



Instructional Guide for  
Out of Home (OOH)  
Treatment Plan /  
Joint Care Review (JCR)

Sept 2023 – (02142)

## Instructional Guide for Out of Home Treatment Plans

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## I. Introduction

The Joint Care Review (JCR) is the Treatment Plan type that is used by Children's System of Care Behavioral Health and Intellectual/Developmental Disability Out-of-Home (OOH) providers. This plan type is electronic and completed in CYBER and is then routed to the youth's Care Management Organization (CMO) for review prior to submittal to PerformCare. This is done to ensure that the entire treatment team is familiar with and in agreement with the OOH plan of treatment for the youth. The CMO has 72 hours to review the JCR and submit it to PerformCare; if the CMO does not submit the JCR, it is automatically sent to PerformCare at the end of 72 hours.

Once a youth is admitted into an OOH program, the other providers that are working with the youth have the ability to see the youth's record in the system. This will include any progress notes and treatment plans/assessments in the past from other providers within the Children's System of Care (CSOC) that have worked with the youth and family.

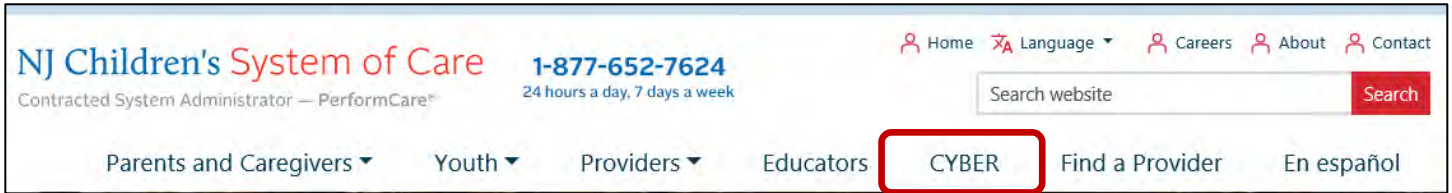
*\*Please note: any documentation related to Substance Use treatment cannot be seen by anyone outside of the treating agency (exceptions are made for PerformCare and CSOC staff).*

This guide will review the functionality and documentation requirements for the JCR in CYBER.

JCR plan types must be associated to an assessment called the Strengths and Needs Assessment in order to be submitted. This assessment type must be completed and submitted within 30 days prior to the plan's submission in CYBER.

## II. Accessing CYBER

CYBER can be accessed via the PerformCare website – [www.performcarenj.org](http://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...

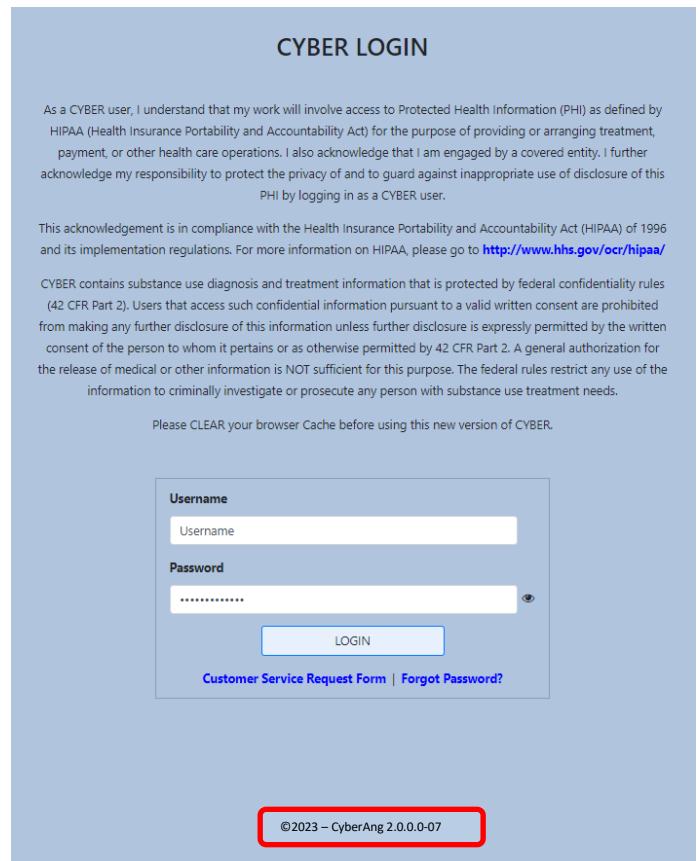
- Every time CYBER is launched, the **Username and Password is required, then click the LOGIN button to continue.**
- Users are required to **change their password every 90 days.**

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.

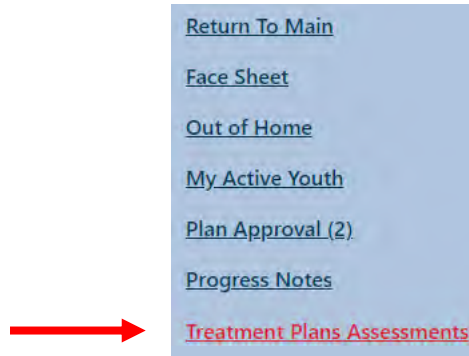
**At the bottom of the login page is the version of CYBER. The server number is the last two digits at the end (-XX). This is helpful to note when requesting assistance.**



For technical support, please use the [Customer Service Request Form](#) link under the login.

## II. Accessing Treatment Plans

Treatment plans and assessments are housed within a youth's CYBER record. Once a user finds the correct record, they can access the appropriate area by clicking on the **Treatment Plans and Assessments** button to the right of the youth's record.



Clicking this link will bring the user to the Treatment Plans and Assessments screen for the youth; this area contains all Plans and Assessments created for this youth, both created and unsubmitted by the OOH and submitted and approved by other providers.

