PerformCARE®

CYBER Welcome Page Instructional Guide For Intensive In-Home (IIH) Providers

March 2014

PerformCARE®

Instructions for Use

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PerformCARE®

I. Introduction

The Children's System of Care (CSOC), together with PerformCare, began managing the care for youth with Intellectual and Developmental Disabilities (I/DD) at the beginning of 2013. In 2014, PerformCare began managing Intensive In-Home (IIH) services for youth with very high needs; these youth are attached to Case Management Organizations (CMO) or the DD Consultants at CSOC and their care is managed by the CMO or DD Consultants, along with the Child Family Team (CFT).

In order to support these new services, functionality was placed into CYBER – the electronic medical record used by CSOC providers to manage admissions and authorizations, request continued stay, and perform discharges. IIH providers have been given access to a number of areas within the system; initially, IIH users will have access to the youth's record (Face Sheet), authorization information, billing functionality* and progress notes, as well as other areas covered within this guide. IIH users will not have access to the Functional Behavioral Assessment (FBA) or Behavioral Support Plan (BSP) via CYBER until a future release.

*The billing functionality will remain available until IIH agencies begin billing Molina directly; users will have access to their claims data once that transfer occurs but will no longer enter claims into CYBER.

**Please note – prior to gaining access to the system, every agency must have at least one Systems Administrator set-up in CYBER. This individual will add new users to the system, manage users' security and perform other tasks such as resetting passwords and unlocking accounts. This role can only be set-up by the CYBER Service Desk; please contact them at 877-736-9176/servicedesk@performcarenj.org. Systems Administrators should refer to training #102 - CYBER Release 1.16 System/Security Administrator Role Based Security; this document will outline all of the functionality available to this role. In order to have access to the system, every user must have their own unique ID and password; users cannot share IDs. User IDs must be set-up by the Systems Administrator prior to the release of the functionality so that users can begin accessing authorization data and entering progress notes.

***Note: although much of the functionality covered in this guide pertains to all IIH users, there will be additional documentation made available in the future that pertains specifically to providers of clinical services.*

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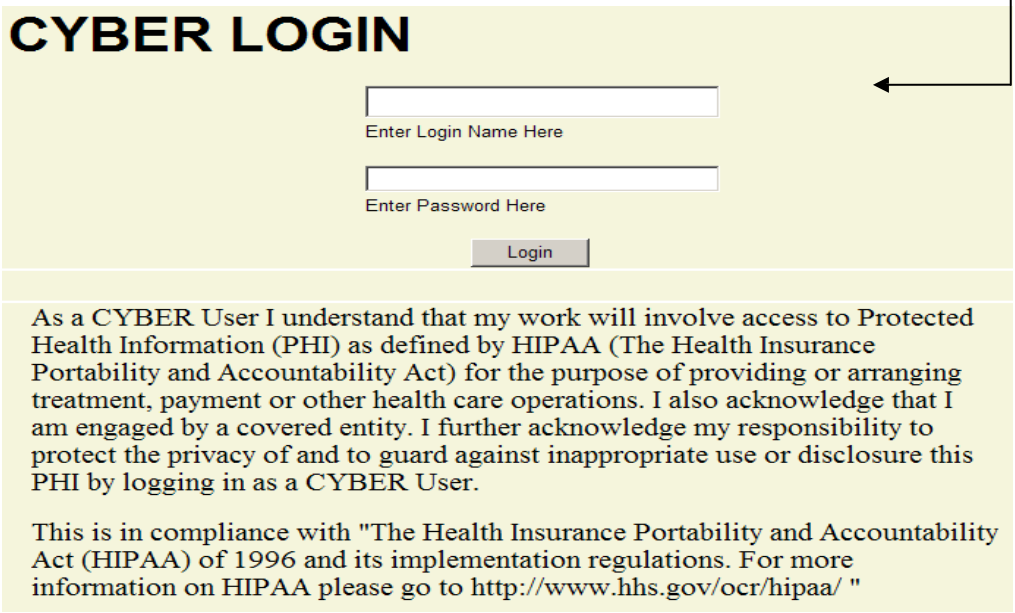
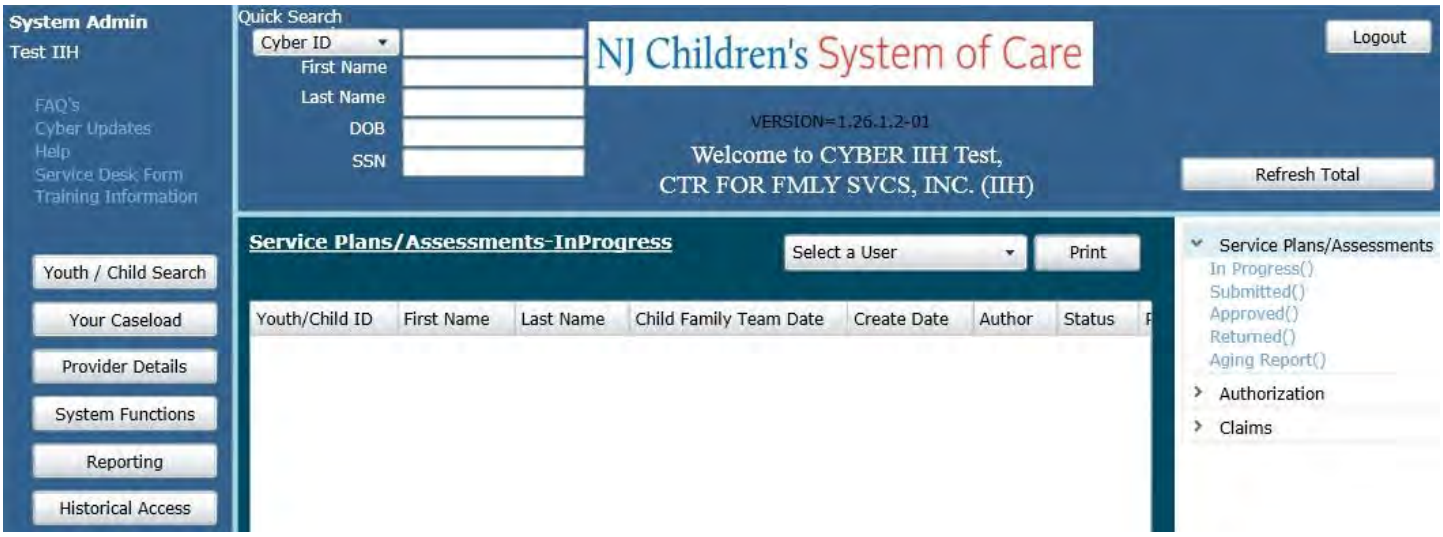
II. Accessing CYBER

Users must first log-into CYBER with their UserID and Password. The log-in screen can be found via the PerformCare website – www.performcarenj.org.



