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Instructional Guide for Behavioral Health Home Services

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I. Introduction

Behavioral Health Home (BHH) services has been a part of the New Jersey Children's System of Care since 2014. The goal of the BHH is to integrate the services that address a youth's physical health needs with their behavioral health, intellectual/developmental disability and/or substance use needs. Staff is available at the CMO to assist families whose youth have been identified by the Child Family Team (CFT) as being appropriate for BHH services. BHH staff will review the youth's current services and status, as well as the youth's current medical conditions, to develop a holistic approach to care. Families and youth will meet with nursing and wellness staff in an effort to decrease hospital admissions and improve the overall health of the youth.

This guide reviews the CYBER functionality created to support the BHH services. This functionality includes plans, assessments and progress notes. This information is viewable in the CYBER system to any provider that has the appropriate access and is currently working with the family and youth.

In order to have the ability to create the new documents and progress note types outlined in this guide, a user **must have** the CMONURS security group assigned to their Username in CYBER. System Administrators at the CMO have the ability to make this addition/change to a user's profile.

Identification for BHH Services: In the Child Family Team meeting it is determined if the youth meets criteria for BHH services. The family must accept the services and this should be documented in a BHH Nursing Progress Note.

Authorization: The CMO Care Manager will request an authorization for BHH services. Once the plan is approved, the BHH service code H0046TJ will be entered and the BHH provider will be opened to the youth record.

An initial BHH nursing assessment should be completed within 30 days the youth record. The assessment should be completed by the BHH to determine eligibility for BHH services.

Authorizing BHH Services: To authorize The BHH user should complete the initial BHH Assessment due 30 days from the initial BHH auth. After that, it is required annually.

Ongoing BHH Services: An update/ongoing nursing assessment should be completed annually. To receive a continued stay, BHH is required to submit the BHH progress update assessment every 90 days. The updated assessment associates to the CMO Comprehensive Service Plan (CR90D) and the Strength and Needs created by the Care Manager. It can also be associated to a Service Change.

Transitioning from BHH Services: To transition from BHH services and continue services with CMO, the CMO Care Manager should utilize the UCM BHH Transition plan type (UCM – Treatment/Service Plan, then choose treatment UCM-BHH Transition. The BHH should complete the Discharge Quarterly Progress Update assessment. This will be associated to the plan along with the Strength and Needs prior to the plan's submission. Submission of the BHH Transition plan will discharge the youth from BHH services and restart the CMO authorization code.

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CYBER Releases:

Nov 2014 Release 1.30.1.0 BHH Interim allows CMO nurses and wellness coaches to provide Behavioral Health Home services. The security group CMONURS was created and BHH tracking elements and progress notes were added.

July 2015 Release 1.31.0.0 Changes made to BHH services – BHH progress notes, BHH service code was added, CMONURS was given expanded access to progress notes and assessments and links on the Welcome page related to BHH were given to CMO, CSOC, and CSA. A BHH plan type was added, linkage was made between diagnoses and medications. CMO treatment plans were redesigned to permit an association with BHH Progress Update. This design auto closes both BHH and CMO when CMO closes. The BHH Transition UCM type plan was added, closing BHH and changing the authorizing service code. Additional features were added to the Nursing assessment. The BHH Quarterly Progress Update was designed in a tabbed format.

Feb 2017 Release 1.39.0.0. Changes were made to the BHH Nursing Assessment Initial and Update to remove the requirement of diagnosis on submit. Additional medical conditions were added.

Fall 2023: CYBER 2.0.0.0 Release: CYBER was updated to reflect increased functionality and accessibility. BHH changes surround the overall view of the screens as well as search and filtering options available in grids.

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II. Accessing CYBER

CYBER can be accessed via the PerformCare website – www.performcarenj.org . The link is available under the CYBER menu at the top of the home page or the button at the bottom of the page. Users must log into CYBER with their Username and Password.
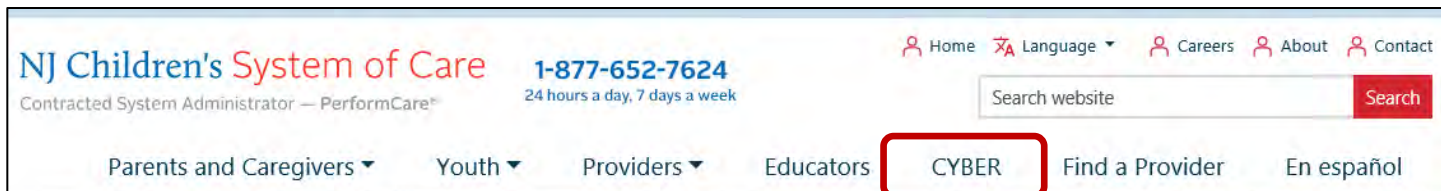
Each provider organization has at least two CYBER Security Administrators, and your agency's CYBER Security Administrators can set up a login and temporary password. Access will be based upon login type and security levels.

Before logging in, keep in mind…

- Every time CYBER is launched, the **Username and Password is required, then click the LOGIN button to continue**.
- Users are required to **change their password every 90 days.**

Above the login area is a statement that, CYBER users acknowledge their responsibility to protect the privacy of and to guard against the inappropriate use or disclosure the Protected Health Information (PHI) contained within the system.

This statement will appear during each log in.

Please also check the link: **CYBER Access Requirements** page on the PerformCare website for the most up-to-date technical requirements (such as browser compatibility and operating systems) needed to access CYBER.

At the bottom of the login page is the version of CYBER. The server number is the last 2 digits at the end (-XX). This is helpful to note when requesting assistance.
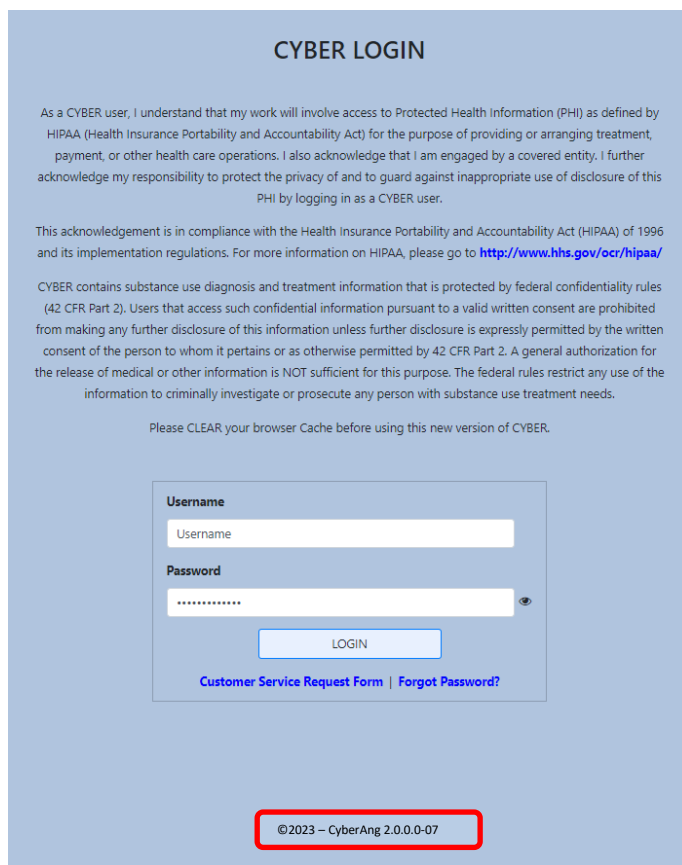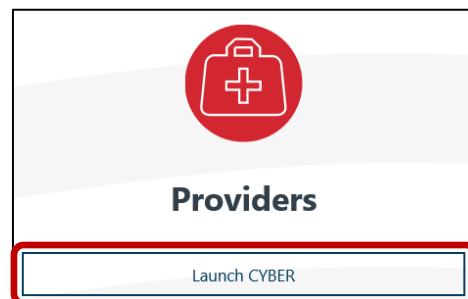
For technical support, please use the **Customer Service Request Form** link under the login.
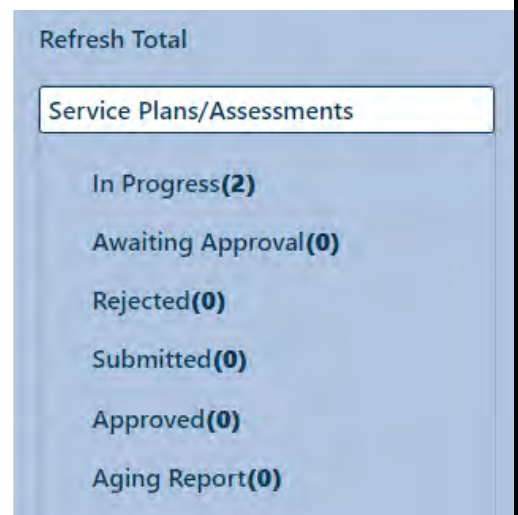
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III. BHH Welcome Page

After logging in, all users land on the Welcome Page. The Welcome Page allows users the ability to track certain ongoing required activities. BHH users can use the Welcome Page functionality to track service plans and assessments that are in progress, awaiting approval, rejected, submitted, approved and those that will be Coming Due. BHH should use the Welcome Page links and grids to support the review and completion of their ongoing requirements.

