

# PerformCARE<sup>®</sup>

## Instructional Guide for the Annex A Addendum in CYBER

## Instructional Guide for the Annex A Addendum in CYBER

### Contents

I. Introduction.....	2
II. Accessing CYBER .....	3
III. Accessing the Annex A Addendum .....	4
Annex A Addendum Screen .....	5
Filtering by Program .....	5
Existing Annex A Addendums .....	6
Approved / Denied Annex A Addendum Details .....	7
Submission Types .....	8
IV. Creating a New Annex A Addendum.....	10
Annex A Push Buttons .....	11
V. Completing a New Annex A Addendum – Section by Section .....	12
Agency Information .....	12
Agency Contact Info .....	13
Populations Served.....	14
Site Details.....	16
Physical Environment .....	17
Services Provided .....	18
Clinical Model.....	20
Team Members to Child Ratios.....	21
Performance Based Outcomes .....	22
Miscellaneous Stipulations .....	22
Comments .....	23
VI. Renewing and Creating a Modification to an Existing Annex A Addendum .....	24
Renewal.....	24
Creating a Modification .....	24
VII. Update Contact Information .....	26
VIII. Creating an Admin Changes Annex A Addendum .....	27
IX. Using the Copy Annex A Addendum Functionality.....	29
X. Submitting the Annex A Addendum (& Validation Errors) .....	31
XI. Printing the Annex A Addendum .....	32
Appendix A: Required Fields .....	34
Appendix B: Psychiatric and Medical Specifier Matches in Populations Served.....	37
Appendix C: Complete List of Specifiers.....	38
Appendix D: Provider/Program Types and their Acronyms.....	39
XII. References.....	39

## I. Introduction

The Annex A Addendum in CYBER is the electronic version of the Addendum to the Annex A contract that residential providers have with the NJ Children's System of Care (CSOC). The target population served indicators selected in the Annex A Addendum establish a program's Provider Information File (PIF) in CYBER. The approved Annex A Addendum supplies the specifiers that are used to match a youth's needs to the appropriate Out of Home program in YouthLink. (All validations previously attached to the Annex A Addendum are still in place with this release and are discussed in this guide.)

Users within an agency that will have access to the Annex A Addendums for their agency include those with the Contract Role or Annex A Administrator level of security (agencies can have more than one user with this role), and those with the Read-Only level of security. The Read-Only security level allows users to view and print the Annex A Addendums that are in CYBER for the programs they are associated with. These users will not be able to add, edit or submit Addendums. An Out of Home (OOH) Security Administrator has the ability to add the specific security groups to create an Annex A Administrator for Out of Home programs.

Existing CYBER users and Annex A Addendum Administrators are encouraged to review the Appendices in this document detailing required fields and addendum specifiers.

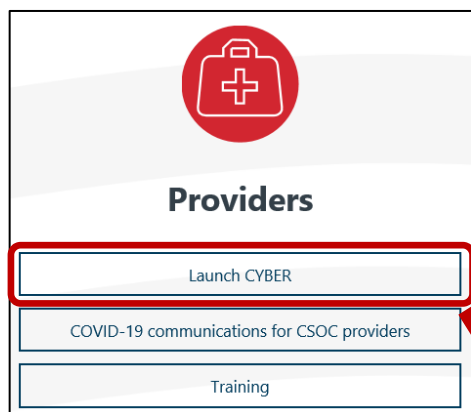
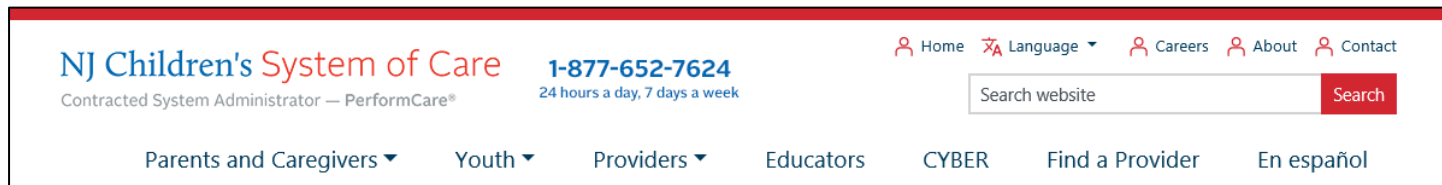
Security Administrators who need guidance and further information about establishing security for their users should review the training materials posted on the PerformCare website under the Security Section.

- PerformCare Training webpage: <https://www.performcarenj.org/provider/training.aspx>
- CYBER Security Administrator Instructional Guide:  
<https://www.performcarenj.org/pdf/provider/training/security/role-based-security-system-admin.pdf>.

If users have any questions about security or the Annex A Addendum functionality, please review documentation first, then contact the CYBER Service Desk at [servicedesk@performcarenj.org](mailto:servicedesk@performcarenj.org) or call 1-877-652-7624.

## II. Accessing CYBER

Users must first log into CYBER with their Username and Password. CYBER can be accessed via the PerformCare website – [www.performcarenj.org](http://www.performcarenj.org). The link is available at the top and bottom of the main page.



Each provider organization has at least one CYBER Security Administrator, and your agency's CYBER Security Administrator can set up a login for you.

Your access will be based on your login type and security levels.

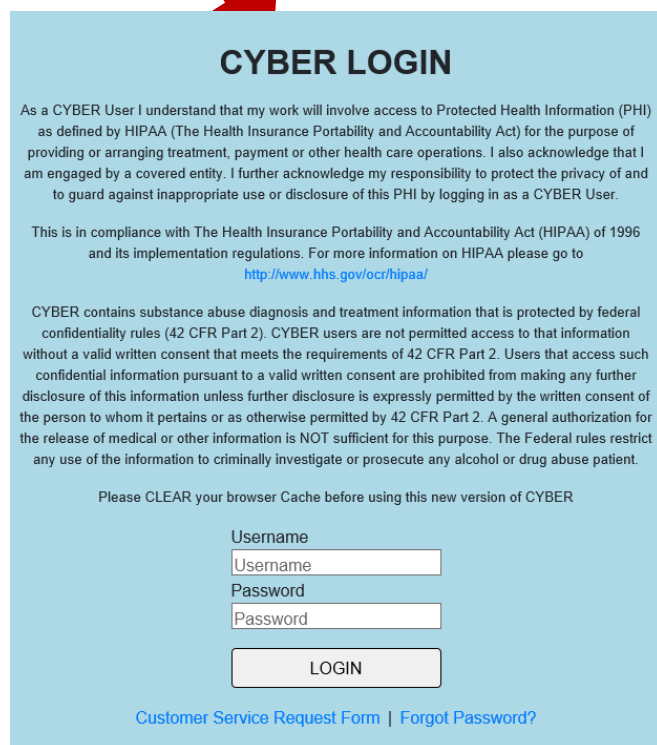
### Before you log in, keep in mind...

- There is no 'back button' use in CYBER!
- Most areas/buttons are single-click – do not double-click on a button!
- Every time you launch CYBER, **you will be required to enter your Username and Password and Enter, Tab and Enter or click the LOGIN button to continue.**

Above the log in area is a statement that, as a CYBER user, you acknowledge your responsibility to protect the privacy of, and to guard against, the inappropriate use of the Protected Health Information (PHI) contained within the system.