III. Welcome Page

The Welcome Page is the first area of the system that the user will come to after logging in.



The Welcome Page will include a number of different areas. On the left-side of the screen, users will first see the contact number for their agency's System Administrator. Under that is a series of links; these are hyperlinks which, when single-clicked, will bring the user to another area. They will function as follows;

- FAQ's – brings up the CYBER FAQ's on the PerformCare website.
- Cyber Updates – brings up the Releases page of the PerformCare website; this is where the Release Notes for each CYBER release are housed.
- Help – brings up the contact information for the Service Desk.
- Service Desk Form – brings up the form as it appears on the PerformCare website; this is another way users can communicate with the Service Desk.
- Training Information – brings up the training page of the PerformCare website.

The functionality buttons on the left-side are not tied to an individual youth. They will function as follows;

- Youth/Child Search – will bring the user to a search function, which is also available above any youth's record.
- Youth Caseload – will bring up a list of the youth the user is assigned to via the Provider tab of the youth's Face Sheet. (See page 10 for more information.)
- Provider Details – will bring the user to the access point for the provider database in CYBER. (See page 15 for more information.)
- System Functions – for users that are not System Administrators, this will bring the user to the Manage Access area, where they can change their own password at any time. For System Administrators, this will bring them to the Manage Access area where they can add new user IDs, edit existing user's security settings, deactivate user IDs, etc. (System Administrators can refer to training #102 on the PerformCare website for more information on their functionality.)

- Reporting – available for use by certain users within the agency, based upon security settings. (Will not include information initially; reporting will become available in the future.)
- Historical Access – will bring up a list of youth discharged from the user's agency in the past; allows a user to access a record in historical view. Meaning, the user will see the record as it was on the day of discharge.

The middle of the screen is a grid, which will populate with data each time the user comes to the Welcome Page (including when they log-in). The grid will also populate when the user clicks on any of the links highlighted in blue on the right-side of the screen.

By default, the grid will populate with a list of Service Plans (aka Treatment Plans) and Assessments that are in progress, meaning in draft form. *Please note – initially any of the Service Plans/Assessment links will not populate with data. Information will not show here until the FBA and BSP are available in CYBER to IIH users to create and submit.

Each link on the right-side of the screen will have an empty parenthesis next to it "()"; this will populate with numbers when the user clicks on the Refresh Totals button at the top of the screen. This allows users to track the data without having to populate the grid with data from each of the links.

The links under Service Plans/Assessments will populate the center grid with the following information;

- In Progress – a list of the Service Plans (aka Treatment Plans) and Assessments that the user has created, saved, but not yet submitted.
- Submitted – a list of the Service Plans and Assessments the user has submitted (either internally or to PerformCare).
- Approved – a list of the Service Plans and Assessments that the user submitted and have been approved.
- Returned – a list of the Service Plans and Assessments that have been returned to the user (either by someone internally or by PerformCare).
- Aging Report – a list of the Service Plans and Assessments that are coming due (due in 3 calendar days) or are overdue (due dates based upon document type).

The next area of the Welcome Page links is for Authorizations. This area will assist a user in managing the authorizations for service that are currently open and recently closed for the user's agency.

The Authorizations links, when clicked, will populate the center grid with the following information;

- Current – a list of all of the authorizations that are currently open for any program that the user's ID is attached to (an ID can be attached to any number of programs that fall under the agency that the user is assigned to).
- Last 30 Days – a list of the authorizations that ended in the last 30 calendar days.
- Expiring – a list of the authorizations that will expire in the next 30 days.
- Auth History – a list of the authorizations that expired 31-365 days in the past.

**Please note: users can utilize this area to track the number of units that are currently authorized for service as well as the number of units that remain to be used on the authorization (based upon claims data).

The final area of the links is for Claims; this area will only populate with information while the agency is entering CMS 1500 Claim Forms into the system for payment.

*Please note – initially, IIH agencies will be submitting CMS 1500 Forms for payment. To see specific information on how to submit a CMS 1500 Form, please see the training entitled "Instructional Guide on Entering Claims (1500 Forms) Into CYBER" on the PerformCare website.

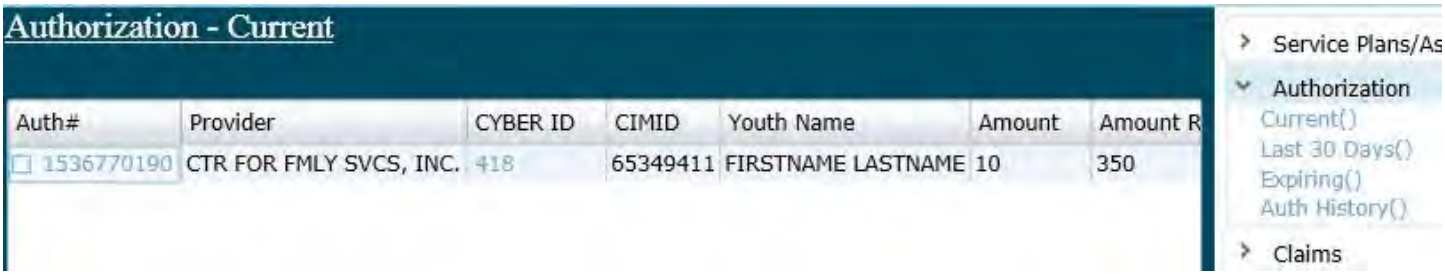
When clicked, the center grid will populate with the following information;

- Claims – a list of the all claims that are in the system for the programs the user's ID is attached to.
- In Progress – a list of all claims that are in draft or in progress status; claims that have not yet been submitted for payment.
- Submitted – list of the claims that have been submitted to PerformCare for payment
- Approved – the list of the claims that have been approved for payment
- Sent – a list of the claims that have been approved and sent for payment
- Paid – an on-going list of claims that have been paid
- Returned – a list of the claims that have been returned to the agency by PerformCare
- Denied – a list of the claims that have been denied for payment
- Review/CSOC Review – a list of the claims that are currently in review status

The Claims grids also have a filter feature available above the grid.

