Treatment Plan Hierarchy Training

Last Update: July 2015

PerformCare®

Treatment Plan Hierarchy - Definition

The existence of a treatment plan hierarchy supports collaborative treatment service planning. It enables the electronic transfer of treatment plans, and assessments, to all involved parties for review before the plan is submitted to PerformCare for review.

Hierarchy ensures that the plan is only accessed by one party at a time, tracks the status and location/owner of the plan as it moves through hierarchy, and allows for movement of the plan between PerformCare and the submitter for changes or additions.

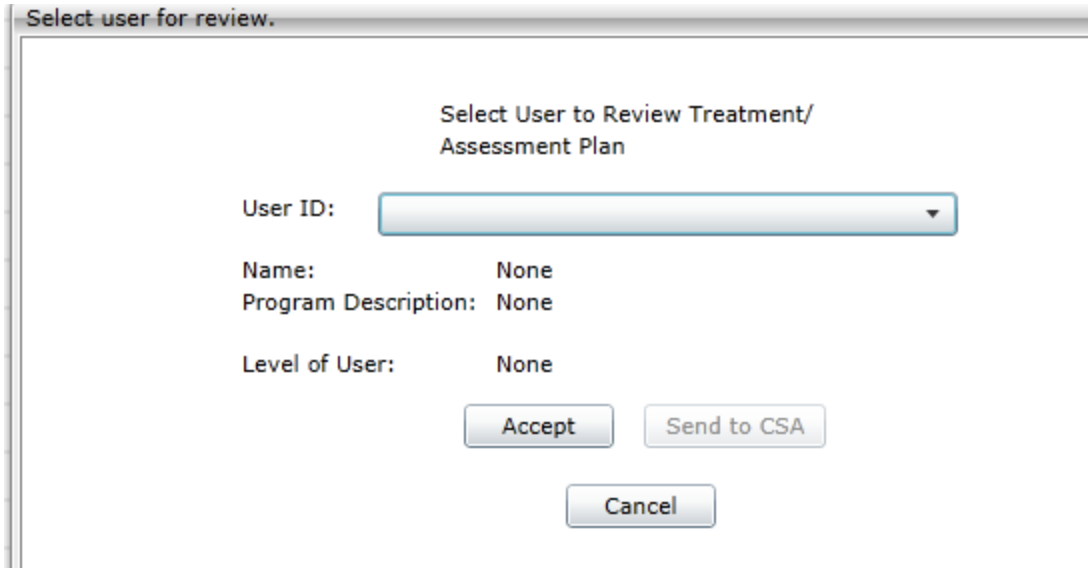
How Does Hierarchy Work?

Hierarchy is dictated by security within CYBER. An individual's security is set-up in their user profile, which is managed by their agency's System Administrator.

- A user with a Plan Level 1 setting can author plans and submit them for review internally.
- A user with a Plan Level 2 setting can author plans, return them to another user and submit plans directly to PerformCare.
- If there are any Plan Level 3 users in the agency, the Plan Level 2 user will have the option to submit to them or to PerformCare.
- A user with a Plan Level 3 setting can author plans, return them to another user, and submit plans directly to PerformCare.

How Does Hierarchy Work?

