TIER II CONSULTATION PROCESS

I. Qualifying Criteria:

Only DCF Case Management Entities (CME) may request Tier II Consultation (CMO, DCP&P, DD Consultants).

The following Intensities of Service (IOS) qualify for Tier II Consultation:

- Treatment Home (TH)
- Group Home (GH)
- Residential Treatment Center (RTC)
- I/DD (SSH, GH)

The Care Manager may submit a Tier II consultation request to PerformCare if at least one (1) of the following has occurred:

1) At least three (3) providers at the youth’s identified IOS have entered “Not Accept” in Youth Link. The Care Manager should not submit a Tier II consultation request until there are three (3) denials posted on Youth Link for the youth’s specified IOS.

- All referrals identified as “Not Accept” should match the IOS given as a result of the OOH Assessment or the Transition Joint Care Review (TJCR).
- All “Not Accept” referrals must be documented in Youth Link.
- “Not Accept” referrals that are not documented in Youth Link cannot be presented as a denial. The Care Manager should contact the provider to ensure that documentation is entered in Youth Link.

2) An Out of Home (OOH) referral has been on Youth Link for 30+ days and placement has not been secured.

Referrals that do not meet the above criteria will not be considered for Tier II Consultation.

For any youth with an (IOS) of Specialty (SPEC), Psychiatric Community Home (PCH), or if the youth is pregnant, CMO is advised to send an email to the CSOC-SRTU with the SRTU Cover Letter to the following email address: SRTUconsultation@DCF.state.nj.us and should contain the following information:

Subject line: “CYBER ID#/ IOS determination

Body of email: Sender’s contact information

Attachment: A completed SRTU cover letter

The SRTU Cover Letter can be found here: http://www.performcarenj.org/provider/forms.aspx.
II. Consultation Process

1. Upon confirming that the Youth Link referral meets criteria for the Tier II Consultation, the Care Manager will complete the Tier II Consultation Request Form and gather the following:

A **Cover Letter**: please include youth’s name, CYBER ID#, Youth Link referral number, youth’s current living situation and Intensity of Service (IOS). The email addresses, phone numbers and signatures of both the Care Manager and Supervisor should also be included.

**Recent Clinical Information (dated within the last 6 months)**: A Psychological evaluation or Biopsychosocial assessment completed by a licensed clinical professional. A Psychiatric Evaluation completed by a MD, DO, or APN is needed if the youth is on psychotropic medication OR has been hospitalized within the last 45 days.

**Specialized Evaluations, if applicable (must be dated within the last 12 months)**: Fire Setting Evaluation, Psychosexual Evaluation, and/or Substance Abuse Evaluation.

**Court Involvement**: Court Order for Placement, Probation Report, Pre Disposition Report (PDR), Copy of Juvenile Summons, Status of Legal Charges.

**Other Reports**: Status of DDD Involvement if applicable, Child Study Team Evaluations and/or IEP, if classified, Medical Report if child has a medical condition

2. The Care Manager can upload the documents into CYBER directly via **Document Upload** (see Section III), or mail the complete referral packet and request form to PerformCare:

**PerformCare**  
**Attn: Tier II Consultation Team**  
**300 Horizon Drive, Suite 306**  
**Robbinsville, NJ 08691-1919**

3. Upon receipt, PerformCare will review to ensure that the referral meets consultation criteria. A progress note will be entered in the youth’s CYBER record confirming receipt of the Tier II consultation request.

   a) If the request DOES meet consultation criteria, a Care Coordinator from the consultation team will be assigned for Clinical Review;

   b) If the request DOES NOT meet consultation criteria, PerformCare will contact the referring agency and provide further direction.

4. The assigned consulting Care Coordinator will review the information and make recommendations within three (3) business days of receipt.

5. Consultation recommendations will be entered in the youth’s CYBER progress note under *Enhanced Coordination Progress Note*.
III. Document Upload

As a result of the new functionality related to the Document Upload - Phase II CYBER release in April 2017, Care Managers are now be able to upload Tier II related documents directly to a youth’s CYBER record instead of mailing a Tier II packet to PerformCare. The consultation process will remain the same, and mailed Tier II packets will continue to be reviewed after the implementation is complete.

The Care Manager can upload the completed Tier II Consultation Request Form and Cover Letter to the youth’s CYBER record via the Doc tab. The Document Type is Clinical and the Sub-Type is Tier II Referral.

The clinical evaluations associated with the OOH referral are already uploaded at the time of the OOH referral request/TJCR submission and therefore do not need to be uploaded again.

PerformCare will be monitoring the Document Upload queue in CYBER, and will complete the Tier II consultation within 3 business days of receiving the required uploaded Tier II documents.

IV. Consultation Outcome

Upon reviewing all provided information, PerformCare will provide one or more of the following recommendations:

1. Advise CME to follow-up with OOH provider when deemed necessary;
2. Request additional information when deemed necessary;
3. Provide additional program recommendations at identified IOS;
4. If referral is inactive on Youth Link and it has been less than 90 days since the posting date, advise CME to enter a ‘Continued Need for OOH Treatment’ progress note be entered in CYBER to reactivate the referral on Youth Link.
5. If referral is 90+ days old, advise CME to submit a new OOH Referral Request or collaborate with the current OOH treatment provider (if currently in OOH treatment) as an updated TJCR will need to be submitted for review.
6. Change IOS based upon updated clinical information; If IOS is changed to SPEC or PCH or if the youth is confirmed pregnant, CMO is advised to send an email to the CSOC-SRTU with the SRTU Cover Letter to the following email address: SRTUconsultation@dfc.state.nj.us and should contain the following information:

   Subject line: “CYBER ID#/ IOS determination

   Body of email: Sender’s contact information

7. If all available resources at identified IOS have been exhausted, however the youth does not qualify for a higher IOS based on provided information, PerformCare will seek a higher-level clinical review by the PerformCare Director of Clinical Services. The outcome of the higher-level review will be posted in the youth’s progress note within three (3) business days of the higher-level review request.