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Biopsychosocial (BPS)
Assessments

Reminders and Best Practices

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Instructions for Use

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I. Introduction

This document is designed to give information specific to the authorization, completion, and submission of a **Biopsychosocial (BPS) Assessment**, a comprehensive assessment designed to determine the best services, resources and/or strategies to assist youth and their families achieve success in the community. This document offers reminders and best practices and is not a step-by-step guide to completing the BPS. See <u>References</u> section for other related guides.

The BPS (service code: H0018TJU1) is designed to be a stand-alone document completed in-person with the youth/family by a clinically licensed professional such as a Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT). Once the BPS is completed, it is documented in CYBER and submitted to PerformCare for review.

BPS Assessment Provider Requirements

- Clinical licensure (such as LCSW, LPC, or LMFT) is required to complete the BPS (H0018TJU1) assessment.
- **It is *not acceptable* for the assessment to be completed by a clinical intern or a lower-level licensure under the supervision of a clinically licensed independent provider.**
- The BPS in CYBER must be completed by the clinician who conducted the face-to-face assessment.

Provider Certification

- All new BPS assessors must take a live IMDS Needs Assessment Tool training through Rutgers University Behavioral Health Care (UBHC). Visit <u>www.state.nj.us/dcf/providers/csc/training/</u> for more information on live trainings.
- BPS assessments shall be conducted only by IIC providers who have been certified by the Children's System of Care (CSOC) as possessing the capacity to complete IMDS Needs Assessments with a reliability score of .7 or above. Please go to <u>www.pfccertification.org</u> (IMDS Tools Certification) for more information.
- In addition, individual assessors **must be recertified annually** by accessing <u>www.pfccertification.org</u>.
- It is the independent provider's responsibility to ensure compliance with certification and recertification.

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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.
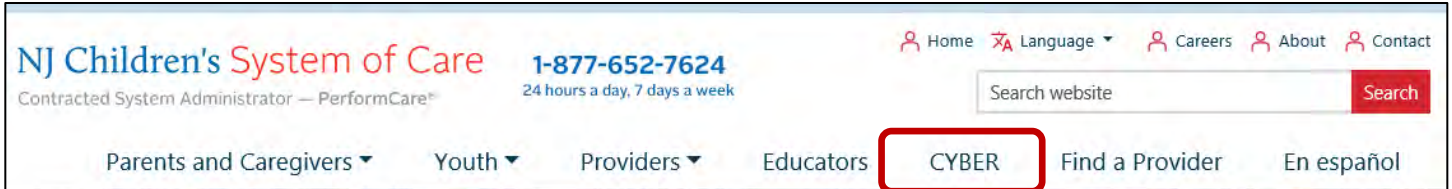
Each provider organization has at least two CYBER Security Administrators, and your agency's CYBER Security Administrators can set up a login and temporary password. Access will be based upon login type and security levels.

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.
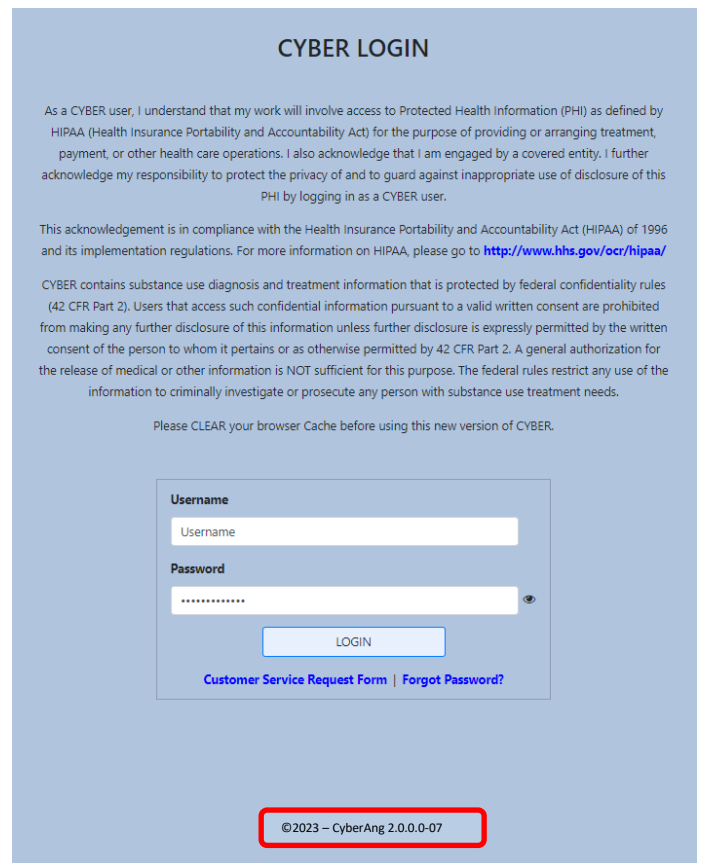
For technical support, please use the **Customer Service Request Form** link under the login.

