

Out-of-Home Providers Overview

Joint Care Review and the Youth Record

August 2023 –(02095)

Perform**CARE**[®]

Delivering
High-Quality
Service and Support

Objectives of this Training

- CSOC, PerformCare and CYBER
- Workflow from Admission through Transition*
- Welcome Page
- Locating the Youth Record/Assigning Youth to Staff
- Treatment Planning for OOH
- Understanding the Face Sheet
- Progress Notes/Doc Upload
- Historical Access/Reporting
- Contacting PerformCare
- References/Acronyms

*YouthLink is not provided in this training.

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.

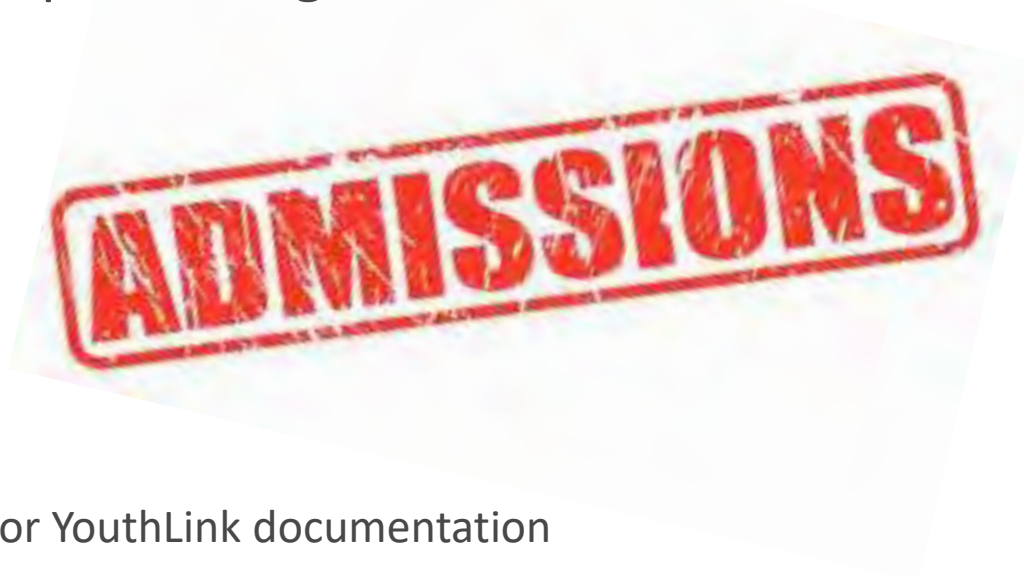
CYBER contains health information about children in the State of New Jersey with behavioral health, developmental and intellectual disability and substance use challenges. It also contains the work and documentation of the many providers who assist those youth.

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®

- Admit through YouthLink* or CSA manually entered admission:
 - ✓ Receive full edit access to the Youth record (exception: Demographics tab)
 - ✓ View all historical plans, assessments, progress notes in youth record
 - ✓ Receive initial authorization (120 days)
 - ✓ Start of episode begins with admission date



*See [References](#) for YouthLink documentation

- All providers attend Child Family Team (CFT) meeting (Care Management, OOH, family, etc.)
- CMO documents CFT meeting in CFT progress note entered into youth record
- Submit Strengths and Needs Assessment within 30 days prior to JCR submission (*S&N is not reviewed and cannot be returned*)
- **Start JCR at least 2 weeks before due date** (every 90 days after initial)
 - ✓ Associate to Strength and Needs Assessment
 - Submit JCR to CMO
 - CMO submits to CSA
 - CSA reviews plan/assessment
 - OOH monitors for returned plans (Welcome page or plan approval screen)
 - **On approval OOH receives continuing stay authorization (90 days)**

- CFT meeting determines youth will transition to another OOH
- CFT progress note is entered by CMO approving Transition decision
- OOH upload TJCR Checklist and required documents into youth record Doc tab
 - ✓ Use 'Document Upload Crosswalk' to determine appropriate documents
- Submit Strengths and Needs Assessment within 30 days prior to JCR submission (*S&N is not reviewed and cannot be returned*)
- **Start Transition JCR at least 2 weeks before due date** Submit TJCR to CMO / CMO submits to CSA
 - CSA reviews plan/assessment
 - OOH monitors for returned plans (Welcome page or plan approval screen)
 - **On approval, OOH receives 90 day continuing stay authorization and TJCR creates an OOH referral**
- Other OOH programs review referral and schedule to meet youth
- If youth is not admitted, continue to create JCR every 90 days for continuing stay
- Youth is admitted into another OOH
- Create DJCR with discharge date on or after exit

TJCR Checklist – Document Upload

<https://www.performcarenj.org/pdf/provider/tjcr-referral-checklist.pdf>

DOCUMENT UPLOAD REQUIREMENT CHECKLIST TRANSITIONAL JOINT CARE REVIEW (TJCR)

YOUTH NAME:

CYBER ID:

DATE OF SUBMISSION:

PLEASE THOROUGHLY REVIEW THE FOLLOWING INFORMATION: Immediately upon the TJCR treatment team meeting, the treating OOH provider shall complete and upload the following checklist along with the below identified required documents in order to assure that all necessary information is available for review at the time of the IOS determination. OOH provider should not submit the TJCR until all documents are uploaded and CMO enters their CFT Progress Note. TJCRs with incomplete documents will be returned.

MINIMAL REQUIREMENT:

- TJCR Document Upload Requirement Checklist (along with required uploaded documents)
- CFT Note (approving TJCR)

OTHER REQUIRED DOCUMENTS (see italicized information for requirement criteria):

- Psychiatric Evaluation* (within the last six months**):
 - IS REQUIRED if youth is prescribed psychotropic medication;
 - IS REQUIRED if youth had a psychiatric hospitalization within the last six months.
 - IS REQUIRED if youth is actively seeing a psychiatrist.
 - **If the evaluation is more than six months old, CM must provide the evaluation along with an accompanying updated report from the treating psychiatrist. If youth is prescribed psychotropic medication, the report should specify current diagnosis, current medication name/dosage, and noted response to medication.

*A Neuropsychological Evaluation is acceptable in lieu of a psychiatric evaluation if youth is IDD eligible. Please see IDD Specific Evaluations and Reports on page 2 for requirements.

- Specialty Evaluations (within the last twelve months):
 - NOT REQUIRED if specialty criteria is not applicable to youth.
 - IS REQUIRED if youth presents with fire setting or sexual behavior needs and meets criteria "b" below:
 - a. NOT REQUIRED if youth is currently being treated at a specialty treatment setting pending transition to another CSOC OOH treatment setting for the same treatment issue (e.g. step down treatment for sexual behavior). Instead, the treating provider may enter their treatment recommendations/risk level directly within the TJCR
 - b. IS REQUIRED for all youth referred from a non-specialty treatment setting due to sexual behavior or fire setting OR youth referred from a specialty treatment setting if there is a new behavior that did not previously warrant a specialty evaluation
- Fire Setting Evaluation (w/in last 12 months; must include documented risk level)
- Psychosexual Evaluation (w/in last 12 months; must include documented risk level)

- Substance Use (SU) Assessment (within last 30 days) **DO NOT UPLOAD SU ASSESSMENTS!**
- Substance Use Consent Form
 - IS REQUIRED if the youth presents with a substance use need.
 - Due to disclosure protection under 42-CFR Part II, CMO is required to submit substance use evaluations via fax to PerformCare at (877) 949-6590 along with the required Substance Use Consent Form which is located at <http://www.performcarenj.org/provider/forms.aspx>. Please check box if assessment was faxed so that PerformCare is aware that one was completed.
- IDD Specific Evaluations/Reports
 - IS REQUIRED if youth is deemed IDD Eligible:
 - Report(s) that capture the youth's level of functioning and special needs within the domains of communication, mobility, life skills, cognition, sensory, and/or special equipment. Such reports may include, but are not limited to: psychological evaluation, IEP, FBA, Behavior Support Plan, Adaptive Functioning Assessment, etc.
 - C2C Application (required if youth is deemed IDD Eligible)
 - Child Adaptive Behavior Summary (CABS) (required if youth is deemed IDD Eligible or if the DD module was completed within the OOH Referral Request/SNA as part of the TJCR. CABS must have been completed within the last six months)
 - Neuropsychological Evaluation w/in last 6 months* (may be submitted in lieu of Psychiatric Evaluation):
 - IS REQUIRED if youth is prescribed psychotropic medication;
 - IS REQUIRED if youth had a psychiatric hospitalization within the last six months.
 - IS REQUIRED if youth is actively seeing a neurologist.
 - *If the evaluation is more than six months old, CM must provide the evaluation along with an accompanying updated report from the treating neurologist. If youth is prescribed psychotropic medication, the report should specify current diagnosis, current medication name/dosage, and noted response to medication.
- Other Reports/Evaluations (as applicable):
 - Most recent IEP Cover Sheet which verifies classification type (required if educationally classified).
 - Medical reports (required if youth has a medical condition such as pregnancy, diabetes, allergies, cardiac condition, seizures, etc. Report must specify any special needs and accommodations that the youth requires).
 - Hospital Intake Assessment/Discharge Summary (if hospitalized within the last 6 months).
 - Court order(s) related to treatment*
 - Original BPS or Psychological Evaluation (that was used for current OOH placement)
 - Other documents that were utilized for purposes of IOS determination: _____

***IF THE YOUTH IS INVOLVED WITH COURT, IN ADDITION TO UPLOADING APPLICABLE COURT DOCUMENT(S), PLEASE CLEARLY DOCUMENT THE STATUS OF COURT INVOLVEMENT, INCLUDING, BUT NOT LIMITED TO, COURT HEARINGS, LEGAL CHARGES, PROBATION INFORMATION, COURT ORDERS, SUBPOENAS, ETC. WITHIN THE TJCR.**

Document Upload Crosswalk

The **Document Upload Crosswalk** is helpful in identifying and determining the type and subtype of the document being uploaded.

