# Instructional Guide to CYBER Face Sheet

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I. Introduction
The Face Sheet is a component of the CYBER system that serves as the starting point for the youth record. The design of the Face Sheet is applied to all youth records in the system, and all providers in the New Jersey Children’s System of Care (CSOC) utilize its functionality. The Face Sheet consists of multiple tabs of compiled information about each youth served by CSOC. Some tabs are specific to their own information and others have details to show how the information in the record is interrelated.

The information on the Face Sheet is organized in a manner that allows CSOC stakeholders to have an understanding of the youth population and the people involved with the youth’s care, as well as access to the current service status. CSOC designed the Face Sheet to ensure youth information is relevant, well-organized, user-friendly, supports data integrity, and outcome tracking is available within defined practice standards.

This document describes the Face Sheet tabs’ organization from left to right in CYBER. In addition, there are CYBER changes that affect all users as well as some changes for specific user types. The appendices in this document can be used for further clarification regarding access to viewing and editing capabilities. Please note that some tabs described in this instructional guide may not be accessible to all users.
II. Accessing CYBER

Users must first log into CYBER with their Username 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 Username and Password, and then select the LOGIN button to continue.

Above 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.

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. The Face Sheet
The Face Sheet is a series of tabs in a youth’s record in CYBER. Much like a file cabinet, the Face Sheet gives the appearance of a series of folders with staggered tabs. By clicking on a tab, the user can view the available information. The user’s provider type dictates access to specific tabs and their related information. When a Care Management Organization (CMO) or Mobile Response and Stabilization Services (MRSS) is involved and open to the youth record, all other providers are restricted from editing specific information in the record.

Note: Not all the Face Sheet tabs described here are available to all providers. (See Provider tab access)

The Face Sheet tabs are:

- **Dashboard** – Display of important youth-specific ‘at-a-glance’ information
- **Demographics** – Documentation of youth population characteristics
- **Episodes** – Display youth admissions/transitions to/from services
- **Provider** – Documentation of specific provider contact information assigned to youth
- **Supports** – Documentation of family, formal and informal supports involved with youth
- **Dx/Med** (Diagnostic/Medical) – Combined view of diagnoses and medications from documents or face sheet
- **Eligibility** – Display of youth eligibility information and Medicaid codes
- **Insurance** – Display of youth insurance information
- **Legal** – Display legal information associated to youth record
- **Doc** (Documents) – Houses uploaded documents associated with youth

Note: The Tracking Elements tab is no longer available to providers.

IV. Dashboard Tab
The **Dashboard** tab is the starting point, or landing tab for all CYBER users. The Dashboard provides a youth-centered ‘snapshot’ of the youth’s information drawn from different areas and tabs in the youth’s record. The Dashboard tab is read-only – it is not editable, nor is the text available to be copied and pasted. However, there is functionality for PDF printing of all other tabs in the Face Sheet.

Youth Specific Information
This section contains information drawn from the Demographics tab as indicated by the youth or family. It is displayed in an easy-to-read format focusing on the youth’s current information.

The fields include (unless noted otherwise, this information is drawn from the Demographics tab):

- **Legal Name** - name on the youth’s birth certificate
- **Address Type** - description of the youth’s current address. If ‘Other’ is selected, the Address Type will display the required entry of the ‘Other’ information.
- **Preferred Name** - name the youth or family prefer to call the youth (formerly Alias accordion)
- **Date of Birth** - date of the youth’s birth in format MM/DD/YYYY
- **Age** - calculation in real time of the youth’s age based on date of birth
Gender - displays selected gender Male or Female

Race - displays all the selected races (Race section, Demographics)

Ethnicity - displays all the selected ethnicities (Ethnicity section, Demographics)

Current Address - displays all the combined fields of current address from the Face Sheet including county (Demographics)

Languages Spoken - displays all selected languages (Languages section, Demographics). If the language is notated with (P) it indicates the primary language as identified by the family.

Youth Primary Phone - primary phone number to reach the youth

Youth Secondary Phone - secondary phone number to reach the youth

Youth Email - email to reach the youth

Youth Marital Status - displays selected status

Active YL - displays Yes or No based on the Out of Home referral status on YouthLink.

Flags for Special Occurrences

This section will display flags indicating specific activity is occurring with the youth record. The flags are defined as follows:

- Inactive – indicates the youth is now deceased
  - When an Inactive flag appears in a youth record, an overnight batch process discharges the youth from active Out of Home, Family Support Services and Substance Use services. If the youth was waiting for these services, their referrals are removed from the Links. All currently open providers will receive an end date on their current Episodes that is 30 days from the date of the youth’s death.

- Inactive Moved Out of State - youth who have received CSOC services in the past and have moved out of state

- Inactive Transitioned to DMHAS - youth who have received CSOC services in the past and have turned 21 years old will be flagged as transitioned to the New Jersey Department of Mental Health and Addiction Services.

- DD Eligible MM-DD-YYYY - youth has been determined eligible for DD functional services on the date.

- MLTSS MM-DD-YYYY - Managed Long Term Services and Supports are effect as of the date. Youth who have a MLTSS flag are only permitted to receive a 72 hr. MRSS dispatch from CSOC. All other CSOC services are considered a duplication of MLTSS services.

- Remain with DDD - youth who are still receiving services from the New Jersey Division of Developmental Disabilities and cannot receive any services from CSOC as it is viewed as duplication of services.
DCPP Involved - This flag comes from the youth’s Supports tab. It will be displayed if a provider enters an active Support member with a relationship to the New Jersey Division of Child Protection and Permanency (DCP&P) and no end date or has a future end date. (This flag will not be viewable to FSS users.)

No flags are identified this time – youth has no active flags in the record.

Parent/Caregiver
The information in this section comes from the Supports tab. It will display the identified Primary 1 / Primary 2 parent or caregiver, their phone number and email as entered on the Supports tab. Each active support member with a Primary 1 or 2 relationship has a start and end date to identify whether the support is currently active with the youth. This tab should be reviewed regularly to keep support status current. The fields include:

- **Name** - displays first and last name of the Primary or Secondary support
- **Phone** - displays phone number of the Primary or Secondary support
- **Email** - displays the email of the Primary or Secondary support
- **Parent/Caregiver** will display ‘DCP&P’ if the youth has an active Support Member with a Relationship of DCP&P and no end date or has a future end date.