Users can enter any combination of information into the fields and then click the "Search" button to locate a specific claim.

Each of the grids will display different information, depending upon the link chosen from the right. In each grid, users will find that some of the data appears to be blue; these are hyperlinks. When clicked, the hyperlink will take the user to another area of the system. In the example below, the hyperlinks in the Current Authorizations grid are for Auth # and CYBER ID.



Clicking on the Auth # will bring the user to the Authorization Details screen; this will be the area that users go to in order to enter CMS 1500 Forms. (For information on the CMS 1500 Form in CYBER, please see the training titled "Instructional Guide for Entering Claims (1500 Forms) in CYBER" posted on the PerformCare website Training page.)

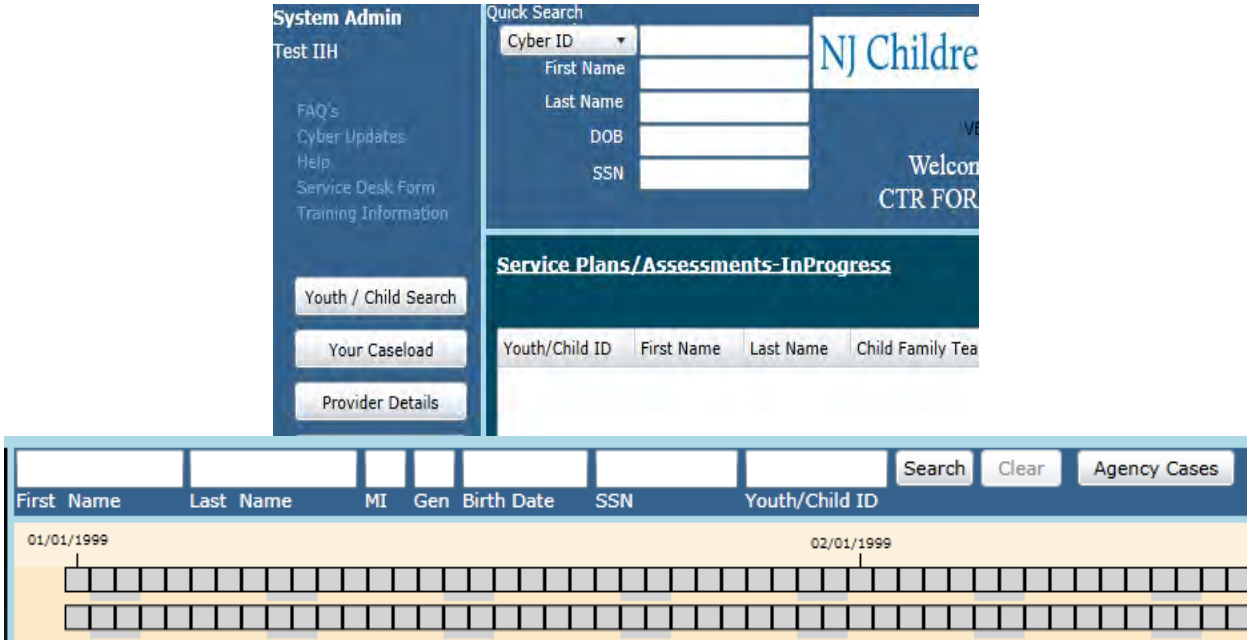
Clicking on the CYBER ID will bring the user to the youth's Face Sheet, which is the main area of the youth's record that contains demographic information about the youth and family.

Each grid can be sorted by single-clicking on a column heading. In the example above, clicking on the "Youth Name" column heading would sort the grid by the youth's name. Every grid can also be sorted by two columns; clicking on the first column, and then holding down the "Shift" key on the keyboard and clicking on a second column will sort the data accordingly.

IV. Accessing a Youth's Record

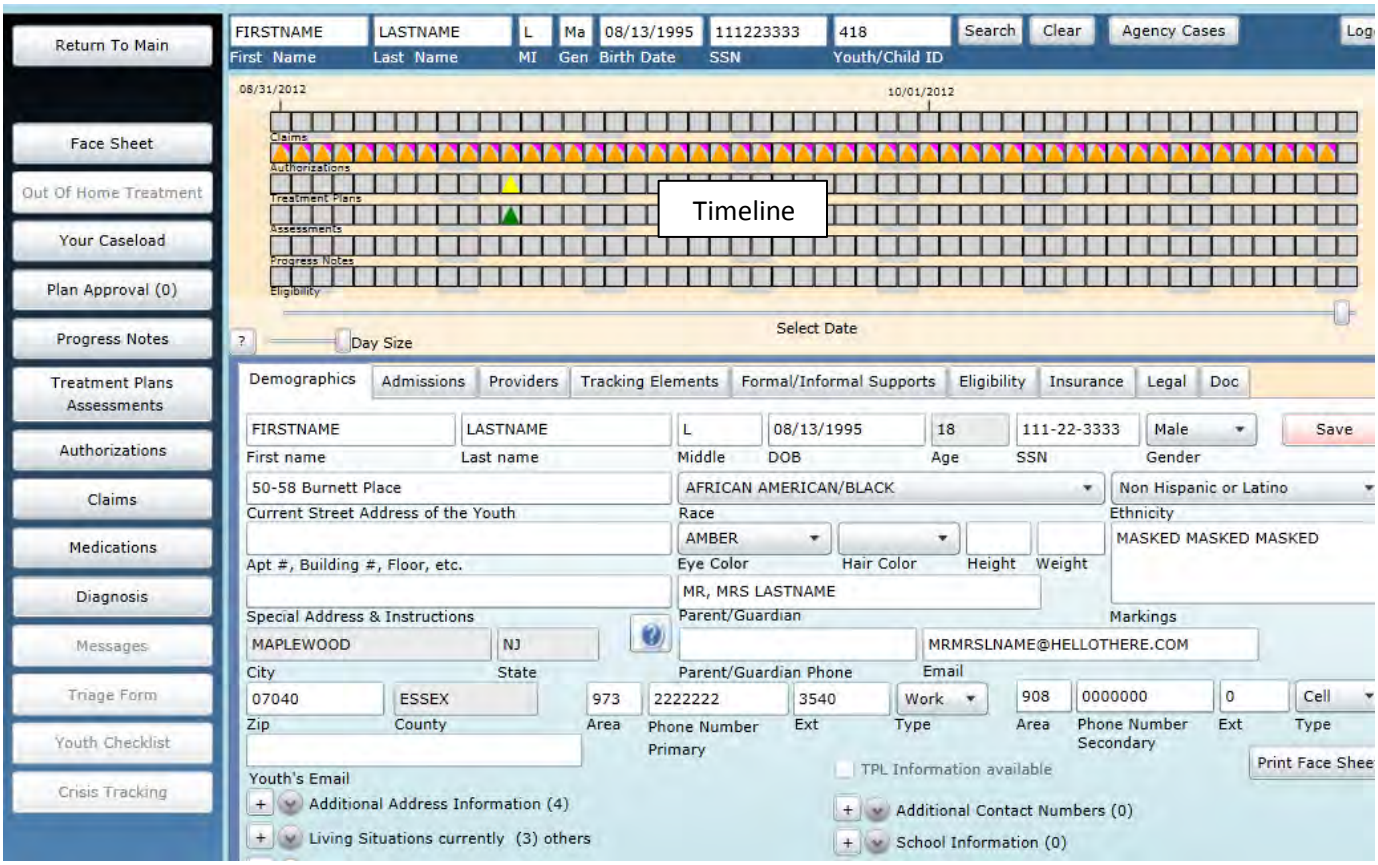
Users have a number of different options to utilize to access a youth's record.