The Nursing Assessment and Quarterly Progress Update both appear in the Service Plans/Assessments links and associated grids on the CMO Welcome Page. Both will appear in the Aging Report as coming due 3 calendar days prior to their due date. These documents will appear on the Welcome Page for the current owner – meaning the user who has the document currently assigned to them in the system.

Aging Report - Due dates are as follows:

- Initial Nursing Assessment – 30 Calendar Days after the start of agency's access to youth's record
- Update/On-going Nursing Assessment – completed on an annual basis
- Initial Quarterly Progress Update – 30 Calendar Days after the start of agency's access to youth's record
- Update/On-going Quarterly Progress Update – 90 Calendar Days after the last approved Treatment Plan CFT date

BHH Transition appears in the links and grids on the BHH user's Welcome Page. For example, a BHH Transition plan that is in draft will appear under the 'In Progress' link/grid for the author of that plan. The BHH Transition plan is completed by the youth's Care Manager. The Discharge Quarterly Progress Update is associated to it prior to submission to PerformCare. The submission of the transition plan and the associated progress update will discharge the youth from BHH services but will maintain the youth's admission with the CMO.

Refresh Total

Service Plans/Assessments

In Progress **(2)**
Awaiting Approval **(0)**
Rejected **(0)**
Submitted **(0)**
Approved **(0)**
Aging Report **(0)**

IV. Accessing Documents in the Youth's Record

To access documents in the youth's record, users must first navigate to the correct record by either using the Quick Search function or by utilizing the *My Active Youth* button. Nurses should only be accessing the records of youth identified by the CFT for BHH services. The family must have also consented for BHH services.

Once the user has located the correct record, click on the *Treatment Plans Assessments* button on the left side of the screen. This will bring up the appropriate grid of all the existing plans and assessments. It also is where the user may as create new documents.

Security Administrator

Youth / Child Search

FSS Link

My Active Youth

Out of Home

The grid on this screen contains the following information:

- Assessment Type – Treatment Plan or specific Assessment type
- Assessment Sub Type – specific type of Treatment Plan
- Assessment/CFT Date
- Author – the user who created the document
- Submitted to CSA Date – date the document was submitted to PerformCare. This field is blank if still in draft with the agency
- Assessment ID – unique ID number to identify document
- Create Date – original creation date of the document

Double-clicking on a row in the grid will open that document in a new window.

If a user creates a new document, it can be edited by that user. Only a user who is assigned to a document may edit it prior to submission (See Plan Approval for info on assigning). Any document that has been submitted and/or approved cannot be edited.

Note: If there is an existing BHH Transition Treatment Plan in draft for the youth, the user is unable to create another one.

Selecting from the pull-down menu above the grid will allow the user to start a new document.

BHH users use these documents.

Select an Assessment/Treatment Plan	Add New

BHH Quarterly Progress Update - Discharge
BHH Quarterly Progress Update - Initial
BHH Quarterly Progress Update - Update
Nursing Assessment - Initial
Nursing Assessment - Update
CMO - Treatment/Service Plan
OOH Assmt - Assessment
Strengths And Needs Assessment

assessment to open it for

Assessment Sub Type	Submitted
MRSS - TICP	
Update	
MRSS - ICPU	

CMO users use these documents.

BHH Transition Plan is in UCM – Treatment/Service Plan

The BHH-related documents are included on this menu in alphabetical order. Selecting any of these and then clicking "Add New" will open the new document.

V. The Nursing Assessment

This Nursing Assessment type will **only** be available to those users with the **CMONURS** security designation on their profile. The CMO's Security Administrator can adjust a user's security as needed.

These users can:

- Access all Nursing Assessments created by their agency, whether they are in progress or submitted
- Edit only those Nursing Assessments that are assigned to them. To see more information about assigning or transferring an Assessment to your own ID or to another user within your agency, please see **Plan Approval**.

There are two Nursing Assessments available for creation in CYBER – the Initial and Update.

- The Initial Assessment is due in CYBER 30 calendar days after the start of the authorization (and start of episode).
- The Update Assessment is completed on an annual basis.

Demographics Tab

Select the **Nursing Assessment**, from the Treatment and Plan Assessment type dropdown. Next, select "Add New" has and the assessment will appear in a new window (the Demographics tab will open by default).

The document is designed in tabs and clicking on the individual tabs will open them. As a user navigates between the tabs, the system will automatically save the document.

There is a scroll bar on the right side of the assessment that allows the user to scroll to additional information in that section. The Action buttons at the bottom of the screen will appear on each tab allowing the user to save periodically.

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The Demographics tab is predominately populated with information from the youth's Face Sheet.

At the bottom right side of the Demographics tab, the user will find the following required field:

- Assessment Completion Date – please enter the date on which the assessment was completed

Assessment Date	08/15/2023	🗓
Assessment Completion Date	MM/DD/YYYY	🗓

There is a Refresh button on the lower left side of the tab.

If there has not been any change to the youth's Face Sheet since the plan was created, then the button will not be active.

 If information on the youth's Face Sheet **has changed,** for example their address changes, the user will be able to select the refresh button. This is to ensure that the most current demographic information is displaying in the Assessment.

Refresh

Health Care Providers Tab

The next tab is **Health Care Providers tab** consisting of two main areas – *Current Health Care Providers* and *Contacts*.

The top grid is for **Current Health Care Providers**. This must include the youth's primary care physician and psychiatrist, required to submit the assessment. Users will find the following help text above the grid – "*Please add Primary Care Provider, Psychiatrist, Dentist, and Vision Care as well as all others that apply.*"

Clicking the Add Health Care Provider button below the grid will bring up the following window:

The Provider Type drop-down list will include the following options:

- Cardiologist
- Dentist
- Developmental Pediatrician
- Endocrinologist
- Gastroenterologist
- Hematologist
- Nephrologist

- Neurologist
- Primary Care Physician
- Psychiatrist
- Pulmonologist
- Vision Care
- Other (specify – text box is required if Other is chosen)

There is an option of "No identified current provider" to select if the youth does not have current providers.

Note: The user must add information for the youth's current Primary Care Physician and Psychiatrist unless the check box for "No identified current provider" is selected. If it is selected, the requirements are overridden.

The drop-down for *Date of Last Visit* contains the following options:

- Within last 30 days
- Within last 60 days
- Within last year
- More than 12 months in the past

Once a provider has been entered, **all fields are required** (unless "No identified current provider" has been selected). Missing fields will be highlighted in pink and appear in the validation grid after selecting save.

 The provider is saved to the grid once the user clicks the **Save** button. Double-clicking on the provider entry from the grid will reopen it for editing or deletion.

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Note: Information can only be edited by the user who is assigned to document (See Plan Approval). *Additionally, information can only be deleted before the assessment is submitted.*

The bottom grid is for **Contacts** and may include individuals that are Child Family Team members such as contacts at the youth's school or other medical care managers that are involved with the youth and family. The individuals listed here are those involved in the youth's care (typically those who attend the *Child Family Team meeting* but may be otherwise involved as well). Users will find the following help text above the grid – "*Please add Special Child Health Services, MCO Care Manager and all other medical care managers, as well as all other contacts that apply.*"

Clicking on the Add Contact button will bring up the following screen:

Users should enter any appropriate contact information in this area.