*\*Please note, if a youth has been or is currently involved with a Substance Use Treatment provider, those documents will not appear on this screen.*

Select Treatment Plan or Assessment type to create: DOH - Treatment/Service Plan Add New Clear Search

Double click an existing assessment to open it for Review/Edit:

Assessment Type	Assessment Sub Type	Assessment /CFT Date	Author	Submitted to CSA Date	Assessment ID	Create Date
TREATMENT PLAN	CMO - Annual Review					
TREATMENT PLAN	DOH - JCR					
StrengthsAndNeedsA...	Routine					

Users will find the following information in the grid:

- Assessment Type – a treatment plan or a type of assessment
- Assessment Sub Type – the specific type of plan
- Assessment/CFT Date – the date of the Child Family Team meeting (often the same date as the assessment)
- Author – Username of the user that created the plan or assessment
- Submitted to CSA Date – the date on which the document was submitted to PerformCare for review; if this column is blank, it means that the document is still in draft
- Assessment ID – unique number automatically assigned to each document in the system; can be used if there is an issue or question about the document and the user needs to contact the Service Desk
- Create Date – the original date that the document was initially created

## Out-of-Home Treatment Plans

All OOH treatment plans are designed with the same layout and tabular format. There is only one variation on requirements for each Users need only complete the required items that are relevant to the stage being requested.

To create a new Treatment Plan, users will use the 'Select Treatment Plan or Assessment type to create:' drop-down menu above the grid to select the document to create – a Treatment Plan or Strengths And Needs Assessment. Once a selection is made, the user will click the Add New button, which will create the new document.

Select Treatment Plan or Assessment type to create: OOH - Treatment/Service Plan Add New Clear Search

Double click an existing assessment to open it for Review/Edit

Assessment Type	Assessment Sub Type	Assessment /CFT Date	Author	Submitted to CSA Date	Assessment ID	Create Date
-----------------	---------------------	----------------------	--------	-----------------------	---------------	-------------

## Selecting the Treatment Plan Type

When the plan opens, the user can select the Treatment Type. The four plan types are listed in the dropdown menu.

Treatment Plan

Treatment Plan Type Selection

TREATMENT PLAN TYPE SELECTION

Treatment Type: OOH - Discharge Joint Care Review

- OOH - Discharge Joint Care Review
- OOH - Joint Care Review
- OOH - No CSA Review
- OOH - Transition Joint Care Review

### Joint Care Review (OOH - JCR)

- The JCR is completed cyclically and is required in order to receive continued authorization for OOH services; the JCR is submitted with a Strengths and Needs Assessment completed within the last 30 days.
  - The initial JCR is due 120 days after the youth's admission date and every 90 days thereafter.
  - Providers should submit the JCR at least 14 calendar days prior to the authorization expiration date in order to provide for enough time for the clinical review and return, if necessary.
  - At the time of the JCR submission, CMO must enter a CFT Progress Note into the youth's record which verifies that there was communication and collaboration throughout the treatment planning process; continued authorization will not be granted without this progress note.

### Transition Joint Care Review (OOH - TJCR)

- The TJCR is used when the Child Family Team determines that it is appropriate to seek an alternate CSOC contracted OOH treatment program at a lower, lateral or higher intensity of service. If the plan is for the youth to transition home or be placed in a program outside of CSOC contracted services, the Discharge JCR should be submitted to document the youth's discharge.

### Discharge Joint Care Review (OOH - DJCR)

- DJCR type is used when the agency has officially transitioned\* the youth from the treating provider's program. The youth may be transitioned home or to another intensity of service that is not a part of the Children's System of Care. Submitting the plan transitions the youth from care and closes the record for the agency; it also opens up the bed for the next admission.

*Note: No services should be requested on the DJCR; all transition-related services should be requested on the plan preceding the youth's planned final transition out of CSOC.*

## No CSA Review (OOH - NOCSA)

- NOCSA is used only by Out-of-Home providers for documenting plan submissions that do not need review by PerformCare. These are plans submitted between those required for continued stay authorization.

Selecting a Plan Type will create and load the document. Treatment plans, as well as assessments, are in a tab format. In order to open a tab section, the user will single-click on the section heading. Completing the same action when the tab is open will close the section.

\*The use of the term 'transition' is used interchangeably for both the TJCR activities and DJCR activities. 'Transition' as a verb has replaced the formerly used term 'discharge' to describe an exiting from a CSOC OOH program with no immediately planned admission to another CSOC OOH program at a lower, lateral or higher intensity of service.

## Action Buttons

Every Treatment Plan and Assessment will have the same set of action buttons at the bottom of the document:



The buttons are used as follows:

- Save: Use of this button saves the document at the current point and the document remains open. Users are encouraged to save often so that information is not lost if there is an internet connectivity or CYBER issue
- Save & Close: Use of this button saves and closes the document at the current point.
- Submit: Use of this button will submit the document in one of the following ways:
  - If the user has hierarchy security Plan Level 1\* user and there are no higher level users within the agency, the user can choose to send the plan to the youth's CMO for review. The CMO can review it and mark it as approved or denied and submit it to PerformCare for the final review. If the CMO does nothing with the plan, it will be auto-routed to PerformCare in 72 hours.
  - If the user has hierarchy security Plan Level 1 and there are Plan Level 2 or 3\* users within the agency, the user must submit the plan to a Plan Level 2 or 3 user within the OOH agency first. That individual can also return or transfer the document to the author, or submit it to the CMO.
  - If the user has hierarchy security Plan Level 2 or 3 user they can also return or transfer the document to the author, or submit it to the CMO, who will then send it to PerformCare.