1. Search functions
    a. There is a Quick Search function available on the user's Welcome Page; users can input any combination of information in order to locate a youth's record.
    b. The Youth/Child Search button is also on the user's Welcome Page; this will bring the user to the search function that appears at the top of any youth's record.
        i. *Please note – the only youth that will appear in any search result will be those with current authorizations; the agency/user cannot access a record unless it contains an open authorization for the agency.



2. Caseload functions
    a. If the agency assigns staff to youth, utilizing the Provider tab of the Face Sheet, users can utilize the Your Caseload button from the Welcome Page (see button in above example). Clicking here will bring up a list of youth assigned to that user. It is recommended that larger agencies especially use this function.
    b. All users at an agency will have access to the Agency Cases button, which is next to the Youth/Child Search function at the top of a youth's record (see button in above example). Clicking this button will show the user a list of all of the youth currently open to the agency. This will be a very long list if the agency is working with a large number of youth.

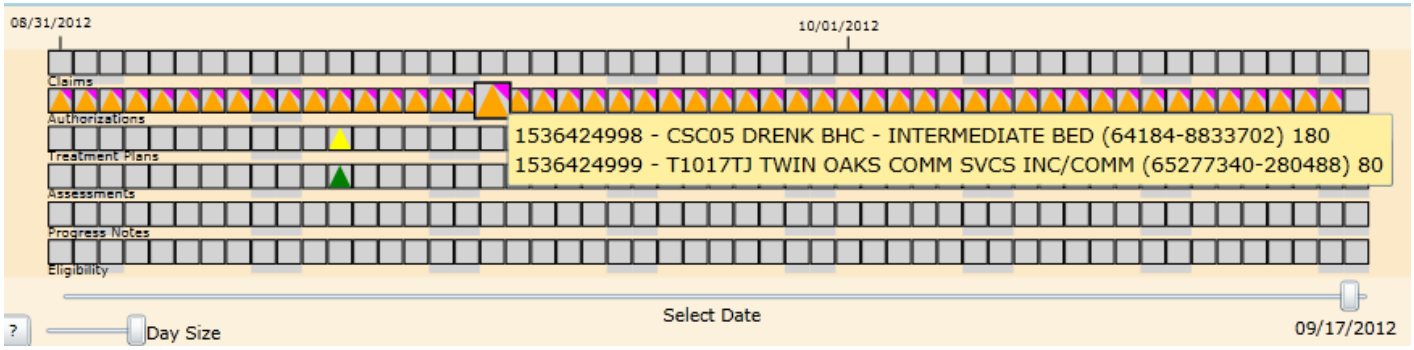
Once a user has located the correct record, the youth's Face Sheet will load.



At the top of the screen, below the Youth/Child search area is the Timeline. This area highlights five of the most frequently accessed areas of the youth's record:

- Claims
- Authorizations
- Treatment Plans
- Assessments
- Progress Notes
- Eligibility