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III. Referral Process

Triage

When a youth or family contacts PerformCare requesting services, a PerformCare Care Coordinator completes a **triage** by phone in order to determine the best way to meet the youth/family's needs.

If it is determined during the call that a BPS Assessment is warranted, the CYBER system will select providers that best match the youth/family's county of residence, language and specialization needs. The system will then **randomly** assign three matching providers as a part of the triage completion (see Accepting Referrals). The family may select one provider at the time of the call, or outreach to all three providers and call PerformCare back later with their choice of provider.

Welcome Page

When PerformCare authorizes a BPS assessment to an agency, the referral will appear on the Agency Active Youth list. The Agency Active Youth list is located by first clicking on the *Youth/Child Search* button on the left hand side of the provider's Welcome Page.
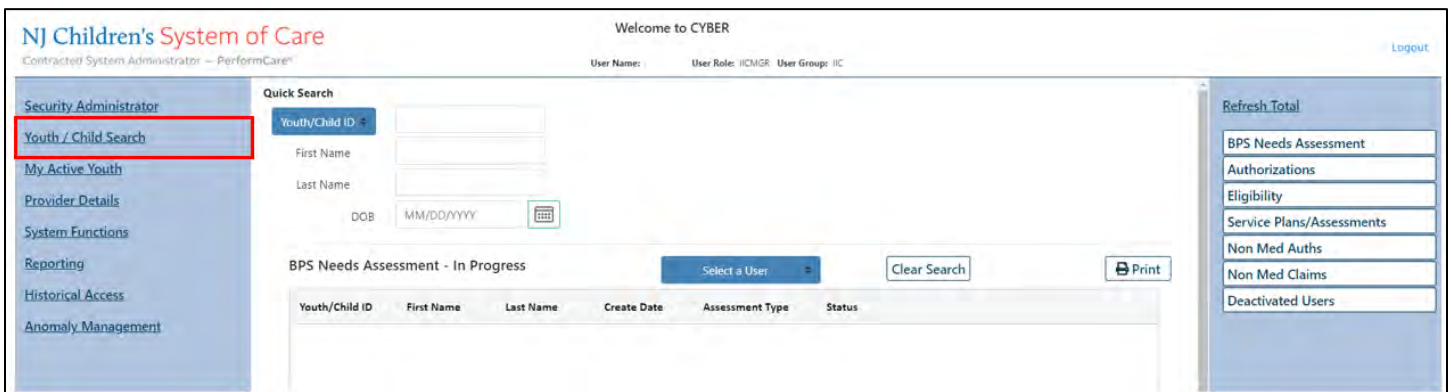
Click the *Agency Active Youth* button located on the top right side of the screen. Agency Active Youth will populate in order of the date opened beginning with most recent.
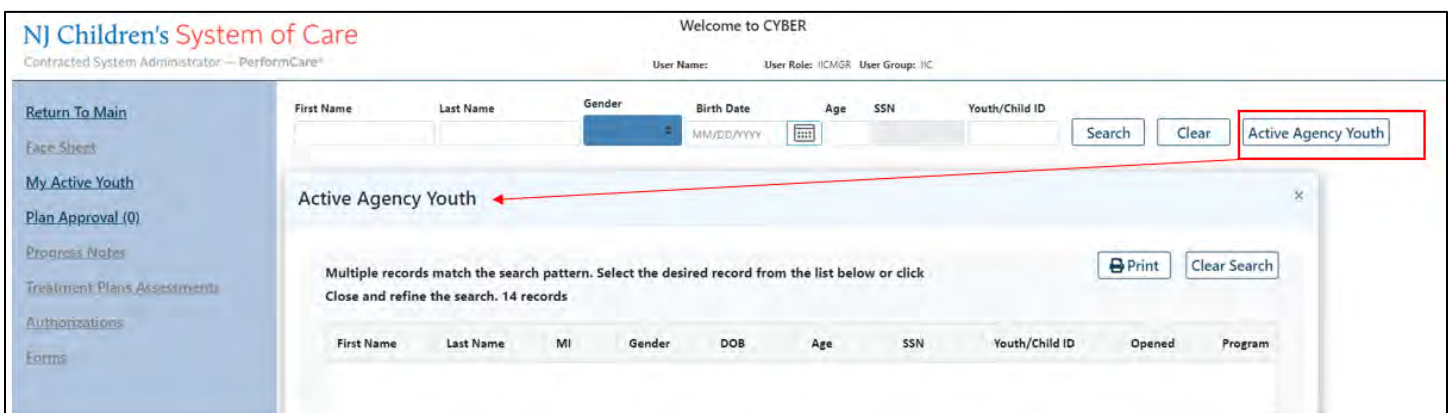
A BPS assessment can be authorized **at any time** - 24 hours a day, 7 days a week, and 365 days a year. Therefore, it is imperative that agencies check their Agency Active Youth list at least **once a day** for new referrals.