See [References](#) for the Instructional Guide to Document Upload

OOH DOCUMENT UPLOAD CROSSWALK		
DOCUMENT	CYBER DOC TYPE	CYBER DOC SUB-TYPE
BPS (if not in CYBER) or CCIS Psychosocial Assessment	Clinical	Community BPS Assessment
Neurology Update**	Clinical	Other Applicable Reports/Documents
Neuropsychological Evaluation	Clinical	Other Applicable Reports/Documents
OOH Referral Request (Document Upload Requirement Checklist)	Clinical	Other Applicable Reports/Documents
Other applicable evaluations/reports	Clinical	Other Applicable Reports/Documents
Psychiatric Update***	Clinical	Other Applicable Reports/Documents
Transition Joint Care Review (TJCR) (Document Upload Requirement Checklist)	Clinical	Other Applicable Reports/Documents
Substance Use Assessment	N/A	N/A

**Required if youth is deemed IDD Eligible or if the DD module was completed within the OOH Referral Request/SNA as part of the TJCR.

***Required if Psychiatric/Neuropsychological Evaluation is more than six months old

OOH Discharge Process (out of CSOC)

- CFT Meeting determines youth will transition out of CSOC OOH
- CFT Note is entered by CMO approving transition out
- Submit Strengths and Needs assessment within 30 days prior to JCR submission (*S&N is not reviewed and cannot be returned*)
- Create Discharge Joint Care Review with discharge date on or after actual exit
- **Submit DJCR with associated Strengths and Needs assessment to CMO**
 - CMO submits to CSA
 - CSA reviews plan/assessment
 - OOH monitors for returned plans (Welcome page or plan approval screen)
 - **On approval - Youth is transitioned out of CSOC**
 - Youth remains open for 14 calendar days
 - Episode ends with Transition/Discharge date on plan

Welcome Page

After logging in, OOH users land on the Welcome Page. The Welcome Page within CYBER allows users the ability to view OOH activity.

NJ Children's System of Care
Contracted System Administrator — PerformCare®

Welcome to CYBER
User Name: User Role: User Group: OOH Logout

Quick Search

Youth/Child ID

First Name

Last Name

DOB

Joint Care Review - In Progress

Site Name	Youth/Child ID	First Name	Last Name	Author	Child Family Team Date	Create Date	Plan Type
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Refresh Totals

Joint Care Review

In Progress(0)

Submitted(0)

Awaiting Approval(0)

Approved(0)

Rejected(0)

Aging Report(0)

Assessments

Authorizations

Admissions

Eligibility

YouthLink View

Deactivated Users

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- This is the CYBER Welcome screen that opens after logging into the system.*
- The Welcome Screen is the main access point for many of the different functions that are contained within CYBER.
- Login level of security determines access.
- To get from one place to another in CYBER requires the user to point and click with their mouse on the appropriate menu item, link or button.

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

OOH users have the following sections and links on the right-hand side of their Welcome Page described below:



Joint Care Review

- Displays status of plans in progress through submission
- Aging Report displays Coming Due and Overdue plans

Assessments

- Displays assessments in progress

Authorizations

- Displays authorizations that will expire in the next 30 days

Admissions

- Admission summary for the program(s) specific to the user

Eligibility

- Displays youth eligibility

YouthLink View

- Displays statuses of referrals on YouthLink

Deactivated Users (only visible to Supervisors and above)

Welcome Page Links

In the top left of the Welcome Page, the Security Administrator information is displayed including all the Security Administrators' names and phone numbers.

[Security Administrator](#)

Youth/Child Search is an alternate search option once you have left the Welcome Page.

[Youth / Child Search](#)

[My Active Youth](#)

My Active Youth is a function that allows an agency to assign specific youth to specific staff. Once youth are assigned, the staff need only click the button to view his/her assigned list.

[Out of Home](#)

Out of Home this area opens YouthLink, Messages and the Out-of-Home Provider map

[Provider Details](#)

Provider Details opens PIF, Annex A and other provider information

[Message Functions](#)

Message Functions displays YouthLink messages reflecting status changes for referrals

[System Functions](#)

System Functions opens the Manage Access area where users can reset their passwords or Security Administrators can manage user IDs

[Reporting](#)

Reporting is an area available to security Level 3 users only and contains existing reports for their agency or provider type

[Historical Access](#)

Historical Access is an area where users can view and print transitioned youth records (youth that are no longer open to the agency)

[Anomaly Management](#)

Anomaly Management lists various anomalies in the youth records such as missing address data, open to the provider but no Medicaid, no progress notes, etc.

The screenshot shows the header and footer of the PerformCARE system. The header contains the following information:

- NJ Children's System of Care
- Contracted System Administrator – PerformCare®
- Welcome to CYBER
- User Name: [blank]
- User Role: [blank]
- User Group: DOH
- Logout

The footer contains the following information:

- © 2020 - CyberAng 1.0.0.396-06
- FAQ's
- CYBER Updates
- Help
- Customer Service Request
- Training Information

Locating the Youth Record

There are two search functions within CYBER where you can input information to find a specific youth record.

- **Quick Search** on the Welcome Page

The screenshot shows a 'Quick Search' section with a dropdown menu set to 'Youth/Child ID'. Below it are four input fields: 'First Name', 'Last Name', and 'DOB'. The 'DOB' field contains the placeholder text 'MM/DD/YYYY' and a calendar icon.

Enter the CYBER ID or use a partial name search.

Type any part of a youth name and click Enter.

(Mary Smith = *Mar* in First name field and *Smi* in the Last name field).

- **Youth/Child Search** on the Face Sheet

The screenshot shows a search bar with the following fields: 'First Name', 'Last Name', 'Gender' (a dropdown menu), 'Birth Date' (with placeholder 'MM/DD/YYYY' and a calendar icon), 'Age', 'SSN', and 'Youth/Child ID'. To the right of these fields are three buttons: 'Search', 'Clear', and 'Active Agency Youth'. On the left side of the search bar, there are two links: 'Return To Main' and 'Face Sheet'.

Active Agency Youth

Go to the **Youth / Child Search** and click **Active Agency Youth**. This will display a list of all youth open to the Agency.



The Active Agency Youth is a list of all youth open to the agency. The column headings can be sorted or filtered, and the Print button allows the list to be exported and printed. Double-clicking on any row in the Active Agency Youth will open the Face Sheet for that youth's Electronic Health Record.

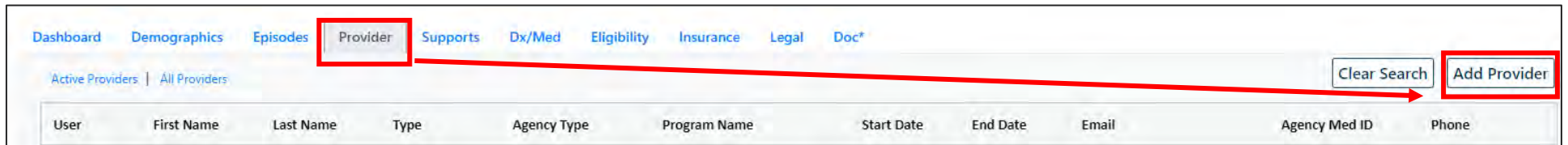
My Active Youth is a selected list of youth assigned to a specific CYBER user. Each user may have their own My Active Youth list.

A designated user at your agency would:

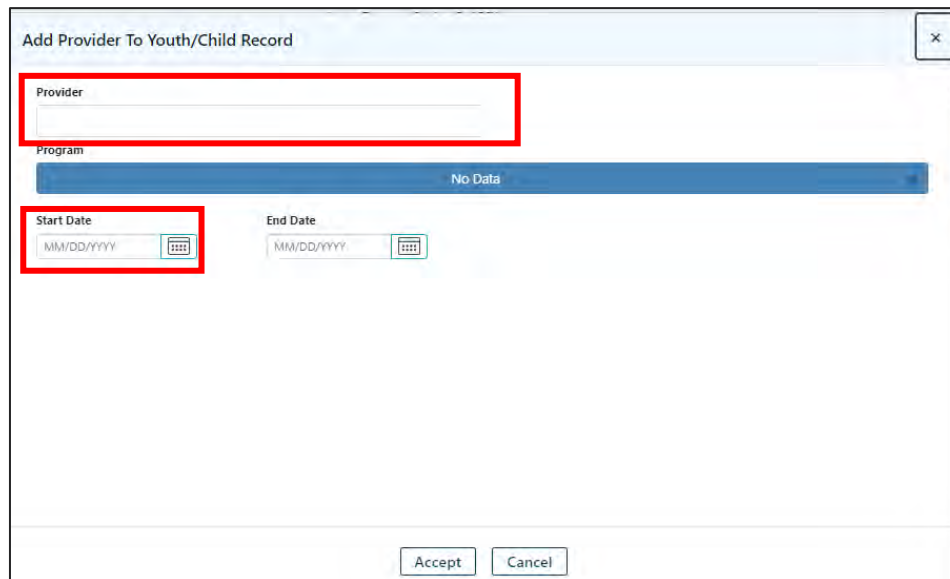
- Review new Active Agency Youth
- Assign new youth to specific users
 - The Provider Tab creates My Active Youth lists for staff to assist users in locating youth easily.
- If youth is closed to agency, once reopened, re-assignment of youth is needed again to populate the My Active Youth list.

Suggested Workflow for Youth Management

1. Review Agency Active Youth using the icon
2. Click the youth record to open
3. Click Provider tab when the record opens; click Add Provider



4. You must know and type the name and of the OOH user to add the Provider to the Youth/Child Record. Begin typing the name and it will appear in the Provider field.



5. Select the specific Program that the youth and user are both connected to. Enter the Start Date only.
6. Click Accept. The User can now access the youth from their My Active Youth list.

Treatment Plans (Joint Care Review)

To create a new Treatment Plan, users will use the **‘Select Treatment Plan or Assessment type to create’** drop down menu above the grid to select the document to create – a Treatment Plan or Strength And Needs Assessment. Once a selection is made, the user will click the **Add New button**, which will create the new document.