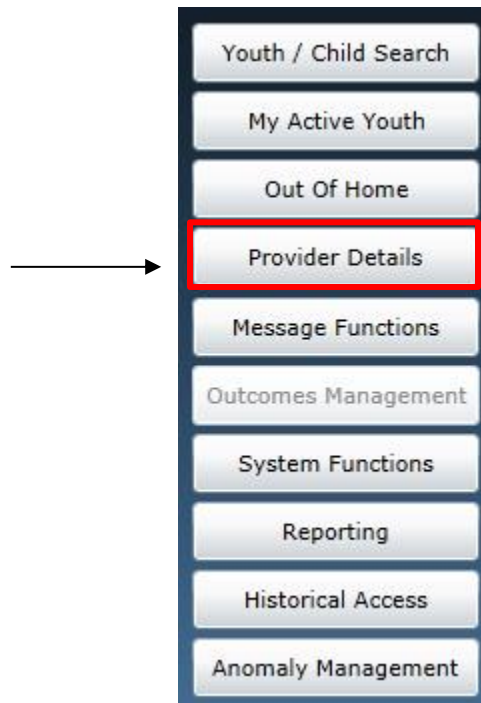
This statement will appear each time you log in.

Please also check the **Providers** section on the PerformCare website for the most up-to-date technical requirements (such as browser compatibility and operating systems) that a user would need to access CYBER.

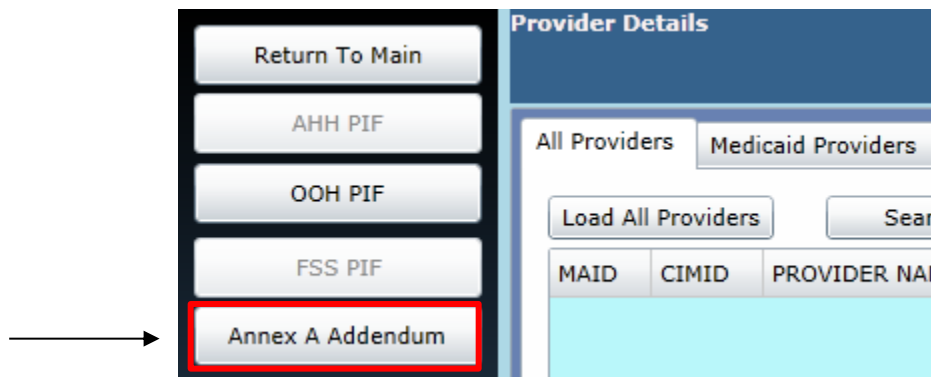


## III. Accessing the Annex A Addendum

Once the user is logged into CYBER, click on the Provider Details button on the left side of the Welcome Page.



Clicking here will bring the user to the Provider Details screen, where they will need to click on the Annex A Addendum button on the left-side of the screen.



The Annex A Addendum button will bring the user to the Annex A Addendum screen for the programs they are opened to in CYBER. (Each user is attached to programs via their User Profile; in order to change the programs a user is opened to; they would need to contact their Security Administrator. Also, if a user does not have access to the Annex A Addendum button here and should, they would need to contact their Security Administrator who can provide the appropriate security groups to the OOH program to edit or view the Annex A Addendum.)

## Annex A Addendum Screen

The Annex A screen contains two grids. The top grid will list all of the Pending Annex A Addendums. These Addendums are either, 1) saved and not submitted for CSOC review, 2) submitted, or 3) have been returned to the program's Annex A Administrator for revision. The bottom screen grid will house a list of all approved or denied Addendums for all programs the user has access to view.

The screenshot displays the 'Pending Annex A Addendum Details' and 'Approved / Denied Annex A Addendum Details' sections. The top grid shows pending addendums with columns for Effective Date, Contract Number, Contract Begin Date, Contract End Date, Medicaid ID, Status, and Submission Type. The bottom grid shows approved or denied addendums with similar columns. Below the grids is a control panel with a dropdown menu set to 'All' and several action buttons: 'New/Renew Annex A Addendum', 'Modify Annex A Addendum', 'Update Contact Information', 'Admin Changes', and 'Copy AnnexA Addendum'.

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

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

### Filtering by Program

The user will find a drop-down menu at the bottom left of the screen that when clicked will list all of the programs the user is opened to that allow the user to select and then navigate to perform an action. 'All' displays by default, showing all the Annex A Addendums in both grids above. When the user selects a single program from the dropdown, the grids will filter for that program only.

The dropdown menu shows a list of program names: 'Medicaid ID NAME OF PROGRAM-(SITE NAME) - PROVTYPE'. The 'All' option is highlighted, and the dropdown arrow is visible at the bottom right of the menu.



- Contract End Date – the end date of the contract as entered on the Addendum.
- Medicaid ID – the Medicaid ID number of the program.
- Status – the status of the Addendum – Saved, Submitted or Returned for Changes.
- Submission Type – the type of Addendum that was created/saved/submitted/returned for changes – New, Renewal, Modification, Admin Changes.
- Mod. No – if the Addendum is a Modification that has been returned, the number will appear here as it was entered by CSOC.
- Agency Name – the agency, or program name for which the Addendum was created.
- Program Type – program type names are acronyms in a drop-down list for selection (Appendix D).
- Submitted By – the CYBER ID of the user that submitted the Addendum.
- Submitted Date – the date the Addendum was submitted to CSOC for review/approval.

## Approved / Denied Annex A Addendum Details

The information that a user will find in the Approved / Denied Annex A Addendum Details grid at the bottom of the screen includes:

- All of the Addendums for the program(s) that have been approved or denied; denied Addendums will remain on the Annex A Addendum grid for 60 days after being denied. Denied Addendums can be viewed but cannot be printed or copied into a new Annex A.
- Columns include the following information:
  - Effective Date – the effective date of the contract. The effective date may be after the Contract Begin Date if a New or Modification has been submitted and approved.
  - Contract Number – as entered on the Addendum.
  - Contract Begin Date – the start date as entered on the Addendum.
  - Contract End Date – the end date as entered on the Addendum.
  - Medicaid ID – the Medicaid ID number of the program.
  - Status – users will see either Approved or Denied.
  - Submission Type – New, Renewal, Modification, Admin Change.
  - Mod. No – Modification Number – if the Addendum has been Modified and the Modification has been approved and is active, the number will appear here.
  - Agency Name – the Addendum’s agency or program name.
  - Program Type – the program type names are acronyms in a drop-down list (Appendix D).
  - Submitted By – the CYBER ID of the user that submitted the Addendum.
  - Submitted Date – the date the Addendum was submitted to CSOC for review/approval.



## Submission Types

### Annex A Addendum

New     Renewal     Modification     Update Contact Info     Admin Changes

New – this type is the very first Annex A Addendum for the program. When first opened everything is blank, however in Agency Information, the Contract Begin Date, Contract End Date (required), Contract number (required), and Effective Date may be entered by the provider. The following fields may not be edited by the OOH provider during creation of a New Annex A:

- Medicaid ID
- Program

Renewal – this type is to renew any Addendum after the first Annex A. It can be created starting 90 days before the existing Contract End Date ends, but the Renewal Contract Begin Date cannot be set earlier than the End Date of the last contract. The following fields may not be edited by the OOH provider during an Annex A Renewal:

- Program
- Medicaid ID
- Agency Name
- Provider Type
- Program Type

Modification – this type is to request changes to a program any time after the contract begins. The following fields may not be edited by the OOH provider during an Annex A Modification:

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

Update Contact Info – this type is for only making modifications to the Agency Contact Information for an existing Addendum.

Admin Changes – this type allows users to only make changes to **Site Details** and enter an effective date called **Admin Changes Eff Date**.