Accepting Referrals

CSOC's vision is that agencies will have the capacity to accept referrals as assigned unless previously indicated in CYBER. As such, CYBER utilizes a Randomizer to display only agencies that are actively taking referrals. PerformCare's clinicians when providing agency information to families for the initial BPS Assessment use the Randomizer; it ensures that options are provided randomly, without user error or bias.

In the event a provider/agency knows their capacity to staff BPS assessments is limited such as during vacations, staff turnover, etc., the provider/agency is expected to **remove themselves from the Randomizer. This will prevent** new referrals from being generated by the triage process.

The agency's System Administrator or designee (CYBER user with specific security group 'ProviderDetailEditSelf') can complete this task via the **Add/Edit Provider Details** screen on the **County/Language/Specialization** tab. From the drop-down menu under Randomizer Status, select *Randomizer Inactive*.

The System Administrator or designee should then click the *Return to Prov. Details* button on the bottom right of the screen to save the changes.

When your agency is again able to staff BPS Assessment referrals, please follow the process above and select *Randomizer Active* from the drop-down menu under Randomizer Status.

Additional information on Provider Details is available in the Provider Training section of the PerformCare website. (See References)

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Turn-Back Process

In the event an agency is authorized to complete a BPS assessment that they are unable to staff, they are to 'turn-back' the referral within **three (3) business days of receipt of the authorization** so the family may select a different agency and receive a timely assessment.

The agency may request a turn-back by using the Customer Service Request form to contact PerformCare at **www.performcarenj.org/ServiceDesk.** The agency will need to provide the youth's CYBER ID and indicate their reason for turning back the referral.

Additionally, the user must enter a progress note in CYBER verifying that they are unable to staff the referral and that they have contacted PerformCare via the Customer Service Request Form.

Timeframes

- Providers must outreach to the family to schedule appointment within **three (3) *business days*** of authorization start date.
    - All attempted contacts or completed contacts with families will be documented in an Intensive-In Community progress note.
    - It is expected that the user will **continue to attempt to connect** with the family to schedule an appointment until the end of the authorization period.
    - If the family is unable to schedule an appointment prior to the end of the authorization period but are still interested in CSOC services, the family must call back to PerformCare at the end of the authorization period to provide updated clinical information.
- Completed assessment must be submitted to PerformCare within ***10 business days*** of authorization start date.
- Completed assessment must be submitted to PerformCare ***prior to billing*** for assessment.
- Once submitted, the BPS Assessment will be reviewed by PerformCare within **five (*5) business days***.
- If BPS is returned, assessor will furnish information requested and resubmit assessment within **five (*5) business days***.

