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I. Introduction

This guide 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.

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 Template 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 [www.state.nj.us/dcf/providers/csc/training/](http://www.state.nj.us/dcf/providers/csc/training/) 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 [www.pfccertification.org](http://www.pfccertification.org) (IMDS Tools Certification) for more information.
- In addition, individual assessors **must be recertified annually** by accessing [www.pfccertification.org](http://www.pfccertification.org).
- It is the independent provider’s responsibility to ensure compliance with certification and recertification.
II. Accessing CYBER

Users must first log-into CYBER with their Login Name/ UserID and Password. CYBER can be accessed via the PerformCare website – www.performcarenj.org. The link is available at the top and bottom of the main page.

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

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

Before you log in, keep in mind...

- There is no ‘back button’ use in CYBER!
- Most areas/buttons are single-click – do not double-click on a button!
- Every time you launch CYBER, you will be required to enter your Login name and Password to continue.

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

This statement will appear each time you log in.

Please also check the Providers section on the PerformCare website for the most up-to-date technical requirements (such as browser compatibility and operating systems) that a user would need to access CYBER.
III. 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 3 matching providers as a part of the triage completion. The family may select one provider at the time of the call, or outreach to all 3 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’s caseload. The agency caseload 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 Cases button located on the top right side of the screen. Agency cases 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, 365 days a year. Therefore, it is imperative that agencies check their caseload multiple times daily 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. The Randomizer is used by PerformCare’s clinicians when providing agency information to families for the initial BPS Assessment. It is used to ensure 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 for a period of time such as vacations, staff turnover, etc., the provider/agency is expected to remove themselves from the Randomizer. This will prevent new referrals from 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.

**Turn Back Process**

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

The agency may request a turn-back by emailing PerformCare’s Service Desk at servicedesk@performcarenj.org. The agency will need to provide the youth’s CYBER ID and indicate their reason for turning back the referral.

Additionally, you must also enter a progress note in CYBER verifying that they are unable to staff the referral and they have contacted PerformCare via email.

**Timeframes**

- Providers must outreach to the family to schedule appointment within **3 business days** of authorization start date.
  - All attempted contacts or completed contacts with families will be documented in a CYBER progress note.
  - It is expected that you 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 **5 business days**.
- If BPS is returned, assessor will furnish information requested and resubmit assessment **within 5 business days**.
IV. Instructions for Completion

The BPS Narrative and the Strength and Needs Assessment (SNA) are now separate and distinct sections that will allow the assessor to tell the youth and family’s story within context in a more narrative format. The Narrative tab, 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, etc. are unacceptable.
- If youth is 18 or older, please ensure that youth/young adult has consented for services.

Narrative Tab

The Narrative portion of the assessment can be found on the tab next to the Demographics tab upon opening a BPS assessment. It 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 attestation on the narrative tab must be completed by 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.
- Recommended Interventions/Strategies are to encompass the youth’s needs, such as assistance with family communication or advocacy within the school system. It should not reflect specific levels of care such as Out of Home (OOH) or Care Management Organization (CMO).
  o 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. [http://www.performcarenj.org/pdf/provider/training/cans/cans-bps-training.pdf](http://www.performcarenj.org/pdf/provider/training/cans/cans-bps-training.pdf)

Collateral Contacts and Referrals/Resources

Included in the Narrative tab are sections to document Collateral Contacts as well as Referrals/Resources. Each assessment should include at least 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.

- All assessments must include a ROI allowing the assessor to make collateral contacts.
- Collateral contacts must be made and documented (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: [http://www.performcarenj.org/families/find-a-provider.aspx](http://www.performcarenj.org/families/find-a-provider.aspx).
Strengths and Needs Tabs
The portion of the BPS Assessment that populates after the Narrative tab 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.

- 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 2 and 3 require narrative be entered in the free text box describing in detail the reason for the rating.
- While instructions indicate need for narrative in the free text box for only those sections rated a 2 or 3, please also include any historical information for ratings of 1 in the Child Risk Section.
- 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.
- 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 “please rate the highest level from the past 30 days” instruction in most cases refers to ratings of 2 or 3. If youth has history of any challenges, but is not currently engaging (within the past 30 days) in problematic behaviors, please rate as 0 or 1 as appropriate.
- When utilizing the free 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 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. Upon opening the Welcome Page, the user should select the Refresh Total button at the top of the right-side column of links. The total number of plans in the corresponding links will populate.

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: This is 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 the Returned Plans, 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 you or your agency no longer have access to the youth’s record, the returned assessments will still populate in the Plan Approval Screen. To view returned assessments once you no longer have access, you should single click the **Youth/Child Search** button on the left of the Welcome Page.

Click on the **Plan Approval** button on the left hand side of the screen. As can be seen below, the number of plans assigned to the user will be noted in parentheses.

Once you click on the **Plan Approval** button, your 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 allowing you to view the return comments, 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.

Reasons for Return

The reasons for return will be listed in the Return Comments tab of the BPS Assessment as well as in the 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 you still had access to the record at the time the return progress note was entered into the record, you can also view the return comments 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 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. This does not open a new BPS Assessment.
Resources and Additional Information

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.


➢ Provider Details Instructional Guide:

➢ For any questions about billing, please review the IIC Billing Guide here:

➢ ICD-10 Instructional Guide:

➢ 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: http://www.nj.gov/dcf/about/divisions/dcsc/

➢ A blank template for the Narrative portion of the BPS Assessment can be located here under the IIC and BA subtitle: http://www.nj.gov/dcf/providers/csc/