

PerformCARE[®]

DOCUMENT UPLOAD REQUIREMENT CHECKLIST

OUT-OF-HOME REFERRAL REQUEST

DCP&P only: Fax (with cover sheet) to PerformCare at (877)-736-9166

YOUTH NAME/CYBER ID:

DATE OF SUBMISSION:

PLEASE THOROUGHLY REVIEW THE FOLLOWING INFORMATION: Prior to submitting an OOH Referral Request to PerformCare, CMO shall complete and upload following checklist along with below identified documents in order to assure that all necessary information is available for review at the time of the IOS determination (DCP&P shall fax to PerformCare). OOH Referral Requests with incomplete documents will be returned.

MINIMAL DOCUMENT REQUIREMENT:

- Completed Out-of-Home Document Upload Requirement Checklist
- Bio Psychosocial Evaluation (BPS) or Psychological Evaluation (within the last 12 months*) or CCIS Psychosocial Assessment if the youth is admitted at CCIS at the time of referral

BPS is a CYBER document (if answer is yes, upload is not needed) YES NO

**If youth requires OOH treatment for IDD and presents with no behavioral health needs, the BPS or psychological evaluation is still required, however the evaluation does not need to be within the last 12 months.*

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.*
- 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 treatment needs.*
 - 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.*

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- 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 on the PerformCare website at <http://www.performcarenj.org/provider/substance/forms.aspx>. Please check box if assessment was faxed.

IDD Specific Evaluations/Reports

- IS REQUIRED if youth is deemed IDD Eligible and/or has an intellectual/developmental disability.

- 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)

Other Reports/Evaluations (as applicable):

- Most recent IEP Cover Sheet which verifies classification type (*required if ed classified*).
- Medical reports (*required if youth has a medical condition such as pregnancy, diabetes, allergies, 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*).
- Other documents that were utilized for purposes of IOS determination: _____

IF THE YOUTH IS INVOLVED WITH COURT, PLEASE CLEARLY DOCUMENT THE STATUS OF COURT INVOLVEMENT, INCLUDING, BUT NOT LIMITED TO, COURT HEARINGS, LEGAL CHARGES, PROBATION INFORMATION, COURT ORDERS, SUBPEONAS, ETC. WITHIN THE LEGAL INVOLVEMENT ACCORDION OF THE OOH REFERRAL REQUEST. DCP&P SHOULD REPORT THIS INFORMATION DURING THE TELEPHONIC REVIEW.

| DOCUMENT UPLOAD CROSSWALK (FOR CMO USE) | | |
|---|----------------|-------------------------------------|
| DOCUMENT | CYBER DOC TYPE | CYBER DOC SUBTYPE |
| OOH Referral Document Checklist | Clinical | Other Applicable Reports/Evaluation |
| BPS (if not in CYBER) or CCIS Psychosocial Assessment | Clinical | Bio Psychosocial Assessment |
| Psychological Evaluation | Clinical | Psychological Eval/Assessment |
| Psychiatric Evaluation | Clinical | Psychiatric Evaluation |
| *Psychiatric Update | Clinical | Other Applicable Reports/Updates |
| Specialty Evaluations | Clinical | Specialty Assessment/Evaluation |
| Substance Use Assessment | N/A | N/A |
| IEP Cover Sheet/Evaluation | Clinical | IEP/Educational Info |
| Medical Reports | Clinical | Medical Information |
| Other applicable evaluations/reports | Clinical | Other Applicable Reports/Documents |

***Required if psychiatric evaluation is more than six months old**

Updated 7/23/15