	All the fields in the "Add/Edit New Contact" window are required.

Medical History Tab

BHH Current Medical Conditions section documents all the youth's medical conditions and diagnoses. The list includes conditions such as asthma, eating disorders, spina bifida, cardiovascular and neurological disorders, and developmental disabilities such as cerebral palsy.

Users will find that the list is organized into categories or groups. If one item under a category heading is selected, the main heading for that category is also selected. For example, when a user checks off Cerebral Palsy, Developmental Disability is auto selected by the system. (At least one selection from the list is required.)

The user must select at least one condition from the list to submit the Assessment.

On the same tab, users may scroll further downward is an area that lists Additional Current Medical Conditions. This list includes Cardiovascular Disorder, Endocrine Disorder and Respiratory Disorder. If any of these specific conditions are checked off, an associated text box becomes active and is then required.

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There are also questions regarding tobacco use by the youth and/or family members which are required questions.

Use of Tobacco Products:

Smoking tobacco or chewing tobacco

Frequency during the past 6 months   Duration

Describe Use of Tobacco Products:

Is there family use of tobacco products?   Is there smoking indoors?

Use of E-Cigarettes:

Frequency during the past 6 months   Duration

The user may document any allergies the youth have in the appropriate section. The allergies should be detailed in the "Describe all allergies below:" textbox. The user must enter text in this textbox if any allergies are selected.

Allergies

☐ Food   ☐ Insect   ☐ Medication   ☐ Requires use of epi-pen   ☐ Other (specify below)

Describe all allergies below:

Clinical manifestations, age diagnosed, who diagnosed, tests utilized: skin testing, oral challenge, RAST, other.

Presenting Physical Health Needs:

Describe other current health concerns as per youth and family:

There is also an area at the end of the tab where the user can document any additional health concerns that have been shared with them by the youth and/or family. The "**Presenting Physical Health Needs**" is a required field. If there is no additional information to document, "N/A" may be entered.

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Diagnosis Tab

On the **Diagnosis tab**, the user must enter the Diagnosing Clinician's name and the date the diagnosis was rendered.

Users are not required to enter a diagnosis.

If a medical diagnosis is entered, <u>a condition must also be selected on the Medical History tab, under the BHH Current Medical Conditions section</u>.

The Diagnosis tab in CYBER has the ability to search for a specific diagnosis, select it, and enter it into the record for the youth. Users must enter the following:

- **Diagnosing Clinician** This is a required open text field for the diagnosing clinician's name. Enter first and last name.
- **Date Diagnosis Rendered** This field is automatically pre-populated with the current date. User is required to enter the date the diagnosis was actually rendered.
- **Diagnosis Details** Displays the selected diagnoses. Click the '+' button to enter to bring up the **Search Diagnosis** window.

Clicking the "+" button will bring up the Search Diagnosis window.

Begin a search by entering an ICD-10 code or partial code into the **Code** field <u>or</u> a partial DSM-5 description into **Description** field.

This window will allow the user to search the system for the appropriate Diagnosis code. It is recommended that, unless the user knows the exact code or description, they enter in a partial search – meaning the first number of the code or the first few letters of the diagnosis description. This will ensure the user will receive results from the search.

Once the appropriate code is found in the Diagnosis grid, the user may double-click on it in the grid to add it to the assessment. Depending upon the code, the user may need to add additional, more specific information about the diagnosis into the Comments field. Clicking "OK" will also add the selected diagnosis to the assessment. (See References for more details on the Diagnosis screen functions)

Medications Tab

The **Medications tab** will allow users to document all medications that the youth is currently taking. The questions at the top of the page are all required and contain the available options of Yes, No, and Unknown.

To add medications, users will click on the Add Medications button, which will bring up a new window.

Here, users may *associate existing medications* that have been entered previously into the youth's record or add new medication since both functions may be completed using the buttons at the bottom of the window.

- *To associate a medication* to this assessment (new or existing), the user will need to single-click on the record in the top grid (Available Medications) and click the **Associate button** at the bottom of the window. Doing this will take the medication record and place it into the bottom grid – Associated Medication, which will then place it into the Assessment.
- *To add a new medication*, click the **Add button** to bring up a new window.

Users will enter the name of the medication into the first field. As the user types, a menu will appear with a list of matching medications to choose from – prescription and over the counter medications will appear, along with available dosages. All fields in this window are required. Once the Medication Name, Prescriber, Actual Dosage, Frequency and Reported Date are entered, the user will then associate the medication with an existing diagnosis from the youth's record. Clicking off the box next to the diagnosis in the grid will select it. Multiples may be selected when appropriate. Clicking "Accept" will add the medication to the Available Medications grid.

The Medical Treatment Plan Tab

Users will find questions that pertain to the youth's current dietary needs and physical activity/restrictions, as well as screenings that may have been completed.

There are required questions in the Medical Treatment Plan tab. Certain selection requires the user to provide additional information. Some selections will list "specify below" to indicate that more information is required in the Description text box below the question.

There is an area titled Prescribed Health Monitoring and Maintenance Activities in Home, School and Community.

Each area is defaulted to a selection of "None". **If the user makes a different selection, the Comments area associated to it is required.**

There is also an area dedicated to **Depression Screening**, towards the bottom of the tab.

If a screening was completed, the user must enter the date of the screening and the scale score. If a screening was not completed (Date of Screen remains blank), the remainder of the fields are no longer required.

Note: The threshold for a positive depression screen is 16 for CES-D and 15 for CES-DC.

Medical Services Utilization

The Medical Services Utilization tab is where users will document how often the youth is being hospitalized, taken to the ER, or had any surgeries.

Areas of documentation include hospitalizations for physical health concerns, day surgeries, psychiatric hospitalizations, psychiatric screenings, emergency room or urgent care use for physical health concerns and CSOC Out Of Home Treatment, Psychiatric Partial Hospitalization, Mobile Response And Stabilization Services, Mental Health Outpatient Services, and Substance Use-Related Treatment.
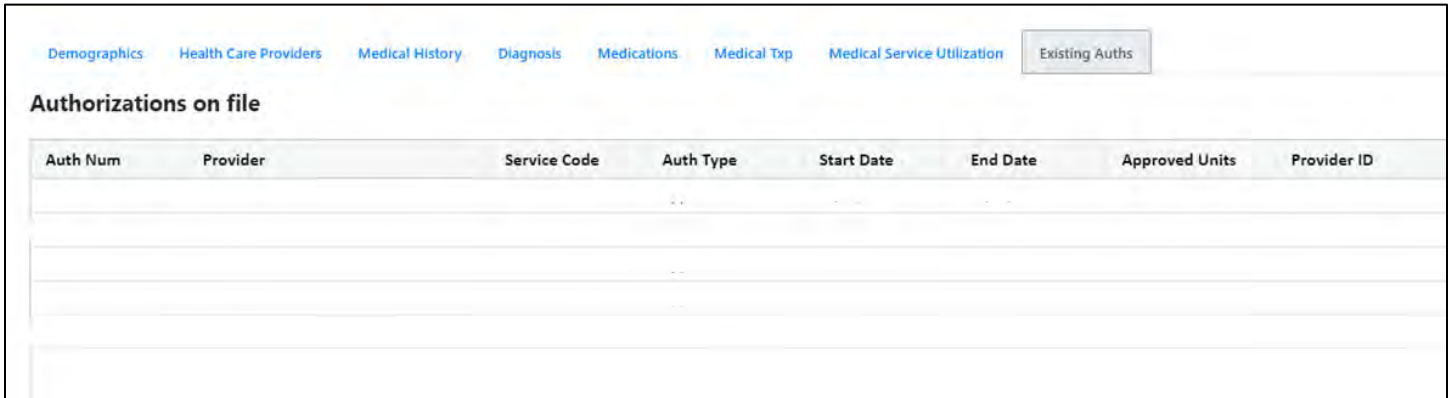
Each of the menus has the following options available:

- None
- None in past 12 months, but one or more prior to last 12 months
- One to three in past 12 months
- More than three in past 12 months

Note: The Summary text box is required for each selection if anything other than "None" is chosen.