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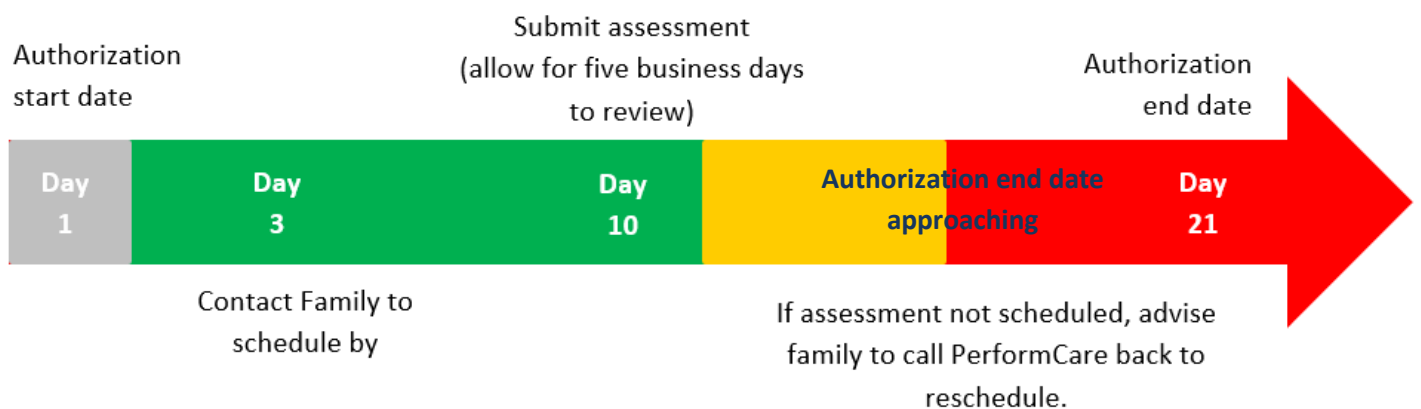
IV. Instructions for Completion

The Biopsychosocial Assessment consists of the **BPS Narrative sections** and the **Strength and Needs Assessment** (SNA) as separate and distinct sections that will allow the assessor to tell the youth and family's story within context in a narrative format.

The **Narrative sections**, including the attestation, must be completed before the **Strengths and Needs tabs** will populate and be available for use.

- Assessment must be *completed face to face* with youth (and legal guardian if youth is under the age of 18) in a clinically appropriate, non-office-based setting.
- Interviews via phone, internet (Skype/FaceTime/WhatsApp), etc. are unacceptable.
- If youth is 18 or older, please ensure that youth/young adult is consenting for services.

Narrative Sections

Upon opening a BPS assessment, the Narrative portion of the assessment can be found in the four tabs next to the Demographics tab. The Narrative is comprised of four sections: Youth Information/Reason for Referral, History/Treatment, Social/Diagnosis, and Summaries/Attestations. Each section includes a series of open-ended questions about the youth, as well as sections for clinical formulation and recommendations.

- It is important to remember that the **italicized prompts** incorporated into each section of the Narrative tab **will *not* display in the printed version** of the document.
- As italicized prompts do not print, **all sections must be completed in *full sentences***.
- The **same person who completed the face-to-face assessment** of the youth/family and entered all correlating documentation into the BPS Assessment template in CYBER **must complete the attestation on the narrative tab**.
- **Recommended Interventions/Strategies** are to encompass the youth's needs, such as assistance with family communication or advocacy within the school system; they **should *not* reflect specific levels of care** such as Out of Home (OOH) or Care Management Organization (CMO).
  - Note that the assessor's recommendations are not a guarantee of authorized services. Intensity of Service determinations are made based on the information gathered and presented throughout the entire BPS Assessment document.
- Please review the Narrative Guide on the PerformCare website for more detailed information on completion of the narrative tab (see References).