**Once received from CMO, PerformCare has 5 business days to review all OOH plans. During that time the CSA may return the JCR to the OOH program for additional work, or it may be approved and an authorization for continued stay will be created in the youth's record for a 90-day period.**

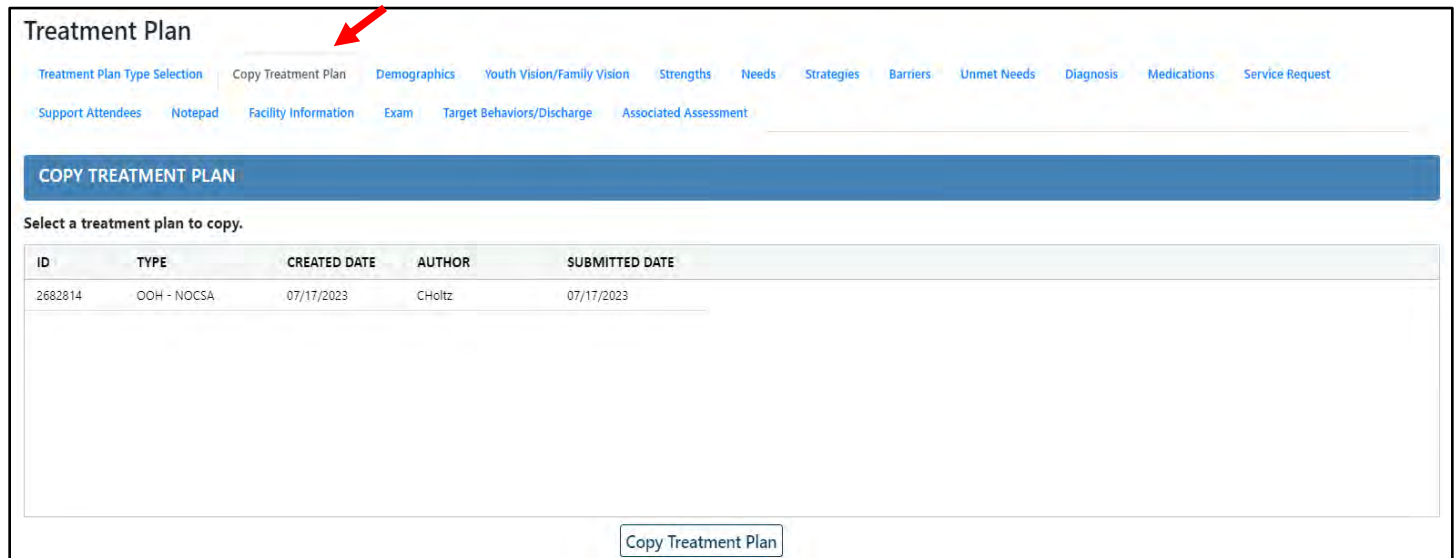


- **Cancel:** If the plan has not been saved once, use of Cancel will cancel the document and whatever changes the user just made. If the plan has been saved at least once,
- **Delete:** will be active only once the document has been saved and cannot be used once the document has been submitted.
- **Print:** will be active once the document has been saved. (See [Printing the JCR](#))
- **Return:** will be active once the document has been saved; if the document was transferred or submitted to another user within the agency for review/work, that user can utilize this button to return the document to the author.
- **Transfer:** will be active once the document has been saved; allows a user to send the document to any other user within the agency for review/work.
- **View Treatment Plan Review History:** will show the user a grid of information that is currently assigned to the document and the current status (In Review, Approved, Returned, etc.).

\*For more information about setting up security for users and information about plan level security, please see the Security Administrator training documents posted on the Training page of the PerformCare website.

## IV. Treatment Plan Tabs

### Copy Treatment Plan



Treatment Plan

Treatment Plan Type Selection Copy Treatment Plan Demographics Youth Vision/Family Vision Strengths Needs Strategies Barriers Unmet Needs Diagnosis Medications Service Request

Support Attendees Notepad Facility Information Exam Target Behaviors/Discharge Associated Assessment

**COPY TREATMENT PLAN**

Select a treatment plan to copy.

ID	TYPE	CREATED DATE	AUTHOR	SUBMITTED DATE
2682814	OOH - NOCSA	07/17/2023	CHoltz	07/17/2023

Copy Treatment Plan

### Demographics

Demographics will automatically populate information about the youth, Parent/Guardian and Care management from the youth's Face Sheet and record. Users should review the demographics tab carefully. If the information is not accurate, the OOH may need to contact the CMO to correct the Face Sheet before proceeding.

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- If the user's agency has created a plan of the same type in the past for the youth, and it was approved by PerformCare, it will appear here to copy from.
- Choosing to copy a previous plan will copy almost the entire document into a new plan.
- It is the user's responsibility to review and edit the new plan and make any necessary changes so that the information is accurate and current; copied plans with no updates will be returned.

The screenshot shows the 'Demographics' tab selected in the top navigation bar. The form fields are as follows:

Child Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>	Gender	<input type="text"/>
City	<input type="text"/>	Race	<input type="text"/>
County	<input type="text"/>	SSN	<input type="text"/>
State	<input type="text"/>	Medicaid #	<input type="text"/>
Zip	<input type="text"/>	Guardian Relationship	<input type="text"/>
Parent/Guardian	<input type="text"/>		

The Care Manager field may be a drop-down menu; this will occur if the youth has two open Care Managers in their record. In this case, the user should ensure that the current Care Manager is selected.


