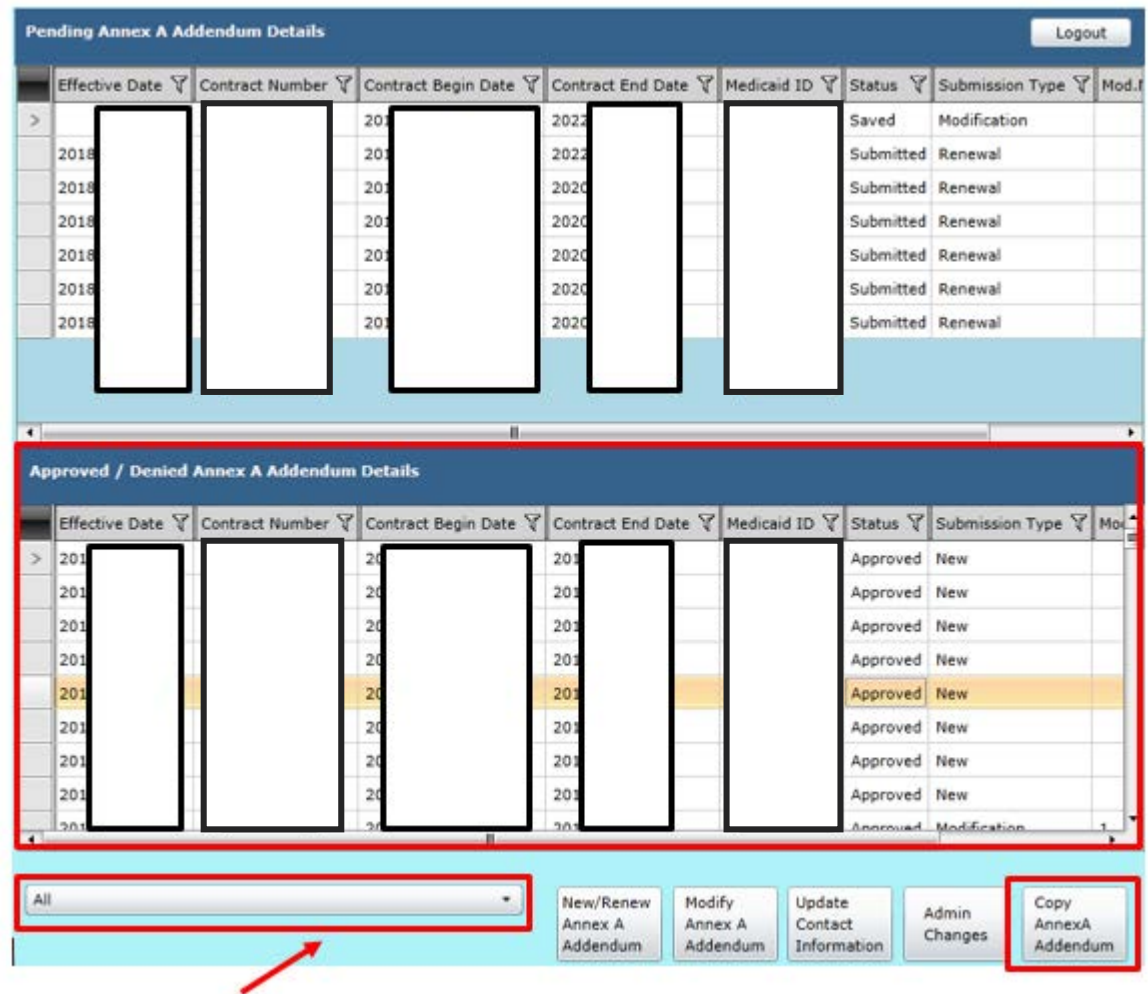
Copy  
AnnexA  
Addendum

**The Copy Annex A functionality is used when the OOH provider has a new program and wants to copy the Addendum of an existing program.**

- You can copy from an **approved Annex A Addendum to a new** Annex A Addendum only.
- If the Annex A is in Saved, Submitted, or Returned for Changes status, it cannot be copied to a new Annex A.
- Using the Copy Annex A feature, the entire new Annex A Addendum will be available for edit and **should be carefully reviewed.**
- The copied Addendum will have all the required validations when you attempt to submit to CSOC.

