

# PerformCARE<sup>®</sup>

## Instructional Guide for the Certification of Need (CON)

## Certification of Need Instructions for Use

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## I. Introduction

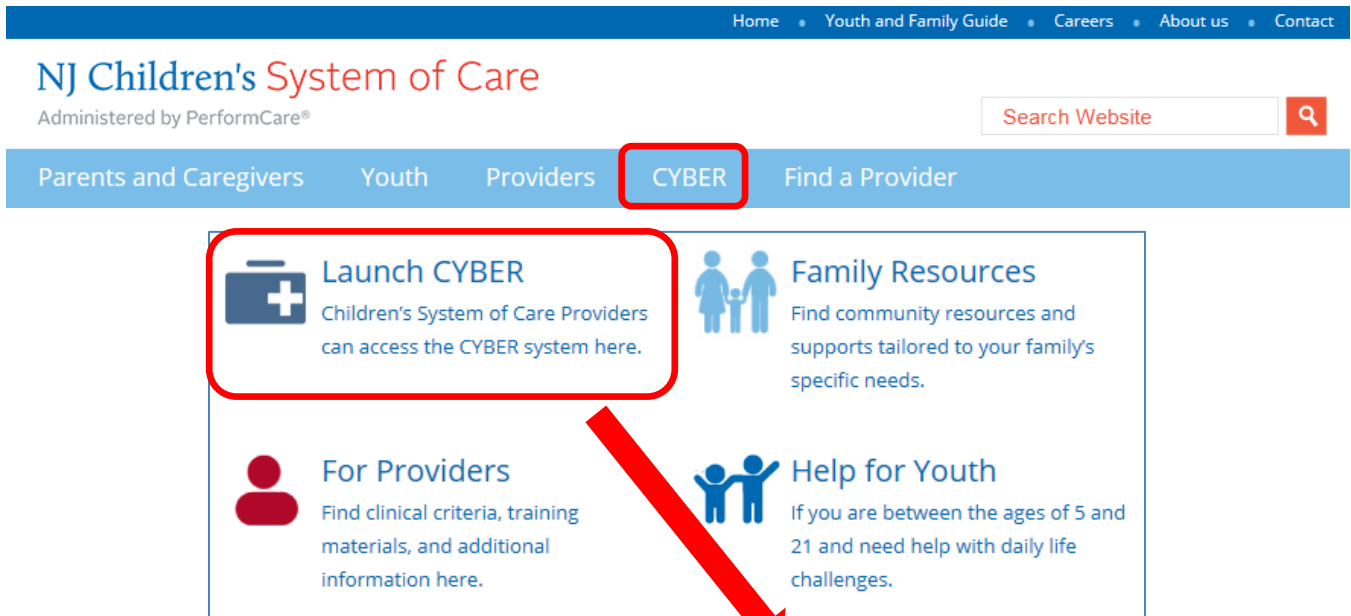
The **Certification of Need** (CON) in CYBER is the process that Out-of-Home (OOH) providers (Medicaid Provider Type 59 Residential Treatment Center) are required to follow prior to admitting a youth to their program. This document will review the Certification of Need functionality that is automated within CYBER.

The CON functionality allows OOH Programs with a **Provider Type 59 (PT 59)** to trigger the CON request electronically through changing the status of a referral to 'Schedule'. This process starts a CON review and approval at PerformCare (PC) prior for processing the admission via YouthLink. **The functionality will require OOH Programs with a Provider Type 59 to have an approved CON before processing a youth's referral for admission via YouthLink.**

*Note: As the functionality automates the request for the Certification of Need, providers do not need to contact the Service Desk with requests for Certification of Need.*

## 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](http://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.

## CYBER LOGIN

  
Enter Login Name Here  
  
Enter Password Here  

As a CYBER User I understand that my work will involve access to Protected Health Information (PHI) as defined by HIPAA (The Health Insurance Portability and Accountability Act) for the purpose of providing or arranging treatment, payment or other health care operations. I also acknowledge that I am engaged by a covered entity. I further acknowledge my responsibility to protect the privacy of and to guard against inappropriate use or disclosure this PHI by logging in as a CYBER User.

