

CYBER Release 1.14

Anomaly Training

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Training Purpose

To review the anomalies added to CYBER that will assist providers and the CSA in improving services while youth are receiving treatment and providers are planning for treatment and transition.

Anomaly – What is it?

Defined as something that is out of the norm, a variation or irregularity; an “outlier”.

Added to the system to act as an alert to providers and the CSA to trigger work.

Case Management Entities, DCBHS staff and CSA staff will have access.

- Level 2 and 3 users will have access to the anomalies present in their caseloads (youth with open Tracking Elements) via the Anomaly Management screen, accessible from the Welcome Page.

Two anomaly types have been added;

– Administrative

- Found on the youth's Face Sheet; flags information that is missing or malformed in the youth's record. Will also flag youth that will need to be transitioned out of the Children's System of Care due to age.

– Practice-related

- Found on the Treatment Plans & Assessments screen; flags the provider and CSA to the need for more in-depth review of a youth's treatment.

Administrative Anomalies

The screenshot displays a software interface with a 'Demographics' tab selected. The form contains the following fields and values:

Field	Value
FIRSTNAME	
LASTNAME	
Middle	
DOB	
Age	
Address 1	834 madison ave
Address 2	3rd fl
Address 3	
City	PATERSON
State	NJ
Race	SOME OTHER RACE
Eye Color	
Hair Color	
Parent/Guardian	MR, MRS LASTNAME
Parent/Guardian Phone	8626683804
Email	MRMRS.LNAME@HELLO.THERE.COM

An overlaid dialog box titled 'Anomalies on file for Youth/Child ID' contains the following text:

Anomalies Noted for selected Youth/Child

- Open Tracking Element Missing/MalFormed DOB
- Open Tracking Element Missing/MalFormed SSN

An 'OK' button is located at the bottom of the dialog box. A magnifying glass icon in the bottom right corner of the form is circled in red.

Clicking on the magnifying glass icon on the Demographics tab of the Face Sheet will bring up the list of Administrative Anomalies that are present in the youth's record.

Open Tracking Element/No Medicaid – youth has an open Tracking Element but no Eligibility associated with their CYBER record.

- Should act as a trigger for the Provider/PE Entity to gather information about the youth's behavioral healthcare coverage; can affect payment for services.

Open Tracking Element/No Progress Note in 30 Days – youth has an open Tracking Element and no committed Progress Notes in their record in 30 days.

- Should trigger a provider to ensure that all progress notes have been committed to the youth's record.
 - Providers are expected to enter progress notes at regular intervals to document treatment, as well as (in some cases) to document that a continued need for OOH exists for youth posted on YouthLink.

Missing Address Data – youth with an open Tracking Element has incomplete or missing address information.

- This data is essential and is used when the CSA dispatches MRSS to a youth's location; is also used by providers that are providing services at a youth's location.
- This data is also used by the CSA when mailing authorization letters to families.

Open Tracking Element, Malformed/Missing SSN – youth has an incorrect or blank Social Security Number field on their Face Sheet.

- Used by the CSA to ensure they are accessing the correct youth's record.
- Essential information for 3560 Applications; Applications can't be submitted to the CSA without a complete SSN. Also used to verify Medicaid coverage.
 - Without this information, payment can be affected.

Open Tracking Element, Malformed/Missing DOB – youth has an incorrect or blank DOB field on their Face Sheet.

- Used by the CSA to ensure they are accessing the correct youth's record.
- Essential information for 3560 Applications; Applications can't be submitted to the CSA without a complete SSN. Also used to verify Medicaid coverage.
 - Without this information, payment can be affected.

Open Tracking Element/Over 20 Years Old

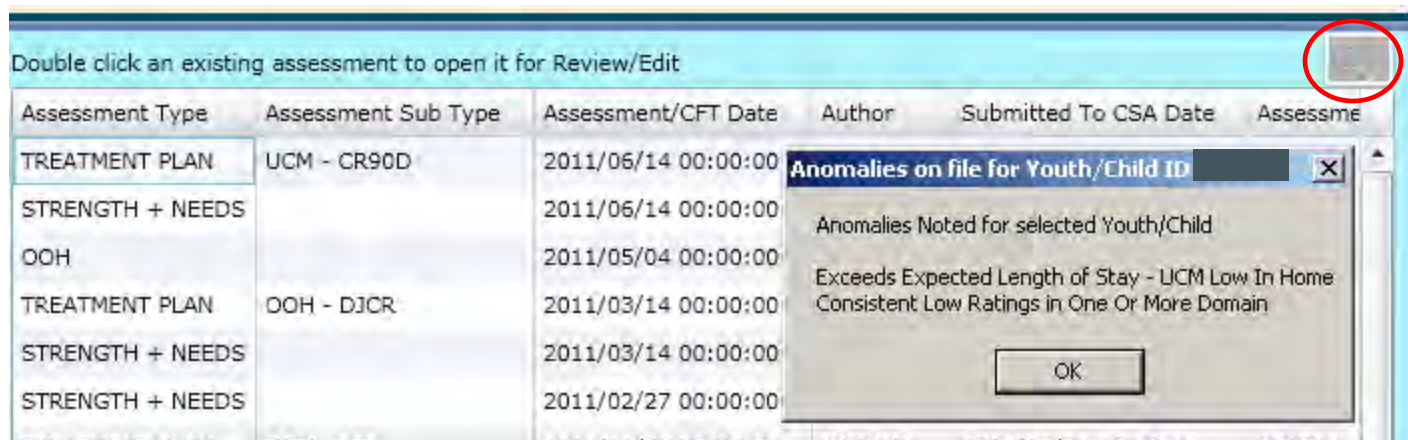
Open Tracking Element/Over 20 ½ Years Old

- Both identify youth who are in need of transitional planning; both will age out of the Children’s System of Care within 6 months to a year.
- Youth that are 20 ½ years old will have both anomalies.