Select Treatment Plan or Assessment type to create:

Select an Assessment/Treatment Plan

OOH - Treatment/Service Plan

Strengths And Needs Assessment

Add New

Double click an existing assessment to open it for Review/Edit

Assessment Type	Assessment Sub Type	Assessment /CFT Date	Author	Submitted to CSA Date	Assessment ID	Create Date
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When the plan opens, the user can select the Treatment Type. The four plan types are listed in the drop down menu.

TREATMENT PLAN TYPE SELECTION

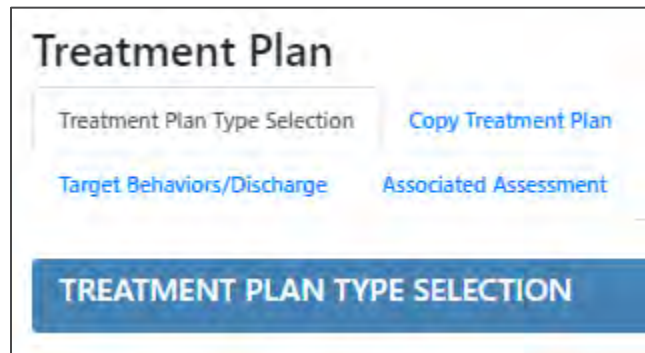
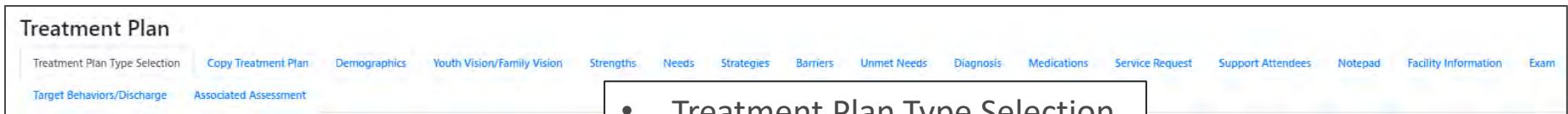
Treatment Type:

OOH - Joint Care Review

- OOH - Discharge Joint Care Review
- OOH - Joint Care Review
- OOH - No CSA Review
- OOH - Transition Joint Care Review

Treatment Plan

Treatment plans, as well as assessments, are in a *tabular* format. The user can click through each tab from left to right to complete the plan. Moving from tab to tab will auto save the plan.



- Treatment Plan Type Selection
- Copy Treatment Plan
- Demographics
- Youth Vision/Family vision
- Strengths
- Needs
- Strategies
- Barriers
- Unmet Needs
- Diagnosis
- Medications
- Service Request
- Support Attendees
- Notepad
- Facility Information
- Exam
- Target Behaviors/Discharge
- Associated Assessment

Copy Treatment Plan Tab

The Copy Treatment Plan tab allows the user to select a previously approved plan to copy from. The plan must have been created by the agency during the current episode.

Choosing to copy a previous plan will copy almost the entire former plan into a new plan. The diagnosis will not be copied and must be actively selected and entered in the Diagnosis tab.

It is the user's responsibility to review and edit the copied plan and make any necessary changes so that the information is accurate and current; copied plans with no updates will be returned.

COPY TREATMENT PLAN

Select a treatment plan to copy.

ID	TYPE	CREATED DATE	AUTHOR	SUBMITTED DATE
	OOH - TJCR			
	OOH - JCR			
	OOH - JCR			
	OOH - JCR			
	OOH - JCR			

Copy Treatment Plan

Demographics Tab

Demographics tab will automatically populate information about the youth, Parent/Guardian and Care management from the youth's Face Sheet and record.

DEMOGRAPHICS

Child Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>	Gender	<input type="text"/>
City	<input type="text"/>	Race	<input type="text"/>
County	<input type="text"/>	SSN	<input type="text"/>
State	<input type="text"/>	Medicaid #	<input type="text"/>
Zip	<input type="text"/>		
Parent/Guardian	<input type="text"/>	Guardian Relationship	<input type="text"/>

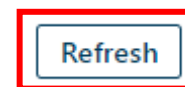
The **Care Manager** field may be a drop-down menu; this will occur if the youth has two open Care Managers in their record. In this case, the user should ensure that the current Care Manager is selected.

Care Management Entity

Care Manager

Care Manager Phone

The **Refresh** button is gray until the plan is saved once; then it will become available. If changes to the face sheet are made before the plan is submitted, the 'Refresh' button may be used to bring recently updated information from the face sheet into the plan.



The bottom of the tab contains the two fields that are editable (and required) – the **Child Family Team Date** (CFT Meeting) and the **Assessment Completion Date**.

Assessor Phone

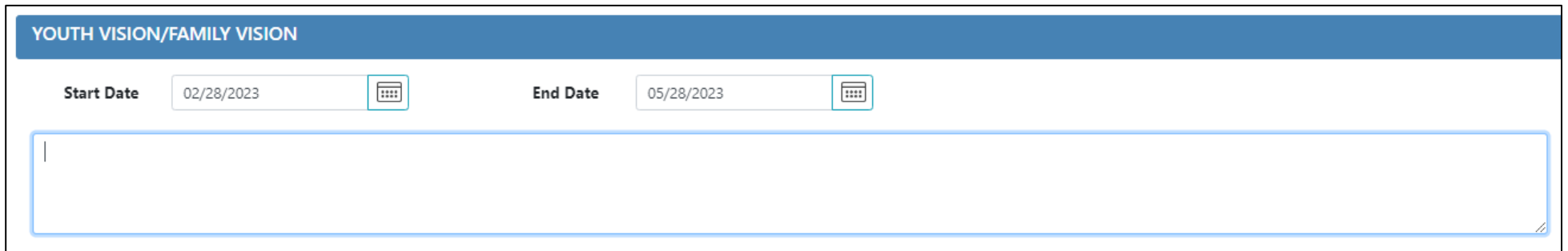
Assessor Email

CFT Date

Assessment Completion Date

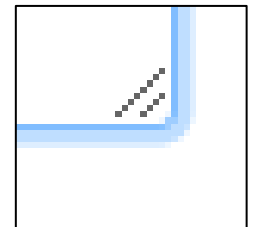
Youth Vision/Family Vision should include long-term goals for the youth, family and what the treatment team is working towards; if the team is working towards discharge, goals that need to be accomplished in order to discharge the youth should be included here. (The youth's future plan should be specified here; if there is no family involvement, it should reflect the youth's vision/long-term plan.)

The End Date is not a required field but can be completed if there is an anticipated discharge date; Start Date is a required field and must be current.



The screenshot shows a form titled "YOUTH VISION/FAMILY VISION". It features two date input fields: "Start Date" with the value "02/28/2023" and "End Date" with the value "05/28/2023". Below these fields is a large, empty text area for entering the vision or goals. The text area has a blue border and a small icon in the bottom right corner, indicating it is an expandable field.

Note the corner of the text field – this indicates the field will expand as you type.



Strengths

Include the strengths of the youth as noted by each member of the treatment team; may also include the strengths of any members of the treatment team.

Strengths should be positive qualities, skills, or abilities that can be built upon to attain the vision and address the needs; these strengths must be current strengths.

Strength Begin Date and **Person Linked to Strength** are required fields; **Strength End Date** is optional, if there is an anticipated discharge date that can be entered here.

The screenshot shows a table titled "STRENGTHS" with the following columns: DESCRIPTION, PERSON LINKED STRENGTH, START DATE, and END DATE. The table is currently empty. Below the table is a button labeled "Add Strengths".

The "Add/Edit Strengths" dialog box contains the following fields and controls:

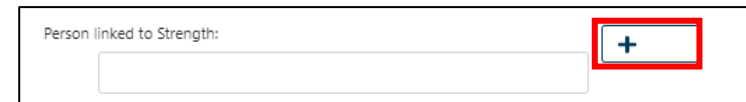
- Describe Strength:** A text input field.
- Strength Begin Date:** A date input field with a calendar icon, showing the format MM/DD/YYYY.
- Strength End Date:** A date input field with a calendar icon, showing the format MM/DD/YYYY.
- Person linked to Strength:** A text input field with a "+" button next to it for selecting a person.
- Buttons:** "Accept" and "Cancel" buttons at the bottom.

Person Linked to Strength is a table that takes time to load. Type first three letters of the person's first name and wait for the list to appear.

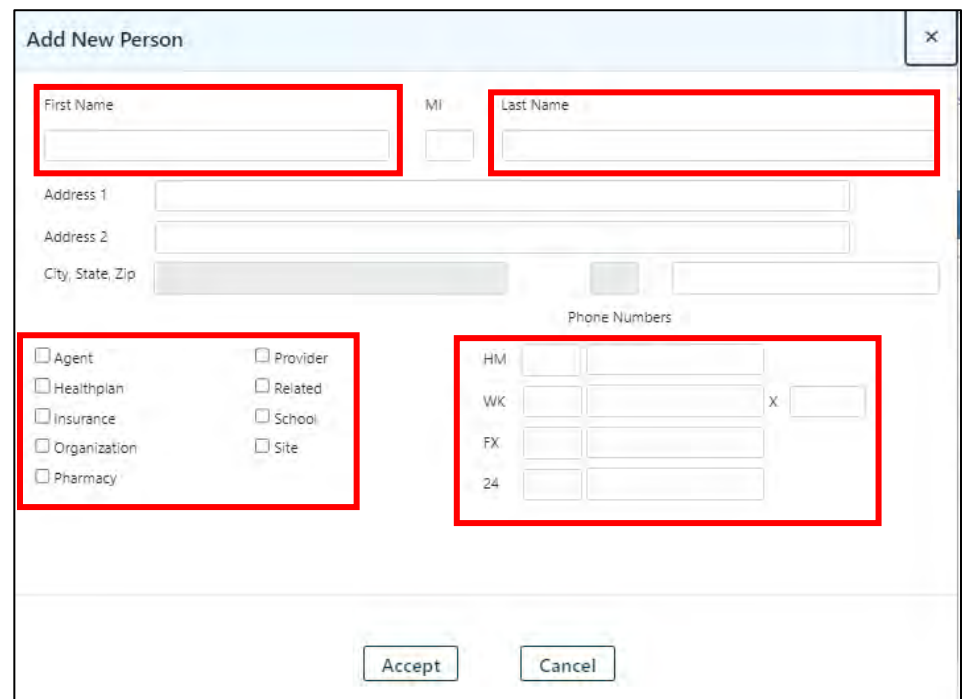
Adding New Person

To add a new person linked to Strengths, click the plus sign '+', then when the 'Add New Person' screen opens, enter at minimum:

1. First Name
2. Last Name
3. Check one 'classification' check box
4. Enter one phone number



A dialog box titled "Person linked to Strengths:" with a text input field and a red-bordered button containing a plus sign (+).