If the information in the Parent/Caregiver section is not accurate, please refer to the **Support** tab section in this document for correcting Primary Supports and chart to determine who can access and update the Supports information. Provider Restrictions to editing specific information in a youth record is dependent on whether care management (CMO and MRSS) providers are involved and open to the youth in CYBER (See **Appendix B**).

Eligibility
The information in this section comes from the Eligibility and Insurance tabs in the youth’s record. The section displays:

- **Current Medicaid #** - a 12 digit identification number if youth has an active Medicaid plan. The number is divided into sections referring to County, Program, Case #, and Person #. See the Eligibility tab for start and end dates.
- **NJ FamilyCare** - active NJ FamilyCare insurance information from the Insurance tab.
- **Active TPL** - TPL refers to Third-Party Liability - active insurance (other than NJ FamilyCare).

Current Episodes
The information in this section comes from the Episodes tab on the Face Sheet. All current episodes will be displayed in a list starting with most recently approved. Current Episodes are defined by any active services being provided. Episodes in this section may reflect length of stay or authorization dates. An episode will be listed as follows:

<table>
<thead>
<tr>
<th>Format</th>
<th>The youth was admitted to (agency name) on (MM/DD/YYYY) and has a length of stay of (number) days (number months).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>The youth was admitted to CMO Burlington on 12/12/2017 and has a length of stay of 63 days (2 months).</td>
</tr>
</tbody>
</table>

The number of months will always be rounded down to the last completed month.
Current Service Authorizations

The information in this section comes from the Authorizations section of the youth’s record. The information displayed represents the authorization details. Current Service Authorizations will be listed as follows:

<table>
<thead>
<tr>
<th>Format:</th>
<th>The youth is receiving (service type) from (Agency name/Agency Medicaid ID) FROM (MM/DD/YYYY start date) TO (MM/DD/YYYY end date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>The youth is receiving Care Management from PARTNERS FOR KIDS AND FAMILY – CMO (56970-8457506) FROM 02/01/2018 TO 04/30/2018</td>
</tr>
</tbody>
</table>

Printing from the Dashboard Tab

All providers with access to the Dashboard tab may print one individual tab or all of the Face Sheet tabs. Note that the selection for All Tabs will not print the Dashboard tab. The tabs can only be exported into PDF format.

In the upper right corner of the Dashboard:

1. Click the dropdown box next to Print Selection
2. Select All Tabs or the specific tab you want to print and then choose the Print button
3. A ‘Generating Report’ window will appear briefly
4. The ‘Show Document’ screen will display the chosen Tab

5. If you move your mouse to the top center of the document, an Adobe Acrobat Reader Tool bar will appear:

6. You may choose to Save (disc icon) or Print (printer icon) using the appropriate icons.

For tabs that have the links that display ‘Active’ (current) information or ‘All’ (current and archived) information, those tabs will print both current and archived information (see tabs for Episodes, Provider, Supports, Eligibility, Insurance)
V. Demographics Tab
The Demographics tab houses the youth’s identification information. Provider restrictions to editing specific information in a youth record is dependent on whether care management (CMO and/or MRSS) providers are involved and open to the youth in CYBER. (See Appendix B.)

Youth Specific Information
- **First and Last Name, MI** - legal first and last name and middle initial of the youth
- **Preferred Name** - family and youth preferred name of the youth
- **DOB and Age** - date of birth and calculation of birth to display age
- **SSN** - social security number masked ‘XXX-XX-#####’ where ‘#####’ represents the last four digits of the youth’s SSN
- **Gender** - Male or Female (select one)
- **Marital status** - Never Married, Married, Separated, Divorced, Widowed, and Unknown (select one)
- **Military status** - Active, Veteran, None, Unknown (select one)
- **Eye Color** - amber, black, blue, brown, green, gray, hazel, red, violet, and unknown (select one)
- **Hair Color** - auburn, black, blonde, grey, red, white, and unknown (select one)
- **Primary Language Spoken in Home** – primary language identified by the family. This field is display only. Changes must be made in the Language accordion.
- **Youth Current Address** – current address for the youth
- **Apt #, Building #, Floor, etc.** – additional address details as noted
- **Special Address & Instructions** – directional guidance (i.e. blue door at the side of the house)
- **Google Map button** - opens a separate Google Map window to map the youth’s address
- **Copy Address (button)** - captures additional addresses by copying the existing youth address into the additional addresses accordion and allowing for modification
• **Youth Email Address** - youth email (add only one)
• **TPL Information available** – displays check box referring to available insurance
• **Youth Primary/Secondary Phone** - primary and secondary contacts’ phone numbers
  • **Note** that the Primary and Secondary Phones on the Demographics tab have a general Relationship identification. They may refer to a Support’s phone, but the Phone fields on the Demographics tab are not connected to the Supports tab.
• **Primary/Secondary Phone Type** - identifies the phone type as Mobile, Home, Work, etc.
• **Type of Relationship** - defines the general relationship of the primary and secondary phone numbers are noted.
• **Relationship of Contact** – list of family, formal and informal relationships including other
• **Allow Text Messages (CSA use only)**
• **Preferred Method of Contact** – Youth Primary Phone, Youth Secondary Phone, Youth Email or Mail (only one choice)
• **Referral Source (CSA use only)** – identified and documented on intake if available

**Administrative Buttons**

• **Save** (button) – saves the current information
• **Demographic Updated Date** and **Demographic Updated By** – captures the username and date of last person who saved the record

**Anomalies**

In the CYBER system, an anomaly in a record is considered to be an indication of an ‘outlier’. Anomalies have been placed in the system to indicate needed action or review. Anomalies will indicate that there is missing, or incorrect, information in a youth’s record; they will also flag youth that will need to be transitioned out of the Children’s System of Care within the next year due to age.

**Anomaly Management** – Located on the Welcome page, only CYBER users with security Level 2 or 3 will be able to access the complete list of Anomalies.

**Anomalies within Youth Record** – Users with access to the record may access the **Anomalies** button; it will be bold when there are active anomalies and gray when there is none.