The screenshot shows the following fields:

Care Management Entity	<input type="text" value="CMO"/>
Care Manager	<input type="text"/>
Care Manager Phone	<input type="text"/>

- The 'Refresh' button is gray until the plan is saved once; then it will become available. If changes to the face sheet are made before the plan is submitted, the 'Refresh' button may be used to bring recently updated information from the face sheet into the plan.
- The bottom of the tab contains the two fields that are editable (and required) – the Child Family Team (meeting) Date and the Assessment Completion Date.

Provider Name	<input type="text"/>	Assessor Username	<input type="text"/>
Admission Date	<input type="text"/>	Assessor Name	<input type="text"/>
Provider Phone	<input type="text"/>	Assessor Agency	<input type="text"/>
		Assessor Phone	<input type="text"/>
		Assessor Email	<input type="text"/>
		CFT Date	08/31/2023 <input type="text"/>
		Assessment Completion Date	08/31/2023 <input type="text"/>

## Youth Vision/Family Vision



Treatment Plan Type Selection Copy Treatment Plan Demographics **Youth Vision/Family Vision** Strengths Needs Strategies Barriers Unmet Needs Diagnosis Medications Service Request


Support Attendees Notepad Facility Information Exam Target Behaviors/Discharge Associated Assessment

**YOUTH VISION/FAMILY VISION**

Start Date  End Date

- Should include long-term goals for the youth, family and what the treatment team is working towards; if the team is working towards discharge, goals that need to be accomplished in order to discharge the youth should be included here. (The youth’s plan for the future should be specified here; if there is no family involvement, should reflect the youth’s vision/long-term plan.)
  - The End Date is not a required field but can be completed if there is an anticipated discharge date; Start Date is a required field and must be current.

## Strengths




Treatment Plan Type Selection Copy Treatment Plan Demographics Youth Vision/Family Vision **Strengths** Needs Strategies Barriers Unmet Needs Diagnosis Medications Service Request

Support Attendees Notepad Facility Information Exam Target Behaviors/Discharge Associated Assessment

**STRENGTHS**

DESCRIPTION	PERSON LINKED STRENGTH	START DATE	END DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



The screenshot shows a web form titled "Add/Edit Strengths". It contains several input fields: "Describe Strength:" (a large text area), "Strength Begin Date:" (a date picker), "Strength End Date:" (a date picker), and "Person linked to Strength:" (a dropdown menu with a plus sign). The "Describe Strength:", "Strength Begin Date:", and "Person linked to Strength:" fields are highlighted in pink, indicating they are required. At the bottom of the form, there is a "Validation Failed" section with the following error messages: "Describe Strength: is required.", "Strength Begin Date: is required.", and "Person Linked to Strength: is required.". Below the validation section are "Accept" and "Cancel" buttons.

## *Add/Edit Strengths*

Pink/red shows required fields

Include the strengths of the youth as noted by each member of the treatment team; may also include the strengths of any members of the treatment team. Strengths should be positive qualities, skills, or abilities that can be built upon to attain the vision and address the needs; these strengths must be current strengths.

**Start date** and **Person Linked to Strength** are required fields; **End Date** is optional, if there is an anticipated transition date, that can be entered.

## Add New Person (linked to Strength)

Pink/red shows required fields (minimum):

- First Name
- Last Name
- Choose one classification
- Enter one phone number

## Needs

Needs area should reflect the priority needs that will be addressed as determined by the Child Family Team; each need must be entered separately – they cannot be combined. Include the needs that are identified on the Strength and Needs Assessment; should be specific as to the behaviors that are to be addressed in order for the youth to attain the vision.

## Add/Edit Needs

Pink/red shows required fields

The **Description**, **Start Date**, and **Progress** are all required fields; Progress must be in-line with the rest of the information documented in the SNA and JCR. The End Date may be entered if the need has been met; the target date may be the date the treatment team is planning to complete services to address the need, or it may be the planned transition date.

It is important that providers elaborate on the status of each need so it is clear when a youth has achieved a task to the best of their ability and will begin to focus on another area of need.

## Strategy

Treatment Plan Type Selection   Copy Treatment Plan   Demographics   Youth Vision/Family Vision   Strengths   Needs   **Strategies**   Barriers   Unmet Needs   Diagnosis   Medications   Service Request

Support Attendees   Notepad   Facility Information   Exam   Target Behaviors/Discharge   Associated Assessment

### STRATEGIES

STRENGTHS	NEEDS	START DATE	END DATE	TARGET DATE
No data to show				

**Add Strategies**

**Warning** ✕

Please add a 'Strength' before trying to create a 'Strategy'

Please add a 'Need' before trying to create a 'Strategy'

**OK**

### Add/Edit Strategies

**Specify Strengths:**

**Specify Needs:**

**Description of Strategies:**

**Start Date:**  **End Date:**  **Target Date:**

**Progress of Strategy:**

**Responsible Person:**

**Validation Failed**

- Description of Strategies is required.
- Start Date is required.
- Progress of Strategy is required.
- Responsible Person is required.

**Accept**   **Cancel**

### Add/Edit Strategies

Pink/red shows required fields

- Users must first select the Strength to be utilized, the Need that will be addressed, and then enter in a description of the Strategy.
- There must be a strategy entered for every need entered; each strategy must be entered individually.
- Include information on what will be implemented to build on the youth's strengths in order to address the needs and help the youth achieve the vision. Users can also include what type of supports – formal and informal – will be utilized to achieve the vision.

