

Out of Home Joint Care Review Planning Checklist

To promote timely delivery of services and reduce number of service plans being returned due to errors. Please check all of the following BEFORE submitting the Service Plan to the CSA:

In the Strengths and Needs Assessment (SNA), the *strategy* is attached to the appropriate *need* and matches in desired outcome and intensity (i.e., youth will express emotions related to trauma should not be linked to a Mentoring service request)

The services identified in the strategy should match the service code selected. Service codes commonly used by OOH are: H0036TJU1 (IIC Licensed), H0036TJU2 (IIC Masters), H2014TJ (Behavioral Assistant), CSA17 (Mentoring).

Please note: OOH does not need to put the OOH service request on the JCR. It is auto generated when CSA approves the plan.

- CSC05 (Out of Home Care 1 unit per day – type 59)
- CSC05 (Out of Home Care 2 units per day – type 44)
- CSC26 (Out of Home Care 2 units per day / DD youth)

The SNA has been submitted and is current - within **30 days** of the Joint Care Review (JCR) submission.

The SNA includes a detailed description of symptoms and risk behaviors (severity, frequency, onset) whenever rated as moderate or severe.

Clinical justification warranting level of care requested should be clearly described within the joint care review.

Requests for services while a youth is in Out-of-Home treatment should be entered on the Joint Care Review (JCR), not on the CMO Individual Service Plan.

If the plan was returned, reasons for return will be described in the CSA progress note.

The Transition Joint Care Review (TJCR) includes reasons for transition, the goals that have been met, current needs and how they are being addressed.

The dates for all service requests with the same service code should not overlap. If requesting an overlapping authorization, please ensure that the end dates for the existing and requested authorizations are the same and provide details regarding the need for the overlapping authorization (i.e., more units are required, new provider is selected, etc.)

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- Submit the TJCR, wait for review and approval of the new referral on YouthLink. When the youth has been transitioned, then complete the Discharge Joint Care Review (DJCR). Once a youth is transitioned from a program, a TJCR cannot be submitted. Rather, a DJCR should be completed.
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- The DJCR is used to report a transition and must include the actual transition date, which cannot be a date in the future. The DJCR cannot be used to request services.
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- The TJCR and the DJCR cannot be submitted on the same day.
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- If changes are needed to a plan pending review submitted to the Contracted System Administrator (CSA), request that the plan be returned via the Service Desk using the Customer Service Request Form www.performcarenj.org/ServiceDesk/. Users cannot create a new plan if there is a plan pending review.
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- The DJCR should be clearly written and state the setting to which the child will be discharged, and how that setting is consistent with the needs of the child.
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Daily: Check the **Filtered Plans** and **My Plans** grids of the **Plan Approval** screen in CYBER for any Service Plans that may have been returned by the CSA to avoid delay.