Practice-Related Anomalies

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Practice-Related Anomalies



Clicking on the magnifying glass icon on the Treatment Plans & Assessments Screen will bring up the list of Practice-Related Anomalies that are present in the youth's record.

Length of Stay (LOS) Anomalies

Will assist providers in identifying youth that have open Tracking Elements and are potentially over-utilizing services.

Length of Stay Anomalies

Will act as a trigger to the provider for active transitional planning.

Will act as a trigger to the CSA when reviewing Treatment Plans to look for documentation specific to transition efforts or barriers to treatment.

Length of Stay Anomalies

These anomalies were added to the system to fulfill the Outlier Management requirement of the contract that the CSA has with DCBHS; they will assist in identifying outliers for additional work, both for the CSA and for providers.

- The role of the CSA is to establish medically necessary criteria for continued stay authorizations, which is critical when length of stay in a program is beyond expectation.
- These anomalies will assist the CSA when doing Treatment Plan reviews to identify information on transitions, consistent high/low ratings, and plans for step-down in treatment.

Based upon the average Length of Stay* (one month = 30 days) and specific Provider Type.

Each of the following slides will include specific information for each Provider Type.

*Average LOS based upon the average utilization for service lines and IOS; an additional 90 day authorization period has been added onto the average to create the LOS threshold.

Exceeds Length of Stay (LOS) - OOH

The anomaly will appear if...

PCR (Psychiatric Community Residence) and GRP (Group Home) – youth has been receiving services for 360 days or more.

SPEC (Specialty Services) and RTC (Residential Treatment Center) – youth has been receiving services for 450 days or more.

Exceeds Length of Stay (LOS) – CMO

The anomaly will appear if...

In-Home – youth has been receiving services for 450 days or more.

Out-of-Home – youth has been receiving services for 780 days or more.

Exceeds Length of Stay (LOS) - YCM

The anomaly will appear if...

In-Home – youth has been receiving services for 270 days or more.

Out of Home – youth has been receiving services for 660 days or more.

The anomaly will appear if...

High – In-Home – youth has been receiving services for 450 days or more.

Low – In-Home – youth has been receiving services for 270 days or more.

The anomaly will appear if...

High – Out of Home – youth has been receiving services for 780 days or more.

Low – Out of Home – youth has been receiving services for 660 days or more.

Exceeds Length of Stay (LOS) – PHP, MST, FFT

The anomaly will appear if...

PHP (Partial Hospitalization Program) – youth has been receiving services for 210 days or more.

MST (Multi-Systemic Therapy) – youth has been receiving services for 210 days or more.

FFT (Family Functional Therapy) – youth has been receiving services for 210 days or more.

Anomaly added to the system primarily for CSA use.

- CSA will use the anomaly when reviewing Discharge Treatment Plans.
 - Providers should include documentation that outlines barriers to treatment (such as difficulty engaging the family).
 - Providers will see this anomaly once the Treatment Plan has been submitted to the CSA.

Will assist providers in identifying the youth who are;

- Not responding to treatment and may need to be re-evaluated for adjustments or changes to their treatment plan, or
- Responding well and may be eligible for transition to a lower level of service.

High Ratings – Strength & Needs Assessment

Based upon the ratings in;

- Child Risk Behaviors Domain
- Child Behavioral/Emotional Needs Domain

Ratings will compare two consecutive Strength & Needs Assessments within the past 200 days.

High Ratings – Strength & Needs Assessment

The anomaly will appear if there are two or more questions in the domain with a severe (“3”) rating, that remain the same in two consecutive Strength & Needs Assessments completed by any of these provider types;

- OOH
 - PCR
 - SPEC
 - RTC
 - GH
- CMO
- YCM
- UCM

Low Ratings – Strength & Needs Assessment

Based upon the ratings in;

- Child Risk Behavior Domain
- Child Behavioral/Emotional Needs Domain

Ratings will compare two consecutive Strength & Needs Assessments within the past 200 days.

Low Ratings – Strength & Needs Assessments

The system will first check if there are any questions in either domain, in both Assessments, that have a severe (3) rating. If there are, the anomaly will not appear.

If there are questions without a severe rating in both Assessments, the system will show the anomaly (depending upon service line; see slides 31 and 32); the system will check that the total score for the domain is less than 7 (depending upon service line; see slides 31 and 32) and then show the anomaly. If the total score is greater than 7, the anomaly will not appear.



Low Ratings – Strength & Needs Assessment

The criteria for Low Ratings is as follows;

– OOH

- PCR – No “3”s
- SPEC – No “3”s
- RTC – No “3”s
- GH – Total score <7

– CMO/UCM High –
No “3”s

– YCM/UCM Low –
Total score <7

If you have questions about CYBER functionality, please contact
the CYBER Service Desk;

1-877-736-9176

servicedesk@performcarenj.org

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Care is the Heart of Our Work