Admin Changes Eff Date	<input type="text" value="7/25/2017"/>	<input type="button" value="15"/>
	<input type="checkbox"/> Conditionally Approved	

In addition, the user may enter comments in the **Comments accordion** to explain the changes.

> MISCELLANEOUS STIPULATIONS

▼ COMMENTS

## COMMENTS

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

Add Comments

## IV. Creating a New Annex A Addendum

Whenever a user is creating an Annex A Addendum, whether it is a new Addendum, a Renewal, etc., they must first select a program from the drop-down menu at the bottom of the Annex A Addendum screen. To create a new Addendum, select the “New/Renew Annex A Addendum” button.

Once the “New/Renew Annex A Addendum” button has been selected, a new Addendum will open on the screen.

*Note – if the user’s program is new to the system and no other Annex A Addendums exist in CYBER for this program/Medicaid ID, the Addendum is considered to be “New”. The contract may have existed on paper or outside of the CYBER system, but because this is the first version, it is considered a New Addendum.*

### Additional Notes:

Copy existing Annex A into New - If a user is creating an Addendum for a new program, but has other Addendums in CYBER for other existing programs, the user has the option to copy the details of an existing approved Addendum into the new program (See [Using the Copy Annex A Addendum Functionality](#) for more information).

The Renew functionality on the New/Renew button will be available for any Addendum that is in Approved status and will be renewing 90 days or less from the contract expiration date. Other submission selections – Modify, Update Contact Information and Admin Change – will be available once the first Addendum has been approved and is active (the effective date of the contract has passed).

*Note – only one pending Annex A Addendum can be in the system at a time. If there is another Addendum in CYBER for the program that has been saved, or submitted to CSOC but is not yet approved, denied or returned for changes, the user will be blocked from creating another Addendum for the same program. Please allow for review time or contact your CSOC Contract Administrator to have the Addendum returned.*

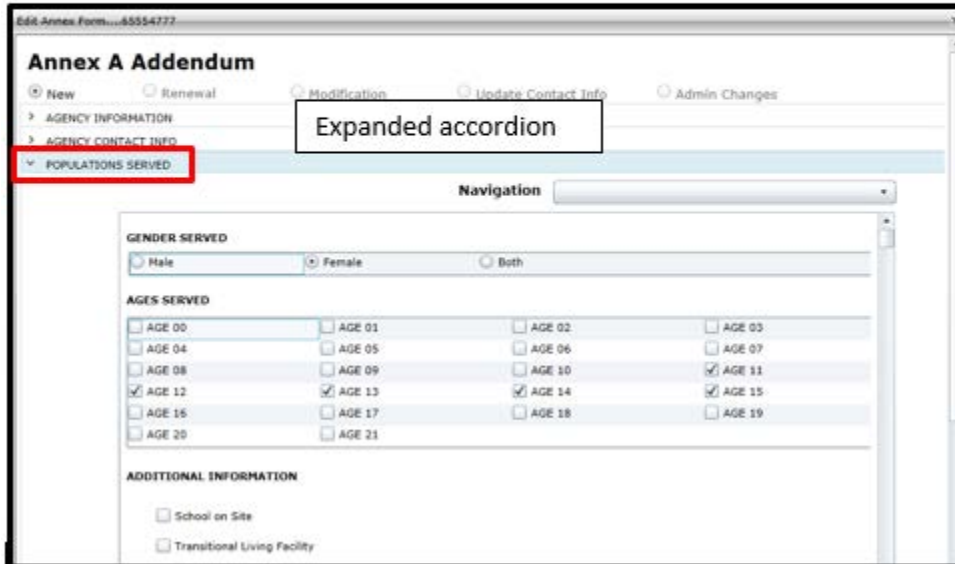
### Annex A Addendum

New     Renewal     Modification     Update Contact Info     Admin Changes

- > AGENCY INFORMATION
- > AGENCY CONTACT INFO
- > POPULATIONS SERVED
- > SITE DETAILS
- > PHYSICAL ENVIRONMENT
- > SERVICES PROVIDED
- > CLINICAL MODEL
- > TREATMENT TEAM MEMBERS TO CHILD RATIOS
- > PERFORMANCE BASED OUTCOMES
- > MISCELLANEOUS STIPULATIONS
- > COMMENTS

# PerformCARE®

When the user begins a New Addendum, the radio button for the submission type will be pre-selected as “New” by the system. The Addendum opens as a collapsed (closed) accordion. Each section has a title and the user can open a single section by left clicking once on the title to edit just that section without having to navigate through the entire document.



## Annex A Push Buttons

There are important buttons at the bottom of the Annex A Addendum that assist with administration.



**Save button** – It is highly recommended that the user click the Save button at the bottom of the Addendum on a frequent basis – at least every 10-15 minutes. That way, if there are any issues with the user’s Internet connectivity or with CYBER, a great amount of information will not be lost. Clicking “Save” will not run validations on the document; validations will be checked only when the user clicks the “Submit” button. (If the user chooses to print the Addendum at any point, the system will automatically save the document first.)

**Print button** – Details about what items will print are noted throughout this document based on the information entered. The main print functionality is described in section [Printing the Annex A Addendum](#). If users attempt to print before submission and CSOC approval, a “DRAFT” watermark will appear on the printed document.

**Delete button** – The Delete button may be used if the Addendum was created in error; the button will not function once the Addendum has been submitted, returned for changes, approved or denied. The system automatically saves the

document once it is created so the user will need to use the Delete button if it was created in error. Once Delete is clicked, there is a screen that confirms the selection. If OK is clicked, the Addendum will be deleted.

## V. Completing a New Annex A Addendum – Section by Section

The following fields in the Addendum will pre-populate with information from the Provider Information File (PIF):

- Program Number
- Medicaid Provider # (if known; alternately a CIM ID will appear here until the Medicaid ID is known)
- Agency Name
- Provider Type
- Program Type
- Contact Person
- Contact Phone
- Contact Email

Recommendations:

- Review any pre-populated information from the Provider Information File.
- Begin at the top and proceed through the accordions in order, specifically for the Populations Served and Site Details accordions.
- Enter “N/A” in required text boxes if the field does not apply to the specific program.

### Agency Information

The screenshot shows a web browser window titled "Edit Annex Form....Program ID". The main content area is titled "Annex A Addendum" and features a series of radio buttons for selection: "New" (selected), "Renewal", "Modification", "Update Contact Info", and "Admin Changes". Below this is an accordion menu with "AGENCY INFORMATION" expanded. The form fields include: "Program" (text box with "Program ID" placeholder), "Medicaid Provider#" (text box), "Agency Name" (text box), "Contract Number" (text box with "Contract Number" placeholder), "Provider Type" (dropdown menu with "Provider Type" selected), "Program Type" (dropdown menu with "Program Type" selected), "Contract Begin Date" (calendar icon with "15" selected), "Contract End Date" (text box), "Effective Date" (calendar icon with "<M/d/yyyy>" placeholder and "15" selected), and a "Conditionally Approved" checkbox.

The Agency Information accordion contains available data in the following fields: Program ID, Medicaid Provider ID#, Agency Name, Contract Number, Provider Type, and Program Type.

The user must complete the Contract Number, Contract Begin Date, and Contract End Date. These fields can be edited by CSOC once submitted for review. This allows the Contract Administrator to correct unintentional errors.

The Effective Date is an optional field in the New Annex A Addendum. If the Effective Date of the program or contract action is different from the Contract Begin Date, the user may enter it here.