Collateral Contacts and Referrals/Resources

Included in the Youth Information/Reason for Referral tab are sections to document Collateral Contacts as well as Referrals/Resources. Each assessment should include **at least one (1) collateral contact** (someone who does not reside with the youth) **and Resources/Referrals given to the youth/family** at the time of the assessment.
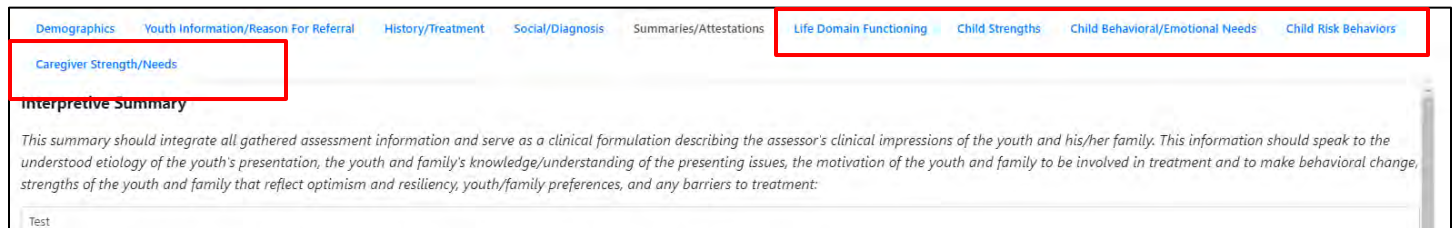
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Collateral Contacts:

List all relative collateral contacts that provided information for this evaluation. Collateral contacts may include grandparents, adult siblings, school personnel, treatment providers, neighbors, friends, or other significant parties. The interviewed individuals listed above (including the youth) may not not count as collateral contacts. Document all failed attempts to outreach collateral contact(s) in comments column.

Last Name	First Name	Relationship to Youth	Method of Contact	Date	Comments

No data to show

Add Contact

- All assessments must include a Release of Information (ROI) allowing the assessor to make collateral contacts. <u>Do not upload any documentation of this type to the youth record.</u>
- Collateral contacts must be made and documented in the Narrative section of the BPS (School, DCP&P, Probation, etc.)
- Ensure that services/recommendations are clinically justified throughout the body of the assessment.
- Please advise the family that they will be contacted via either phone call or letter regarding the outcome of the assessment.
- Please note that there is a list of outpatient Medicaid providers on the PerformCare website's 'Find a Provider' section: <u>Find a Provider</u>

Strengths and Needs Tabs

The portion of the BPS Assessment that populates after all Narrative sections and attestation are complete is referred to as the **Strengths and Needs** portion of the assessment. This portion includes tabs for all of the domains (Life Domain Functioning, Child Strengths, Child Behavioral/Emotional Needs, Child Risk Behaviors, and Caregiver Strengths/Needs) as well as any modules that may populate based on predetermined demographics and responses.

Interpretive Summary

This summary should integrate all gathered assessment information and serve as a clinical formulation describing the assessor's clinical impressions of the youth and his/her family. This information should speak to the understood etiology of the youth's presentation, the youth and family's knowledge/understanding of the presenting issues, the motivation of the youth and family to be involved in treatment and to make behavioral change, strengths of the youth and family that reflect optimism and resiliency, youth/family preferences, and any barriers to treatment:

Test

- Carefully read the ratings descriptions, as they assist in determining appropriate ratings/severity of need.
- Ratings need to be consistent with assessment findings.
- All **ratings of two (2) and three (3)** require narrative be entered in the text box describing in detail the reason for the rating.
- Include any historical information for ratings of one (1) in the <u>Child Risk Section</u>.
- The rating description sentence should not be retyped in the comments box, and the same comment should not be copied and pasted in multiple areas.

LIVING ENVIRONMENT

This item refers to the youth's functioning in his/her current living arrangement.

> 2 - Moderate to severe challenges with functioning in current living situation. Youth has challenges maintaining his/her behavior in this setting creating significant problems for others in the residence, or a moderate degree of impairment in caregiver-youth interaction. ▾

Comments

Caregiver reports struggling to manage youth's behaviors and outbursts

Sample Text

- When assessing siblings, the documentation in each record needs to be accurate for each individual child. Please **do not copy clinical information from one youth's assessment into their sibling's assessment**.
- The instruction to "***Please rate the highest level from the past 30 days***" in most cases **refers to ratings of two (2) or three (3)**. If youth has history of any challenges, but is not currently engaging (within the past 30 days) in problematic behaviors, please **rate as *zero* or *one* as appropriate**.
- When utilizing the text box for any ratings, please **indicate timeframes for the challenges** reported.

Quality Guidelines

The following are additional reminders and best practices.