## Barriers

Treatment Plan Type Selection Copy Treatment Plan Demographics Youth Vision/Family Vision Strengths Needs Strategies **Barriers** Unmet Needs Diagnosis Medications Service Request Support Attendees Notepad

Facility Information Exam Target Behaviors/Discharge Associated Assessment

### BARRIERS

DESCRIPTION	RESOLUTION	DATE IDENTIFIED	DATE RESOLVED
No data to show			

### Add/Edit Barrier

**Barrier Description:**

**Barrier Resolution:**

**Date Barrier Identified:** MM/DD/YYYY

**Date Barrier Resolved:** MM/DD/YYYY

**Validation Failed**

Barrier Description: is required.  
Barrier Resolution: is required.  
Date Barrier Identified: is required.

### Add/Edit Barrier

Pink/red shows required fields

- Barriers should reflect anything that would impede the implementation of strategies and/or make addressing the Needs difficult; if a new service is being requested on the plan and its purpose is to address the barrier, that information can be included here as well.
- Barriers are not required on the plan and should only be utilized if barriers are present. (An example of a barrier would be lack of parent transportation or lack of family involvement.)

## Unmet Needs

Treatment Plan Type Selection Copy Treatment Plan Demographics Youth Vision/Family Vision Strengths Needs Strategies Barriers **Unmet Needs** Diagnosis Medications Service Request Support Attendees Notepad

Facility Information Exam Target Behaviors/Discharge Associated Assessment

### UNMET NEEDS

UNMET NEEDS DESCRIPTION	UNMET NEEDS REASON	DATE IDENTIFIED	DATE RESOLVED
No data to show			

[Add Unmet Need](#)

**Add/Edit UnMet Needs** x

**Unmet Need Description:**

**Unmet Need Reason:**

**Date Unmet Need Identified:**

**Unmet Need Date Resolution:**

**Validation Failed**

Unmet Need Description: is required.

Unmet Need Reason: is required.

Date Unmet Need Identified: is required.

### Add/Edit Unmet Needs

Pink/red shows required fields

- Unmet Needs are not required on the plan, however, if they are entered, then fields will be required. This section should only be utilized if there are needs not being addressed but need to be documented/tracked. They will be addressed in the future.
- Unmet Need Description, Unmet Need Reason, Date Unmet Need Identified will all be required if an unmet need is entered. Unmet needs are Needs not being focused on at this time. Identify what is preventing the needs from being addressed.



## Diagnosis

DIAGNOSIS

Existing Diagnosis Entries on file Copy Diagnosis Expand All Collapse All

Certain users can copy an existing diagnosis to and/or edit the Diagnosis Details grid. Copying a diagnosis is not required.

+ 07/05/2023 - Clinician Name

- 06/01/2023 - Clinician Name

ICD10-BH F91.3 Oppositional defiant disorder  
 ICD10-BH F32.1 Major depressive disorder, single episode, moderate  
 ICD10-BH F43.10 Post-traumatic stress disorder, unspecified

Diagnosing Clinician  Date Diagnosis Rendered

Diagnosis Details

Type	Code	Description	Diagnosis Comment
ICD10-BH	F90	Attention-deficit hyperactivity disorders	

+ ✖

Clear Diagnosis

Search Diagnosis

Code  Search

Description

Diagnosis

Type	Code	Description
ICD10	A00	Cholera
ICD10	A00.0	Cholera due to Vibrio cholerae 01, biovar cholerae
ICD10	A00.1	Cholera due to Vibrio cholerae 01, biovar eltor
ICD10	A00.9	Cholera, unspecified
ICD10	A01	Typhoid and paratyphoid fevers
ICD10	A01.0	Typhoid fever
ICD10	A01.00	Typhoid fever, unspecified

Diagnosis Comments

OK Cancel

Diagnosing Clinician  Date Diagnosis Rendered

Diagnosis Details

Type	Code	Description	Diagnosis Comment
ICD10-BH	F90	Attention-deficit hyperactivity disorders	

Clear Diagnosis

- Diagnosis should reflect the most current diagnosis within the last 12 months.
- The **Diagnosing Clinician**, **Date Diagnosis Rendered** and **Diagnosis** are all required fields.
- To add a Diagnosis, the user will click on the '+' button next to the Diagnosis Details grid. Doing this will bring up a search window, where users can search for the appropriate code using either the code itself or the description. Partial searches are accepted, i.e. – users may enter just a letter or number contained in a code to see a list of all codes with that number.
- Double click the code to add it to the Diagnosis Details grid.

## Medications

Treatment Plan Type Selection Copy Treatment Plan Demographics Youth Vision/Family Vision Strengths Needs Strategies Barriers Unmet Needs Diagnosis Medications Service Request Support Attendees Notepad

Facility Information Exam Target Behaviors/Discharge Associated Assessment

**MEDICATIONS**

- Is the child/youth on medications?
- Has there been any change in medications the past 90 days?
- Is the child/youth stabilized on medications?

Diagnosis	Medication	Prescriber	Actual Dosage	Frequency	Report
No data to show					

[Add Medications](#)

- Answering the three questions at the top of the Medications tab is required. Clicking **Add Medications** will open the *Add/Edit Medication Comment for a Treatment*:

Add/Edit Medication Comment for a Treatment

**Available Medication**

Medication	Diagnosis	Prescriber
No data to show		

**Associated Medication**

Medication	Diagnosis	Prescriber
No data to show		

[Close](#)
[Add](#)
[Associate](#)
[Remove](#)

- Users can add medications or associate formerly added medications from the youth's record to the plan.
- Clicking **Add** will allow the user to enter information about the new medication.

**Add/Edit Medication Comment for a Treatment**

Medication Name:

Prescriber:

Actual Dosage:

Frequency:

Reported Date:

Created Date:

Diagnoses:

Diagnosing Clinician	Diagnosis Code	Diagnosis Description
<input checked="" type="checkbox"/>	F33.2	Major depressive disord

**Validation Failed**

Please enter a Prescriber.