A dialog box titled "Add New Person" with a close button (x) in the top right corner. The form contains the following fields and sections:

- First Name: Text input field (highlighted with a red box)
- MI: Text input field
- Last Name: Text input field (highlighted with a red box)
- Address 1: Text input field
- Address 2: Text input field
- City, State, Zip: Text input field
- Phone Numbers: Section with four rows (HM, WK, FX, 24) and two columns of text input fields. The WK row includes an "x" separator. This section is highlighted with a red box.
- Classification: A group of eight checkboxes arranged in two columns:
 - Agent
 - Healthplan
 - Insurance
 - Organization
 - Pharmacy
 - Provider
 - Related
 - School
 - SiteThis group is highlighted with a red box.
- Buttons: "Accept" and "Cancel" buttons at the bottom.

Needs

This area should reflect the priority needs that will be addressed as determined by the Child Family Team; each need must be entered separately – they cannot be combined.

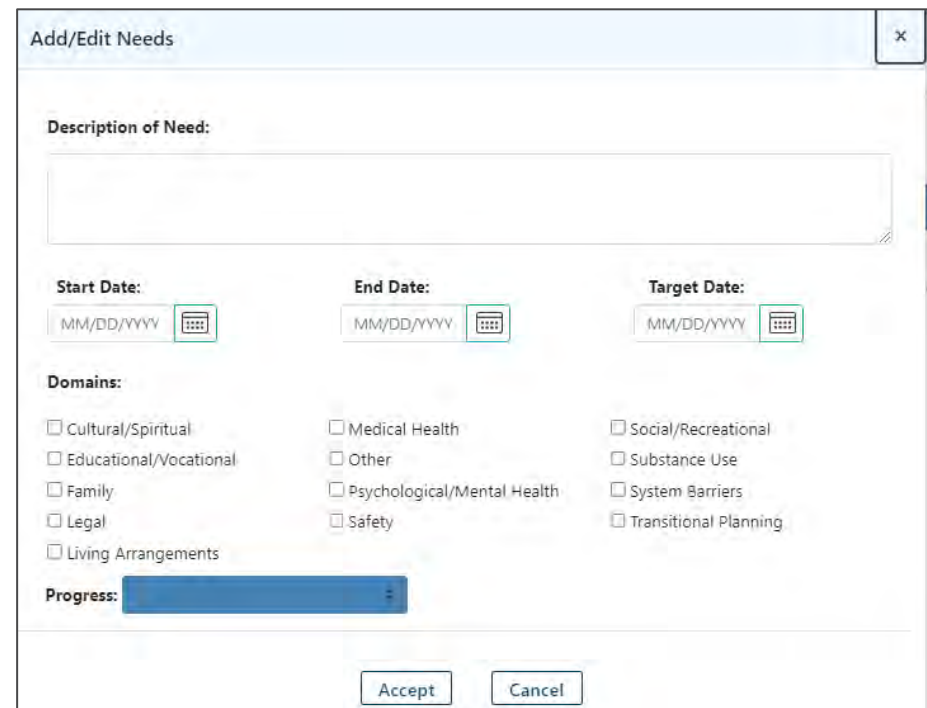
Include the needs that are identified on the Strength and Needs Assessment; should be specific as to the behaviors that are to be addressed for the youth to attain the vision.

The **Description of Need**, **Start Date**, at least **one Domain** and **Progress** are all required fields; Progress must be in-line with the rest of the information documented in the SNA and JCR. The End Date may be entered if the need has been met; the target date may be the date the treatment team is planning to complete services to address the need, or it may be the planned discharge date.

It is important that providers elaborate on the status of each need so it is clear when a youth has achieved a task to the best of their ability and will begin to focus on another area of need.



The screenshot shows a table titled "NEEDS" with the following columns: DESCRIPTION, START DATE, END DATE, TARGET DATE, PROGRESS, and DOMAINS. The table is currently empty, and there is an "Add Needs" button at the bottom right.



The "Add/Edit Needs" dialog box contains the following fields and options:

- Description of Need:** A large text area for entering the description.
- Start Date:** A date picker field with the format MM/DD/YYYY.
- End Date:** A date picker field with the format MM/DD/YYYY.
- Target Date:** A date picker field with the format MM/DD/YYYY.
- Domains:** A list of checkboxes for selecting domains: Cultural/Spiritual, Educational/Vocational, Family, Legal, Living Arrangements, Medical Health, Other, Psychological/Mental Health, Safety, Social/Recreational, Substance Use, System Barriers, and Transitional Planning.
- Progress:** A dropdown menu for selecting the progress status.
- Buttons:** "Accept" and "Cancel" buttons at the bottom.

Strategies

Users must first enter a **Strength** and **Need** to create the **Strategy**. Select the Strength to be utilized, the Need that will be addressed, and then enter in a description of the Strategy.

The screenshot shows a table titled "STRATEGIES" with the following columns: STRENGTHS, NEEDS, START DATE, END DATE, TARGET DATE, DESCRIPTION, PROGRESS, and RESPONSIBLE PERSON. The table is currently empty. Below the table is a button labeled "Add Strategies".

There must be a strategy entered for every need entered; each strategy must be entered individually.

Include information on what will be implemented to build on the youth's strengths in order to address the needs and help the youth achieve the vision. Users can also include what type of supports – formal and informal – will be utilized to achieve the vision.

The "Add/Edit Strategies" dialog box contains the following fields and controls:

- Specify Strengths:** A list box with two empty entries, each with a checkbox to its left.
- Specify Needs:** A list box with two empty entries, each with a checkbox to its left.
- Description of Strategies:** A large text area for entering the strategy description.
- Start Date:** A date field with a calendar icon, format MM/DD/YYYY.
- End Date:** A date field with a calendar icon, format MM/DD/YYYY.
- Target Date:** A date field with a calendar icon, format MM/DD/YYYY.
- Progress of Strategy:** A dropdown menu with a blue bar and a right-pointing arrow.
- Responsible Person:** A text input field.
- Buttons:** "Accept" and "Cancel" buttons at the bottom.

Barriers

Barriers should reflect anything that would impede the implementation of strategies and/or make addressing the Needs difficult; if a new service is being requested on the plan and its purpose is to address the barrier, that information can be included here as well.

Barriers are not required on the plan and should only be utilized if barriers are present. (An example of a barrier would be lack of parent transportation or lack of family involvement.)

BARRIERS			
DESCRIPTION	RESOLUTION	DATE IDENTIFIED	DATE RESOLVED

Add/Edit Barrier ✕

Barrier Description:

Barrier Resolution:

Date Barrier Identified:

Date Barrier Resolved:

Unmet Needs

Unmet Needs may include what need is not being focused on at this time and what is preventing it from being addressed.

Unmet Needs are not required on the plan and should only be utilized if there are needs not being addressed but need to be documented/tracked. These may be addressed in the future.

The screenshot shows a table titled "UNMET NEEDS". The table has four columns: "UNMET NEEDS DESCRIPTION", "UNMET NEEDS REASON", "DATE IDENTIFIED", and "DATE RESOLVED". The table is currently empty. Below the table, there is a button labeled "Add Unmet Need".

The screenshot shows a dialog box titled "Add/Edit UnMet Needs". It contains the following fields and controls:

- Unmet Need Description:** A large text area for entering the description.
- Unmet Need Reason:** A large text area for entering the reason.
- Date Unmet Need Identified:** A date input field with a calendar icon, showing the format MM/DD/YYYY.
- Unmet Need Date Resolution:** A date input field with a calendar icon, showing the format MM/DD/YYYY.
- Buttons:** "Accept" and "Cancel" buttons at the bottom.

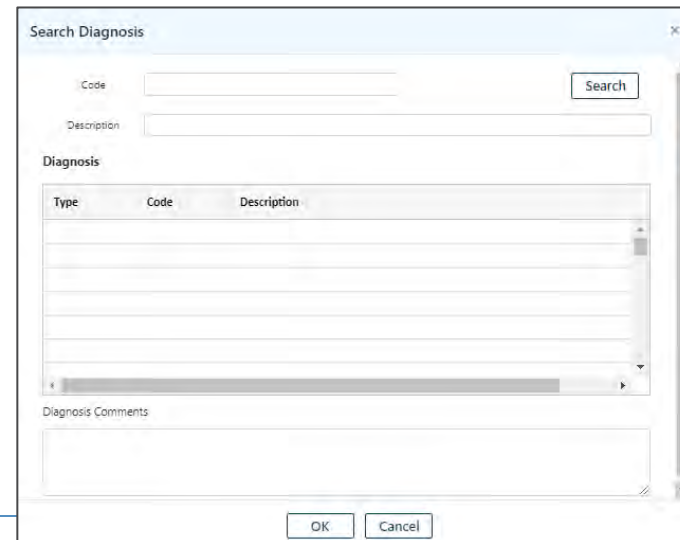
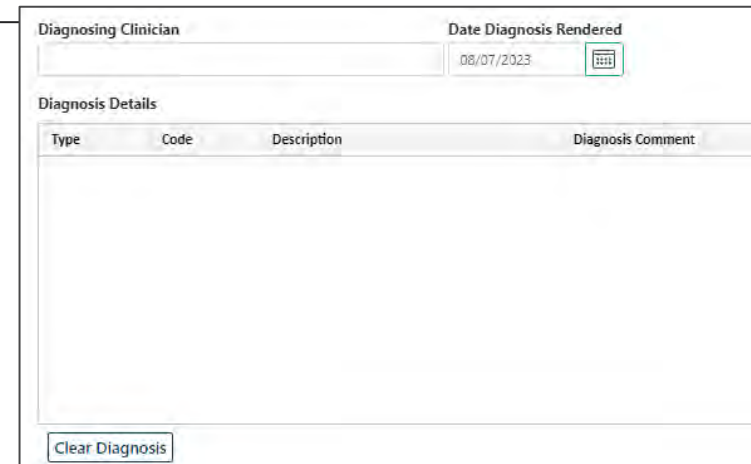
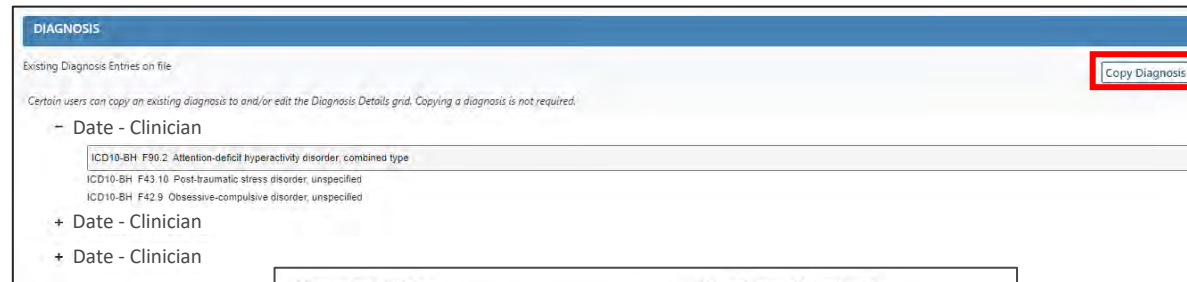
Diagnosis