- Portions of the progress note written by PerformCare or another provider should not be copied into the BPS.
- Ensure that the information submitted is specific to the youth and family being assessed.
- Diagnosis and recommended strategies should be justified throughout the assessment.
- Specialized module(s) must be completed when indicated with as much information as can be obtained.
- Resources/Referrals section should give *specific community resources* determined to be potentially helpful to family based on assessment, with specific information (phone numbers) on how family can become linked with recommended resources/referrals.

V. Returned BPS Assessments

Once a BPS Assessment is submitted to PerformCare, it is reviewed within **five (5) business days**. Based on the information reported in the assessment, a determination will be made for services. If the information provided is unclear or insufficient to make a determination, the PerformCare reviewer will return the assessment to the user who submitted it to make updates as needed.

All Assessments returned from PerformCare will appear on the user's **Welcome Page**, *provided the user still has access to the youth's record*.

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Viewing Returned BPS Assessments by BPS Assessment Link

The links on the right side of the page are broken into sections, which can be opened by clicking on each of the headings. The headings for the BPS section are defined as follows:

BPS Needs Assessment Links

- **In Progress** - the plans/assessments the logged-in user has in draft
- **Returned -** a list of returned plans and assessments. These are the plans and assessments that the logged in user submitted for review and have now been returned by PerformCare
- **Aging Report**: Shows youth with an open authorization older than 10 days with no BPS submitted
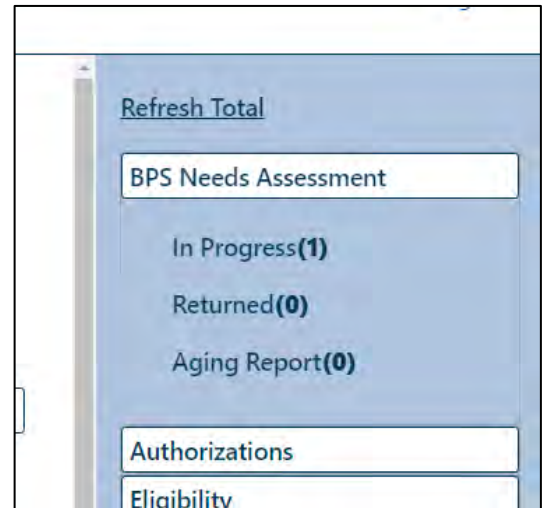
Provider/Agency Open in Tracking

To view returned assessments, click the **Returned** link and the 'BPS Needs Assessment – Returned' grid will populate in the center of the Welcome Page (as referenced in example, pictured above).

The Returned grid will include the following information:

- **Youth/Child ID** – acts as a hyperlink; when clicked, the user is brought to the Treatment Plans/Assessments screen in the youth's record
- First Name and Last Name of the Youth
- **Create Date** – date the assessment was first created
- **Assessment Type** – BPSAsmt
- **Status** – Returned

When user clicks the Youth/Child ID hyperlink, the Treatment Plans/Assessments screen will open. From there, the user can double-click on the assessment in the grid to open it.

Provider/Agency No Longer Open in Tracking

If the agency no longer has access to the youth's record, the returned assessments will still populate in the **Plan Approval Screen**. To view returned assessments once the youth record is closed, single click the **Youth/Child Search** link on the left of the **Welcome Page**.

Click on the **Plan Approval** button on the left-hand side of the screen.

The **Plan Approval** window will open, and any assigned assessments will populate in the **My Plans** section of the grid. They will be labeled 'ReturnedBPS Asmt'. Double clicking on the assessment will open the assessment to allow viewing of the return comments within, make requested changes and resubmit the assessment to PerformCare.

Please remember that the assessment will be returned to the CYBER user who submitted it to PerformCare. Therefore, if your agency utilizes hierarchy, it will be returned to the supervisor who submitted the assessment and will have to be transferred to the assessor for review/completion before resubmission.

Assigning Plans/Assessments

If a returned plan/assessment is not assigned to the logged-in user and the youth is closed to the agency, the assessment can still be identified and resubmitted. Users can assign an assessment to themselves, even if it is currently assigned to another user.

 To assign a plan/assessment to a user, the plan must be selected (highlighted in blue) in the grid (by single-clicking on the row, and then the user can click on the Assign button, below the grid.