This is in compliance with The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementation regulations. For more information on HIPAA please go to <http://www.hhs.gov/ocr/hipaa/>

CYBER contains substance abuse diagnosis and treatment information that is protected by federal confidentiality rules (42 CFR Part 2). CYBER users are not permitted access to that information without a valid written consent that meets the requirements of 42 CFR Part 2. Users that access such confidential information pursuant to a valid written consent are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Please CLEAR your browser Cache before using this new version of CYBER

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. Certification of Need

A Certification of Need (CON) will be automatically generated and submitted to PerformCare for approval when a Provider Type 59 OOH provider changes the youth's referral status to **SCHEDULE** in YouthLink.

It is imperative that OOH providers utilize the SCHEDULE status properly on YouthLink, meaning that this status should only be used when a youth is **officially scheduled** for admission. At minimum, the youth's referral status should be changed to SCHEDULE at least five (5) days prior to the youth's scheduled admission date. This will provide for enough time for the CON review and approval process to take place.

Upon receipt of the automatically generated CON, PerformCare will have two (2) calendar days to review and approve the CON. The OOH provider will not be able to process the youth's admission until approval is granted. Once the CON is reviewed and approved, the OOH provider will be able to continue their normal process for admission via YouthLink. The OOH provider will not be able to admit the youth prior to the date the CON was approved.

The Certification of Need is specific to the youth's Intensity of Service (IOS) need (not just to the provider that initiated the CON). Once approved, the CON will be valid for 45 days from the approval date. If the youth is admitted to an OOH program, the CON will be valid for one year from the approval date.

CMO and OOH providers will be able to view the approved Certification of Need in the youth's Treatment Plan Assessment grid.

Users will be able to review the history of the CON by clicking on the **Review History** button at the bottom of the CON. The CON Review History screen will work in the same fashion as the Treatment Plan Review History screen.

The approved CON may also be printed in PDF format using the Print button.

Assessment Type	Assessment Sub Type	Assessment/CFT Date	Author	Submitted To CSA Date
TREATMENT PLAN	UCM - SC			
OOH - CON	Initial			
TREATMENT PLAN	UCM - Annual Review			

Treatment Plan Assessment grid

## Certification of Need Types

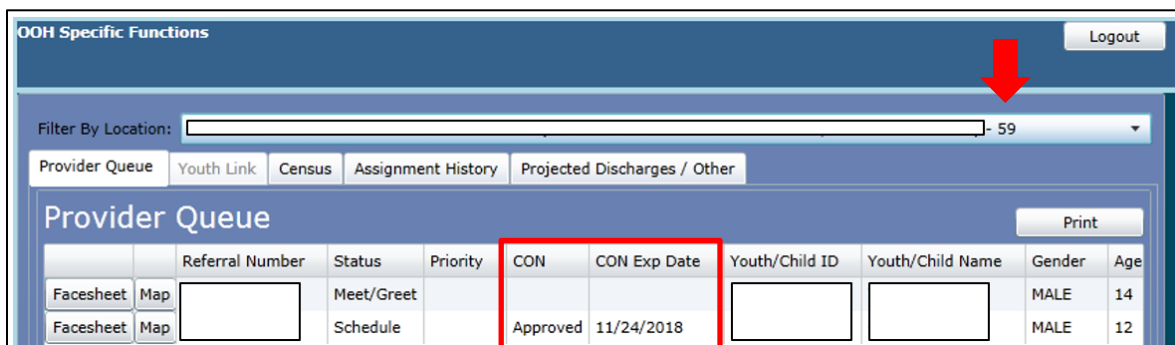
There are three Certification of Need Types:

1. **Initial** – the First CON created and associated to the youth’s current YouthLink referral and IOS.
2. **Continued** - Created **automatically by the system** for youth admitted to an OOH Program with a Provider Type 59. Also, youth that are admitted to a Program that converts from Provider Type 44 to Type 59 will automatically receive a CON with a CON Type of Continued.
3. **Annual** - Created **automatically by the system** and assigned to PerformCare to validate the youth’s IOS on an annual basis once they have been admitted to the OOH program. This occurs annually from the last CON Approved Date.

## Filter by Location Program Type Indicator

OOH providers will be able to determine if a youth requires a CON for admission to a particular agency and when the approved CON is due to expire.