Diagnosis should reflect the most current diagnosis within the last 12 months.

The **Diagnosing Clinician**, **Date Diagnosis Rendered** and **Diagnosis** are all required fields.

To copy a diagnosis, expand and select a diagnosis in the top grid and click 'Copy Diagnosis'.

To add a diagnosis, click on the '+' button. This will bring up a search window, where users can search for the appropriate code using either the code itself or the description (partial searches are accepted).



Medications

Medications tab has three required questions that must answered Yes, No, or Unknown.

1. Add Medication

Clicking **'Add Medications'** will open the **'Add/Edit Medication Comment for a Treatment'** window.

Users add new medications that show in the Available Medications box.

2. Associate added medication

Once a new medication is added, selecting it and clicking **Associate** will include the new medication on the plan.

MEDICATIONS

Yes: [Dropdown] Is the child/youth on medications?

[Dropdown] Has there been any change in medications the past 90 days?

[Dropdown] Is the child/youth stabilized on medications?

Diagnosis	Medication	Prescriber	Actual Dosage	Frequency	Reported Date	Created Date
No data to show						

[Add Medications]

Add/Edit Medication Comment for a Treatment

Available Medication

Medication	Diagnosis	Prescriber
ABILIFY ARIPRAZOLE 20 mg/1 ORAL TABLET 100...		Dr. M
VITAMIN D3 400 IU ORAL TABLET (CHOLECALCIFE...		Dr. M
Multivit with Fluoride ALPHA-TOCOPHEROLU ASC...		Dr. M
Guafacine extended-release GUANFACINE HYDR...		Dr. M
ABILIFY ARIPRAZOLE 15 mg/1 ORAL TABLET 30...		Dr. Gupta Shuchi
Intuniv GUANFACINE HYDROCHLORIDE 4 mg/1		Dr. Gupta Shuchi
Trazodone HCl TRAZODONE HYDROCHLORIDE:		Carolyn Costella, APRN
TRAZODONE HYDROCHLORIDE 50 MG ORAL TA		Shuchi Gupta, APRN

Associated Medication

Medication	Diagnosis	Prescriber
No data to show		

[Close] [Add] [Associate] [Remove]

Add/Edit Medication Comment for a Treatment

Medication Name: ADDERALL 20 MG ORAL TABLET (AMPHETAMINE SULFATE)

Prescriber: [Field]

Actual Dosage: [Field]

Frequency: d - Daily or day

Reported Date: MM/DD/YYYY

Created Date: 08/21/2023

Diagnosing Clinician	Diagnosis Code	Diagnosis Description
[Field]	F42.10	Post-traumatic stress
[Field]	F90.2	Attention-deficit type

[Cancel] [Accept]

[Close] [Add] [Associate] [Remove]

Medications listed in the grid must match those on the SNA and should reflect all current medications, to include changes in dosages.

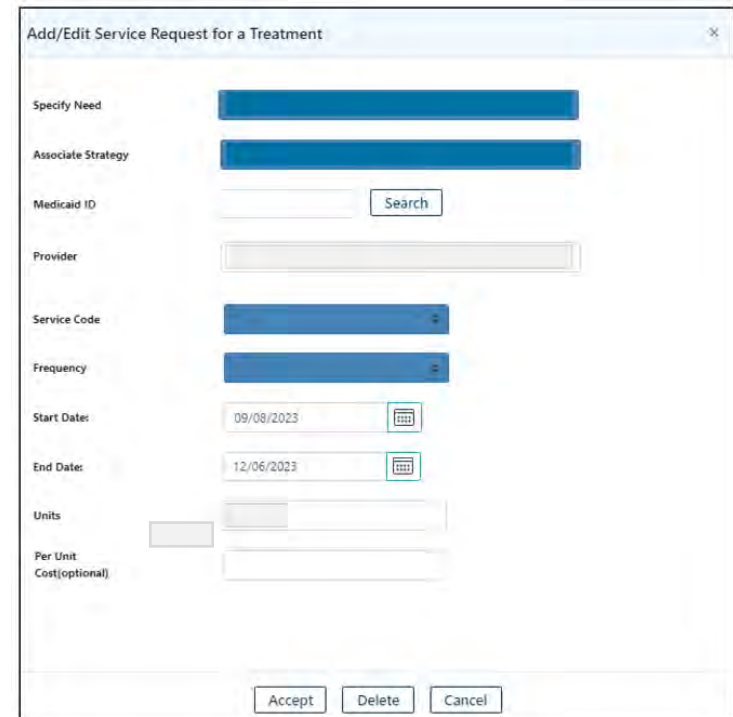
Service Request

Service Request is not a required section.

Continued stay within the facility does not need to be requested; it is assumed that if the user has submitted a routine JCR that the youth will remain admitted in the current program.

Service Request should not be included in a Discharge JCR because the youth is being discharged from care there are no additional services that should be requested.

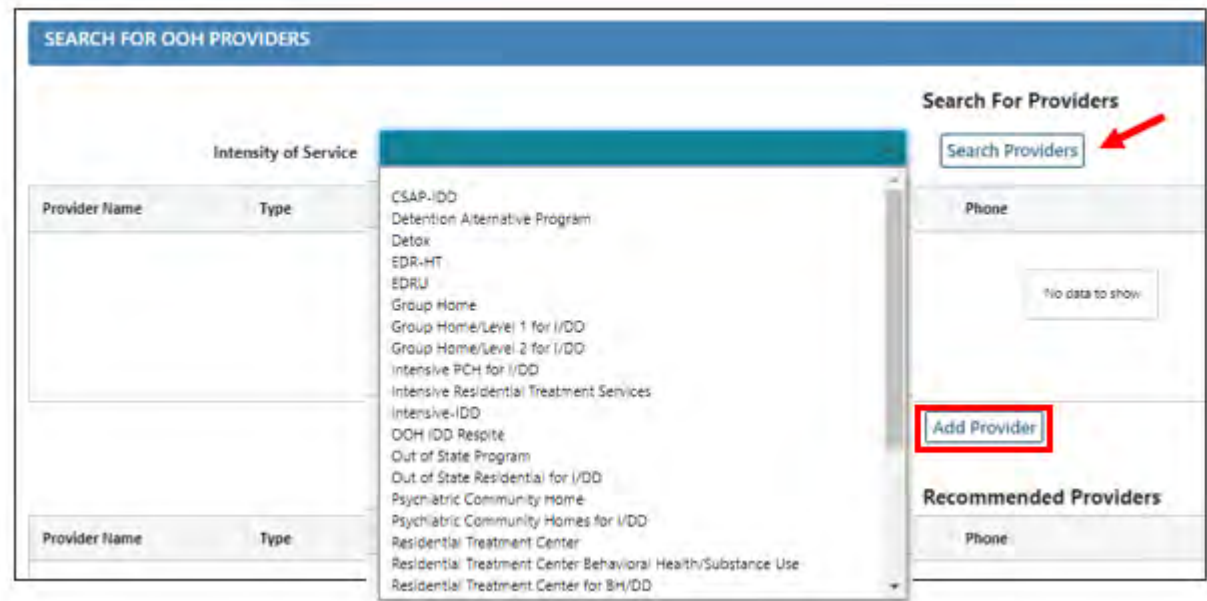
Service Request can be used as needed. If entered, a Service Request must be associated to a Need and a Strategy in the plan.



TJCR Specific - Search for OOH Providers

When selecting a TJCR an additional tab appears - **Search for OOH Providers** – which allows the current OOH provider to choose other providers based upon the CFT discussion/agreement. Selected providers here are not a guaranteed match; the match is based upon the youth’s age, gender and clinical needs. The information provided in this tab does assist the clinical reviewer in assessing the type of services that are being sought.

- Select the **Intensity of Service** and click Search Providers button. All providers in that IOS will be displayed.
- Click the row of the provider in the IOS Search
- Click **Add Provider**
- The Provider will be displayed in the Recommended Providers box below.



Support Attendees

Support Attendees tab allows for entry of all members who were invited/attended the last Child Family Team Meeting. This tab must be updated in every JCR.

Type the first few letters into the **Attendee Name** field and wait for the list to pull up the menu names; **Title**, and **Agency** are required text fields; any text may be entered if the attendee is not a provider). **Date Notified** and **How Notified** are required.

A new individual can be entered in the Strengths tab if they are not on the list.