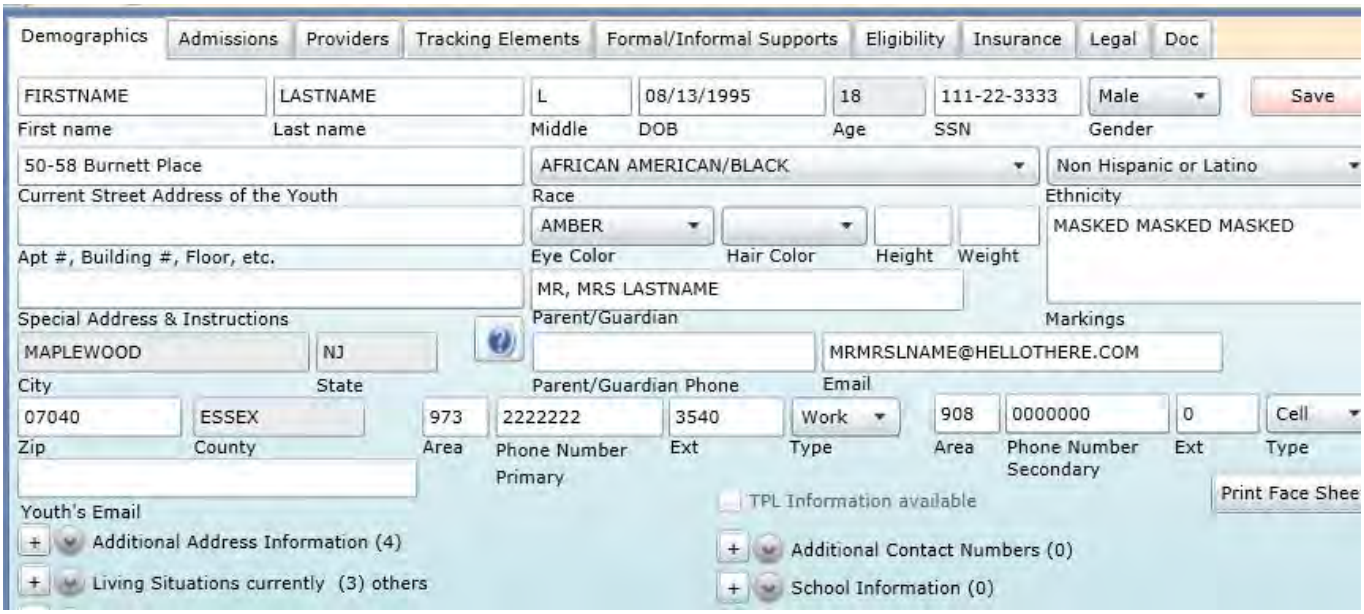
Every colored box indicates something was added to the record that day or an item was open on that particular day. The user can locate the date that they are looking at by hovering their mouse over the box, and referring to the lower right-hand corner of the Timeline area.



Hovering over a filled-in box will show the user information about the item in question; for example, hovering over a box in the Authorizations line (see above example) will show the user the Authorization number, the service code for the authorized service, the agency the authorization was opened for, their Medicaid ID number, and the number of units that were authorized. *There is a key for the Timeline, which is accessible via the "?" button in the lower left-hand corner of the Timeline area.

Clicking on one of the boxes will take the user to that area of the youth's record; clicking on a box in the Claims line will take the user to the Claims entered for that youth, clicking on a box in the Treatment Plan or Assessment line will take the user to the Treatment Plans and Assessments area of the record, etc. (This area is where users will have access to prior BPS Assessments, as well as other previously approved documents such as Treatment Plans, Strength and Needs Assessments, etc.)

Below the Timeline is the youth's Facesheet.

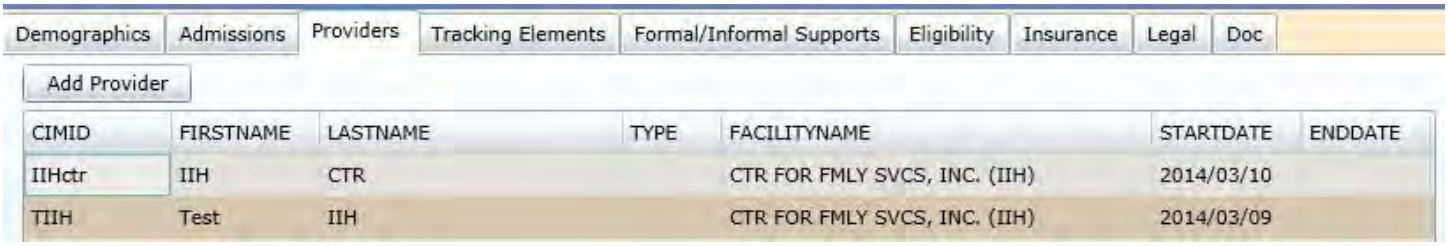


The Demographics tab opens by default, and contains information such as the youth's current address, birth date, and contact information for their parent/legal guardian.

*Please note – once the youth's record is opened to the agency, users have the ability to edit the Facesheet. Users should not change anything unless they are sure it is accurate. For example, replacing the youth's current street address with incorrect information could impact services; other CSOC providers need access to the youth's current address. PerformCare uses this address when dispatching Mobile Response Stabilization Services to the home.

The next tab of the Facesheet is the Admissions tab. This will only show information if the youth has been admitted into an OOH program within the CSOC system.

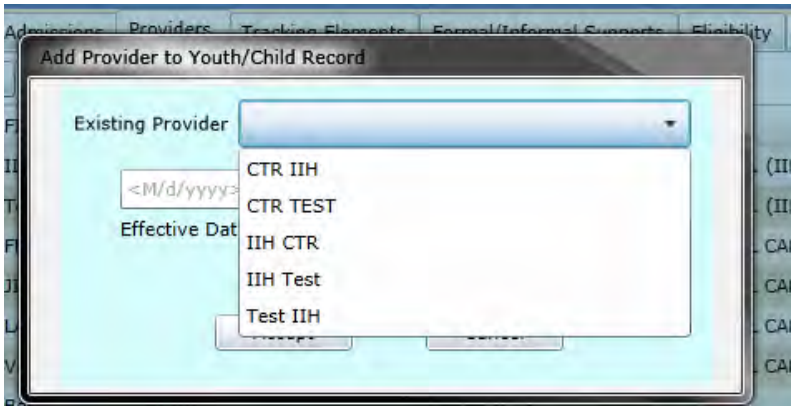
The Providers tab is next.



CIMID	FIRSTNAME	LASTNAME	TYPE	FACILITYNAME	STARTDATE	ENDDATE
IIHctr	IIH	CTR		CTR FOR FMLY SVCS, INC. (IIH)	2014/03/10	
TIIH	Test	IIH		CTR FOR FMLY SVCS, INC. (IIH)	2014/03/09	

This is where users can add themselves or others onto the record to create a caseload; when a user is assigned to a youth via the Provider tab, the youth then appears on the list that is generated from the Your Caseload button on the Welcome Page, as well as on the left-side button bar within a youth's record.

Clicking the Add Provider button will bring up the Add window.



Selecting an individual from the agency, and adding a start date (it cannot be prior to the beginning of the agency's authorization), then clicking Add will add this person to the youth's record.

The Providers tab will also show any other provider (except Substance Abuse providers) that has been added to the youth's record, along with their contact information if it is in the system.