- **Anomalies in record**
- **No Anomalies**

**Possible Anomalies are:**

- Open Tracking Element/No Medicaid
- Open Tracking Element/No Progress Notes 30CD (calendar days)
- Missing Address Data
- Open Tracking Element Missing/Malformed SSN
- Open Tracking Element/Malformed DOB
- Open Tracking Element/Over 20 ½ Years Old
- Open Tracking Element/Over 20 Years Old
- Exceeds Expected Length of Stay
- Consistent High Rating in One or More Domain
- Consistent Low Ratings in One or More Domain
Race and Ethnicity Sections

The Race and Ethnicity sections include the most current Federal guideline standards as of the date of this document. This section has multiple-choice check boxes, allowing for multiple racial and cultural selections.

Race categories requiring additional definition if selected

- American Indian or Alaska Native - Indicate name of enrolled or principal tribe
- Other Asian - Indicate race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Other Pacific Islander - Indicate race for example, Fijian Tongan, and so on.
- Some other race

Ethnicity categories requiring additional definition if selected

- Other Hispanic, Latino, or Spanish origin - Indicate origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

Accordions

The accordion section of the Demographics tab houses additional information about the youth. For providers that have access to edit this section (see Appendix B), add an item by clicking the plus sign (+) and entry boxes below will display. To review the entries already in the record, click the circle with the arrow down and then double click one of the rows. The address should be editable.

Additional Address InformationAccordion

This accordion identifies additional addresses for the youth. These are specific to the location of the youth and/or where the youth’s family/caregiver address is located. Entering Zip code and clicking the Enter key or Tab key will bring up either the city/state/county combinations for selection of if applicable. Start and End dates are now required and define when a specific address is no longer active for the youth. More than one address may be entered.
Type of Address drop down menu (select one):

- Mailing Address
- Non-Custodial Parent Address
- Out of Home Placement Address
- Resource Home Address
- Shelter
- Vacation Home Address
- Work Address
- Youth Detention Center Address

Out of Home (OOH) Admissions and Additional Addresses
On admission to an OOH program, the system will automatically update the youth’s address with the Site Address of the admitting OOH Program in multiple places.

On OOH admission, CYBER will:

- Collect and add the End Date to the current address and store it in Additional Address Information accordion
- Add the OOH address to the youth’s address at the top of the Demographics tab
- Add the OOH address to the Additional Address Information with the admission date as Start Date

Users will not be able to edit the OOH Address record in the Additional Address Records accordion that was automatically entered by CYBER at the time of admission.

On OOH transition, CYBER will:

- Add an End Date to the OOH Additional Address Information
- The OOH address at the top of the Demographics tab will not be updated.

Once transitioned, to update the address, CMO users should:

- Update the youth address on the Demographic tab
- Click Save, then Click Copy Address button to add the new address with Type of Address to Additional Addresses with the transition start date.

School Information Accordion
This accordion identifies what level of schooling is currently active for the youth with a start date and no end date/future end date. This accordion also allows for identification of whether the youth is on track for graduation courtesy of the expected graduation date. Any provider with access to edit the youth’s record can enter School Information. However, if CMO or MRSS are open to the youth’s record, no other provider may enter this data.
School drop down menu (select one)
- College
- Grade School
- High School
- Middle School

Counselor drop down menu (select one)
- (School type from above) Teacher
- (School type) Counselor

CSA Preferred Method of Contact Accordion
(For use by PerformCare only) This accordion identifies how the family/caregiver prefers to receive information from PerformCare.

Languages Accordion
Documents the family/caregivers’ language(s) spoken in the home. Only one language may be identified as Primary (the one spoken most commonly in the home). A Start Date identifies when a language is actively spoken in the home, and the End Date would identify that the language is no longer actively spoken. The drop down menu for Selecting the Language is comprehensive.

External ID Information Accordion
The External ID accordion is managed by PerformCare and documents external ID information such as DD Eligibility identification.

Missing Demographic Information
Once a youth is opened to CMO or MRSS, all demographic information should be reviewed and updated. If any of the below information is missing, a pop up message will appear 7 calendar days after the youth is opened and every time CMO or MRSS users access the youth’s record until all the required fields have been entered.

Complete these required fields:
1. First Name
2. Last Name
3. DOB
4. Gender
5. Youth Current Address
6. City
7. State
8. Zip Code
VI. Episodes Tab

The new Episodes tab (formerly named Admissions) will display the episodes of care for the youth. An Episode of Care is a period of service the youth receives, framed by a start and end date.

CMO view of Episodes Tab

Episodes Tab Features

The Episodes tab available to CYBER users* displays by default all the active episodes of care that are occurring for the displayed youth. The active episodes are also displayed on the Dashboard tab.

The Episodes tab is a grid of all the episodes that the youth is currently receiving or has received in the past.

- Information will include the Program (name), Program Type (IIC, MRSS, OOH, IDD, IIH, PHP, etc.), Service Type (IOS), Start Date (admission date), Transition Date, Referral Date, and the Referral Source.
- The grid is automatically populated when a youth is admitted to a program or receiving a service; these episodes may occur via YouthLink, FSS Link, or to providers through Treatment Plans/assessments.
- As noted on the Dashboard, the Current Episodes section will display each active Episode of Care on the Episodes tab.
- The primary purpose of the Episode Tab is to document the actual Length of Stay during the authorization period allowing for more accurate reporting and outcomes data.

* Family Support Service, Adolescent Housing Hub, and Office of Adolescent Services providers will not see the Episodes tab.

Referral Source

CMO and MRSS have the ability to collect a referral source for their own agencies’ episodes. First, click the row to select (highlight) the user’s own episode and then click the Add/Edit Referral Source button.

If the user attempts to open the Referral Source of another agency, an error message will display, ‘You are only able to add/edit the referral source for your own episode of care.’

Note: MRSS may enter the Referral Source on their active episode; either the MRSS Response Initial or the MRE Care Coord & Stabilization Plan episode. Once selected both episodes will show the same referral.
The following information will be displayed in the Add/Edit Referral Source window: Youth/Child ID, Program, Program Type, Service Type, Episode Start Date, Transition Date, and Referral Source (optional Other Referral Source).

The user may select one choice from the Referral Source (see list below).