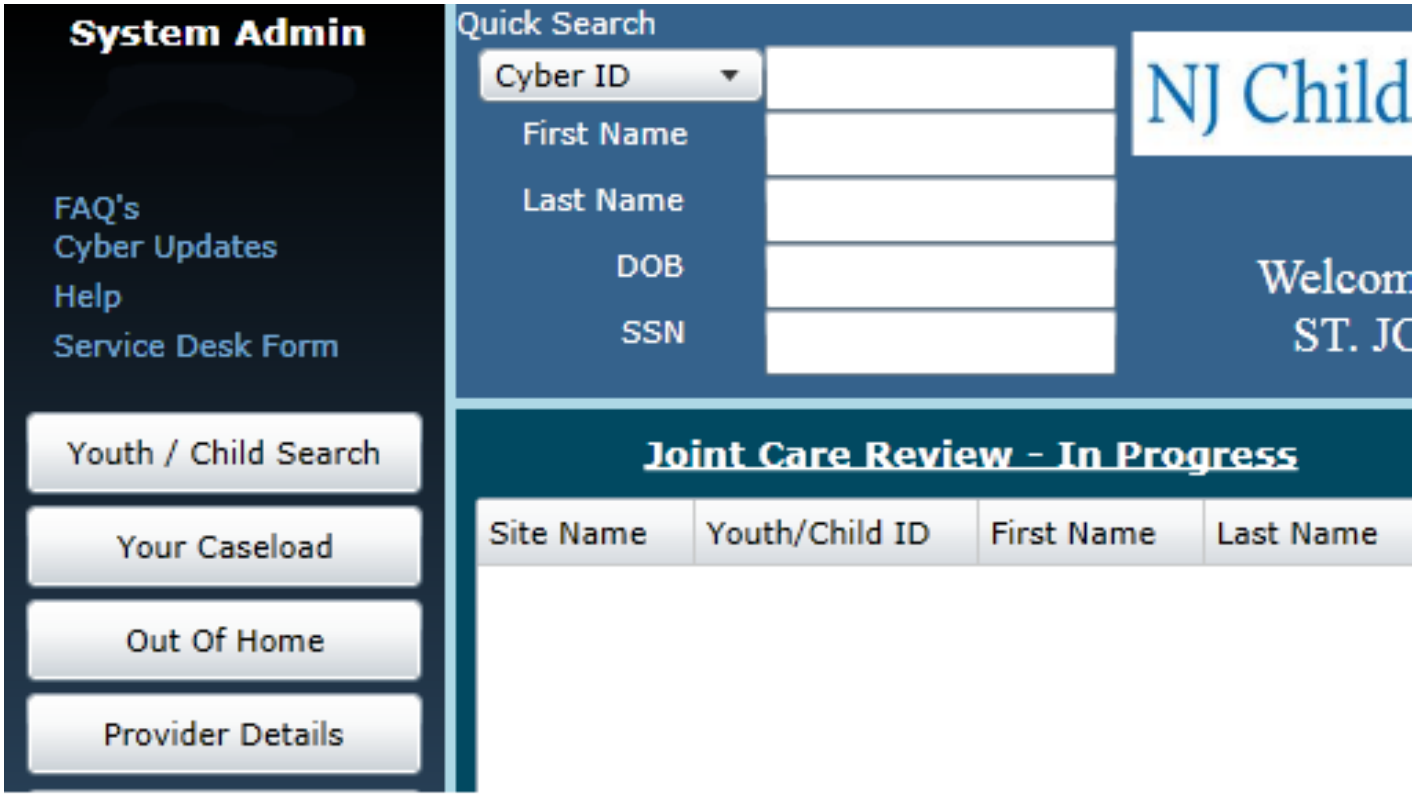
When a user clicks on the Submit button on a treatment plan or assessment, they will get the following pop-up box:



A Plan Level 1 user must submit the document to someone else above them in the hierarchy (the Send to CSA button will not be active); a Plan Level 2 user will only have to submit to another user IF there are Plan Level 3 users in the agency. Otherwise, the Send to CSA button will be active.

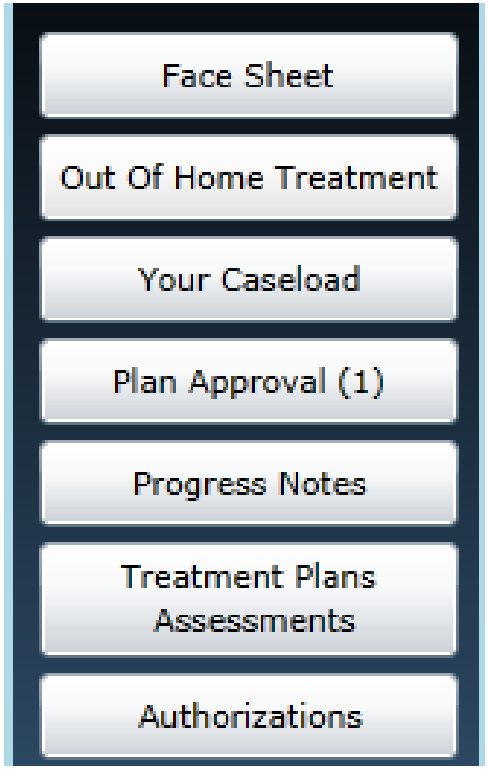
Finding a Plan or Assessment That Has Been Submitted To You