Existing Auths (Authorizations)

Here, the user will find a list of all authorizations that are present in the youth's record. This is a copy of the Authorizations grid from within the youth's record.

Note: The BHH users will see all authorizations for services except those related to Substance Use treatment.

VI. The BHH Quarterly Progress Update

The Quarterly Progress Update assessment will also be accessible via the Treatment Plans Assessments screen from within the youth's record.

Users will select from a Discharge, Initial or Update Quarterly Progress Update.

- Discharge – to be completed when the youth is being discharged from services. It is submitted along with the UCM BHH ISP-Transition document.
- Initial – to be entered into Cyber 30 calendar days after the start date of the authorization (and Tracking Element)
- Update – to be entered into Cyber 90 calendar days after the last Treatment Plan's Child Family Team Meeting date

Demographics tab

Clicking on the appropriate option from the menu above the grid, and then clicking Add New from the Treatment Plans Assessments screen (above), will open up the new document. By default, the document will open up to the Demographics tab.

Only one Quarterly Progress Update can be in a draft mode within a youth's record at one time. If one exists and the user attempts to create another one, they will receive an error message and will need to continue working on the draft or delete it. **Users may only edit or delete Progress Updates that are currently assigned to them**. To learn more about how to assign the Progress Update to yourself or to other users within your agency, refer to section **Progress Notes**.

Users with the appropriate security designation on their profile in CYBER (**CMONURS**) can see all progress Quarterly Progress Updates created by their agency as well as all submitted Updates created by any CMONURS in any agency.

The Demographics tab will contain the demographic information on the youth from the Face Sheet of the record.

Towards the bottom of the accordion, the user will find the following required fields:

- Assessment Completion Date – please enter the date on which the associated assessment was completed.

Assessment Date	08/15/2023	🗓
Assessment Completion Date	MM/DD/YYYY	🗓

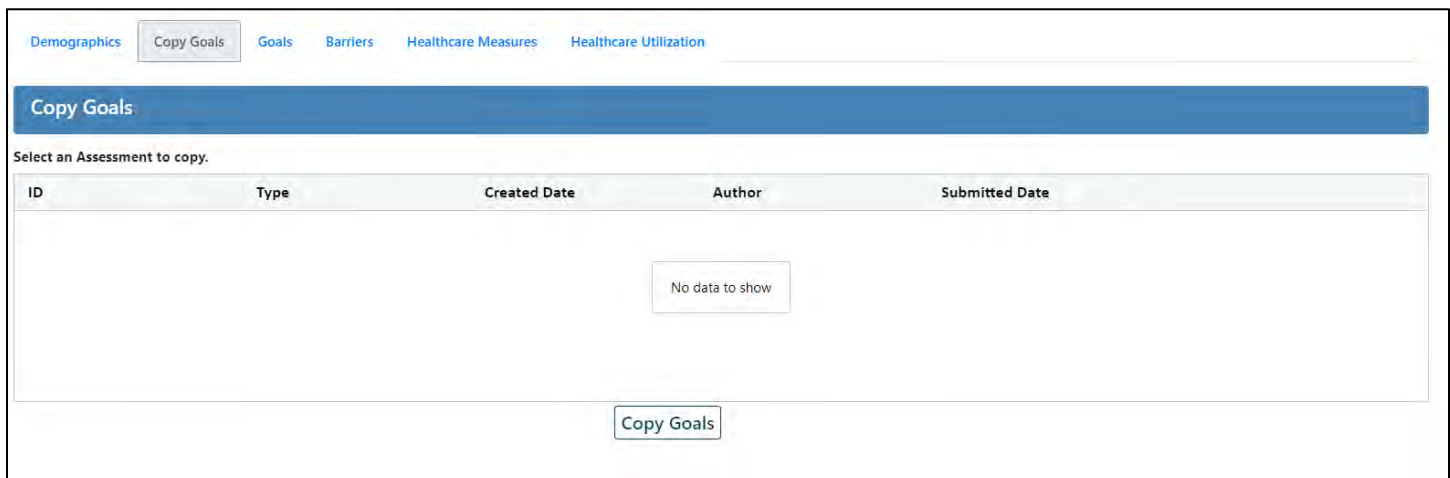There is a refresh button located in the bottom left of the screen.

If there has not been any change to the youth's Face Sheet since the plan was created, then the button will not be active.

If information on the youth's Face Sheet **has changed,** for example their address changes, the user will be able to select the refresh button. This is to ensure that the most current demographic information is displaying in the Assessment.

Refresh
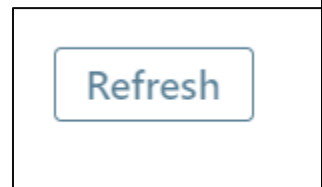
Copy Goals Tab

The next tab is Copy Goals, which will allow users to copy the goals from any previously submitted Quarterly Progress Update from their agency.

Demographics	Copy Goals	Goals	Barriers	Healthcare Measures	Healthcare Utilization

Copy Goals

Select an Assessment to copy.

ID	Type	Created Date	Author	Submitted Date
		No data to show		

Copy Goals

The user will select the Progress Update they want to copy from, and click the Copy button at the bottom. Any goals listed as "Other" that are in Completed or Discontinued status will not copy over. Copied over goals will appear in the next tab.

Note: If the user has already entered goals into the Goals tab, and then choses to use the Copy functionality, all information that has been manually entered is over-written (i.e. deleted).

Goals Tab

This area allows the user to document the youth and family's objectives in relation to daily health goals – in an effort to improve the daily behaviors that impact the youth's health.

There are three areas in which the user will document goals. The grids are titled:

- Youth/Family Daily Health Maintenance Behavior Goals
- Youth/Family Health Promoting Behavior Goals
- Youth/Family Wellness Goals

Clicking the Add Goals button beneath each grid will open a new Add/Edit window.

For the **Youth/Family Daily Health Maintenance Behavior Goals**, the user must select from the Goals menu as follows:

- Complies with physical activity plan (routine activity, prescribed activities or restrictions)
- Complies with prescribed dietary plan (healthy eating, prescribed diet or dietary restrictions)

- Complies with prescribed medications (oral, inhalation, injection, other)
- Other (specify)
  - o If the user selects this option, they must enter information into the additional fields. The field labeled "Identifier for Other" must include an integer (number) which is for tracking purposes. Each goal entered as Other is tracked using this number, which makes analysis of change easier than if only tracked by text alone.
- Regularly carries medication devices (inhaler, Epi-pen, glucose monitoring, other)

In the Frequency and Stages of Change areas, the user must select the appropriate measurement for the goal. These are required fields.

There is a Comments box available for any additional information regarding the goal, frequency and/or stage of change that needs to be documented.

Note: The user must enter at least two Youth/Family Daily Health Maintenance Behavior Goals to submit the Update.

The next area, **Youth/Family Health Promoting Behavior Goals grid**, will operate in the same manner as the previous grid.

Clicking on the Add Goal button will bring up the following Add/Edit window.

In this window, the user must enter the Goal:

- Advocates for his/her health care needs and speaks with health care professionals to better design the medical treatment plan
- Communicates age-appropriate understanding of his/her medical condition and the need for medical or self-care
- Complies with required lab and blood tests
- Other (specify)

o If the user selects this option, they must enter information into the additional fields. The field labeled "Identifier for Other" must include an integer (number) which is for tracking purposes. Each goal entered as Other is tracked using this number, which makes analysis of change easier than if only tracked by text alone.

- Recognizes and reports changes in symptoms and seeks assistance when necessary (parent, school nurse, babysitter, etc.)
- Refills prescriptions in a timely manner

The Frequency and Stages of Change areas are required fields. One option must be selected for each Entity under Stages of Change.

There is a Comments box available for any additional information regarding the goal, frequency and/or stage of change that needs to be documented.

Note: The user must enter at least two Youth/Family Health Promoting Behavior Goals in order to submit the Update.

The Add Wellness Goal area is next on this tab, and at least two Wellness Goals must be entered.

Clicking on the Add button will bring up the Add/Edit Wellness Goal window.