**Referral Sources**

- Adult Protective Services
- Board of Social Services
- BPS (Bio Psycho Social assessment)
- Caregivers
- CCBHC (Certified Community Behavioral Health Clinics)
- CCIS (Children’s Crisis Intervention System)
- Child Study Team
- CMO (Care Management Organization)
- Community Outpatient Provider (OP therapist, Psychiatrist)
- Court Order
- DAP/EDRU Admission (Detention Alternatives Program/Emergency Diagnostic Reception Unit)
- DCPP/SCR (Division Child Protection and Permanency/State Central Registry)
- Family Success Centers
- Family/Friend
- FSO (Family Support Organization)
- Internet Search
- IRTS Referral (Intensive Residential Treatment Services)
- JJC (Juvenile Justice Commission)
- Medicaid Managed Care Organization
- MRSS (Mobile Response and Stabilization Services)
- Other Community Provider
- Other System Partner (FFT, MST, IIH, IIC, OOH, FSS) (Functional Family Therapy, MultiSystemic Therapy, Intensive in-Community, Out of Home, Family Support Services)
- Partial Care/Partial Hospital
- Pediatrician/Physician
- Police
- Private/Commercial Insurance Provider
- Probation/Court System
- School
- Screening Center/Hospital
- SU Provider (Substance Use)
- Unknown
- Other

If ‘Other’ is selected, the Other Referral Source required text box will become available for entry. Click Submit to add the Referral Source.

**Edit Referral Source** – Providers may only edit their own episode’s referral prior to submission of the TISP/TICP. After submission, the referral cannot be edited. To edit:

1. Click the row to select (highlight) the user’s own episode.
2. Click the button Add/Edit Referral Source. The existing referral information will be displayed.
3. Only the existing Referral Source and Other text box will be editable (if ‘Other’ is selected).
4. Click Submit to add the Referral Source.
Utilizing the Episodes Tab

Because the Tracking Element tab is no longer available to providers, an understanding of how to use the Episodes tab is important. The grid on the next page describes Episodes of Care for each provider type and service, how the start and end dates are determined, and when access for the provider ends. *(See Appendices E and F)*

Episodes of Care

<table>
<thead>
<tr>
<th>Prvd type</th>
<th>Episodes of Care are determined by:</th>
<th>Access ends to youth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHH</td>
<td>AHH admission and transition dates</td>
<td>On the Transition date on the Census tab.</td>
</tr>
<tr>
<td>CMO/BHH</td>
<td>CMO/BHH admission and transition dates</td>
<td>14 calendar days from the date the CMO TISP/CMO-BHH Transition is submitted</td>
</tr>
<tr>
<td>MRSS</td>
<td>MRSS Dispatch admission/transition MRSS Stabilization admission/transition</td>
<td><strong>Dispatch Refuse/Cancel</strong>: Transition Date +3 days <strong>Dispatch</strong>: 14 calendar days from the authorization end date <strong>Stabilization</strong>: 14 calendar days from the date the MRSS TICP is submitted</td>
</tr>
<tr>
<td>OOH/IDD</td>
<td>OOH/IDD admission and transition dates</td>
<td>14 days from the date on the OOH/IDD Discharge JCR or date reported transitioned</td>
</tr>
<tr>
<td>FSS</td>
<td>FSS admission and transition dates</td>
<td>On the Transition date on the Census tab.</td>
</tr>
<tr>
<td>FSO</td>
<td><strong>Opening</strong>: Family Request / Opening of CMO / CMO or MRSS opening FSO manually. The system will create two separate FSO episodes where MRSS and CMO were open at the same time. If MRSS is closed, an End Date will populate the FSO (MRSS) Episode using the TICP Transition Date. If there was no start date for FSO (CMO) episode, the Start Date will populate with the CMO episode start date. <strong>Transition</strong>: Entry of FSO closure type progress notes is by FSO or if neither MRSS, nor CMO is open to a youth’s record.</td>
<td><strong>CMO/MRSS actions</strong>: FSO access ends --The day CMO submits the CMO Transition ISP or MRSS submits a TICP (and CMO is not opened). <strong>FSO actions</strong>: FSO access ends: --On day 91 if no FSO Progress Note is committed into the youth record every 90 calendar day --The following day if a FSO closure note type is committed --14 days after a FSO Transition progress note is committed</td>
</tr>
<tr>
<td>IIC</td>
<td>BPS – not shown in Episodes tab</td>
<td>3 business days from the authorization end date</td>
</tr>
<tr>
<td>IIC/BA</td>
<td>IIC/BA authorizations start and end dates</td>
<td>14 calendar days from the Authorization End Date (updated if a new authorization Start Date is within 30 days of the previous authorization End Date)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>IIH/ISS</strong></td>
<td><strong>IIH/ISS authorizations start and end dates</strong></td>
<td><strong>14 calendar days from the Authorization End Date (updated if the subsequent authorization Start Date is within 30 days of the previous authorization End Date)</strong></td>
</tr>
<tr>
<td><strong>IU</strong></td>
<td><strong>Opening</strong>: IU uploaded admission note and consent. <strong>Transition</strong>: Uploaded ISD with transition date or automated with the end date of the current authorization.</td>
<td><strong>14 calendar days from the Authorization End Date (updated if the extended stay is approved)</strong></td>
</tr>
<tr>
<td><strong>PHP</strong></td>
<td><strong>PHP authorization start and end dates</strong></td>
<td><strong>Access to record</strong>: 14 calendar days from date opened  <strong>PHP Services</strong>: 14 calendar days from authorization end date</td>
</tr>
<tr>
<td><strong>CCIS</strong></td>
<td><strong>CCIS requested start date and tracking element end date</strong></td>
<td><strong>Access request to record</strong>: 30 calendar days from request start date  <strong>Access request from Intermediate units</strong>: 60 calendar days from request start date</td>
</tr>
<tr>
<td><strong>MST/FFT</strong></td>
<td><strong>MST/FFT authorization start and end dates</strong></td>
<td><strong>14 calendar days from access start date or authorization end date if authorized</strong></td>
</tr>
<tr>
<td><strong>SAB</strong></td>
<td><strong>SAB authorization start date and transition date</strong></td>
<td><strong>Detox</strong>: 14 calendar days from Detox discharge is submitted  <strong>Service Extension</strong>: 14 calendar days from date the extension request is submitted  <strong>Outpatient</strong>: 30 Calendar days from the Start Date</td>
</tr>
</tbody>
</table>

**VII. Provider Tab**

The Provider tab’s primary purpose is to display the providers who are directly working with the youth. Upon opening the tab, ‘Active’ providers will be displayed by default.

**Provider tab features**

**Active Providers / All Providers** - There are two hyperlinks, ‘Active Providers’ and ‘All Providers’ that when clicked, information displays in the grid below. The **Active Providers** hyperlink is the default view and displays Active providers opened to a youth. Active providers have a start date a future end date or no end date. The **All Providers** hyperlink displays the entire history of all providers opened to a youth whether formerly or currently providing services.