Users will also see a “Conditionally Approved” checkbox under the Effective Date. This will be utilized by CSOC when, based upon current information, a contract is approved with conditions that must be addressed. If approved conditionally, a program will need to submit a Modification (see [Renewing and Creating a Modification to an Existing Annex A Addendum](#)) to make changes.

## Agency Contact Info

AGENCY CONTACT INFO

Website Address

	Name	Title	Phone Number	Fax Number	Email Address	Address	City
CEO or equiv.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CFO or equiv.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Director	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

All of the fields in this accordion are required except for the Website Address; attempting to submit the Addendum without completing the required fields in this accordion will cause the user to receive a validation error and they will not be able to submit until all required fields are completed.

The user can copy and paste in the fields in this accordion, which may save time if all of the individuals are at the same location. Selecting or highlighting text in one field, holding down the “ctrl” button and then pressing the “c” (Ctrl-C) button on the keyboard will copy the information. After clicking in the destination field, holding down the “ctrl” button and pressing the “v” button (Ctrl-V) on the keyboard will paste the information into the destination field.

Users will also see that the City and State boxes are gray and cannot be entered; these will populate once the user enters a zip code. If a zip code is entered that covers multiple towns or counties the user will get a selection menu to choose the appropriate town and county.

*Note - the Admissions Contact information is not a part of the Annex A Addendum; that information can be entered in the PIF. The PIF is accessed via the Provider Details screen and the OOH PIF button on the left-side of the screen (see [Accessing the Annex A Addendum](#) for an example). The Admissions Contact information (Contact name, Contact Phone and Contact Email) are the only fields that can be updated from the OOH PIF screen; all other details about the contract are entered in the Annex A Addendum.*

## Populations Served

> 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

The Populations Served accordion will open to the Gender Served and Ages Served areas (which will need to indicate the population that is 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.

There is a Navigation menu at the top of the accordion that allows users to navigate to each section of 'Populations Served' category.

**Navigation** ▼

- GENDER SERVED
- AGES SERVED
- ADDITIONAL INFORMATION
- LANGUAGES SPOKEN BY STAFF
- IQ
- AGE 02
- AGE 06
- AGE 10
- AGE 14
- AGE 18
- ASSAULT
- FIRE SETTING
- EATING DISORDERS
- RUNAWAYS
- SEXUALITY
- SEXUAL BEHAVIOR
- TRAUMA HISTORY
- SUICIDE
- SELF INJURIOUS BEHAVIOR
- SUBSTANCE ABUSE
- JUVENILE JUSTICE ISSUES
- DESTRUCTIVE BEHAVIOR
- PSYCHIATRIC HOSPITALIZATION
- PRIMARY PSYCHIATRIC DIAGNOSIS
- GENETIC/CONGENITAL DISORDERS

POPULATIONS SERVED

Navigation: SEXUAL BEHAVIOR

**SEXUAL BEHAVIOR**

No  Yes  Required

1. With Evaluation

- a. Low Risk
- b. Moderate Risk
- c. High Risk

2. Adjudicated

- a. Megan's Law
  - i. Tier I
  - ii. Tier II
- b. No Megan's Law

3. Not Adjudicated

In general, checking a target population specifier in this accordion attests that the program serves individuals with these needs. Leaving a specifier blank indicates that this is a need that the program does not serve; any specifiers left blank will result with an indication of “No”.

Additionally, some specifiers will have No, Yes and Required as selection options. (radio button)

- 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 this 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.

A selection must be made of Yes, No or Required in order to pass validation.

A lower level or sub-specifier must be selected in order to pass validation. For example, if the main specifier of Substance Abuse is selected as Yes or Required, the user must select at least one sub-specifier (such as History of Addiction) in order to pass validations and submit the document.

The Populations Served accordion is detailed in the Appendices. **Please** review the appendices prior to completing the Annex A to ensure all required fields are appropriately completed.



## Site Details

▼ SITE DETAILS

SITE NAME	SITE ADDR	COUNTY	CITY	STATE	ZIP	EMAIL ADDRESS	GENDER SE	CAPACITY	ACTIVE	SITE CIMID	
Site Name	Site Address	County	City	ST	Zip	Email	Gender	Capacity	Yes / No	CIMID	Delete

Create New Site

The example above shows a program that has a site already set-up in the PIF. In order to make changes to the record in the grid, the user would double-click on the Site Details accordion to open the Site Details window. To add or create a new site, the user would click Create New Site button at the bottom of the Site Details grid. The New Site window will then open.

New AnnexA Site....

Site Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>	Fax Number	<input type="text"/>
City	<input type="text"/>	Email Address	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
County	<input type="text"/>	Gender Served	<input type="text"/>
Ages Served	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21		
Capacity		<input type="text"/>	

**When creating a new site in the Annex A, all of the fields here are required; at least one selection must be made within Ages Served and Gender Served.**

- Site Name
- Address
- Zip (allows user to select city and county)
- Phone Number (contact phone for that site)
- Fax Number
- Email address (contact email address for that site)
- Gender Served (Female, Male, Both)
- Capacity (number of beds – see Note below)
- Ages Served (must select at least one age)

Note – the Ages Served, Gender Served, and Capacity across all sites **MUST** total, or correspond to the entered information in the Populations Served accordion. For example, if the user created two sites under a program, one with a capacity of 10 and another with 15 (for a total of 25), the total number of Contracted Beds in the Populations Served accordion must be 25 or the user will get a validation error upon attempting to Submit.

(See [Populations Served](#) in Section [Completing a New Annex A Addendum](#) for information on Population Served required fields.)

- If the New Annex A site screen example had been an existing site already entered into the accordion, the “Inactivate” button at the bottom of this window would be enabled for selection. This allows the user to keep site information in the Addendum without having to delete it; inactivating the site removes it from YouthLink.
  - The delete option is available on the Site Details grid and allows a user to delete a site from the Annex A Addendum; users can only delete a site if it does not have a PIF in CYBER already. If there is a PIF for a site, then it must be Inactivated (any sites that are Inactivated will not appear in future Addendums). (The “Activate” button becomes enabled only for sites that have been deemed Inactive.)

## Physical Environment

> POPULATIONS SERVED

▼ PHYSICAL ENVIRONMENT

<b>Housing Type</b> <input type="checkbox"/> Single Family Home <input type="checkbox"/> Dormitory <input type="checkbox"/> Cottages	<b>Therapeutic Holds Used?</b> <input type="checkbox"/> Handle With Care <input type="checkbox"/> CPI <input type="checkbox"/> Other Personal Restraint Method  <input type="checkbox"/> No Physical Intervention	<b>Gender Of Beds</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	<b>Bedroom Type</b> <input type="checkbox"/> Single / Double : How Many Rooms? <input type="text"/> <input type="checkbox"/> Triple / Quadruple : How Many Rooms? <input type="text"/> <input type="checkbox"/> Community Living (4+) How Many Rooms? <input type="text"/>
---	--	--	---

**Mass Transit Access Describe**

0

> SERVICES PROVIDED

All areas of this accordion 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.

## Services Provided

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: <input type="text" value="Select a type..."/>	
	Other: <input type="text" value=""/>	
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

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. If "Other" is selected, the adjacent text box becomes a required field.

Edit Annex Form....8374007

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

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.

**PART B- Other Services**  
**Educational Services**

Regular Education	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Special Education – IEPs	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Pre-Vocational Education	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Vocational Education	<input type="checkbox"/> Agency	<input type="checkbox"/> Community
Transitional planning for youth 14 y/o or older	<input 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:

*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”.*

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

**Community Based Opportunities**

Intra and interscholastic sports  Agency  Community

Community Service Projects  Agency  Community

Employment Opportunities  Agency  Community

Employment Training  Agency  Community

Volunteer Opportunities  Agency  Community

Describe any other provisions for community opportunities:

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.