From the user's Welcome Page, they will click on the Youth/Child Search button on the left-side button bar.



Finding a Plan or Assessment That Has Been Submitted To You

Select the Plan Approval button, on the left-side button bar.



If a number appears on the button, this indicates that there are documents assigned to this user's ID; these may have been submitted to this user or they may be documents the user has in draft.

The Plan Approval screen is broken into three distinct areas:

Plan Approval....

Plan	Plan	Plan
☑ MRSS	☐ Assessment	☐

Doc Type: ALL

☑ Past Due
☑ Due Today
☑ Due Tomorrow

Program

Assigned To: All Users- All

Select All | Clear All | OR FROM: <M/d/yyyy> | TO: <M/d/yyyy> | Refresh

Plan Type	Plan Type	Plan Type	Plan Type	Plan Type	Plan Type	Plan Type
☑ ICPU	☑ IniICP	☑ TICP	☐	☐		

Filter options area – make selections to filter certain plan / assessment types into the next area

Filtered Plans (4)

PLAN	PLANTYPE	ASSIGNEDTO	YOUTH/CHILD	REQUESTOR
MRSS	ICPU- In Review			
MRSS	IniICP- In Review			
MRSS	TICP- In Review			
MRSS (CMO Request Included)	ICPU- In Progress			

Filtered Plans Grid – lists plans / assessments based upon choices above

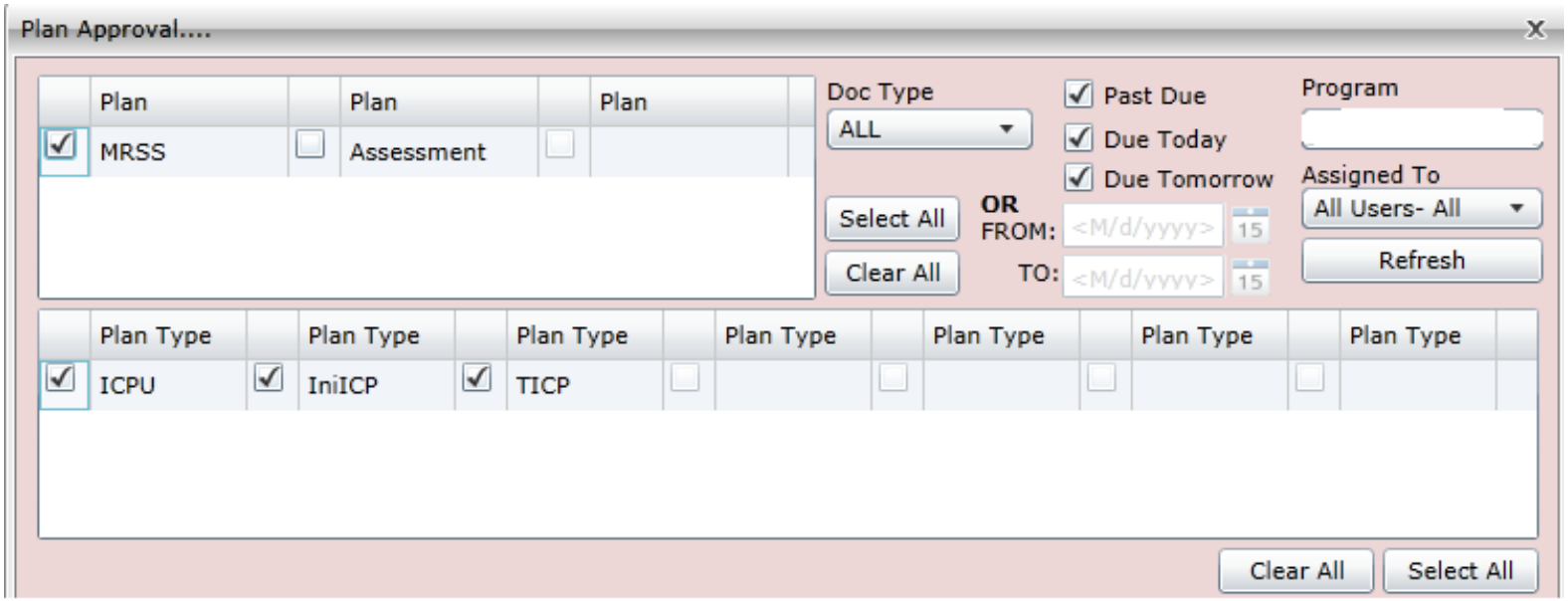
My Plans (0) Double click on a treatment plan to review.