**Agency Type Filtering Menu** - The drop down Agency Type menu allows the user to filter the view to one type or all types of providers.
**My Active Youth/Welcome Page Connection** - When an agency adds their staff to the youth’s Provider tab, it populates a list under the **My Active Youth** button for those staff. Adding staff names to the Provider tab also activates the Welcome Page to allow them to utilize the links to track plan/assessment/eligibility activity. Supervisors may also be added to the Provider tab and view their staff activity on the Welcome Page. For more information, see Welcome Page Instructions for Supervisors and Up in the Training section of the PerformCare website.

---

**Manage Access**

Provider name, email, and phone number is displayed from Login information in the Manage Access screen.

Providers should be responsible for keeping their professional phone and email contact information up to date in CYBER. When changes are made to provider information on the Manage Access screen, it is displayed in real time on the Provider tab.

---

**VIII. Supports Tab**

**Family and Formal/Informal Supports**

The Supports tab is divided into two areas: the Family Supports and the Formal/Informal Supports. Both areas will display the **active** Supports by default. There are functional buttons above the two grids to add, remove, and copy Supports to aid with supports management.
Supports Tab Features

Active-All Family Supports or Active-All Formal/Informal Supports - hyperlinks above each grid for Family Supports or Formal/Informal Supports displays Active Supports by default and All Supports (active and formerly active) if selected.

Supports Management

Add Support button – opens the Add/Edit Support Member window and allows the user to add a new Support to either Support grid.

- **Edit a Support** - double clicking an existing active Support allows the Support to open and users with edit access, to edit specific fields to update, or to add an end date to an existing Support.

Removing Support button - If a Support is added in error, users with edit access may select a Support by clicking once in the grid and then click the Remove Support button to delete the error. A confirmation message will appear prior to removal.

Copy to New button – clicking once to select a Support Member in the grid and clicking Copy to New will open the Add/Edit Support Member screen, copy all the information for the selected Support Member, and every field will be editable.

Additional Contact Number button - displays historical information from the Demographics tab only. Providers cannot add to this information and it is not editable.

Supports Tab Permissions

When Care Management Organizations (CMO) or Mobile Response Services (MRSS) is open to a youth’s record, no other providers may update the Supports Tab (See Appendix B).

Add/Edit Support Member Window

Clicking the Add Support button will open the Add/Edit Support Member window. The fields on this window are as follows:
- **First Name*/Last Name*/Middle Name** – the name of the Support
- **Address 1** – the street address of the Support
- **Same as Face Sheet button** – allows the youth’s address on the Demographics tab to be populated as the Support’s address.
- **Apt#, Building#, Floor, etc.** – allows additional description for the address
- **City/State/Zip** – enter zip and city, state county either display or offer selection
- **Primary/Secondary Phone Number/Ext** – the phone numbers for the Support
- **Primary/Secondary Phone Type** – Home, Mobile, Pager, Work (select one)
- **Allow Text Messages** – check box specific to the primary or secondary phone type
- **Email Address** – email specifically for the Support
- **Preferred Language** – preferred language of the Support
- **Preferred Method of Contact** – Primary/Secondary Phone, Email, Mail (select one preferred method for each)
- **Relationship*** - contains a list of Relationships (see descriptions below)
- **Support Type*** - the Relationship selection determines the Support type selection (see descriptions in the following section)
- **Start Date** – documents when the relationship begins. It will default to the current date if not selected.
- **End Date** - documents when the relationship has ended

*Required fields

**Relationships and Support Types**

*Family Relationship* (as identified by the family) - Brother, Father, Mother, Sister, Grandparents, Cousin, Aunt, Uncle, Daughter, Son, Stepparents, Stepchildren, Stepbrother/sister, etc.

*Formal/Informal Relationship* - Teacher, Provider, Caregiver, Friend, Child Study Team Member, Guardian, Resource Brother, Resource Father, Resource Mother, Resource Sister, Other Family Member, etc.

*Family Support Types*

- **Primary 1** – as identified by the family - the primary contact
- **Primary 2** – as identified by the family – the second primary contact
- **Informal** – if a family member, but not the primary or second primary contact, then identify as Informal
Formal/Informal Support Types

- **Informal** - individuals or organizations in the family’s own community
- **Formal** – professionals providing services and supports (or other individuals who are ‘paid to care’) under a structure of requirements for which there is oversight by state or federal agencies, national professional associations, or the general public arena.

DCP&P Support Types

- Custody
- Guardianship
- Court Ordered
- Investigating Abuse & Neglect
- Involvement (Child Welfare only)

See Appendix C for the connection between Relationship types and Support types.

Provider Review of Supports

As CYBER was developed, prior structure for Parent/Guardian names and contact information evolved into the current Formal/Informal section of Supports tab with Relationship type. They may continue to be displayed as Guardian and Support type as Primary 1. **These labels may not fully represent existing support relationships and will require review and updating to reflect accurate relationships and support.** In order to retain support history for youth, previously entered and saved relationship and support type are not editable.

**To copy an existing Support and create a new Support:**

- Click once on an existing support name to select the row
- Click the **Copy to New** button
- When the new Support opens, correct the First and Last Name (mapped supports show both first and last names in both first and last name fields)
- Enter any updated contact information
- Enter accurate Relationship and Support types
- Add the appropriate date as the Start Date and click **Accept** to save

**To end an existing active Support:**

- Double click an existing active support
- Add the appropriate date as the End Date
- Click **Accept** to save.