## Clinical Model

> SERVICES PROVIDED

▼ CLINICAL MODEL

Model	Intensity	Frequency	Duration of Occurrence	Material Used	Method of Evaluation
-------	-----------	-----------	------------------------	---------------	----------------------

Add Clinical Model

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

Create a new Clinical Model

Model  
(Describe the theoretical or conceptual model of your clinical service).

Family Intensity Frequency Duration of Occurrence Materials Used Method for Evaluating Effectiveness

Responsible Staff  
(Identify staff responsible for leadership, management, delivery of treatment).

Save Save & Close Exit

# PerformCARE®

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

The Intensity menu includes Family, Group, Individual and Other; if Other is chosen, the Intensity text box immediately below becomes a required field.

The image shows two UI elements. On the left is a dropdown menu with 'Family' selected, and options for 'Family', 'Group', 'Individual', and 'Other (Specify)'. On the right is another dropdown menu with 'Other (Specify)' selected, and a text box labeled 'Intensity' below it.

The Frequency menu includes Weekly, Biweekly, Monthly and Annually. The Duration of Occurrence menu currently only has Hours as an option. Users can add as many Clinical Models that are necessary to document their model for clinical services.

## Team Members to Child Ratios

▼ TREATMENT TEAM MEMBERS TO CHILD RATIOS

Position	Credentials	FTE	Total Hours per Week	# Children Served	Hours Per
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"/>				

Although completion of every row is not required, if a user completes 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.)

**Note - Users must scroll right to complete the required Hours Per Child/Week column.**

## Performance Based Outcomes

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.

%

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

## 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.

# PerformCARE<sup>®</sup>

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

CSOC Contracting recognizes the electronic submission of the Annex A Addendum as having been certified by an agency's designated Annex A Administrator. It is no longer necessary to submit a signed physical copy of this document to 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 final accordion, Comments, will be enabled once the user submits the Addendum to CSOC. This area will be used for CSOC Contracting staff to document reasons regarding the return of an Addendum for changes, or regarding a denial. Once the document has been returned and the user has made 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.



## VI. Renewing and Creating a Modification to an Existing Annex A Addendum

### Renewal

Users have the ability to create an Annex A Addendum *Renewal* 90 days *prior* to the end date of the current contract. Prior to that, the Renewal functionality will not be available.

In order to create a Renewal Annex A Addendum, as with a new Annex A Addendum, users must first select the appropriate program from the drop-down menu at the bottom left of the Annex A Addendum screen. Once the program is selected, the user will find the historical record of all Addendum activity in the bottom grid of the window, the Approved/Denied Annex A Addendum Details. Clicking on the New/Renew button at the bottom of the window will generate a Renewal Addendum.

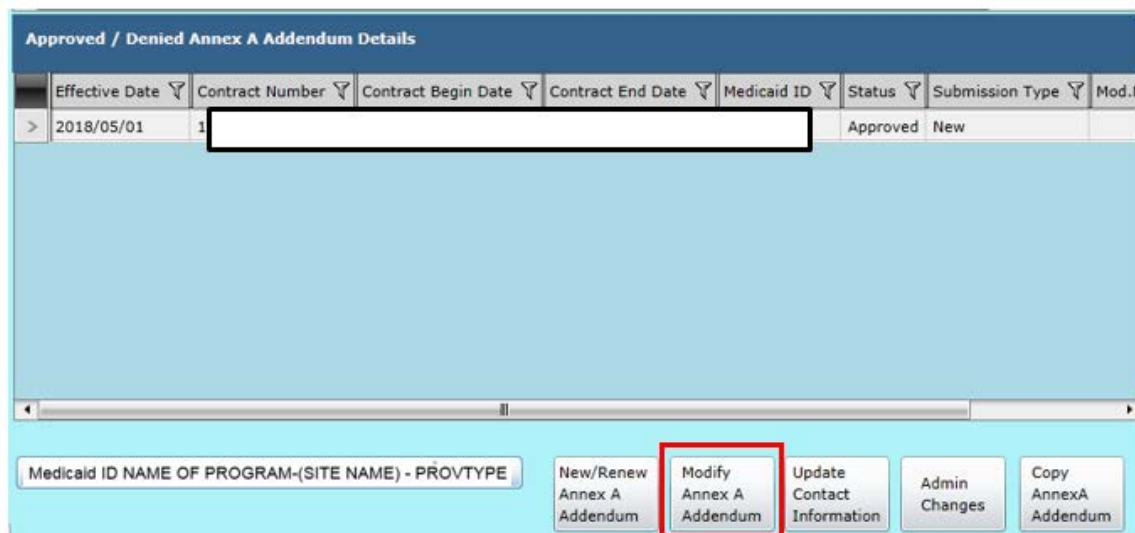
The Renewal will be pre-populated with all the information from the last approved Addendum. It is strongly recommended that the Renewal Addendum is reviewed in its entirety prior to submission.

### Creating a Modification

Users have the ability to create and submit an Annex A Addendum *Modification* by choosing a program from the drop down and then selecting the Modify Annex A Addendum button at the bottom of the program window.

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); this includes any prior Modifications that may have been submitted. 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.

*Note - If there are changes only to the Agency Contact Information accordion, the user should utilize the Update Contact Information button (See [Update Contact Information](#))*



Once the Modify button has been selected, the user will receive confirmation that the Modification has been created and the document will open.

**Annex A Addendum**

New   
  Renewal   
  **Modification**   
  Update Contact Info   
  Admin Changes

> AGENCY INFORMATION

> AGENCY CONTACT INFO

> SITE DETAILS

> POPULATIONS SERVED

> PHYSICAL ENVIRONMENT

> SERVICES PROVIDED

> CLINICAL MODEL

> TREATMENT TEAM MEMBERS TO CHILD RATIOS

> PERFORMANCE BASED OUTCOMES

> MISCELLANEOUS STIPULATIONS

> COMMENTS

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.

**Annex A Addendum**

New   
  Renewal   
  **Modification**   
  Update Contact Info   
  Admin Changes

▼ AGENCY INFORMATION

Program:    
 Contract Begin Date:    
 Contract End Date:

Medicaid Provider#:

Agency Name:

Contract Number:    
 Mod #:    
 Effective Date:

Provider Type:    
 Conditionally Approved

Program Type:

The Effective date can be changed by CSOC if necessary after submission. This date must be equal to, or after, the Contract Begin date of the active Addendum, and will display as the Effective Date in the Approved/Denied grid. (Note that the Mod # field is not available to the OOH provider; the number is for tracking purposes and will be entered by CSOC.)

Approved / Denied Annex A Addendum Details							
Effective Date	Contract Number	Contract Begin Date	Contract End Date	Medicaid ID	Status	Submission Type	Mod

If an Approved Addendum has been modified (the Modification was approved), the “Effective Date” column may have a different date than the “Contract Begin Date” column; the Addendum will also have a number in the “ModNo” column in this grid.

## VII. Update Contact Information

If the only change that needs to be made is to the Agency Contact Information accordion of an existing Addendum, the user should select the program from the drop down menu and then click the “Update Contact Information” button at the bottom of the program window. (Note that the Copy Annex A Addendum button is disabled.)



The existing Annex A will open and Update Contact radio button will be selected.