Users must first select a Dimension for the Wellness Goal. Selections in the drop-down are as follows:

- Emotional
- Environmental
- Financial
- Intellectual

- Occupational
- Other (specify)
  - If the user selects this option, they must enter information into the additional fields. The field labeled "Identifier for Other" must include an integer (number) which is for tracking purposes. Each goal entered as Other is tracked using this number, which makes analysis of change easier than if only tracked by text alone.
- Physical
- Social
- Spiritual

The Frequency and Stages of Change are also required. One option must be selected for each Entity under Stages of Change.

Barriers Tab

The Barriers tab allows the user to document any and all barriers to treatment and youth/family success in implementing changes to their health behaviors.

The grid will contain the following information including checkboxes where the user may select any that apply. Selecting a barrier will activate the associated comments box, requiring it to be completed with details.

- Access to Care Barriers
  - Transportation
  - Lack of identified primary care physician
  - Lack of identified specialist physician
  - Lack of identified psychiatrist
  - Special medical equipment required (oxygen, wheelchair, other)
  - Other (specify)

There is also a Comments box for additional information.

- Insurance Barriers
  - Lack of insurance funding

- o Inadequate insurance funding
- o Other (specify)
- Knowledge and Viewpoint Barriers
  - o Caregiver lacks knowledge or understanding of how to manage youth's medical condition
  - o Youth lacks knowledge of how to manage his/her medical condition
  - o Reservations about the side effects of treatments (past, present, future)
  - o Other (specify)
- Psychological Barriers
  - o Trauma associated with past medical treatment impacting compliance or access to care
  - o Health care avoidant behavior due to underlying anxious, depressive or psychotic symptoms
  - o Other (specify)
- Cultural Barriers
  - o Language barrier
  - o Other (specify)
- Economic Barriers
  - o High copays, other costs of care
  - o Caregiver work schedule
  - o Other (specify)
- Healthcare System Barriers
  - o Insufficient healthcare provider hours or accessibility
  - o Dissatisfaction with current healthcare provider
  - o Other (specify)
- Other Barriers
  - o Two "other" lines are available for additional documentation

Healthcare Measures tab

The Healthcare Measures tab is where a user will input measures such as a youth's BMI, Blood Pressure, medical action plans and information on the plan that is being developed for transitioning the youth into the adult healthcare system (if the youth is older than 16).

The following physical health metrics is required to submit the Update:

- Blood Pressure – Diastolic (mm Hg)
- Blood Pressure – Systolic (mm Hg)

- BMI
- Height (inches)
- Weight (lbs.)

Double-clicking on the entries in the grid allow the user to enter information into each of these areas.

This tab also includes information regarding action planning – i.e. the plan that is followed or put into place to avoid future hospitalizations. There are also questions that ask for information regarding school attendance, grades and collaboration with the youth's school nurse.

Healthcare Utilization Tab

The next tab – Healthcare Utilization – will contain information regarding what type of care the youth has received from the medical community (primary care physician, emergency care, etc.) within the last 90 days.

The first area, as seen in the above example, documents the youth's routine care in the last 90 days. Other sections follow that document treatments (such as smoking cessation and substance use treatment), emergency care within the last 90 days, substance use and smoking cessation assessments, and documentation of any follow-up appointments the youth may have attended after treatment.

Discharge Criteria tab

The **Discharge Criteria tab is available in the Quarterly Progress Update – Discharge document** and is completed prior to the youth being discharged from services. The youth's Care Manager submits this document to PerformCare. It is associated to the CMO-BHH Transition ISP.

VII. Action Buttons

The functionality buttons at the bottom of the assessment will remain locked at the bottom of the screen and will not move when the user scrolls the document.


The buttons at the bottom of the assessment are as follows:

- <u>Save</u> and <u>Save & Close</u> - The assessment will be saved automatically upon creation and navigating between tabs will auto-save the assessment. However, when working within a tab, the user should remember to save and save often as a disruption in your internet connection may cause a loss of information.
- <u>Print</u> – will only be active once the document has been saved. Refer to section **Printing** for more information.
- <u>Cancel</u> – will cancel whatever actions the user has taken. (If the user has not saved the document and clicks, Cancel, the document will be deleted).
- *Select an Action* <u>menu</u> contains these action choices:

- o *Submit* – will submit the document into the system and should only be used when the document is complete.
- o *Return* – if the document was transferred within the agency for review or work, this will return the document to the author.
- o *Transfer* – will transfer the document to another user within the agency for review or additional work and should be used when the document is in draft mode.
- o *Delete* – is available for use until the document has been submitted, at which time the user can no longer delete it.

- Update Status – Click this button to initiate the choice made on the *Select an Action* menu above.
- View Review History – will show the user a history of who has owned the document and what the current status of the document is. Users can use this area to check where the document is, if it has been submitted for review by PerformCare and if it has been approved or returned.
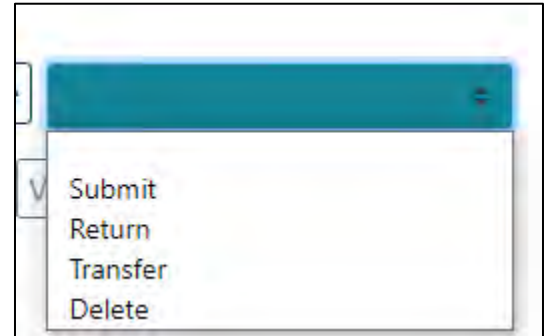
VIII. Progress Notes

The BHH-specific progress notes exist in CYBER. They can be accessed and created from the Progress Notes area of the youth's record. Clicking on the Progress Notes button from the left-side button bar of the youth's record will bring up the Progress Notes screen.
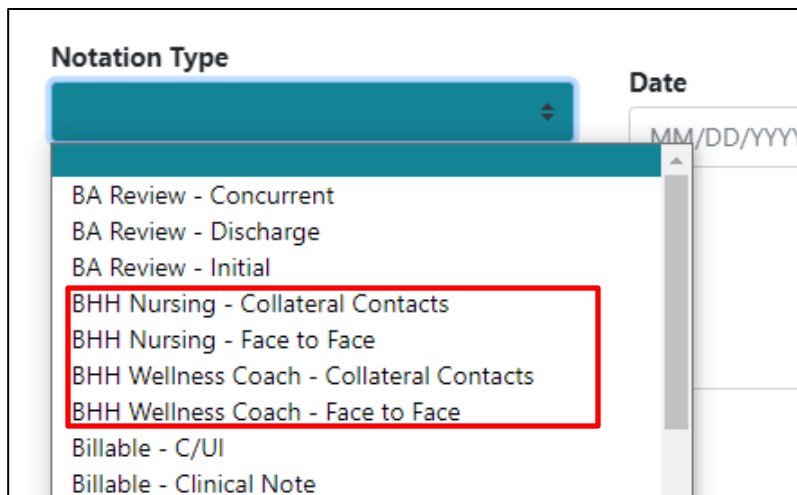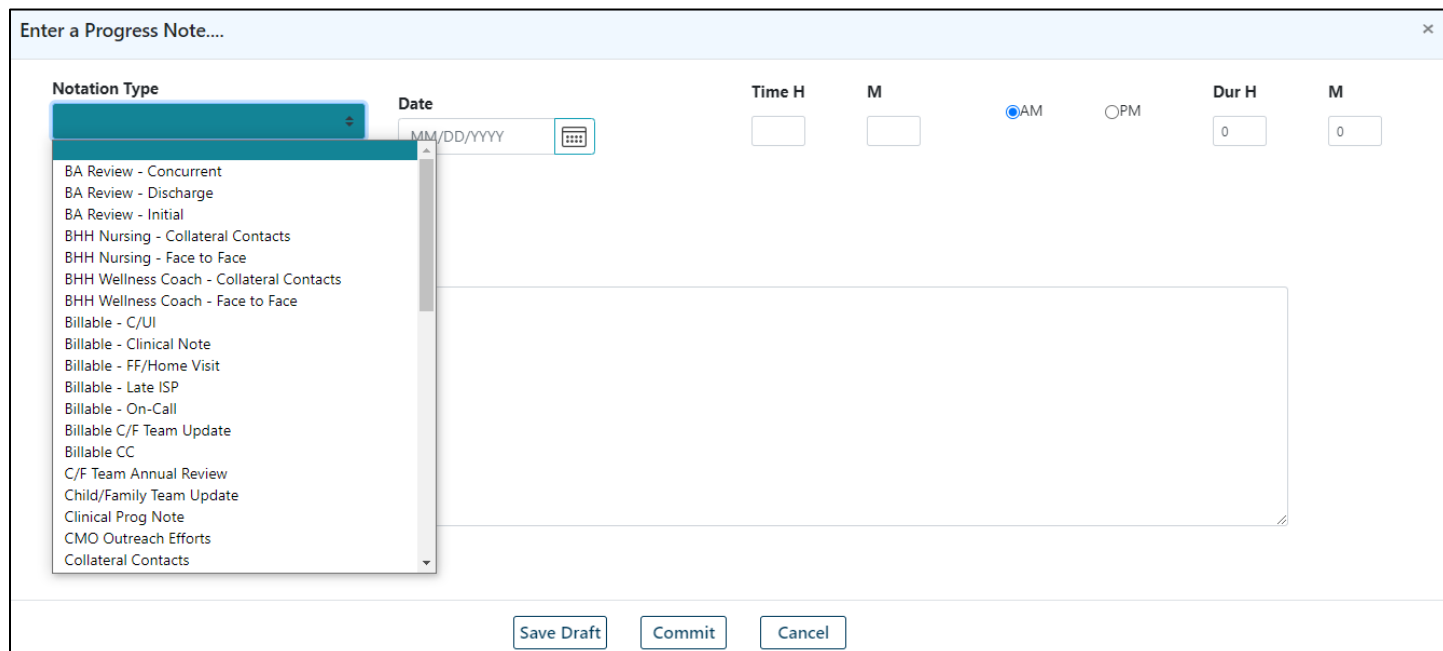
Users with the CMONURS security assigned to their ID can create two BHH-specific progress note types:

- BHH Nursing
  - Face-to-Face
  - Collateral Contacts
- BHH Wellness Coach
  - Face-to-Face
  - Collateral Contacts

Note: BHH Nursing and BHH Wellness Coach are in a read-only status. Only the types listed above may be created new.

To create a new progress, the user will click on the New Progress Note button in the upper right-hand corner, above the progress notes grid. Doing this will open a new note where the user will choose the appropriate note type.

Users may see different note types in this menu, depending upon their security settings.

Once the note type has been chosen, the user will:

- Fill in the date, time and duration fields. These are completed with information related to the activity they are documenting. For example, if the user is documenting a face-to-face meeting with the family, they would enter the date of that meeting, start time of the meeting and meeting duration.
- Enter their documentation into the white space of the note window. Users have the option of saving the progress note in draft prior to committing it to the record. When a progress note is in draft form, the author is the only

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user who has access to it until it is committed. Once committed, the note cannot be edited or deleted from the record.

If the user is looking for a certain note type, such as their own BHH-related notes, they can utilize the Filter function – accessible via the Filter Notes button above the grid. Clicking this will bring up the following window:
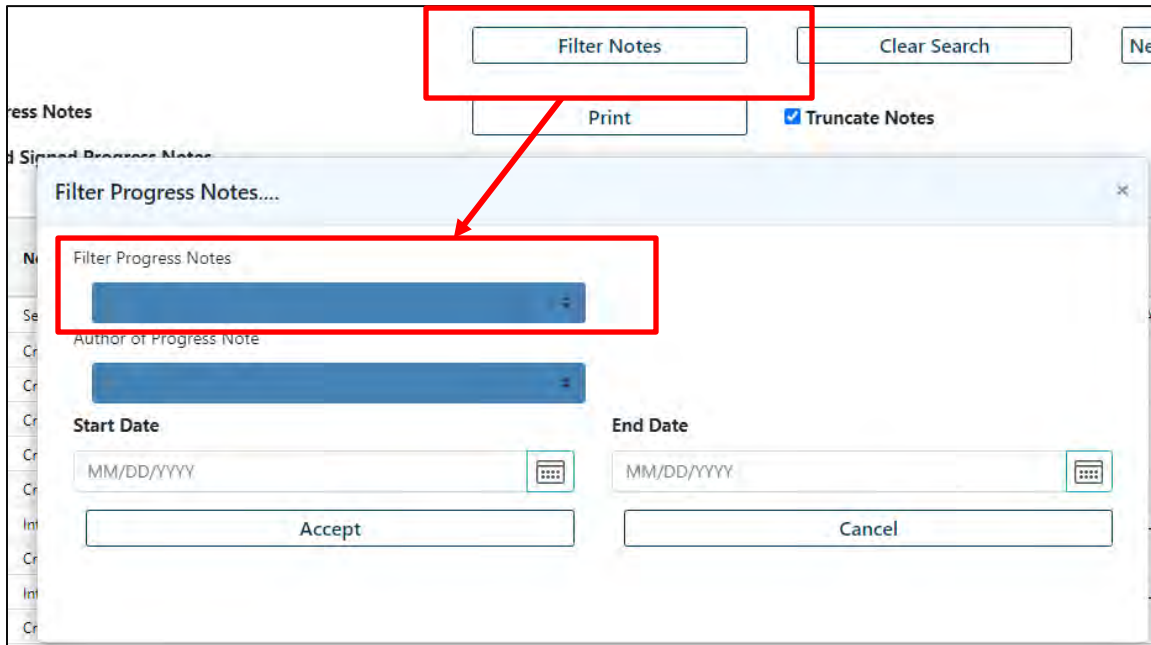
The information that will appear in the drop-downs, for Type of Progress Note and Author of Progress Note, will only be those that are present in the record. Users can complete any of the fields to complete the filter. Clicking Accept will then apply the filter to the progress notes grid.

Users can also filter notes directly from the progress note grid. Next the heading the users would like to filter, they can begin typing the parameters. The grid will update as the filter parameters are set.

To clear filters applied to the grid, users can select " Clear Search" button

Users can also print out progress notes from CYBER. Please see Printing for more information on printing.

IX. Plan Approval

Plan Approval is an area of CYBER that is used to manage the documents that are currently with the user's agency and have not been submitted or approved by PerformCare. Users with the CMONURS security attached to their Username can access the Nursing Assessments and Quarterly Progress Updates that have been created by their agency if they are not submitted to PerformCare.

This area can be accessed by clicking on the Plan Approval button, which is on the left-side button bar from within a youth's record. (If a number appears on the button, it indicates that the user has that many documents currently assigned to them.)
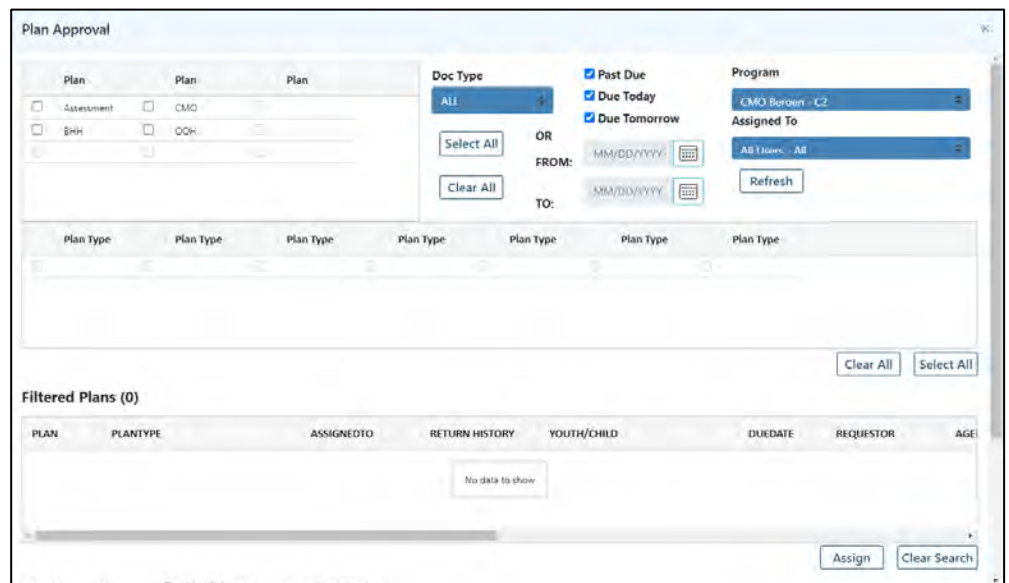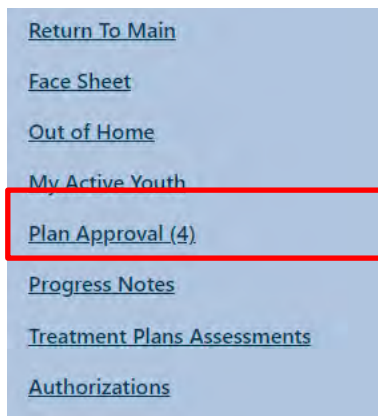
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At the top of the screen, users will find the Plan Selection Grid. By default, this area will show any plans or assessments that the user has access too – CMO (or UCM) treatment plans, OOH Referral Requests, Assessments and BHH documents. These documents are currently in the system for the user's agency and have not yet been submitted to PerformCare. The selections made here fuel the types of documents that the user will see and access in the next areas of the screen.