TEAM MEMBER	ATTENDING MEETING	ATTENDEE NAME	ATTENDEE TITLE	ATTENDEE AGENCY	RELATIONSHIP	DATE NOTIFIED	FORMAL SUPPORT	HOW NOTIFIED
YES	YES						YES	EMAIL
YES	YES						NO	EMAIL
YES	YES						YES	EMAIL
YES	YES						YES	EMAIL
YES	YES						YES	EMAIL
YES	YES						YES	EMAIL

Add/Edit Support Attendee

Team Member

Attendee Name:

Attendee Title:

Attendee Agency:

Relationship:

Formal Support

Date Notified of Meeting:

How Notified:

Attended Meeting

Notepad tab is used for communication with PerformCare as the plan is being reviewed.

***Returned Plans** - if the plan is returned to the user for additional information, the Reviewer at PerformCare will list what is missing or what is necessary to include in the plan for it to be approved and services authorized. A progress note will also be entered with the same information.*

OOH users can add details in the Notepad to support the request for services, before submitting a plan.

DATE ENTERED	COMMENT	AUTHOR
No data to show		

Add Note

Facility Information

Facility Information is for information about the OOH user's agency where the youth is currently admitted, including an anticipated discharge date from the program.

Please note: All Dates are required except for Actual Transition Date until Transition.

A Treatment Team Meeting Date must be entered and must occur after the last JCR and prior to submission of the current JCR.

FACILITY INFORMATION

Facility Name:

Facility Type:

Facility Site Name:

Facility Medicaid #:

Date Admitted:

Date of Last Treatment Plan:

Date Submitted to CSA:

Treatment Team Meeting Date:

Anticipated Transition Date:

Actual Transition Date: MM/DD/YYYY

Justify if youth/family/caregiver/custodian were not involved in development and review of plan





All members assisted in the review and development of this plan.

Text Box – Required

Justify if youth/family/caregiver/custodian were not involved in development and review of plan. This should include specific information regarding the circumstances surrounding the lack of family, etc., involvement.

Exam

Exam tab contains information about the youth's latest medical examinations; dates entered should not be more than one year old.

EXAM	
Date of most recent physical:	09/22/2022 
Date of most recent hearing exam:	08/15/2022 
Date of most recent vision exam:	09/17/2022 
Date of most recent dental exam:	12/07/2022 

Target Behaviors/Discharge

Target Behaviors/Discharge should include information on the discharge plan, both short- and long-term plans, if applicable. There must be a working discharge plan entered in this section, along with current recommendations for post-discharge treatment and youth's progress toward the discharge goal(s).

If the user is completing a TJCR, specific information that describes why the youth is being recommended for another level of care and any recommendations for treatment after the transition should be detailed in this tab.

This should include:

- Treatment needs that were addressed in current episode of care and any previous episodes of OOH treatment
- Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes
- Behaviors/needs that warrant a different OOH intensity of service
- The youth/young adult's perspective on proposed transition (when applicable)
- Justification as to why another OOH treatment episode is in the youth and family's best interest
- Barriers for reintegrating the youth to the community at this time
- Community reintegration plan for child/youth/young adult

TARGET BEHAVIORS/DISCHARGE

Transition Criteria (Checked for 'YES')

- Engage in education most of the time
- Attends 75% or more of all expected activities
- Consistent abstinence from substance use
- Demonstrates social skills with others
- Understands risk and benefits of medications
- Enjoys social interaction
- Home visits completed with limited incident
- Demonstrates ability to resolve conflict
- Can name positive supports
- Psychiatric symptoms are reduced
- Youth usually employs pro-social problem solving skills
- Youth better controls and/or seeks assistance with risky impulses

Transition Plan and Transition Planning Activities

- Please describe your Transition Plan and your transition planning activities (Checked for 'YES')
- Unplanned Transition (Checked for 'YES')
- Transition Less than 30 Days (Checked for 'YES')

Transition Plan and Transition Planning Activities

- Please describe your Transition Plan and your transition planning activities (Checked for 'YES')
- Unplanned Transition (Checked for 'YES')
- Transition Less than 30 Days (Checked for 'YES')

Efforts made to locate runaway (if relevant)

List the details of the events and circumstances leading to decision to transition

List the name and address of the individual (or agency) to whom the child/youth will be transitioned and the rationale for planning a transition to that individual (or agency)

Describe your recommendations for intensity and frequency of services to youth and/or family post-transition

Transition date: MM/DD/YYYY

Anticipated transition date: MM/DD/YYYY

Family/Natural Support Engagement Plan

All sections of the Family/Natural Support Engagement Plan are required for JCR and TJCRs.

The plan must document visitation plans, family therapy plans, who is approved to participate has permission to visit and who is not permitted to visit and any reasons for restriction.

This section is not required for the Discharge JCR.

Family/Natural Support Engagement Plan
Purpose
<input type="text"/>
Who May Participate
<input type="text"/>
Restrictions (and why)
<input type="text"/>
Other
<input type="text"/>

Target Behaviors/Discharge

If the youth is reported as missing from the program, this should be supported by the appropriate information being documented in the associated Assessment.

If the user is completing a DJCR, the date entered in **Actual transition date** will be the date that CYBER will enter as the transition date (End date) into the Episodes tab of the youth's Face Sheet. This date must be the current date or a date in the past. A future date cannot be entered.

Below the field for Actual transition date, the user will find a drop-down list of reasons for discharge; this field is required to submit the DJCR. The options are as follows:

- AMA Discharge (youth is being discharged against the advice of the provider)
- AWOL
- Higher IOS
- Hospitalization
- Independent Living
- Juvenile Detention/JJC
- Lateral IOS
- Lower IOS
- Return Home
- Shelter
- Transition to DDD
- Other/Successful (if 'Other' is selected a Comment is required)
- Other/Unsuccessful (if 'Other' is selected a Comment is required)

The screenshot shows a form with the following fields:

- Transition date: MM/DD/YYYY
- Actual transition date: MM/DD/YYYY** (highlighted with a red box)
- Family/Natural Support Engagement Plan
- Purpose
- Who May Participate
- Transition Reason: [Dropdown menu]
- Transition Reason Comment

The dropdown menu for Transition Reason includes the following options and descriptions:

- AMA Discharge: Child/Youth was discharged against advice of treating provider; Includes parent/guardian removal as well as youth signing self out of treatment once reaching age of majority.
- AWOL: Child/Youth was unsuccessfully discharged due to runaway for 5+ days.
- Higher IOS: Child/Youth discharged to a higher IOS program (including IRTS) within the CSOC OOH continuum.
- Hospitalization: Child/Youth was discharged due to being hospitalized for psychiatric or medical reasons.
- Independent Living: Youth has completed treatment and discharged to a Transitional/Independent Living program or has secured independent housing, apartment, etc.
- Juvenile Detention/JJC: Child/Youth was discharged to a juvenile detention center or a program through the Juvenile Justice Commission.
- Lateral IOS: Child/Youth was discharged to a lateral IOS program within the CSOC OOH continuum.
- Lower IOS: Child/Youth was discharged to a lower IOS program within the CSOC OOH continuum.
- Return Home: Child/Youth discharged to parent or legal guardian.
- Shelter: Child/Youth was discharged to a shelter program.
- Transition to DDD: Youth is being discharged from CSOC services and is transitioning to DDD.
- Other/Successful: Child/Youth was successfully discharged due to a reason other than mentioned above; in this case an open text field entry is required.
- Other/Unsuccessful: Child/Youth was unsuccessfully discharged due to a reason other than mentioned above; in this case an open text field entry is required.

Associated Assessment

The Treatment Plan will attempt to associate to a current Strength and Needs Assessment (SNA) to be submitted.

The Assessment must be submitted within the last 30 days (prior to the plan being submitted).

The CFT meeting date in the plan must also match the Assessment Date entered in the assessment.
If it is outside of that time-frame, the system will be unable to associate it.

The SNA should reflect the information documented in the JCR and vice versa; all information should reflect the youth's current level of functioning and should document what has taken place since the last JCR.

ASSOCIATED ASSESSMENT				
ASSOCIATED ID	TYPE	CREATED DATE	AUTHOR	SUBMITTED DATE
	Strengths And Needs Assessment			07/17/2023

Action Buttons

Save: saves the document at the current point and the document remains open. Users are encouraged to save often so that information is not lost if there is an internet connectivity or CYBER issue

Save & Close: button saves and closes the document at the current point

Submit: will submit the document either for internal or CMO review depending on user's security levels

Cancel: If the plan has not been saved the use of Cancel will close the document and any changes the user just made will be lost.

Delete: deletes the document only if it has never been submitted to CMO

Print: will be active once the document has been saved

Return: returns the document to anyone who has been assigned to the plan

Transfer: allows a user to send the document to any other user within the agency

View Treatment Plan Review History: displays who is currently assigned to the document and the current status



Locating Returned Plans

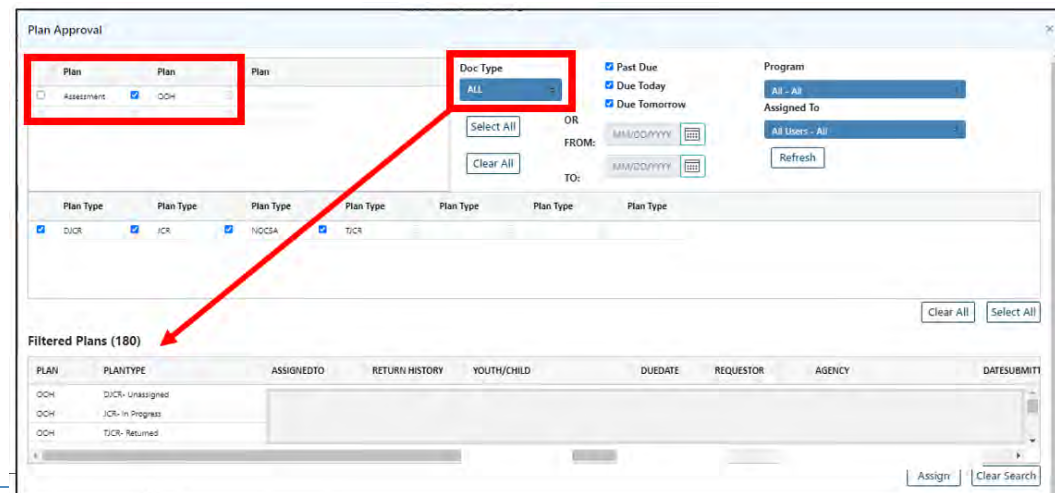
Returns can cause delays to authorization and transitioning. 7-10 days after a plan is submitted, it is important to check on the status of a plan. When a plan is submitted to CMO, it may take from 1 to 3 days to reach the CSA after submission. PerformCare has 5 business days to review a plan. The next plan cannot be started until the prior plan is approved. If a plan is returned, it must be reviewed and re-submitted. There are two places to easily locate returned plans:

Welcome Page – if the agency is using the *My Active Youth* function, returned plans will appear on the welcome page under **Joint Care Review – Rejected**.