### Annex A Addendum

New
  Renewal
  Modification
  Update Contact Info
  Admin Changes

The system will open the currently active and approved Addendum. The user will only have access to edit the Agency Contact Info accordion. Once the user has updated the information, clicking Save will affect the changes immediately; there is no CSOC review for this change. Submit when completed.

Alternately, users may update Agency (Admission) contact information directly on the PIF. From the Welcome Page, the user should click the Provider Details button then, click the OOH PIF button. On the Provider Details OOH PIF screen, the user must select the program location from the drop down menu at the top of the screen. The screen will populate with all the PIF details. The user then may change *only* Admission Contact, Contact Phone, and Contact Email and then click Submit.

Checked	Description	Accepts	Description
<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

## VIII. Creating an Admin Changes Annex A Addendum

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.

*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.*

If a user needs to inactivate a site that has youth currently admitted to it - in some instances, a site may change location – the user can start an Admin Changes Annex A Addendum and change or update the address of the particular site. It may require the provider to change the youths’ admissions and authorization information by detailing the change in an email to the Service Desk at servicedesk@performcarenj.org.

When the “Admin Changes” button is selected, the system will open the most recently approved Annex A Addendum for the program.

*Note - If there is a pending Addendum in the system for the program of any type (Modification, Renewal, etc.), the user will not be able to create an Admin Changes Addendum until the pending Addendum is approved and the effective date has passed (meaning, it has become active). The only exception is if the effective date of the Admin Changes Addendum is later than the effective date of the pending Annex A Addendum.*

### Annex A Addendum

New     
  Renewal     
  Modification     
  Update Contact Info     
  Admin Changes

- > AGENCY INFORMATION
- > AGENCY CONTACT INFO
- > POPULATIONS SERVED
- > SITE DETAILS
- > PHYSICAL ENVIRONMENT
- > SERVICES PROVIDED
- > CLINICAL MODEL
- > TREATMENT TEAM MEMBERS TO CHILD RATIOS
- > PERFORMANCE BASED OUTCOMES
- > MISCELLANEOUS STIPULATIONS
- > COMMENTS

In an Admin Changes Annex A, only three sections of the Addendum will be available for changes – Agency Information, Site Details, and Comments.

## Annex A Addendum

New     Renewal     Modification     Update Contact Info     Admin Changes

AGENCY INFORMATION

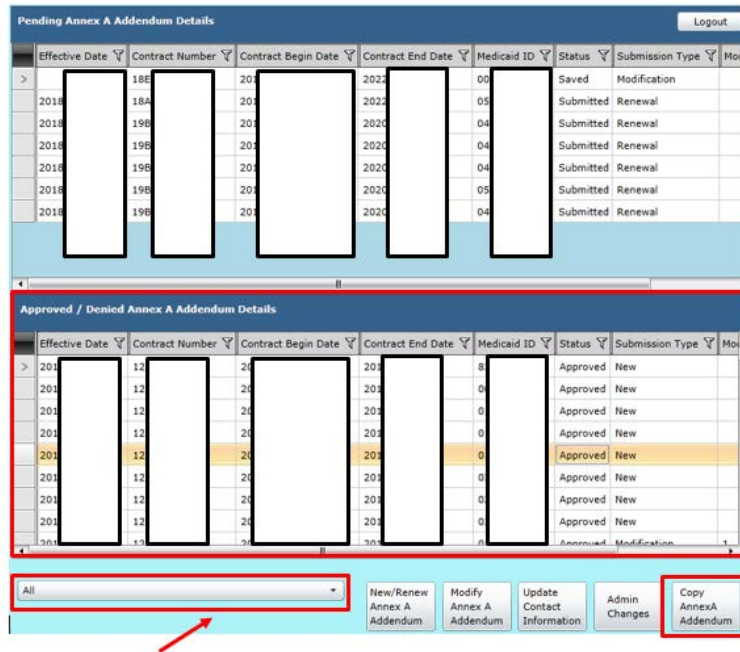
Program	<input type="text" value="Program ID"/>	Contract Begin Date	<input type="text" value="15"/>	Contract End Date	<input type="text"/>
Medicaid Provider#	<input type="text"/>				
Agency Name	<input type="text"/>				
Contract Number	<input type="text" value="Contract Number"/>	Admin Changes Eff Date	<input type="text" value="&lt;M/d/yyyy&gt; 15"/>		<input type="checkbox"/> Conditionally Approved
Provider Type	<input type="text" value="Provider Type"/>				
Program Type	<input type="text" value="Program Type"/>				

The Admin Changes Effective Date must be completed. The Admin Changes Effective Date is the date when the changes to Site Details go into effect, and if necessary, this date field can be edited by CSOC/Contract Administration. When the Addendum is approved by CSOC/Contract Administration, the PIF changes will be processed overnight and will be updated the following day if the Effective Date is in the past or is equal to the date of approval. If the Effective Date is in the future, the PIF will update on the Effective Date.

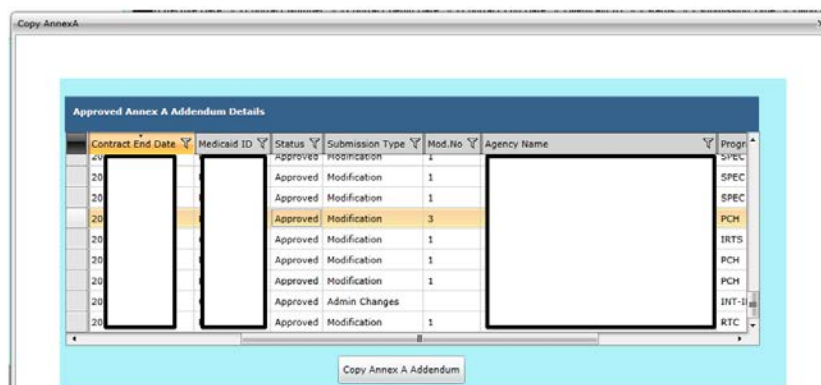
Users can utilize the Comments area of the Addendum to document why the changes were made, or to give further information about the changes made to Site Details. (Because this accordion is not part of the contract, this accordion will not appear in the printed version of the document.)

## IX. Using the Copy Annex A Addendum Functionality

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



1. Click the dropdown and locate the new program name.
2. Clicking on the **Copy Annex A Addendum** button will open up a window with a grid 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.
5. The new Annex A Addendum will be created for the program.

# PerformCARE<sup>®</sup>

All accordion sections from the existing Annex A will copy into the new Annex A. The entire new Annex A Addendum will be available for edit and should be carefully reviewed by the user. The copied Addendum will have the required validations when the user attempts to submit to CSOC.

The following fields do not copy during the Copy Annex A process:

Agency Information – these fields are left blank:

- Contract Start/End Date
- Contract Number
- Effective Date

Populations Served - these fields are left blank:

- Licensed capacity
- Date of last Licensing inspection
- Total # Contracted beds

Site Details – these fields are pre-entered for initial setup (CSOC provided):

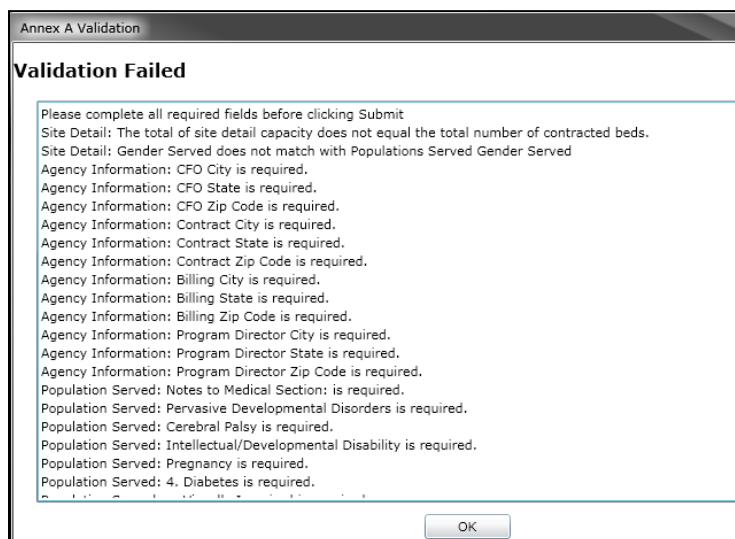
- Site name
- Address
- City, State, Zip, County
- Email address – set to Pending
- Gender Served – set to Both
- Capacity – set to 0

## X. Submitting the Annex A Addendum (& Validation Errors)

In order to submit the document to Contracting for review and approval, the user will click on the Submit button at the bottom of the Annex A Addendum window.