Once the user selects BHH, BHH QPU (Quarterly Progress Update) and Nursing Assessment will appear here in the Plan Type area. Options will appear for the user to choose from such as QPU – Initial, QPU – Update, QPU – Trans/Dis for Progress Updates and Nursing – Initial, and Nursing – Update for the Nursing Assessment. The selections made from here are what fuel the filtered plans and assessments that appear in the Filtered Plans grid that follows.

This top area also contains several filter options for this screen.

The Doc Type menu gives the user the option to look at Treatment Plans, Assessments or All. If the user makes a selection here, it will cause the Plan grid (to the left of the menu) to show only what is applicable and available to the user. For example, if the user were to select ASMT, or Assessments, the Plan grid would only show those Assessment types that are available for the user to select which is only Assessment or BHH in this instance.

Next to this area are the check boxes for time frames. These time frames are associated with when the document is due. If the user enters a time frame into the boxes here, they are unable to select any of the other options listed.

The user also has the option of choosing to look at the plans or assessments for a specific program. This menu will only have more than one program available if the user's CYBER ID is associated with more than one program.

The Assigned To menu allows the logged in user to look for plans and assessments that are assigned to a specific user in their agency. Supervisors and Managers may use this menu to look for the plans and assessments that are currently "In Progress" and are assigned to a user that is no longer with the agency (and has been deactivated). Using this function allows the Supervisor or Manager to locate the documents and reassign them to other users within the agency.

Note: If the user is in this screen for an extended period, there is a possibility that new plans and assessments have been entered into the system but are not appearing on this screen (the grids will not automatically refresh). To see if new documents have been entered, clicking on the Refresh button will refresh the filter parameters, which will refresh the Filtered Plans grid.

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The Filtered Plans grid will show all Nursing Assessments and Progress Updates (based upon the filters chosen above) that are still within the agency and have not been submitted to the CSA for approval.

 The grid will show:

- Plan and Plan Type,
- The status of the document (In Progress indicates that it is still with the author),
- Assigned To
- Youth ID/Name of Youth
- Who the requestor or author of the document is
- Due date (when applicable).

 Users will also find Return History by scrolling to the right in the grid. If the document has been returned by the CSA, the name of the CSA Reviewer that returned the document will appear here. (This is the most recent return. To see a full history, the user will need to open the document and click on the History button. See **The Nursing Assessment** for more details.)

The Quarterly Progress Update is associated to the CMO (UCM) ISP. If the ISP has been returned the user will find it here. To find the reason for the return, the user will need to open the ISP and go into the Comments accordion for more information on the return.

Users can assign a plan or assessment to themselves, even if it is currently assigned to another user. Keep in mind that Plan Level 1 users can only assign documents to themselves here. Plan Level 2 and 3 users can assign plans and assessments to any users within the agency. To assign a document to the logged-in user, the document must be selected in the grid (by single-clicking on it) and then the user will click on the Assign button, below the grid. Once the document has been assigned to the user, user will receive a notification that the plan was assigned successfully, it will appear in the My Plans grid at the bottom of the window. (Documents that have been submitted to the CSA will not appear on this screen.)

 Note: If you need more information regarding security, or setting security up for new or existing users, contact your CMO Security Administrator.
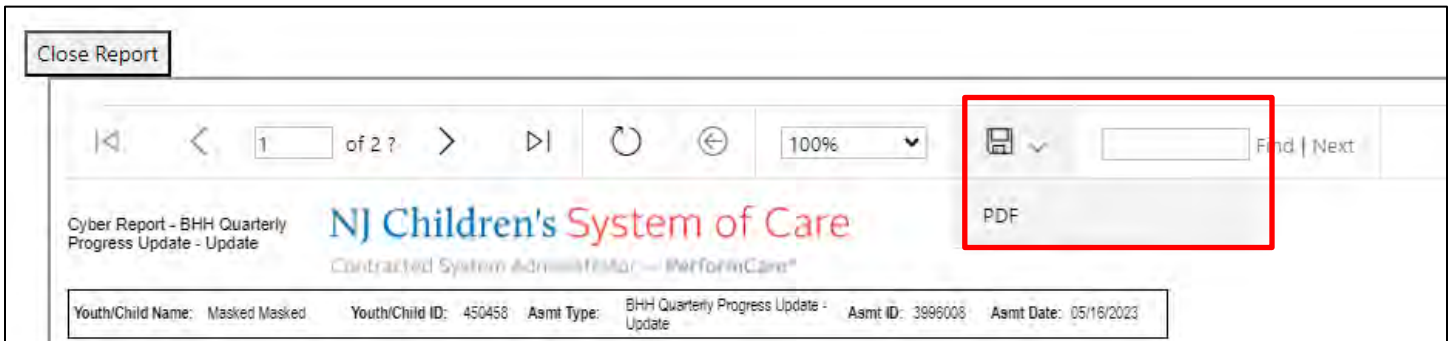

X. Printing

Both the Nursing Assessment and the Quarterly Progress Update can be printed from Cyber if they have been saved.

To print **Nursing Assessments or the Quarterly Progress Update**, select **Print** at the bottom of the screen.
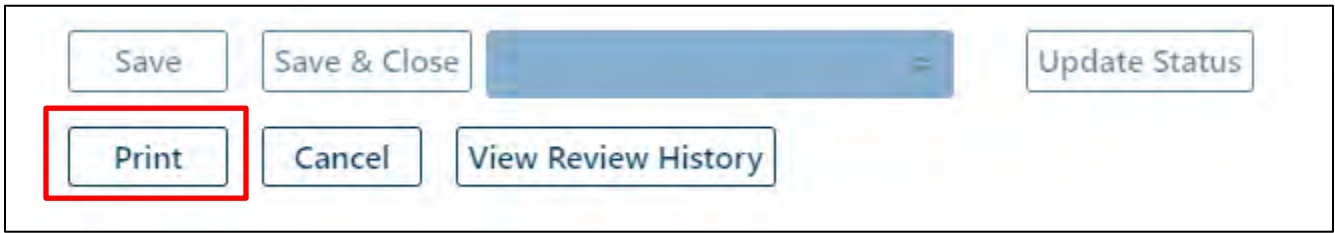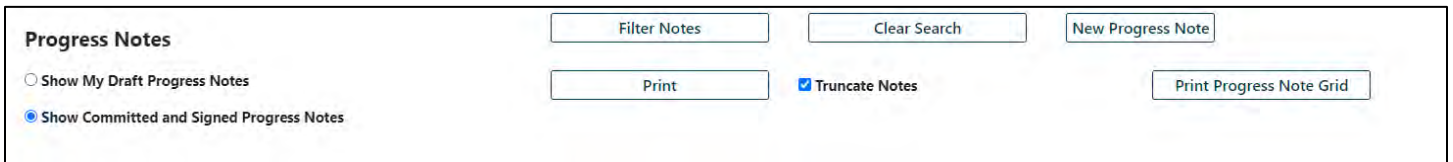
Next, the report will generate in CYBER. The user can now select the Export icon and then select PDF. Once in PDF format, you can print.


