

## DOCUMENT UPLOAD REQUIREMENT CHECKLIST **TRANSITIONAL JOINT CARE REVIEW (TJCR)**

**YOUTH NAME:**

**CYBER ID:**

**DATE OF SUBMISSION:**

***PLEASE THOROUGHLY REVIEW THE FOLLOWING INFORMATION:*** Immediately upon the TJCR treatment team meeting, the treating OOH provider shall complete and upload the following checklist along with the below identified required documents in order to assure that all necessary information is available for review at the time of the IOS determination. OOH provider should not submit the TJCR until all documents are uploaded and CMO enters their CFT Progress Note. TJCRs with incomplete documents will be returned.

**MINIMAL REQUIREMENT:**

- TJCR Document Upload Requirement Checklist (along with required uploaded documents)
- CFT Note (approving TJCR)

**OTHER REQUIRED DOCUMENTS (see italicized information for requirement criteria):**

- Psychiatric Evaluation\* (within the last six months\*\*):**
  - IS REQUIRED if youth is prescribed psychotropic medication;
  - IS REQUIRED if youth had a psychiatric hospitalization within the last six months.
  - IS REQUIRED if youth is actively seeing a psychiatrist.
  - \*\*If the evaluation is more than six months old, CM must provide the evaluation along with an accompanying updated report from the treating psychiatrist. If youth is prescribed psychotropic medication, the report should specify current diagnosis, current medication name/dosage, and noted response to medication.

**\*A Neuropsychological Evaluation is acceptable in lieu of a psychiatric evaluation if youth is IDD eligible. Please see IDD Specific Evaluations and Reports on page 2 for requirements.**

- Specialty Evaluations (within the last twelve months):**
  - NOT REQUIRED if specialty criteria is not applicable to youth.
  - IS REQUIRED if youth presents with fire setting or sexual behavior needs and meets criteria “b” below:
    - a. NOT REQUIRED if youth is currently being treated at a specialty treatment setting pending transition to another CSOC OOH treatment setting for the same treatment issue (e.g. step down treatment for sexual behavior). Instead, the treating provider may enter their treatment recommendations/risk level directly within the TJCR
    - b. IS REQUIRED for all youth referred from a non-specialty treatment setting due to sexual behavior or fire setting OR youth referred from a specialty treatment setting if there is a new behavior that did not previously warrant a specialty evaluation
- Fire Setting Evaluation (w/in last 12 months; must include documented risk level)**
- Psychosexual Evaluation (w/in last 12 months; must include documented risk level)**

# NJ Children's System of Care

Contracted System Administrator — PerformCare®

- Substance Use (SU) Assessment (within last 30 days) DO NOT UPLOAD SU ASSESSMENTS!**
- Substance Use Consent Form**
  - IS REQUIRED if the youth presents with a substance use need.
  - Due to disclosure protection under 42-CFR Part II, CMO is required to submit substance use evaluations via fax to PerformCare at **(877) 949-6590** along with the required Substance Use Consent Form which is located at <http://www.performcarenj.org/provider/forms.aspx>. Please check box if assessment was faxed so that PerformCare is aware that one was completed.
- IDD Specific Evaluations/Reports**
  - IS REQUIRED if youth is deemed IDD Eligible:
    - Report(s) that capture the youth's level of functioning and special needs within the domains of communication, mobility, life skills, cognition, sensory, and/or special equipment. Such reports may include, but are not limited to: psychological evaluation, IEP, FBA, Behavior Support Plan, Adaptive Functioning Assessment, etc.
    - C2C Application (required if youth is deemed IDD Eligible)
    - Child Adaptive Behavior Summary (CABS) (**required if youth is deemed IDD Eligible or if the DD module was completed within the OOH Referral Request/SNA as part of the TJCR. CABS must have been completed within the last six months**)
    - Neuropsychological Evaluation w/in last 6 months\* (may be submitted in lieu of Psychiatric Evaluation):
      - IS REQUIRED if youth is prescribed psychotropic medication;
      - IS REQUIRED if youth had a psychiatric hospitalization within the last six months.
      - IS REQUIRED if youth is actively seeing a neurologist.
      - \*If the evaluation is more than six months old, CM must provide the evaluation along with an accompanying updated report from the treating neurologist. If youth is prescribed psychotropic medication, the report should specify current diagnosis, current medication name/dosage, and noted response to medication.
- Other Reports/Evaluations (as applicable):**
  - Most recent IEP Cover Sheet which verifies classification type (*required if educationally classified*).
  - Medical reports (*required if youth has a medical condition such as pregnancy, diabetes, allergies, cardiac condition, seizures, etc. Report must specify any special needs and accommodations that the youth requires*).
  - Hospital Intake Assessment/Discharge Summary (*if hospitalized within the last 6 months*).
  - Court order(s) related to treatment\*
  - Original BPS or Psychological Evaluation (*that was used for current OOH placement*)
  - Other documents that were utilized for purposes of IOS determination: \_\_\_\_\_

**\*IF THE YOUTH IS INVOLVED WITH COURT, IN ADDITION TO UPLOADING APPLICABLE COURT DOCUMENT(S), PLEASE CLEARLY DOCUMENT THE STATUS OF COURT INVOLVEMENT, INCLUDING, BUT NOT LIMITED TO, COURT HEARINGS, LEGAL CHARGES, PROBATION INFORMATION, COURT ORDERS, SUBPOENAS, ETC. WITHIN THE TJCR.**

<b>DOCUMENT UPLOAD CROSSWALK (FOR CMO USE)</b>		
<b>DOCUMENT</b>	<b>CYBER DOC TYPE</b>	<b>CYBER DOC SUBTYPE</b>
OOH Referral Document Checklist	Clinical	Other Applicable Reports/Evaluation
BPS (if not in CYBER) <b>or</b> CCIS Psychosocial Assessment	Clinical	Bio Psychosocial Assessment
Child Adaptive Behavior Summary (CABS)*	Clinical	Other Applicable Reports/Evaluation
Psychological Evaluation	Clinical	Psychological Eval/Assessment
Psychiatric Evaluation	Clinical	Psychiatric Evaluation
Psychiatric Update**	Clinical	Other Applicable Reports/Updates
Specialty Evaluations	Clinical	Specialty Assessment/Evaluation
Substance Use Assessment	N/A	N/A
IEP Cover Sheet/Evaluation	Clinical	IEP/Educational Info
Medical Reports	Clinical	Medical Information
Neuropsychological Evaluation	Clinical	Other Applicable Reports/Updates
Neurology Update*	Clinical	Other Applicable Reports/Updates
Other applicable evaluations/reports	Clinical	Other Applicable Reports/Documents
Court order for treatment/dispositional order	Court Order/Subpoenas	Court Order for Treatment/Eval

**\* Required if youth is deemed IDD Eligible or if the DD module was completed within the OOH Referral Request/SNA as part of the TJCR. CABS must have been completed within the last six months.**

**\*\* Required if Psychiatric/Neuropsychological Evaluation is more than six months old**