The screenshot shows the bottom of the Annex A Addendum window. It features two expandable sections: 'MISCELLANEOUS STIPULATIONS' and 'COMMENTS', both with right-pointing chevrons. Below these sections are four buttons: 'Save', 'Print', 'Submit' (which is highlighted with a black border), and 'Delete'.

Clicking the Submit button runs a series of validations on the document that check that all required fields are complete, the Begin and End Dates for the contract do not overlap, etc. If there are any issues with the document, the user will receive a Validation Failed error message, detailing the missing information.



The Validations message will list the title of the accordion and the field name that is either missing or has been completed incorrectly. On the Addendum, certain missing or incorrect fields will be highlighted, making them easier to locate.

*Note – Required date fields will not be highlighted but will be noted in the Validations message.*

### 4. Diabetes

The screenshot shows a horizontal bar with three radio button options: 'No', 'Yes', and 'Required'. The 'Required' option is selected, indicated by a filled radio button.

Each validation must be completed to pass and allow submission of the Annex A Addendum.



## XI. Printing the Annex A Addendum

At any time, the user can print the program's Annex A Addendum. Any Addendum that is not approved will print with a "DRAFT" watermark on all pages.

Medicaid Provider #:	Agency Name:
Contract Number:	Program Type:
Contract Start Date:	Contract End Date:

**Cyber Report- Annex A Addendum**

**NJ Children's System of Care**  
Administered by PerformCare®

**Modification**

**AGENCY INFORMATION**

Medicaid Provider #:  Conditionally Approved  
Agency Name:  
Contract Number:  
Modification Number #:  
Program Type  
Provider Type  
Effective Date  
Contract Start Date:  
Contract End Date

**AGENCY CONTACT INFORMATION**

Clicking on the "Print" button at the bottom of the Addendum window will prompt the system to generate the report.

New Annex Form....

### Annex A Addendum

New     Renewal     Modification     Update Contact Info     Admin Changes

- > AGENCY INFORMATION
- > AGENCY CONTACT INFO
- > SITE DETAILS
- > POPULATIONS SERVED
- > PHYSICAL ENVIRONMENT
- > SERVICES PROVIDED
- > CLINICAL MODEL
- > TREATMENT TEAM MEMBERS TO CHILD RATIOS
- > PERFORMANCE BASED OUTCOMES
- > MISCELLANEOUS STIPULATIONS
- > COMMENTS

Save    **Print**    Submit    Delete

# PerformCARE®

1 of 2 ? Find | Next

Medicaid Provider #: Agency Name: PDF  
Contract Number: Program Type: TIFF file  
Contract Start Date: Contract End Date:

**Cyber Report- Annex A Addendum**

**NJ Children's System of Care**

**New**

**AGENCY INFORMATION**

Medicaid Provider #:  Conditionally Approved  
Agency Name:  
Contract Number:  
Program Type  
Provider Type  
Effective Date  
Contract Start Date:  
Contract End Date

**AGENCY CONTACT INFORMATION**

CEO(or equivalent)

It is recommended that users export the report to a PDF file in order to print the document. Printing directly from CYBER may be a lengthy process. To export the report, utilize the Export button on the top of the reporting window (highlighted in above example; appears as a disk with a green arrow in the corner).

## Appendix A: Required Fields

All of the required fields in the Annex A Addendum are documented here, separated by accordion. If these items are not completed, the user will receive a validation upon attempting to submit the document. The validation error will give the user a list of items that are either missing or need correction; these items will be highlighted within the document, making them easy to locate (see [Submitting the Annex A Addendum](#) (& Validation Errors)).

### Agency Information

- Contract Begin Date (must be the day after the current contract ends)
- Contract End Date (must be after the Begin Date)
- Contract Number
- Modification/Admin Change Effective Date (required only for those Submission types)
  - Modification Effective Date must be after the effective date of the current contract
  - Admin Changes Effective Date can be in the past; if passed, the PIF will be updated as soon as the Addendum is approved

### Agency Contact Information

- All fields in this accordion (all details on CEO, CFO, Contract Person, Billing Name, Program Director) are required except Website Address

### Populations Served

The following fields are required in the Populations Served accordion:

- Gender Served – one option must be selected
- Ages Served – at least one option must be selected

*Note - Both of these are for the genders and ages served by the program at all sites under the same contract/Medicaid ID; in Site Details, the information must align with what is entered in Populations Served.*

- Languages Spoken by Staff – at least one option must be selected; if Other Language is chosen, the associated text box is required
  - The text box – “Describe how program will access language/translation services for youth who do not speak English” is required
- IQ – at least one IQ range must be selected; for those options that have the Yes/No/Required associated, one option must be selected
- Sexual Behavior must have a Yes, No or Required selected\*
- Substance Abuse must have a Yes, No or Required selected\*
- Pervasive Developmental Disorders must have a Yes, No or Required selected\*
- Cerebral Palsy must have a Yes, No or Required selected\*
- Genetic/Congenital Disorders – Other (Please List Below) text box is required (enter “N/A” if no details)
- Intellectual/Developmental Disability must have a Yes, No or Required selected\*
- Pregnancy must have a Yes, No or Required selected\*
- Diabetes must have a Yes, No or Required selected\*
- Visually Impaired must have a Yes, No or Required selected\*

# PerformCARE®

- Hearing Impaired must have a Yes, No or Required selected\*
- Notes to Medical Section is required (enter “N/A” if no notes)
- Special Expertise is required (enter “N/A” if no additional information)
- Licensed Capacity – this is the total licensed capacity across the all sites of the entire program
- Date of last Licensing inspection is required
- Total # of Contracted Beds – this is the total number of contracted beds across the entire program; the total capacity across all sites entered in Site Details cannot exceed the number entered here. The number entered here cannot exceed the number entered in the Licensed Capacity field.
- Accreditations – at least one accreditation is required; a user may select “None” to fulfill the requirement
  - If an Accreditation is selected, the Last Inspection Date and Date of Expiration for that Accreditation are required
- General Comments is required (enter “N/A” if no comments)

*Note - If there are lower-level specifiers associated with a specifier that has **Yes, No or Required (Y/N/R)** attached to it, at least one lower-level specifier must be selected in order to pass validation if Yes or Required is selected. For example, if the user selects “Yes” for Substance Abuse, and chooses History of Addiction, the document will pass validation. If no specifier associated below Substance Abuse is chosen, the document will fail validation and the user will be unable to submit.*

## Site Details

- All fields in the Site Details window are required (Site Name, Number, Address, Zip Code, Capacity, Gender Served, Ages Served)
- Ages and Gender Served must match the selection made in Populations Served accordion.
- The total Capacity across all sites entered in Site Details must equal (match) the Total Number of Contracted Beds as entered in Populations Served.