The Tracking Elements tab is next in the Facesheet; this area lists all of the agencies (except Substance Abuse Treatment agencies) that have provided service to the youth and family. Tracking Elements are opened for an agency at the time that the authorization is generated and allows the agency to have access to the youth's record; they close at the time that the authorization ends to ensure agencies cannot access records and make changes after service has ceased. (Users

will have access to the record in a historical format, meaning they will see the record as it was on the date the Tracking Element was closed.)

The Formal/Informal Supports tab is typically utilized by CMO and should list all of the individuals that participate in the CFT; it should include anyone that is involved in the youth's life and care.

Medicaid eligibility is recorded in the Eligibility tab. PerformCare receives a file twice a week, as well as a brand new refreshed file monthly, from Molina. Any youth that has a match with a Medicaid record will have their Medicaid information listed on this tab. PerformCare staff has the ability to manually add Medicaid records to a youth's file if it doesn't automatically appear here.

The Insurance tab will show any Third Party Liability (private insurance) or Medicaid Family Care coverage that the youth has; private insurance information is gathered by PerformCare, CMO and MRSS.

Demographics | Admissions | Providers | Tracking Elements | Formal/Informal Supports | Eligibility | Insurance | Legal | Doc

FIRSTNAME	LASTNAME	L	08/13/1995
First name	Last name	Middle	DOB

Add Insurance

Current

Source	Type	Status	Start Date	End Date	Sent Date	Comment	Description
OIT	CAID/NJFC HMO: 086		2011/08/01				Horizon/Medigroup

The Legal tab is currently not functional; it will display legal information such as any involvement with the Juvenile Court system and DCP&P.

The final tab is for Documents. PerformCare staff has the ability to upload documents that are faxed in by providers; the assessments and service plans that IIH providers send in prior to full CYBER access will be uploaded to this area.

ions | Providers | Tracking Elements | Formal/Informal Supports | Eligibility | Insurance | Legal | Doc

Type	Description	Create Date	File Name
DCP&P OOH Referrals	zdfzdfhdhf	2014/03/05	PC_BRS_CYBER_Docu

Double-clicking on a record in the grid will open the document in read-only format.

V. Accessing Treatment Plans and Assessments

As IIH providers, users will need to review any recent BioPsychoSocial Assessments that were completed for the youth. They can be accessed via the Treatment Plans/Assessments button from within the youth's record.

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

Add New Needs

Add New Crisis

Assessment Type	Assessment Sub Type	Assessment/CFT Date	Author	Submitted To CSA Date
NEEDS BPS		2014/03/12	Abrown	2014/03/12 14:48:08
TREATMENT PLAN	UCM - TISP	2009/11/18	NJGROSA1	2009/11/19 13:58:41
STRENGTH + NEEDS		2009/11/18	NJDJOSEP	2009/11/18 16:03:39

The Treatment Plans and Assessments screen for the youth will contain all documents submitted and approved for this youth except any plan or assessment that is related to Substance Abuse treatment. The grid will include the following information;

- Assessment Type – will indicate if the document is a Treatment Plan or Assessment
- Assessment Sub-Type – will list the specific type of document
- Assessment/CFT Date – date of the CFT or Assessment, whichever is indicated in the assessment
- Author – ID of the individual that created the document
- Submitted to CSA Date – date on which the document was submitted to PerformCare for review
- Assessment ID – ID automatically assigned to each document in the system; can be used when contacting the Service Desk

Double-clicking in a record in the grid will open the document.

Below is an example of the BPS with the I/DD module included.

Assessment Needs with Bio Psycho Social

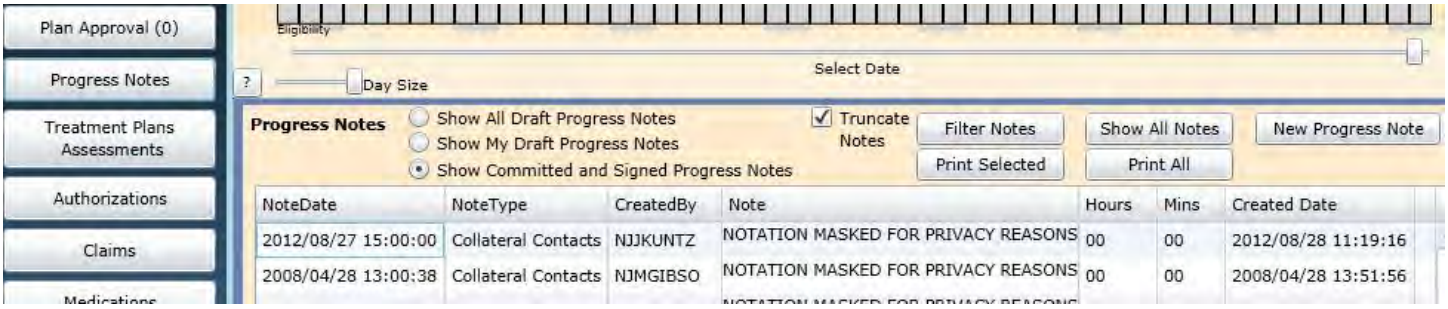
- DEMOGRAPHICS
- CHILD BEHAVIORAL/EMOTIONAL NEEDS
- PSYCHOTROPIC MEDICATION
- CHILD RISK BEHAVIORS
- LIFE DOMAIN FUNCTIONING
- CAREGIVER NEEDS
- CAREGIVER STRENGTHS
- DIAGNOSIS
- CONTACTS (minimum 2) providing information for this assessment:
- REASON FOR ASSESSMENT
- YOUTH'S GOAL FOR ASSESSMENT
- FAMILY/CAREGIVER'S GOAL FOR ASSESSMENT
- PHYSICAL MEDICAL HEALTH
- PRENATAL AND DEVELOPMENTAL MILESTONES
- FAMILY FUNCTIONING
- DCP&P INVOLVEMENT
- SOCIAL AND EDUCATIONAL FUNCTIONING
- TREATMENT HISTORY
- YOUTH'S PRESENT CHALLENGES
- MENTAL STATUS
- SUMMARY AND RECOMMENDATIONS
- I/DD MODULE