PLAN	PLANTYPE	ASSIGNEDTO	YOUTH/CHILD	REQUESTOR	DUEDATE

My Plans Grid – lists plans / assessments assigned to logged in user

The Plan Approval Screen

In the Filters area, users will find general options related to: due dates, document type, who the documents are assigned to, and plan/assessment options in the grid on the left-side of the window. Plan Level 1 users can only filter by their own ID; all other users can filter by anyone's ID from within the agency.



The options chosen in the top grid (Plan) will dictate what appears in the Plan Type grid. Once options are selected in the Plan Type grid, the next grid – Filtered Plans – will populate.

The Plan Approval Screen

*Please note: the only Treatment Plans and Assessments that will appear as options in the Filter area will be the ones that are still with the agency. These documents have not been submitted to PerformCare or have been returned by PerformCare after submittal.

The Plan Approval Screen

The Filtered Plans grid will show the user what plans and/or assessments are in Cyber for the agency.

Filtered Plans (13)

PLAN	PLANTYPE	ASSIGNEDTO	YOUTH/CHILD	REQUEST
MRSS	ICPU- In Review		FIRSTNAME LASTNAME	
MRSS	IniICP- In Review		FIRSTNAME LASTNAME	
MRSS	TICP- In Review		FIRSTNAME LASTNAME	
MRSS (CMO Request Included)	ICPU- In Progress		FIRSTNAME LASTNAME	
Assessment	Crisis-Assmt		FIRSTNAME LASTNAME	

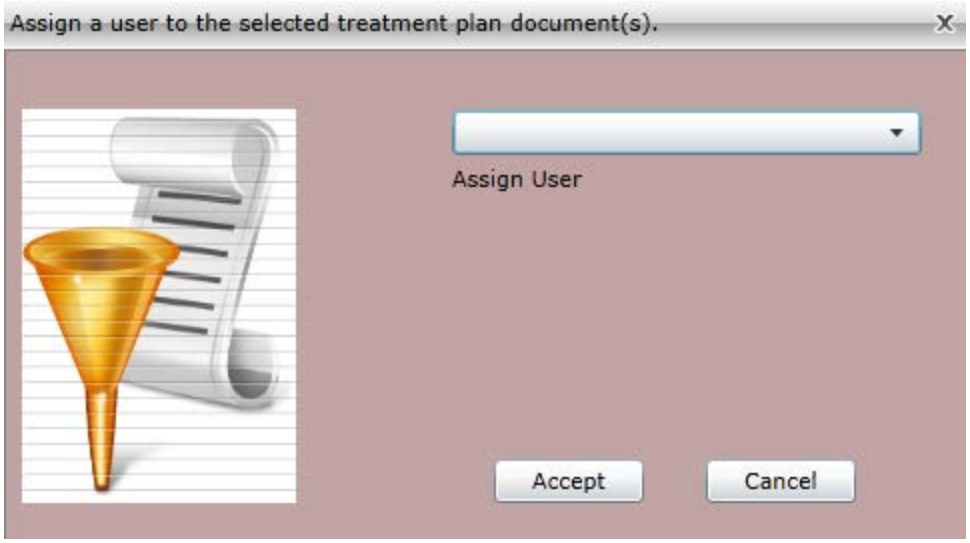
Assign

This grid will also show if the document is in progress (draft) or in review (been submitted internally); if it has been returned by PerformCare, there will be a user ID in the Return History column.