Plan Approval window – Click **Plan Approval** button on the left side and the pink window will open. Click **Doc Type – ALL** and the filtered plans will appear. Click the **PLANTYPE** column heading to sort and identify returned plans.



Progress Notes – Following a plan review a CSA progress note will be entered into the record with the results of the review.



The Face Sheet

Demographics

- Location
- Physical attributes
- Language
- Race/Ethnicity
- Preferred Method of Contact

Episodes

Providers

Supports

Diagnoses/Medications

Eligibility

Insurance

Legal

Doc Upload

The Face Sheet contains essential information about the youth.

The screenshot displays the 'Youth Specific Information' form in the PerformCARE system. The form is organized into several sections, each with a blue header bar. The 'Youth Specific Information' section includes fields for Legal Name, Address Type (with a dropdown for 'Out of Home Treatment Address'), Preferred Name, Date of Birth, Age, Gender, Race, and Ethnicity. It also includes fields for Current Address, Languages Spoken, Youth Primary Phone, Youth Secondary Phone, Youth Email, Youth Marital Status, and Active YL. Below this is the 'Flags for Special Occurrences' section, which currently shows 'DCPP Involved'. The 'Parent/Caregiver' section has fields for Primary 1 and Primary 2, including Name, Phone, and Email. The 'Eligibility' section includes fields for Medicaid/NJ FamilyCare and Active TPL. At the bottom, there are two more sections: 'Current Episodes' and 'Current Service Authorizations'. The top of the form features a navigation menu with tabs for Dashboard, Demographics, Episodes, Provider, Supports, Dx/Med, Eligibility, Insurance, Legal, and Doc*. A 'Print' button and a 'Print Selection' dropdown are also visible in the top right corner.

The Dashboard, the default tab for all providers, displays current information drawn from different locations in the youth's Face Sheet tabs and other parts of the youth record.

Progress Notes

Progress Notes are used to document a youth's status or achievements during the course of care. Essential to the youth record, updated information is valuable to all providers working with the youth.

Click **New Progress Note**

- Select Notation Type
- Enter Date
- Enter Time activity started
- Enter Duration (how long was the activity)
- Enter details of the note in the text box
- Commit or Save Draft

Enter a Progress Note...

Notation Type: Billable - Clinical Note

Date: 08/22/2023

Time H: 10, M: 0, AM/PM: AM

Dur H: 0, M: 45

Notation Sub Type:

This is a sample progress note.

Buttons: Save Draft, Commit, Cancel

If Note is in draft:

- Select **Show My Draft Progress Notes**
- Double click to reopen note for editing, click Commit

Progress Notes

Buttons: Filter Notes, Clear Search, New Progress Note

Radio buttons: Show All Draft Progress Notes, Show My Draft Progress Notes, **Show Committed and Signed Progress Notes**

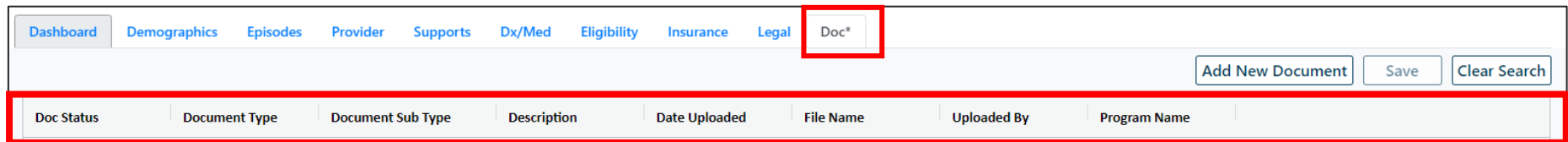
Buttons: Print, Truncate Notes, Print Progress Note Grid

Note Date	Note Type	Note SubType	Created By	Note	Program	Program Type	Hours	Mins	Created Date
-----------	-----------	--------------	------------	------	---------	--------------	-------	------	--------------

Document Upload

Document Upload is CYBER functionality that allows users with specific security in their ID to upload and view uploaded documents in a youth's record. Uploaded documents can be found on the Doc Tab of a youth's Face Sheet.

Access to this functionality is managed by your CYBER Security Administrator.



OOH users may upload evaluations to support the youth's transition to another program.

Document Types/Sub Types for OOH Upload

Document upload is used to support the process of admitting a youth into an OOH program, as well as assist in the transition of a youth from the OOH program to another IOS or to their community.

Document Type	Sub-Type	Upload?	View?	Examples of Acceptable Documents
Clinical	o Clinical Summary Template	Y	Y	BPS Assessment completed outside of CYBER
	o Clinical Updates	Y	Y	
	o Community Bio Psychosocial Assessment	Y	Y	
	o Cover Letter with SRTU Checklist	N	Y	IEP cover sheet
	o IEP/Educational Info	Y	Y	
	o Medical Information	Y	Y	In support of CSAP-IDD TJCR Doc Upload Checklist Psychiatric Eval Psychological Eval Specialty Evals such as Fire Setting
	o OOH-CABS (13 pages)	Y	Y	
	o Other Applicable Reports/Documents	Y	Y	
	o Psychiatric Evaluation	Y	Y	
o Psychological Evaluation/Assessment	Y	Y		
o Specialty Assessment/Evaluation	Y	Y		
Court Orders/ Subpoenas	o CMO 14 Day Plans	N	Y	Dispositional Court Order
	o Court Orders for Information/Appearance	N	Y	
	o Court Ordered Guardianship	N	Y	
	o Court Ordered Treatment/Eval	N	Y	
	o Subpoenas	N	Y	
Intermediate Unit	o IU Admission Note	N	Y	
	o IU Consent Form	N	Y	
	o IU Interventionist Supporting Document (ISD)	N	Y	

*CABS must have been completed within the last six months.

Doc Upload

1. Click Add New Document button

- File Upload window will appear

2. Click Select Type of Document – Clinical

3. Click Select Subtype of Document

- Clinical Summary template
- Clinical Updates
- Community Bio Psychosocial Assessment
- IEP/Educational Info
- Medical Information
- Other Applicable Reports/Documents
- Psychiatric Evaluation
- Psychological Evaluation/Assessment
- Specialty Assessment/Evaluation

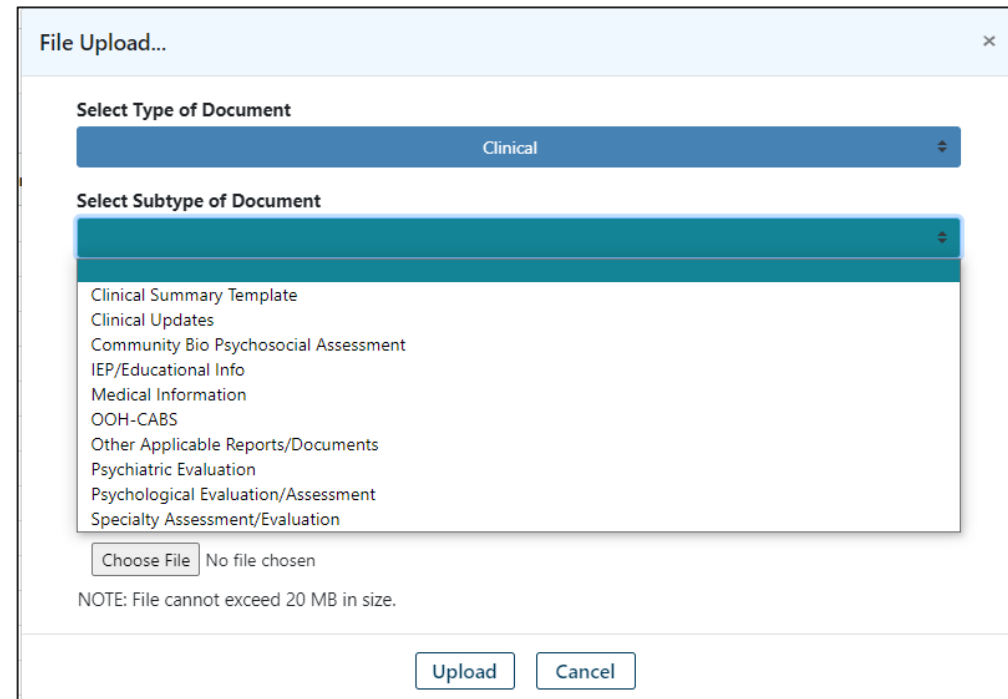
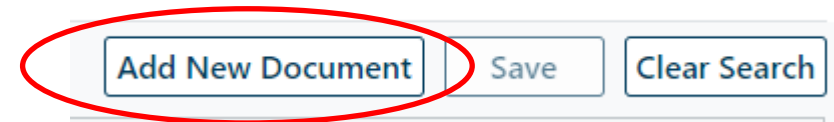
4. Enter a comment into the Comment text box

- Date of assessment, the specific type of specialty assessment/evaluation, applicable dates for a court order, or IEP effective date.

5. Click Browse

- Clicking on the Browse button will open up the user's local files and allow a search

6. Click Upload



Two Important Facts

- Uploaded files **cannot exceed 20 MB in size;**
 - Error message will be unable to complete the upload
 - Split a large document into two separate files
 - Re-scan documentation into two (or more) separate files in order to upload the information into the record
- The only documents that can be uploaded into a youth record are files with file extensions: .PDF, .BMP, .GIF, .JPEG, .JPG, .PNG, .TIF, .TIFF.
 - All other formats will be rejected and the user will need to convert their document into one of the accepted formats.