There are multiple options for printing progress notes in CYBER. Users can select **Print** or **Print Progress Grid**. Selecting Print will print all progress notes.
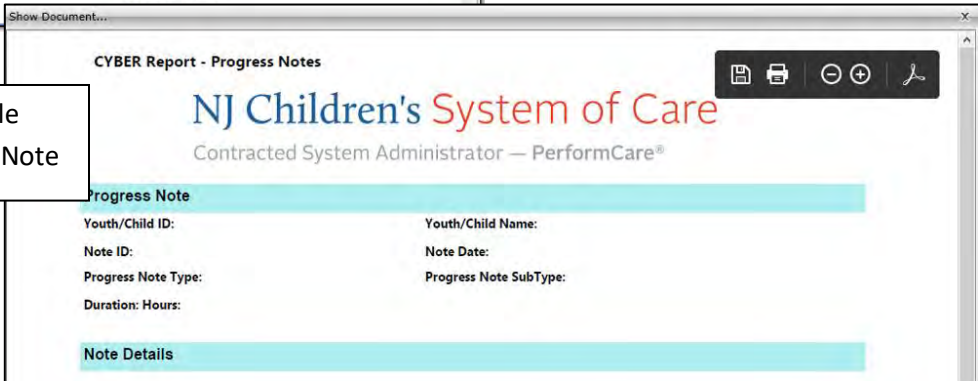

However, if a user only wants to print specific progress notes (ie. BHH notes only), they can first filter the notes grid and then select the Print Progress Note Grid button.

After you select Print or Print Progress Note grid, the progress notes will generate in CYBER. Next select export and PDF to open the report. Once the PDF format you can print.
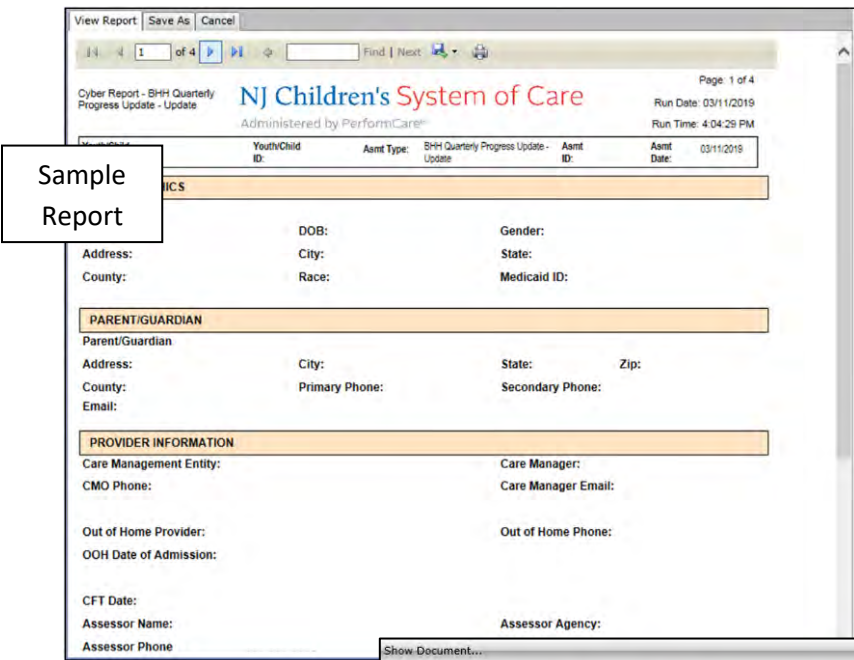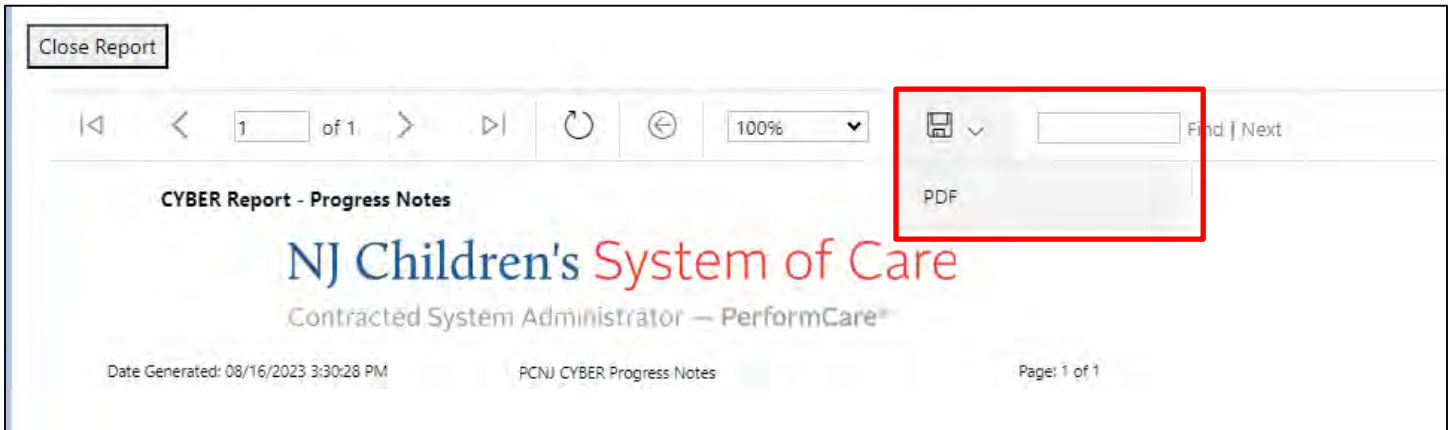
Users have the ability to print directly from Cyber, using the print icon to the right side of the tool bar at the top of the screen. It is **highly recommended** that users do not print directly from Cyber. Doing so will take an extended period. Users can export the document to an Adobe PDF file by clicking the save icon. This will open the Save As window where the user can specify what location to save the document to on their computer. You will notice the Save as type defaults to Adobe PDF Files (*.PDF).

XI. Outcomes Report

An outcomes report is available for the Quarterly Progress Update, for any user with the **CMONURS** security level attached to their Cyber ID.

To access the report, the user will select the Treatment Plans/Assessments tab.

Next, select the Progress Update that they want to build the report from using a single-click. When the user selects the update, it will be highlighted in blue.

Then, they will click on the Outcomes Report on the left-side of the grid. The report will then generate in a new window.

Outcomes reports will detail the youth's progress in terms of their goals, as well as the current barriers that the family is experiencing and changes to the youth's vital health measurements (BP, BMI, etc.)

The first page of the report will contain demographic information for the youth, much like the first tab of the Quarterly Progress Update. After that, the report will contain graphical representations of the youth's progress (see below), as well as any appropriate text that has been entered into the selected Progress Update.

The report can be printed, just as other documents can be. Please refer to section **Printing** for more information.
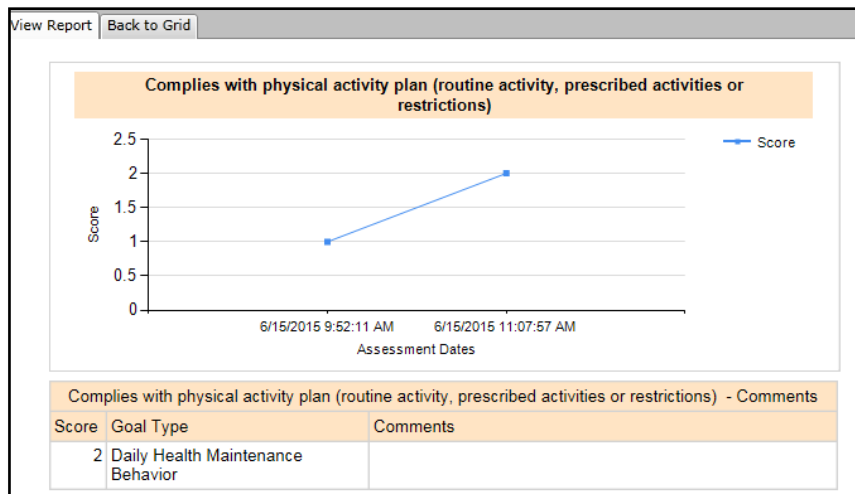
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XII. References

BHH Welcome Page

- http://www.performcarenj.org/pdf/provider/training/care-management-organization/welcome-page-for-behavioral-health.pdf

PerformCare Customer Service

www.performcarenj.org/ServiceDesk/

1-877-652-7624