To add a Medication Users will complete **Medication Name, Prescriber, Frequency, and Reported Date.**

- User may select an existing diagnosis from the youth’s record to associate the medication to; all diagnosis records will appear in the grid. Users can make multiple selections, if appropriate.
- Clicking **Accept** will add the medication to the **Available Medications** grid; the user will then need to click on it from the Available Medications grid at the top, then click **Associate** button to send it to the Associate Medication to the plan.
- Medications listed here must match those on the SNA and should reflect all current medications, to include changes in dosages.
  - Please note: if a user cannot find a specific medication name, that information can be entered into the Plan’s Notepad.
  - **other-other** can be used if dosage option is not listed. User may enter a dosage that is not listed in the Actual Dosage list.

**Add/Edit Medication Comment for a Treatment**

**Available Medication**

Medication	Diagnosis	Prescriber
Fluoxetine FLUOXETINE HYDROCHLORIDE 10 mg/...	ICD10-BH - F33.2   Major depressive disorder, recu...	Dr. D

**Associated Medication**

Medication	Diagnosis	Prescriber
No data to show		

## Service Request

Treatment Plan Type Selection Copy Treatment Plan Demographics Youth Vision/Family Vision Strengths Needs Strategies Barriers Unmet Needs Diagnosis Medications Service Request

Support Attendees Notepad Facility Information Exam Target Behaviors/Discharge Associated Assessment

### SERVICE REQUEST

NEED STRATEGY	PROVIDER	SERVICE CODE
Test Test3	Community Options, Inc.-Future Visions - IMTS (65754992-0)	CSA53

Add Service Request Authorize Service(s)

### Add/Edit Service Request for a Treatment

Specify Need

Associate Strategy

Medicaid ID

Provider

Service Code

Frequency

Start Date:

End Date:

Units

Per Unit Cost(optional)

- Service Requests are not typically entered in a JCR, as OOH services are all-inclusive, but can be used when warranted.
- Service Requests must be associated to a Need and a Strategy.
- Services Requests are not added to a Discharge plan; because the youth is being discharged from care there are no additional services that should be requested. If additional services are needed, the user should submit a Transition plan.
- Continued stay within the facility does not need to be requested in this section; it is assumed that if the user has submitted a Routine JCR that the youth will remain admitted in the current program.

**\*\*Please note: There is an additional tab here for TJCRs - Search for OOH Providers** – which allows the current OOH provider to choose other providers based upon the CFT discussion/agreement. Please note that the choices made here are not a guaranteed match; match is based upon the youth’s age, gender and clinical needs. The information provided in this tab does assist the clinical reviewer in assessing the type of services that are being sought.

## Support Attendees

Treatment Plan Type Selection Copy Treatment Plan Demographics Youth Vision/Family Vision Strengths Needs Strategies Barriers Unmet Needs Diagnosis Medications Service Request **Support Attendees** Notepad

Facility Information Exam Target Behaviors/Discharge Associated Assessment

### SUPPORT ATTENDEES

TEAM MEMBER	ATTENDING MEETING	ATTENDEE NAME	ATTENDEE TITLE	ATTENDEE AGENCY	RELATIONSHIP	DATE NOTIFIED	FORMAL SUPPORT	HOW NOTIFIED
No data to show								

[Add Support Attendees](#)

#### Add/Edit Support Attendee

Team Member

Attendee Name:

Attendee Title:

Attendee Agency:

Relationship:

Formal Support

Date Notified of Meeting:

How Notified:

Attended Meeting

**Validation Failed**

Attendee Name: is required.

Attendee Title: is required.

Attendee Agency: is required.

Date Notified of Meeting: is required.

### Add/Edit Support Attendees

Pink/red shows required fields.

- Required fields are **Attendee Name, Attendee Title, Attendee Agency, Date Notified of Meeting** and **How Notified**.
- List who was invited to/attended the last Child Family Team Meeting; this must be updated in every JCR.
- Typing first 3 letters of the attendee into the Attendee Name field will pull up a menu of names for selection including names on the youth’s Support’s tab; a new individual can be entered from this window. *Names entered in the plan will not appear in the Supports tab.*
  - If there are any technical issues with adding an attendee, the user may add that person’s information into the Notepad.

## Notepad

- The Notepad is used to communicate with PerformCare; if the plan is returned to the user for additional information, the Reviewer at PerformCare will list what is missing or what is necessary to include in the plan in order for it to be approved and services authorized.
- If a plan is returned, users should complete requested information in the appropriate locations in the plan and then note in the Notepad that the information has been added here before submitting.

## Facility Information

- Information about the user's agency that the youth is currently admitted to, including an anticipated discharge date from the program. (Please note: a Treatment Team Meeting Date must be entered and must fall after the last JCR and prior to submission of the current JCR.)
- The text box – Justify if youth/family/caregiver/custodian were not involved in development and review of plan – should include specific information regarding the circumstances surrounding the lack of family/etc. involvement.



## Exam

Information about the youth's latest exams; dates entered should not be more than one year old.

## Target Behaviors/Discharge (check means 'Yes')

If the user is completing a TJCR, the following should be detailed in this tab: specific information that describes why the youth is being recommended for another level of care and any recommendations for treatment after the transition.

## Transition Criteria (Checklist)

1. Transition Plan and Transition Planning Activities
2. Transition Date / Actual Transition Date
3. Transition Reason / Comment (visible only during DJCR)
4. Family/Natural Support Engagement Plan

When used for Discharged, the **Target Behaviors/Discharge** section should include information on the discharge plan, both short- and long-term plans, if applicable. In this section there must be:

- A working discharge plan
- Current recommendations for post-discharge treatment
- The youth's progress toward the discharge goal(s).