Acceptable file formats:

- **.PDF** – Portable Document Format
- **.BMP** – Bitmap Image File
- **.GIF** – Graphic Interchange Format
- **.JPEG or .JPG** – Joint Photographic (Experts) Group
- **.PNG** – Portable Network Graphics
- **.TIF or .TIFF** – Tagged Image Format (File)

Make a pdf or scan the document into a pdf, .bmp, .gif, .jpeg, .jpg, .png, or .tif

Name the document as per the convention – Youth's CYBERID - Document Type - Date Completed.

- *For example, a user uploading a Transition ISD for youth 23456, which was signed on January 1, 2023, should name the file 23456 PsychEval 01012023.*

Browse for the document - once a file is selected, the user will see it appear in the Selected Files area. Check the size of the document.

- Clicking the Upload button will run the upload; the user will see the progress bar and the percentage number will increase as the upload is completed.
- If the upload is successful, the user will be brought back to the youth's Doc Tab, where the file will be listed.

Document Upload Grid

OPEN the Document - Double-clicking on a record in the grid will open up the document in a new window; users may be asked if they want to open or save the document, depending upon the type of document they have selected. The selected document may be printed by simultaneously clicking Ctrl/P.

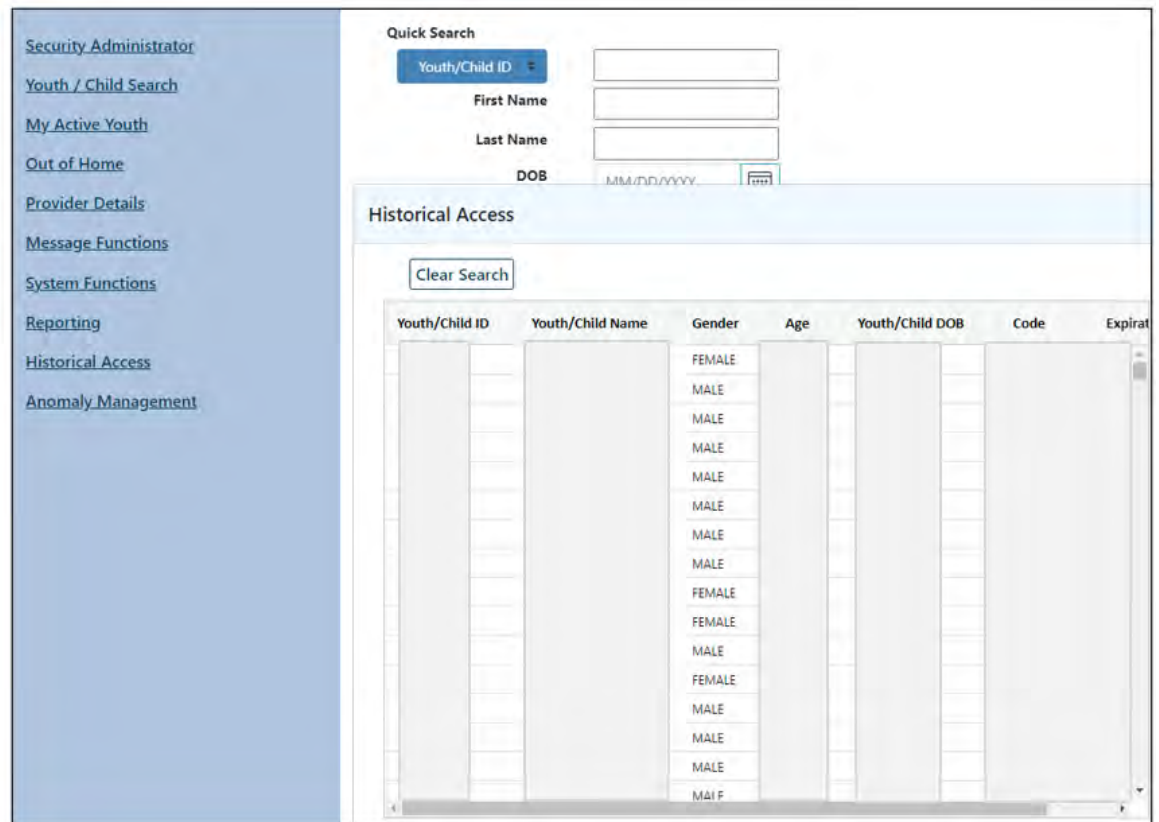
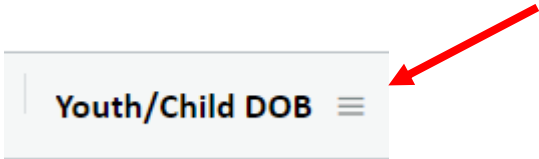
CLOSE the Document - To close the document once it has been opened, the user must click on the “X” in the upper right-hand corner of the document window. If the user clicks on the back button in their browser, they will be logged out of the system.

Doc Status	Document Type	Document Sub Type	Description	Date Uploaded	File Name	Uploaded By	Program Name
New Doc Uploaded	Clinical	Cover Letter With SRTU Ch...					
New Doc Uploaded	Clinical	Other Applicable Reports/D...					

If a document is uploaded to CYBER in error, the user must submit a written request to PerformCare using the Customer Service Request Form at www.performcarenj.org/ServiceDesk in order to have the document corrected in the youth’s record. Only PerformCare has the ability to correct uploaded documents.

Historical Access allows users to access, read and print youth information that was previously open and is now closed. From the Welcome Page, clicking Historical Access will bring up an alphabetical list. Clicking Face Sheet button will take the user to the youth record.

Each column can be filtered or sorted. Click the menu at the top of each column.



The screenshot displays the 'Historical Access' section of the PerformCare system. It includes a 'Quick Search' area with fields for 'Youth/Child ID', 'First Name', 'Last Name', and 'DOB'. Below the search area is a table with the following columns: Youth/Child ID, Youth/Child Name, Gender, Age, Youth/Child DOB, Code, and Expirat. The table contains several rows of data, with the 'Gender' column showing 'FEMALE' and 'MALE' entries. A 'Clear Search' button is located above the table.

References - Links

PerformCare Training web page: <http://www.performcarenj.org/provider/training.aspx>

OOH Section: Guide to YouthLink, reports, Certification of Need, Welcome Page, Strength and Needs Assessment, Document Upload

Annex A Addendum Section:

- Guide to the Annex A Addendum

General Section: Document Upload, Face Sheet Design

Security Section: CYBER Password Reset Functionality, Security Administrator Guide, Role Based Security

Forms: <https://www.performcarenj.org/provider/forms.aspx>

- See the OOH providers section for forms: CABS (Provider version), TJCR Checklist, etc.

Clinical Criteria: <https://www.performcarenj.org/provider/clinical-criteria.aspx>

- Clinical Criteria for all levels of care



References - Acronyms

Out-of-Home OOH Plan Types

SNA – Strength and Needs Assessment (also known as CANS)

DJCR – Discharge Joint Care Review (plan for transition out of CSOC)

JCR – Joint Care Review (routine 90-day plan for continued stay)

TJCR – Transition Join Care Review (plan to transition to other OOH within CSOC)

NOCSA – Plan type for OOH that is not reviewed by CSA (submitted as required by program)

Behavioral Health Services

IIC – Intensive in-Community provider

BA – Behavior Analyst

MRSS – Mobile Response and Stabilization Services

CMO – Care Management Organization

FSO – Family Support Organization

OOH – Out-of-Home Provider

CCIS – Children’s Crisis Intervention Services

PHP – Partial Hospital Provider

MST Multisystemic Therapy

FFT – Family Functional Therapy

IU – Intermediate Units

CSOC – Children’s System of Care

PC – PerformCare



PerformCARE®

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

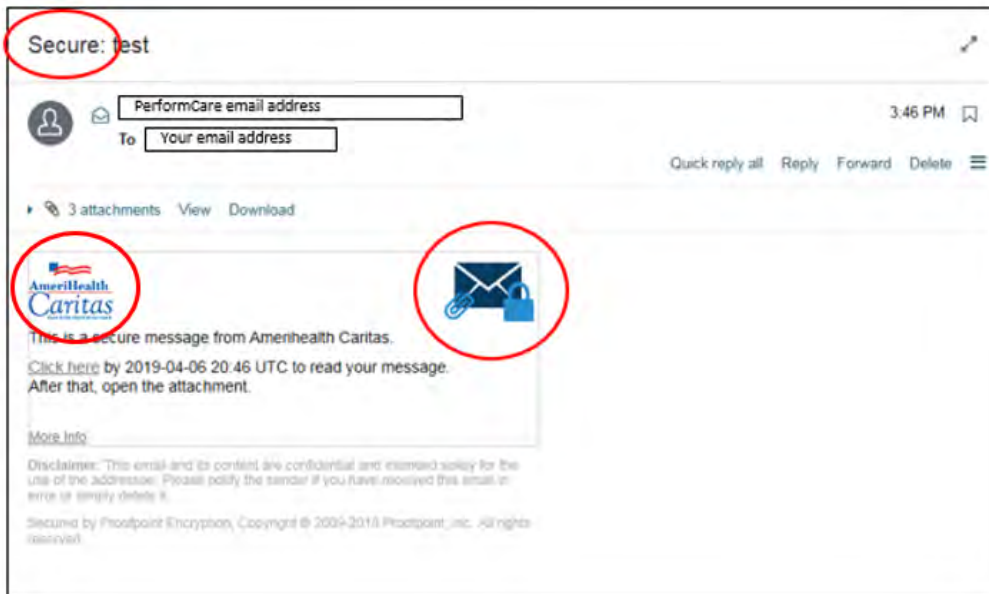
Click the link for the secure Customer Service Request Form
www.performcarenj.org/ServiceDesk

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.



<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

PerformCare:

- Phone 1-877-652-7624
- Customer Service Request Form
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>



Care is the
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