Once the plan has been successful assigned, users will receive a pop notification. Once the plan or assessment has been assigned to a user, it will appear in the My Plans grid at the bottom of the window for that user. (Plans and assessments that have been submitted to the CSA will not appear on this screen.)

In My Plans, double-clicking on a row (not a hyperlink) in this grid will open the plan up to the user, who will be able to work on the document, return or transfer it to another user within the agency (if needed) or, submit it directly to the CSA with the proper Plan Level security.

Reasons for Return

The reasons for return will be listed in the **Return Comments** tab of the BPS Assessment as well as in the youth's **Progress Notes**. To view the comments, select the **Return Comments** tab from the drop-down menu at the right.

Double click on the comment you would like to read. The return comments will appear in a pop up box.


After reviewing the comments you can **Cancel** to return to the assessment**.**

If the agency has access to the record at the time the assessment is returned, the return comments can be viewed in the progress note.

- To view the progress note, select the **Progress Note** button from the button bar on the left of the screen.
  - The progress note will be a Service Coordination/UM type, corresponding with the plan return date.

Make the requested changes to the assessment and select **Submit** from the **Select an Action** menu at the bottom of the BPS Assessment. Then click on **Update Status** to resubmit the plan to PerformCare for review.
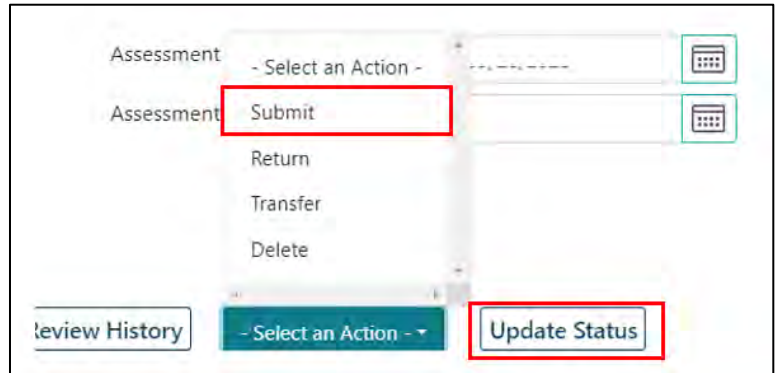
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VI. References

Additional content for IIC Providers is available on the PerformCare IIC Providers Orientation Page. There, you can find information on Clinical Guidelines, CYBER, Reporting, Billing and Claims, and additional resources. You can visit the IIC Training Page here: http://www.performcarenj.org/provider/iicproviders.aspx

➢ For any questions regarding the changes to the narrative portion of the assessment, or the expectations of the assessor, please review the Narrative Guide here:
   http://www.performcarenj.org/pdf/provider/training/cans/cans-bps-training.pdf.

➢ For any questions regarding the Strengths and Needs portion of the assessment, please review the CANS Guide here:
   http://www.performcarenj.org/pdf/provider/training/cans/cans-sna-training.pdf.

➢ **Provider Details** Instructional Guide:
   http://www.performcarenj.org/pdf/provider/training/general-csoc/instruction-guide-provider-details.pdf

➢ For any questions about billing, please review the **IIC Billing Guide** here:
   http://www.performcarenj.org/pdf/provider/training/billing-claims/intensive-in-community-billing-guide.pdf

➢ **ICD-10 Instructional Guide:**
   http://www.performcarenj.org/pdf/provider/training/general-csoc/icd10-instructional-guide.pdf

➢ If you are interested in becoming a **Detention Center/Shelter Evaluator**, please contact the CSOC IIC Service Line Manager.

CSOC Resources for the BPS

➢ A blank template for the Strengths and Needs portion of the BPS can be located on the CSOC homepage here:
   https://www.nj.gov/dcf/about/divisions/dcsc/Strengths.and.Needs.Assessment.Tool.pdf

➢ A blank template for the Narrative portion of the BPS Assessment can be located here under the IIC and BA heading:
   https://www.nj.gov/dcf/providers/csc/CSOC-Bio-Psycho-Social-Assessment-December2016.pdf

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PerformCare Customer Service

www.performcarenj.org/ServiceDesk

1-877-652-7624