Save | Save & Close | Submit | Transfer

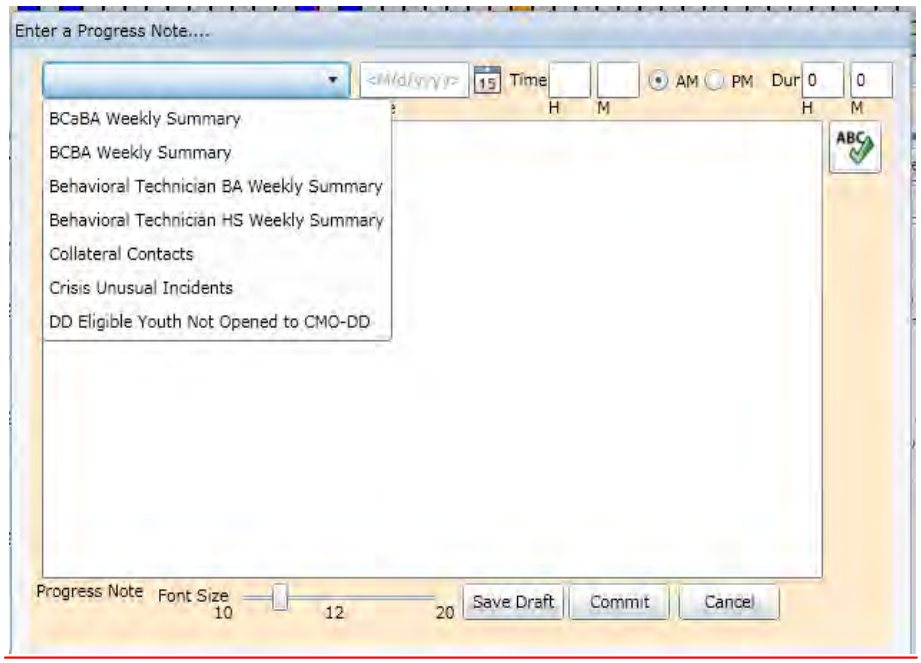
Print | Cancel | Delete | Return | View BPS Review History

VI. Progress Notes

Progress Notes are housed within a youth's record and can be reached via the Progress Notes button on the left-side of the record.



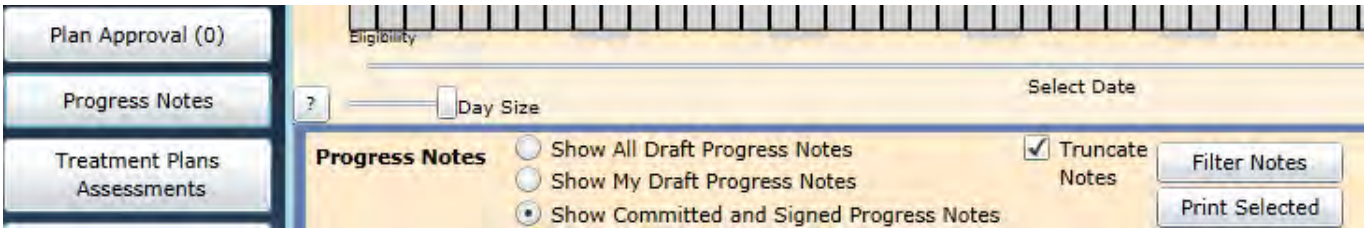
Progress notes are organized by date and the most recent will be on top; users can filter the grid utilizing the Filter Notes button above the grid. Users can also create new notes by clicking the New Progress Note button. Doing so will open a blank note.



*The note will open with the Note Type menu closed; the above example shows the expanded menu.

Users will have to select a note type from the seven options; the date, time and duration fields refer to the action that the user is documenting. For example, if the user is documenting a visit with the family, the date, time, duration of that visit will be entered into the fields.

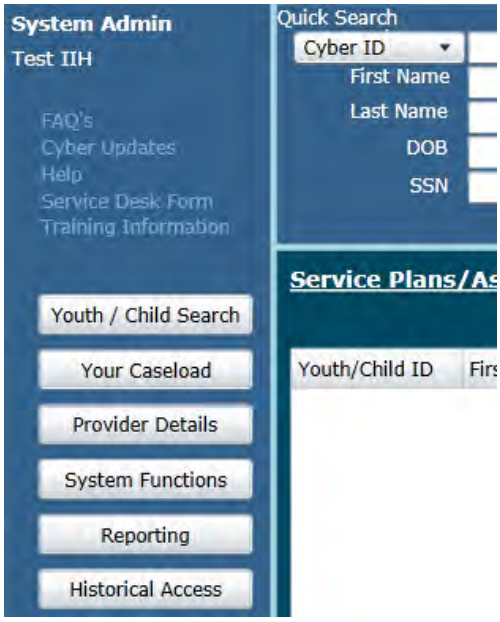
Users have the option of saving the note in draft form, by utilizing the Save Draft button at the bottom of the window. Draft notes are accessible back on the main progress notes screen, above the grid –

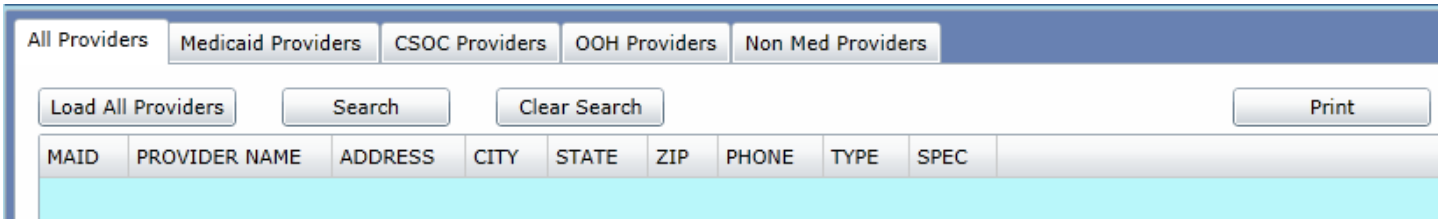


Users can also commit the note to the youth's record by clicking on the Commit button in the progress note window; please note that once a progress note has been committed to the record it cannot be edited or deleted.