# Copy Annex A

1. Click the dropdown and locate the new program name.
2. Click on the **Copy Annex A Addendum** button will open up a list of the last available Addendums for *every* program the user has access to for copying into a new program's Addendum.
3. Single click a row in the grid to select an Addendum to copy, and then select the **Copy Annex A Addendum** button.
4. A warning message will appear reminding the user that a copy will occur. Click OK.



The new Annex A Addendum will be created for the program.

# References - Links

PerformCare Training web page:

<http://www.performcarenj.org/provider/training.aspx>

Annex A Addendum Section:

<https://www.performcarenj.org/provider/training.aspx#annexa>

- Guide to the Annex A Addendum

Security Section: <http://www.performcarenj.org/provider/training.aspx#security>

- CYBER Password Reset Functionality, Security Administrator Guide, Secure Email



Clinical, Billing or Technical issues or questions should be reported to the Service Desk.

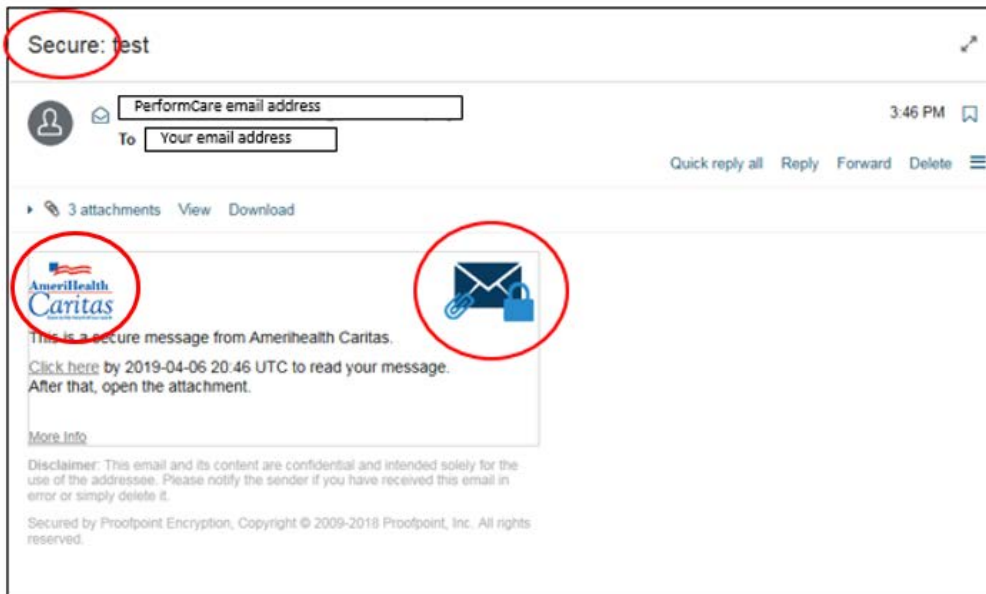
**Click the link for the secure Customer Service Request Form**  
**[www.performcarenj.org/ServiceDesk](http://www.performcarenj.org/ServiceDesk)**

Complete the form by identifying:

- The Requestor's name (person reporting the issue), agency and contact information
- Select a type of issue
- Describe the question, technical problem or issue
- Upload screenshots of the issue or identify youth records

# Secure Email

Request Form replies may be communicated via Secure Email. Review the *Quick Reference Guide to Secure Email* on how to register and open secure emails.



AmeriHealth Caritas Registration

Password Policy

- Passwords must be 10-14 characters long.
- At least one digit (0-9) is required.
- At least one symbol character is required.
- Both uppercase and lowercase characters are required.
- Your username may not appear in the password.

Create your account to read secure email.

Email Address: Your email address

First Name:

Last Name:

Password:

Confirm Password:

Continue

<http://www.performcarenj.org/pdf/provider/training/security/quick-reference-guide-to-secure-email.pdf>

# Need Assistance?

Training questions? Email the PerformCare Training Unit:

- [PCNJTraining@performcarenj.org](mailto:PCNJTraining@performcarenj.org)

PerformCare:

- Phone 1-877-652-7624
- Customer Service Request Form  
[www.performcarenj.org/ServiceDesk](http://www.performcarenj.org/ServiceDesk)

Policy and Contracting questions: 1-609-888-7200

- CSOC Service Line Manager
- Annex A Contracting

Important Contact Information for CSOC Providers:

- <http://www.performcarenj.org/pdf/provider/training/general-csoc/important-contact-information-for-csoc-providers.pdf>





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