EXAM

Date of most recent physical:	<input type="text" value="MM/DD/YYYY"/>	
Date of most recent hearing exam:	<input type="text" value="MM/DD/YYYY"/>	
Date of most recent vision exam:	<input type="text" value="MM/DD/YYYY"/>	
Date of most recent dental exam:	<input type="text" value="MM/DD/YYYY"/>	

TARGET BEHAVIORS/DISCHARGE

**Transition Criteria (Checked for 'YES')**

- Engage in education most of the time
- Attends 75% or more of all expected activities
- Consistent abstinence from substance use
- Demonstrates social skills with others
- Understands risk and benefits of medications
- Enjoys social interaction
- Home visits completed with limited incident
- Demonstrates ability to resolve conflict
- Can name positive supports
- Psychiatric symptoms are reduced
- Youth usually employs pro-social problem solving skills
- Youth better controls and/or seeks assistance with risky impulses

**Transition Plan and Transition Planning Activities**

Please describe your Transition Plan and your transition planning activities (Checked for 'YES')

Unplanned Transition (Checked for 'YES')

Transition Less than 30 Days (Checked for 'YES')

**Efforts made to locate runaway (if relevant)**

**List the details of the events and circumstances leading to decision to transition**

**List the name and address of the individual (or agency) to whom the child/youth will be transitioned and the rationale for planning a transition to that individual (or agency)**

**Describe your recommendations for intensity and frequency of services to youth and/or family post-transition**

**Transition date:**

**Anticipated transition date:**

**Actual transition date:**

Target Behaviors/Discharge should include:

- Treatment needs that were addressed in the current episode of care and any previous episodes of OOH treatment.
- Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes
- Behaviors/needs that warrant a different OOH intensity of service
- The youth/young adult’s perspective on proposed transition (when applicable)
- Justification as to why another OOH treatment episode is in the youth and family’s best interest
- Barriers for reintegrating the youth to the community at this time
- Community reintegration plan for child/youth/young adult

*Note: It is not recommended to use broad terms such as ‘youth maximized benefit from treatment’ or ‘requires a higher level of care’ without the above noted specifics. Such broad terms will result in the plan being returned and will delay the reposting of the referral on YouthLink for admission into another program.*

All sections of the Family/Natural Support Engagement Plan are required for JCR and TJCRs.

The plan must document visitation plans, family therapy plans, who is approved to participate has permission to visit and who is not permitted to visit and any reasons for restriction. Family/Natural Support Engagement Plan is not required for the Discharge JCR.

Required fields:

- Purpose
- Who May Participate
- Restrictions (and why)
- Other

*Missing Youth:*

If the youth is reported as missing from the program, this should be supported by the appropriate information being documented in the Associated Assessment.

*Note: If the user is completing a DJCR, the date entered in **Actual transition date** will be the date that CYBER will enter as the transition date (End date) into the Episodes tab of the youth’s Face Sheet. This date must be the current date or a date in the past. A future date cannot be entered.*

Family/Natural Support Engagement Plan	
Purpose	
Who May Participate	
Restrictions (and why)	
Other	



Below the field for Actual transition date, the user will find a drop-down list of Transition Reasons for discharge; this field is required to submit the DJCR.

The options are as follows:

- AMA Discharge (youth is being discharged against the advice of the provider)
- AWOL
- Higher IOS
- Hospitalization
- Independent Living
- Juvenile Detention/JJC
- Lateral IOS
- Lower IOS
- Return Home
- Shelter
- Transition to DDD
- Other/Successful (if 'Other' is selected a Comment is required)
- Other Unsuccessful (if 'Other' is selected a Comment is required)

The screenshot shows a form with the following fields:

- Transition date: <M/d/yyyy> 15
- Actual transition date: <M/d/yyyy> 15
- Transition Reason: A dropdown menu with a red border around it.
- Transition Reason Comment: A text area below the dropdown.

## Associated Assessment

The screenshot shows the 'Associated Assessment' tab selected in a navigation bar. Below the tab is a table with the following columns: ASSOCIATED ID, TYPE, CREATED DATE, AUTHOR, and SUBMITTED DATE. A red arrow points to the 'Associated Assessment' tab. Below the table, there is a list of instructions:

- The Treatment Plan must have a current Strength and Needs Assessment (SNA) associated with it in order to submit.
- The most recent assessment, completed within the last 30 days will automatically associate with the plan; if it is outside of that timeframe, it will not be associated. The needs from the assessment should be reflected within the treatment plan; the plan should include how the identified needs will be addressed, what strategies are being put into place, etc.
- The SNA should reflect the information documented in the JCR and vice versa; all information should reflect the youth's current level of functioning and should document what has taken place since the last JCR.

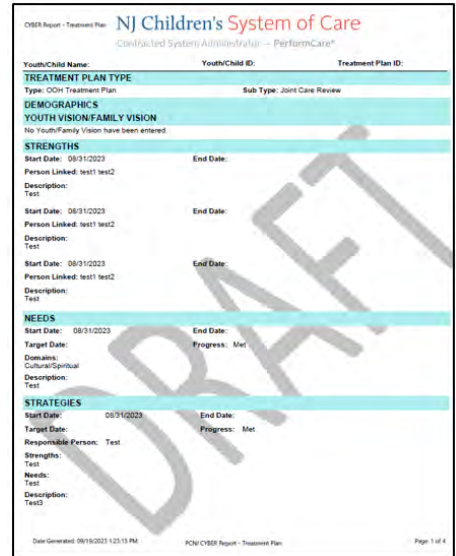
## V. Special Information for Transition JCRs – Document Upload Requirement

When an OOH provider submits the TJCR to transition the youth to another level of care, the youth’s Care Manager (CM) is responsible for uploading supporting documentation into the youth’s record **prior to** submitting the TJCR to PerformCare for review.