OOH Programs will now have their **Provider Type** (44 or 59) displayed at the end of their name in the **Filter By Location** drop down at the top of the YouthLink screen.



## CON Column Headings

**CON** - displays blank until the CON is reviewed by PerformCare, then displays a status for less than or equal to 45 days from the current date. The CON column will display these statuses:

- **Approved:** The CON has been approved and the youth’s referral is ready to be admitted to an OOH program.
- **InReview:** The CON is currently with PerformCare for review.
- **Not Approved:** The CON is not approved, and the youth’s referral cannot be admitted. Review progress notes.
- **Cancelled:** PerformCare has cancelled the CON for this youth, and the referral cannot be processed. Review progress notes.

**CON Exp Date** – displays the date the approved CON will expire

There are Welcome Page links for the CON on the **OOH providers Welcome Page** under the **YouthLink View** section. It will display **Approved** and **Not Approved** CONs less than or equal to 45 days from the current date. Click Refresh Total to see numbers in the parentheses.

## YouthLink for CMO Providers

CMO has specific columns in YouthLink and Provider Status grids that assist in determining if a youth referral requires a CON for admission to a particular OOH agency, and when the approved CON is due to expire.

Drag the bottom scrollbar to the right and CMO providers will have two columns labeled **CON** and **CON Exp Date** to the right of the Open to SRTU column in the Youth Link grid view. The CON column will display Approved, In Review, Not Approved, or Canceled. Approved CONs will display for youth with a CON that is less than or equal to 45 days from the current date. The CON Exp Date column will display the expiration date of the CON.

Provider Status	Youth/Child ID	Referral#	IOS					
All Active								Search
Youth Link								
Youth/Child	Gender	Age	Case Management Entity	Intensity Of Services	Open to SRTU	CON	CON Exp Date	Day
	MALE	16		GH 1-IDD	No			
	MALE	14		RTC	No			
	FEMALE	16		RTC	No			
	FEMALE	20		GH 1-IDD	Yes			
	MALE	17		GH 2-IDD	Yes			
	MALE	20		GH 1-IDD	No			
	MALE	16		SPEC	Yes			
	FEMALE	16		RTC	No			
	MALE	13		GH 1-IDD	No			
	MALE	14		GH 2-IDD	No			
	MALE	18		GH 2-IDD	Yes			

When a referral row is selected in the Youth Link grid, the Provider Status grid below will populate. The column in the Provider Status grid labeled **Provider Type** will indicate if the OOH provider is a **type 44** or **59**. All 59 Type OOH providers require a CON.

Provider Status						Print
Referral Number	Status	Reason Description	Site Name	Provider Type	Avail Beds	Contact Name
	ASSIGN			59	12	
	MEETGR			44	10	
	ASSIGN			59	5	
	ASSIGN			59	5	

### Additional Information for OOH Providers

An OOH provider can request an expedited review of a Certification of Need by emailing the Service Desk. They should also copy Laura Johnson, Director of Clinical Services ([ljohnson@performcarenj.org](mailto:ljohnson@performcarenj.org)) Dr. Ankur Desai, Medical Director ([adesai@performcarenj.org](mailto:adesai@performcarenj.org)), Dr. Gabriel Kaplan, Medical Director ([gkaplan@performcarenj.org](mailto:gkaplan@performcarenj.org)), and Elliott Cook, Care Management Supervisor DCP&P Unit, ([ecook@performcarenj.org](mailto:ecook@performcarenj.org)) on the request.

*Note: The review requires two approvals. A Clinician and a Medical Director or Clinical Director. If the Medical Director does not agree with the IOS at the time the CON is reviewed, the PerformCare Medical Director or Clinical Director will contact the CMO Director for any additional information. As a result of this, the Medical Director's denial of the CON will either be upheld and the IOS changed, or the CON will be approved and the youth can be admitted to the identified program.*

## IV. Reference Documents

- Instructional Guide to YouthLink for Care Management Organizations
- Instructional Guide to YouthLink for Out of Home Providers

**PerformCare Service Desk** is available 24/7/365:

Phone: **1-877-652-7624**

Email: **servicedesk@performcarenj.org**