VII. Provider Details

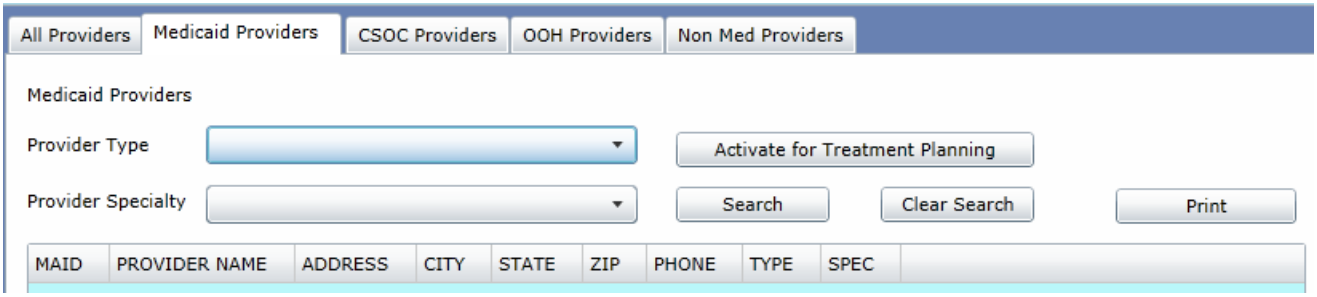
Provider Details is an area of CYBER that gives users access to the provider database in the system. It can be accessed via the Provider Details button on the Welcome Page.





The area is broken into tabs, which contain the following information:

- All Providers – opens by default; will display all provider records that are housed in CYBER when the user clicks the "Load All Providers" button. Please note that the loading of the grid will take an extended period of time due to the amount of information that comes into the grid. Users can then utilize the Search function to locate the information for a specific provider.
- Medicaid Providers – allows the user to locate any Medicaid provider in the state by utilizing the filter features above the grid.



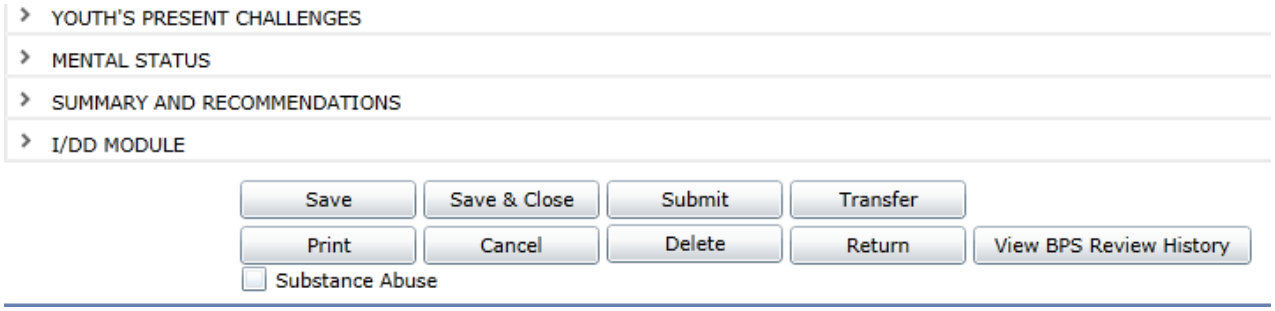
Users will select a Provider Type, such as a hospital, pharmacist or transportation, and then the specialty associated with that type. The grid will then populate with the associated providers' information.

- CSOC Providers – allows the user to locate any provider that is contracted with CSOC. This tab has a similar filter feature to that on the Medicaid Providers tab.
- OOH Providers – displays a list of all Out of Home (OOH) programs that are contracted through CSOC.
- Non Med Providers – allows the user to locate any providers that are not Medicaid providers; there is a filter feature available on the tab that is similar to that on the Medicaid Providers tab.

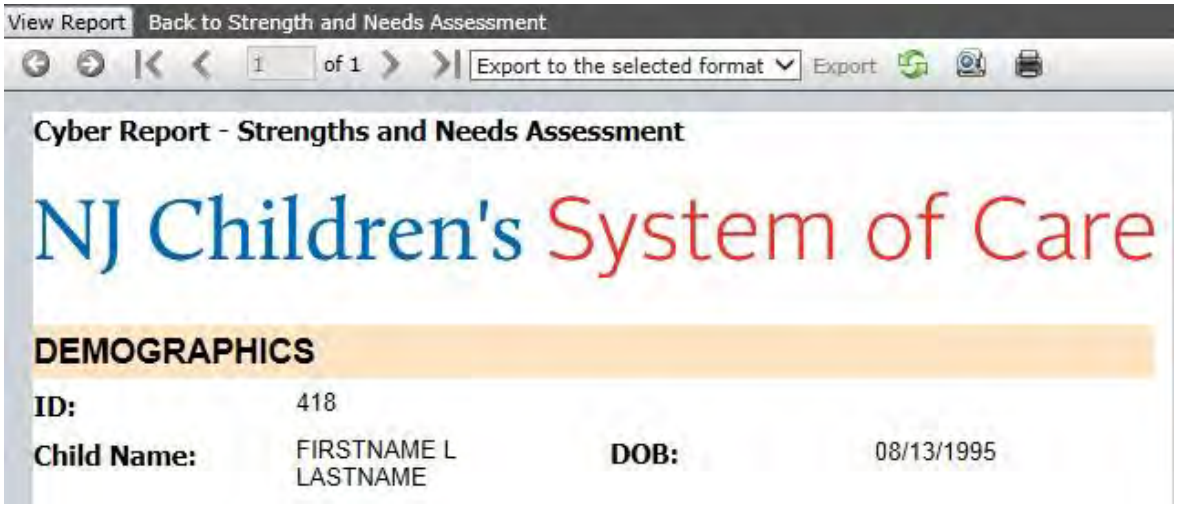
VIII. Printing in CYBER

There are a number of areas in the system that will give a user the option to print. Users will see print buttons in areas such as at the bottom of a treatment plan or assessment, on the Progress Notes screen, as well as on the Welcome Page.

In order to print, the user will click on the associated Print button. Below is an example of the Print button on the bottom of an assessment.



Clicking here will bring up the View Report tab; all printed documents will appear in this window prior to printing.



Clicking on the Export menu above the document will display a list of options the user can export the document to; it is highly recommended that the user export the document prior to printing. (Printing is available in CYBER via the printer icon on the right side of the menu bar above the document.) Once a format is chosen – PDF being the most popular choice – the document will export into that format and the user can print it or save it to their own system.