This activity of review and update by the provider with edit access to the youth support information is vital to other providers who are working with the youth. Providers who do not have edit access should review the Episodes tab and identify a provider who has edit access (often CMO or MRSS) with a contact on the Providers tab to speak to regarding Support information (See **Appendix B**).
IX. Dx/Med Tab (Diagnostic/Medical)

The Dx/Med tab displays Diagnostic and Medical information entered from this tab or entered and submitted in a plan or assessment for the youth.  *Note: Intermediate Unit providers are able to edit the information under this tab when the Youth is both opened and not opened to CMO.*

- Buttons for Diagnosis and Medications on the left column have been removed
- Information is consolidated into the one screen split into two sections
- Current functionality remains with some modifications

**Diagnoses and/or medications entered onto Treatment Plans will still populate to this tab**

- **Expand All** – expands all the Diagnoses or Medications in that section
- **Collapse All** - collapses all the Diagnoses or Medication in that section
- **Add** - button allows user to enter a new diagnosis in the Dx/Med tab. The following fields are required:
  - **Diagnosing Clinician** – the name of the clinician who provided the diagnosis. This is a text field allowing any clinician name to be entered.
  - **Date Diagnosis Rendered** – this field now defaults as blank requiring a diagnosis date
  - **Clinician Credentials** - drop down menu requiring selection of one of the following:
    - **APN – Advanced Practice Nurse** - Nurse with a Master’s Degree
    - **DO – Doctor of Osteopathic Medicine** - refers to a doctor who practices medicine whose medical school training included a focus on the muscular and skeletal systems to treat problems throughout the body.
    - **LCADC - Licensed Clinical Alcohol and Drug Counselor** - helps individuals recover from addiction by providing treatment, support, and motivation along their journey toward sobriety through a licensed substance abuse treatment agency or private practice.
    - **LCSW – Licensed Clinical Social Worker** - works with families and youth to help deal with issues involving mental and emotional health.
    - **LMFT - Licensed Marriage and Family Therapist**
    - **LPC - Licensed Professional Counselor** is a master's-degreed mental health service provider, trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and disorders.
    - **MD – Doctor of Medicine**
    - **PhD – Doctor of Philosophy**
    - **PsyD - Doctor of Psychology**
Entering a new medication on the Dx/Med tab requires the following:

- **Reported date** – the date the medication was first reported
- **Prescriber** – the name of the person who prescribed medication
- **Actual dosage** – the amount of medication prescribed
- **Frequency** – how often the medication should be taken

Medications can be associated with Diagnosis, Diagnosing clinician, and Clinician Credentials.

**Dx/Med Tab Permissions**

When Care Management Organizations (CMO) or Mobile Response Services (MRSS) is open to a youth’s record, no other providers may update the Diagnosis or Medications from the **Dx/Med Tab**. Please contact CMO or MRSS regarding changes to the Dx/Med tab (See Appendix B).

**X. Eligibility Tab**

The Eligibility screen can display different types of Medicaid numbers (displayed on the Dashboard tab), Special Program Codes (displayed on the Legal tab) and Status Flags (also displayed on the Dashboard).

The **Special Program Code** (SPC) Grid will continue to display the SPC codes 98 and 99 will also display on the Legal tab (see Legal tab below for details).

**Status Flags** grid will display flags open on the youth record on Eligibility tab and on the Dashboard tab (see Dashboard tab for definitions):

- DD Eligible
- Remain with DDD
- Transfer to DD
- MLTSS

The drop-down menu contains two hyperlinks: ‘**Active Eligibility**’ hyperlink and an ‘**All Eligibility**’ hyperlink. When a hyperlink is clicked, the information displays in the grid below.

**Active Eligibility** allows users to view **active eligibility** for a youth. Active eligibility has no end date/has a future end date.

**All Eligibility** allows users to view **all** eligibility for a youth.
XI. Insurance Tab

Insurance tab captures and displays Third Party Liability (TPL), or private insurance, information. TPL information may only be entered by PerformCare staff, CMO and MRSS.

*Active* information is displayed by default and will include the start and end date of coverage and a description of the type of coverage entered; a record that is marked as ‘Verified’ indicates that the State has verified that this insurance record is complete and accurate. For more information, see training on TPL on the PerformCare website.

The Insurance tab also has two hyperlinks: ‘**Active Insurance**’ hyperlink and an ‘**All Insurance**’ hyperlink. When a hyperlink is clicked, the information displays in the grid below.

- **Active Insurance** allows users to view *active* insurance for a youth. Active insurance has no end date/has a future end date.
- **All Insurance** allows users to view *all* insurance for a youth.

XII. Legal Tab

Association of Legal Tab

Users with access to the Legal tab will see the following bulleted Legal information:

- If the Strengths and Needs Assessment (SNA) is less than 90 days old with the Legal/Juvenile Justice module question triggered by a score of 2 or 3, the system will display the comment from the question:
  - **Strength and Needs Assessment – (assessment ID) (Comments from the Legal/Juvenile Justice question)**
- If a provider entered an *active* (no end date) Support Member with DCP&P Relationship and a Custody or Guardian Support Type, the system will display:
  - **This youth has an active DCP&P Custody**
- If any documents are uploaded to the record that have the document type Court Orders/Subpoenas (if the user has access to these doc types), the system will display:
  - **This youth has a Court Orders/Subpoenas Court Ordered Guardianship on the Doc tab**

Association of Legal Tab to Eligibility Tab

If the youth has one of the below Special Program Codes (SPC) on the Eligibility tab:

- 98 – Incarcerated State Prison
- 99 – Incarcerated County Prison

On the Legal tab, the system will display a message of this type as per example below:

- **This youth has an active Special Program Code 98-Incarcerated State Prison on the Eligibility tab**
If the youth has one of the below Program Status Codes (PSC) on the Eligibility tab:

- 800 – Juvenile Services – NFM*
- 801 – DOC (Department of Corrections) – NFM*
- 810 – County Juvenile Services – NFM*

On the Legal tab, the system will display a message of this type as per example below:

*This youth has an active 800 – Juvenile Services – NFM on the Eligibility tab

*No Further Medical

XIII. Accessing Youth Records

In the Youth/Child Search screen the top bar has pictographs to assist with locating youth in CYBER. Passing the mouse or touchpad pointer over each symbol will show the description of the symbol.

The symbol of two children is a link to Show Active Agency Youth, a list of all youth currently open to the agency of the inquiring user.

My Active Youth button on the left column will display all youth assigned to the specific agency user.

Note: SSN field is masked and search functionality is not available.
User Preferences – Timeline area

The **Face Sheet Timeline area** and the **Face Sheet Tabs** have User Preferences in the System Functions area of CYBER. **Chicklets** is the name given to the small hyperlinked boxes at the top of the Youth/Child screen. When you set the preferences, each time you return to CYBER your settings remain the same until you change them. Collapsing chicklets allows more of the screen to be viewed.