## Physical Environment

- At least one selection must be made in each area of this accordion.
- Under Therapeutic Holds Used, If “Other Personal Restraint Method” is selected the associated text box becomes required.
- Under Bedroom Type, a number is required with the Bedroom type selected.
- Mass Transit Access Describe text box is required; there is a limit of 1000 characters.

## Services Provided

- Part A – users may select Agency, Community or both check boxes for any service.
  - Allied Services – “Other” text box description is required if selected.
- Part B
  - Educational Services – at least one Educational service type must be selected. User may check either Agency, or Community or both may be selected.
    - The text box for “Describe how educational program is supported by the agency” is required; there is a limit of 1000 characters.
  - Medical Services
    - Each of the three text fields under Medical Services is required; there is a limit of 1000 characters for each field.

# PerformCARE<sup>®</sup>

- Community Based Opportunities – is optional. No selections are required; Agency, Community or both may be selected.
  - The text box for Describe any other provisions for community opportunities is required; there is a limit of 1000 characters.

## **Clinical Model**

- At least one row describing a Model is required.
- All fields in the row are required if one field is entered.

## **Treatment Team Members to Child Ratios**

- If a user enters information into a row, all fields in that row become required.

## **Performance Based Outcomes**

- All fields are required.

## **Miscellaneous Stipulations**

- One Selection is required for each of the two statements under the Referral and Admission Process.
- No printed copy with signature is required for submission. Please follow up with your Contract Administrator regarding submission of the activities and staffing schedule.

## Appendix B: Psychiatric and Medical Specifier Matches in Populations Served

**Psychiatric Condition** specifier in the PIF will match with any lower level selection below:

- Primary Psychiatric Diagnosis:
  - Schizoaffective Disorder and Other Psychotic Disorders
    - Actively Psychotic (all subcategories)
    - Non-compliant with medications
- Mood Disorders
  - Actively psychotic (all subcategories)
  - Not psychotic
  - Non-compliant with medications
- Anxiety Disorders
- Dissociative Disorders
- Impulse-Control Disorder
- Adjustment Disorders
- Personality Disorder Traits
- Mental Disorders Due to a General Medical Condition
- Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence
  - Developmental Disabilities
  - Tic Disorder (Tourette's, etc.)

**Medical Conditions** specifier in the PIF will match with any lower level selection below:

- Enuresis
  - Non-compliant with treatment
- Encopresis
  - Non-compliant with treatment
- Seizure Disorders
  - Controlled (all subcategories)
  - Non-compliant with treatment
- Physical Disability
  - Non-ambulatory
- Spinal Condition (all subcategories)
- Immuno-suppressed
- Cardiac Problem (all subcategories)
- Respiratory Disorder (all subcategories)
- Bleeding Disorder (all subcategories)
- Hepatitis (all subcategories)
- Kidney Dialysis
  - Non-compliant with treatment
- Any medical condition requiring 24-hour nursing
- Notes to Medical Section is Required

## Appendix C: Complete List of Specifiers

This refers to the full list of specifiers shown in the Update PIF screen and the corresponding item(s) on the Annex A that triggers each specifier.

Specifier	Corresponding Annex A item
Age	Anything marked “yes” in “Ages Served” section
Gender	Gender Served
IOS	Program Type
Pregnancy	Medical Conditions - Pregnancy
IQ 50-69	IQ – 65 to 69
	IQ – 60 to 64
	IQ – 50 to 59
IQ 49 and under	IQ – 40 to 49
	IQ – 39 and below
Assault	Anything marked “yes” in “Assault” section
Cerebral Palsy	Genetic/Congenital Disorders – Cerebral Palsy
Destructive Behavior	Anything marked “yes” in “Destructive Behavior” section
Diabetes	Medical Conditions – Diabetes
I/DD	Self-Help/Developmental Skills – Intellectual/Developmental Disability
Disruptive Disorder	Psychiatric Hospitalization – Primary Psychiatric Diagnosis – Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence – Disruptive Disorders
Eating Disorder	Anything marked “yes” in “Eating Disorder” section
Educationally Classified	Anything marked “yes” in “Education” section except “Not Classified”
Fire Setting	Anything marked “yes” in “Fire Setting” section
Hearing Impaired	Medical Conditions – Physical Disability – Hearing Impaired
Medical Condition	See <a href="#">Appendix B</a> for full list
PDD	Primary Psychiatric Diagnosis – Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence – Pervasive Developmental Disorders
Psychiatric Condition	See <a href="#">Appendix B</a> for full list
Runaway	Anything marked “yes” in “Runaways” section
Sexuality	Anything marked “yes” in “Sexuality” section
Sexual Behavior	Sexual Behavior <i>and</i> select any lower level specifier
Suicide Risk	Anything marked “yes” in “Suicide” section
Substance Abuse	Substance Abuse <i>and</i> select any lower level specifier
Trauma	Anything marked “yes” in “Trauma History” section
Visually Impaired	Medical Conditions – Physical Disability – Visually Impaired

## Appendix D: Provider/Program Types and their Acronyms

Behavioral Health	DAP	Detention Alternative Program
Behavioral Health	EDR-HT	Emergency Diagnostic Reception Unit Human Trafficking
Behavioral Health	EDRU	Emergency Diagnostic Reception Unit
Behavioral Health	GH	Group Home
Behavioral Health	IRTS	Intensive Residential Treatment Services
Behavioral Health	ORT	Out of State Residential Treatment
Behavioral Health	PCH	Psychiatric Community Home
Behavioral Health	RTC	Residential Treatment Center
Behavioral Health	RTC-BH/DD	Residential Treatment Center Co-occurring Behavioral/Developmental Disability
Behavioral Health	RTC-BH/SU	Residential Treatment Center Co-occurring Behavioral/Substance Use
Behavioral Health	SPEC	Specialty Home
Behavioral Health	TH	Treatment Home
I/DD	CSAP-IDD	Crisis Stabilization Assessment Program
I/DD	GH-1-IDD	Group Home Level 1 for I/DD
I/DD	GH-2-IDD	Group Home Level 2 for I/DD
I/DD	INT-IDD	Intensive I/DD (group of OOH)
I/DD	IPCH-IDD	Intensive PCH for I/DD
I/DD	ORT-IDD	Out of State Residential for I/DD
I/DD	PCH-IDD	Psychiatric Community Homes for I/DD
I/DD	RESP-IDD	Respite Homes – I/DD
I/DD	RTC-IDD	Residential Treatment Center for I/DD
I/DD	SA-IDD	Supervised Apartments for I/DD
I/DD	SPEC-IDD	Specialty Programs for I/DD
I/DD	SSH-IDD	Special Skill Homes for I/DD
Substance Use	RTC-LT-SA	Long Term Substance Abuse
Substance Use	RTC-LT-SJI	Long Term Substance Abuse (SJI)
Substance Use	RTC-ST-SA	Short Term Substance Abuse
Substance Use	RTC-ST-SJI	Short Term Substance Abuse (SJI)

## XII. References

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

- Annex A Addendum Presentation (PowerPoint)  
<https://www.performcarenj.org/pdf/provider/training/annex-a-addendum/training-presentation-annex-a-addendum.pdf>



**PerformCare Customer Service**

[www.performcarenj.org/ServiceDesk/](http://www.performcarenj.org/ServiceDesk/)

**1-877-652-7624**