The Plan Approval Screen – Assigning Documents to Users

Plan Level 1 users can select a document from the Filtered Plans grid and assign it to themselves; Plan Level 2 and 3 users can select a document and assign it to any user within the agency.

Single-clicking on a document in the Filtered Plans grid, and then clicking the Assign button below the grid will open the Assign window.



Clicking on the Assign User menu will show the user a list of individuals they can assign to; selecting a name and then clicking Accept will assign the document to that individual.

The Plan Approval Screen – My Documents

The My Documents grid lists what plans and assessments are assigned to the logged in user; these are either in draft or have been submitted to the user. These may have also been assigned via Plan Approval.

My Plans (2) Double click on a treatment plan to review.

PLAN	PLANTYPE	ASSIGNEDTO	YOUTH/CHILD	REQUESTOR	DUEDATE
MRSS	TICP- Assigned		FIRSTNAME LASTNAME		2015/07/28 00:0
Crisis Assmt	Crisis-Assmt- Assigned		FIRSTNAME LASTNAME		

Unassign

Double-clicking on a document in the grid will bring the user to the Treatment Plans & Assessments screen for the youth. Users can unassign the document from themselves by selecting it and clicking the Unassign button from beneath the grid; it will then return to the Filtered Plans grid as unassigned.

Plan Review Time-Frames

CMO (UCM)

- Initial Plan – 3 business days
- All other plan types – 5 business days
- OOH Referral – 2 business days
  - *CMOs must submit all required documentation via Document Upload into the youth's record prior to the Referral being submitted to PerformCare; incomplete documentation will cause the plan to be returned.

MRSS

- Initial – 1 business day
- All other plan types – 5 business days

Plan Review Time-Frames (con't)

OOH

- JCRs – 5 business days
  - TJCRs – CMOs must submit all required documentation via Document Upload prior to the submission of the TJCR to PerformCare. Incomplete documentation will cause the TJCR to be returned.
  - **Please note: OOH plans are sent to the youth's CMO first before being routed to PerformCare for review. If the CMO does not submit it within 72 hours of receipt, the plan will be automatically submitted.

Plan Review Time-Frames (con't)

IIC/BA

- Both plan types – 5 business days

Substance Use

- Detox services – Same Day review
- All other plan types – 5 business days

IIH – Clinical Therapeutic Services and ISS

- Treatment Plan – 5 business days

IIH – Behavioral Services

- FBA/BSP – 5 business days

Plan Review Time-Frames

Needs Assessments (PHP, CCIS)

- 1 Business Day

Needs Assessments (MST, FFT)

- 5 Business Days

Needs BPS

- 5 Business Days

How to Locate a Returned Plan

Users can find returned plans:

- On Welcome Page
  - Most users have a Rejected link in their Treatment Plans/Assessments area of their Welcome Page.
- Plan Approval
  - Returned plans will appear in the Filtered Plans grid for all users (there will be an ID in the Return History column) and the owner* of the plan will see the returned document in their My Plans grid.

**Plans are returned to the user that submitted them, not necessarily the author.*

Returned Plans (from PerformCare)

- If a plan is returned, the return reason will be described in the Notepad accordion of the plan, as well as in a detailed progress note in the youth's record.
- Since the plan is returned to the user that submitted it, that user can edit it and resubmit OR they can return it to the author and they can complete the edits that are needed. That individual would then resubmit through the hierarchy of their agency prior to submittal to PerformCare.
- Please note: an OOH plan (JCR, TJCR, DJCR) is returned to the OOH agency, not the CMO. Any resubmitted OOH plan will be routed to the youth's open CME prior to submittal to PerformCare.

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