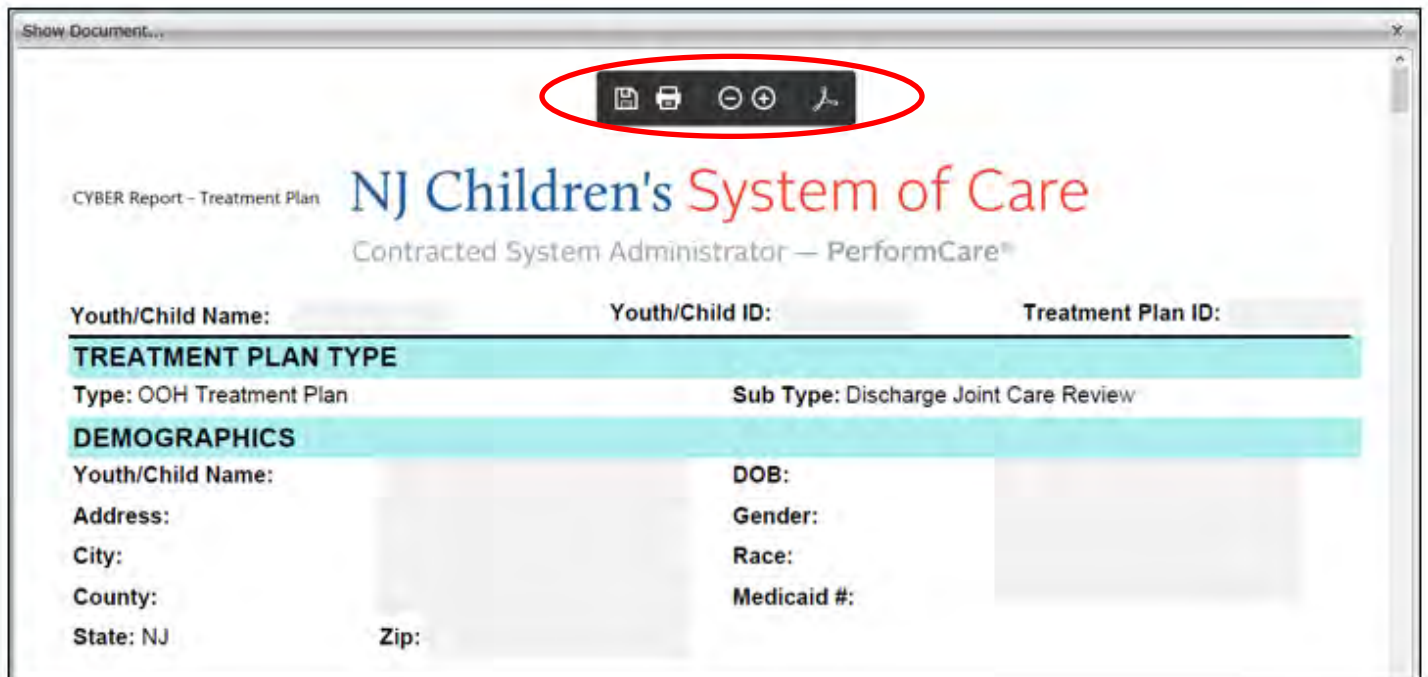
Once the TJCR is ready for submission, the CM should be utilizing the TJCR Document Upload Requirement Checklist, which can be found on the PerformCare website (Providers/Forms): <http://www.performcarenj.org/provider/forms.aspx>.

## VI. Printing the JCR

Users can choose to print a JCR once it has been saved; clicking the Print button at the bottom of the document will create a PDF version in a new window. The PDF print will have the watermark ‘Draft’ on it. Once the plan is approved, the Draft watermark will be removed.



Hovering over the top of the plan, a set of icons will appear allowing the user to save or print the plan.



## VII. Troubleshooting

<p><b>Why was my plan returned?</b></p>	<p>Check the following:</p> <ul style="list-style-type: none"> <li>• Did you check the progress note entered by CSA regarding why it was returned?</li> <li>• Is there a recent CFT Progress Note in the youth record?</li> <li>• Are all the required documents, uploaded into the youth record?</li> </ul>
<p><b>Why can't I admit a specific youth using the referral?</b></p>	<p>Check the following:</p> <ul style="list-style-type: none"> <li>• Has CSOC/SRTU entered a Placement progress note for the correct program?</li> <li>• Does the youth require a Certification of Need? If so, is the youth in SCHEDULE status?</li> <li>• Does your program have enough beds? Check the Census to ensure that all youth are actively utilizing the program.</li> <li>• What is the error message – use the Customer Service Request Form to ask the Service Desk if it is not one of the messages you typically receive</li> </ul>

## VIII. References

Training Materials for Out-of-Home providers

- <https://www.performcarenj.org/provider/training.aspx>

Instructional Guide for the Certification of Need (CON)

- <https://www.performcarenj.org/pdf/provider/training/care-management-organization/instructional-guide-for-certification-of-need-con.pdf>

Instructional Guide to YouthLink for OOH

- <https://www.performcarenj.org/pdf/provider/training/out-of-home/instructional-guide-to-youthlink-for-out-of-home-ooH-providers.pdf>

Crisis Stabilization and Assessment Program and Child Adaptive Behavior Summary

- CSAP-IDD Form <https://www.performcarenj.org/pdf/provider/csap-referral-form.doc>
- Child Adaptive Behavior Summary <http://www.performcarenj.org/pdf/families/form-b-cabs.pdf>

**PerformCare Customer Service**  
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**1-877-652-7624**