To change the chicklets settings permanently - Start from the Welcome Page:

- Click the Systems Functions button
- Select User Preferences, click on the Setting drop down menu
- Choose between **User Pref. Expand Chicklets** or **User Pref. Collapse Chicklets**
- Click **Save**
- A validation confirms your selection

While in a youth’s record, if a user wants to temporarily view or collapse the youth’s chicklets, they can click on the Expand and Collapse up and down arrows in the upper right corner of the screen.

User Preferences – Face Sheet Tab

Users can select which tab they prefer to appear first when accessing each youth’s record. The selected Face Sheet Tab will be the landing page each time a youth record is opened until the setting is changed.
To set the user preference for the landing page from the Welcome page:

- Click System Functions button
- Click User Preferences
- Select the Setting drop down menu for User Pref. FS Tab (name of the tab)
- Click Save
- A validation confirms your selection.

XIV. HIPAA Progress Notes - Notation Sub Type

HIPAA Instructions progress notes, entered by PerformCare, will have Notation Sub Types that further defines the details within the record. Within a HIPAA progress note, you may find any of the following information:

- Special instructions on disclosing information in the record (i.e. restricting disclosure to parents who are not the legal guardian; family has rescinded consent to disclose information)
- Communication restrictions (e.g. no telephone calls to residence or no mailings to residence)
- Release of records (e.g. requests for copies of records from families, providers, and other entities, dates records were disclosed, type of documents disclosed)
- Requests for amending and or deleting records (e.g. requests from families to delete sensitive PHI)
- Sensitive address information (e.g. in the cases of domestic violence where a parent or family is residing temporarily in a shelter and or may have a restraining order and the parent does not want the present address made available)

This note type was created in an effort to better document families’ requests for information and specific instructions given to protect their privacy. If a HIPAA Instructions note exists in a youth’s record the letter ‘H’ will be indicated on the Progress Note button in the youth’s CYBER record. This is found on the left hand side of the CYBER screen of a youth’s record. PerformCare users are the only CYBER users with the ability to create the note, although all CYBER users (except for Adolescent Housing Hub providers) can view the note and its contents.

Names of the HIPAA Instructions Progress Notation Sub-types:

1. Record Restriction
2. Release of Information
3. Record Amendment
4. Sensitive Address Information
5. DCPP Involvement
6. Parental/LG Custody
7. Guardianship
8. Verbal Consent

XV. References

PerformCare Providers – Training webpage: http://www.performcarenj.org/provider/training.aspx

PerformCare Customer Service
www.performcarenj.org/ServiceDesk
1-877-652-7624
Appendix A: Provider Tab Access

All Face Sheet Tab Access
The following users will have access to ALL the provider Face Sheet tabs as noted in this instructional guide:

- Care Management (CMO)*
- Mobile Response (MRSS)*
- Out of Home (OOH)
- Family Support Organizations (FSO)
- Intensive in-Community (IIC)
- Intensive in-Home (IIH/ISS)

*When CMO or MRSS are open to the youth record, other providers may not edit the Demographics, Supports, and Diagnostic/Medical tabs.

Limited Face Sheet Tabs Access
These providers have limited access to Face Sheet tabs:

**Substance Use providers (SAB):**

- Dashboard, Demographics*, Episodes, Provider, Eligibility, Insurance, Doc

**Family Support Services (FSS):**

- Dashboard (FSS cannot see DCP&P flags), Demographics*, Provider, Supports*, Dx/Med*, Eligibility, Doc

**Adolescent Housing Hub providers (AHH) and Office of Adolescent Services (OAS):**

- Dashboard, Demographics*

*Not editable when CMO or MRSS is open.*
Appendix B: Tab View and Edit Availability for All Provider Types

This grid represents all the Face Sheet tabs available to each provider type for viewing and/or editing depending on if CMO or MRSS providers are open to the youth. There are only three tabs where this specific rule applies: Demographics, Supports and Dx/Med tabs.

For example, under the ‘CMO/MRSS Open’ columns, if CMO/MRSS is open to a youth, there is an ‘X’ on the Edit box. All other providers would have an ‘X’ on the View box. Under the ‘No CMO/MRSS’ columns, if CMO/MRSS is closed (no X for CMO or MRSS), then providers who can edit will have an ‘X’ on the Edit box.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Race Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHH</td>
<td>Black or African American</td>
</tr>
<tr>
<td>CCIS</td>
<td>White</td>
</tr>
<tr>
<td>CMO (UCM)</td>
<td>American Indian or Native Alaskan - Name of enrolled or principal tribe is required.</td>
</tr>
<tr>
<td>CGB</td>
<td>Some other race</td>
</tr>
<tr>
<td>CRI (MRSS)</td>
<td>Other Asian – Name is required, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</td>
</tr>
<tr>
<td>FSB</td>
<td>Other Pacific Islander – Name is required, for example, Fijian, Tongan, etc.</td>
</tr>
<tr>
<td>FSO</td>
<td></td>
</tr>
<tr>
<td>FSS</td>
<td></td>
</tr>
<tr>
<td>MC</td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td></td>
</tr>
<tr>
<td>MJ</td>
<td></td>
</tr>
<tr>
<td>MST</td>
<td></td>
</tr>
<tr>
<td>OAS</td>
<td></td>
</tr>
<tr>
<td>PHP</td>
<td></td>
</tr>
<tr>
<td>RES (ODH)</td>
<td></td>
</tr>
<tr>
<td>SAB</td>
<td></td>
</tr>
</tbody>
</table>

Race Selections

Black or African American

White

American Indian or Native Alaskan - Name of enrolled or principal tribe is required.

Some other race

Other Asian – Name is required, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, etc.

Other Pacific Islander – Name is required, for example, Fijian, Tongan, etc.
## Appendix C: Family & Formal/Informal Supports

Relationships and which grid they will display in the Supports tab.

<table>
<thead>
<tr>
<th>Relationship Drop Down</th>
<th>Family Grid</th>
<th>Formal/Informal Support Grid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aunt</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Brother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Care Manager</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Child Study Team Member</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cousin</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Daughter</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>DCP&amp;P</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Father</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Resource Brother</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Resource Father</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Resource Mother</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Resource Sister</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Guardian</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Maternal Grandfather</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Maternal Grandmother</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Other Family Member</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Other Non-Specified</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Other Related</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Paternal Grandfather</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Paternal Grandmother</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Son</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Stepfather</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Stepmother</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Uncle</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
## Relationships & Support Types
What Support type can associate to which relationship type:

<table>
<thead>
<tr>
<th>Support Grid</th>
<th>Shows on Dashboard?</th>
<th>Relationship</th>
<th>Support Type Primary 1</th>
<th>Support Type Primary 2</th>
<th>Support Type Informal</th>
<th>Support Type Formal</th>
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<td>Brother</td>
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<td>X</td>
<td>X</td>
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<td>Y</td>
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<td>X</td>
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<td>Y</td>
<td>Daughter</td>
<td>X</td>
<td>X</td>
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<td>Y</td>
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<td>Y</td>
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<td>Y</td>
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<td>X</td>
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<tr>
<td></td>
<td>Y</td>
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<td>X</td>
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<td>Y</td>
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<td>X</td>
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<tr>
<td></td>
<td>Y</td>
<td>Paternal Grandmother</td>
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<td>X</td>
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<td>Y</td>
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<td>Y</td>
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<td>N</td>
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<td>X</td>
<td></td>
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<tr>
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<td>N</td>
<td>Resource Father</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Resource Mother</td>
<td>X</td>
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<td>X</td>
<td></td>
</tr>
<tr>
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<td>N</td>
<td>Resource Sister</td>
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<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
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<td>X</td>
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</table>
## Appendix D: Tab Start and End Dates
Start and end dates are entered to identify when activity begins and when it ends in each of the categories listed.

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Date identifies</th>
<th>End Date Identifies</th>
<th>Additionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports</td>
<td>When a relationship begins</td>
<td>When the relationship ends</td>
<td>Enter a support each time a support becomes active or inactive.</td>
</tr>
<tr>
<td>Languages</td>
<td>When a language begins</td>
<td>When a language ends</td>
<td>The end of a language and the start of a new one may identify the youth or family changing their language proficiency.</td>
</tr>
<tr>
<td>Additional</td>
<td>When a specific additional address begins</td>
<td>When a specific additional address ends</td>
<td>Providers may enter more than one active Address (home, mailing, work, other may all be active at one time)</td>
</tr>
<tr>
<td>Addresses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers</td>
<td>When a specific provider starts working with a youth</td>
<td>When a specific provider stops working with a youth</td>
<td>Provider entries can close automatically when an authorization ends or if a change in providers occurs.</td>
</tr>
<tr>
<td>Eligibility</td>
<td>When a Medicaid segment begins</td>
<td>When a Medicaid segment ends</td>
<td>Some eligibility segments may overlap and some have gaps between one segment ending and another starting.</td>
</tr>
<tr>
<td>Insurance</td>
<td>When Insurance period begins</td>
<td>When insurance period ends</td>
<td>Entered as identified by the family.</td>
</tr>
</tbody>
</table>
### Appendix E: Episodes Tab Program Types (Episodes Tab)

<table>
<thead>
<tr>
<th>Program Type Code</th>
<th>Program Type Code Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHH</td>
<td>Adolescent Housing Hub</td>
</tr>
<tr>
<td>BAIIC</td>
<td>Behavior Assistance/Intensive in-Community</td>
</tr>
<tr>
<td>BHH</td>
<td>Behavioral Health Home(s)</td>
</tr>
<tr>
<td>CCIS</td>
<td>Children’s Crisis Intervention Services</td>
</tr>
<tr>
<td>FFT</td>
<td>Family Functional Therapy</td>
</tr>
<tr>
<td>FSO</td>
<td>Family Support Organization</td>
</tr>
<tr>
<td>FSS</td>
<td>Family Support Services</td>
</tr>
<tr>
<td>IDD</td>
<td>Intellectual and Developmental Disabilities/ Out of Home</td>
</tr>
<tr>
<td>IIH</td>
<td>Intensive In Home</td>
</tr>
<tr>
<td>IU</td>
<td>Intermediate Unit</td>
</tr>
<tr>
<td>MRSS</td>
<td>Mobile Response Stabilization Services</td>
</tr>
<tr>
<td>MST</td>
<td>Multi-Systemic Therapy</td>
</tr>
<tr>
<td>OAS</td>
<td>Office of Adolescent Services</td>
</tr>
<tr>
<td>OOH</td>
<td>Out of Home/Behavioral Health</td>
</tr>
<tr>
<td>PHP</td>
<td>Partial Hospitalization Program</td>
</tr>
<tr>
<td>SAB</td>
<td>Substance Use</td>
</tr>
<tr>
<td>SABOOH</td>
<td>Substance Abuse/Out of Home</td>
</tr>
<tr>
<td>SJI</td>
<td>South Jersey Initiative</td>
</tr>
<tr>
<td>UCM</td>
<td>Care Management Organization(s)</td>
</tr>
<tr>
<td>Service Type Code</td>
<td>Behavioral Residential Service Type Definitions</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>DAP</td>
<td>Detention Alternative Program</td>
</tr>
<tr>
<td>EDR-HT</td>
<td>EDRU Human Trafficking</td>
</tr>
<tr>
<td>EDRU</td>
<td>Emergency Diagnostic Reception Unit</td>
</tr>
<tr>
<td>GH</td>
<td>Group Home</td>
</tr>
<tr>
<td>IRTS</td>
<td>Intensive Residential Treatment Services</td>
</tr>
<tr>
<td>ORT</td>
<td>Out of State</td>
</tr>
<tr>
<td>PCH</td>
<td>Psychiatric Community Home</td>
</tr>
<tr>
<td>RTC</td>
<td>Residential Treatment Center</td>
</tr>
<tr>
<td>RTC-BH/SU</td>
<td>RTC-Behavioral Health/Substance Use</td>
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<tr>
<td>SPEC</td>
<td>Specialty Program</td>
</tr>
<tr>
<td>TH</td>
<td>Treatment Home</td>
</tr>
</tbody>
</table>

**Intellectual and Developmental Disability Residential Service Type Definitions**

<table>
<thead>
<tr>
<th>Service Type Code</th>
<th>Behavioral Residential Service Type Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSAP-IDD</td>
<td>Crisis Stabilization and Assessment Program</td>
</tr>
<tr>
<td>GH-1-IDD</td>
<td>Group Home 1 IDD</td>
</tr>
<tr>
<td>GH-2-IDD</td>
<td>Group Home 2 IDD</td>
</tr>
<tr>
<td>INT-IDD</td>
<td>Intensive IDD</td>
</tr>
<tr>
<td>IPCH-IDD</td>
<td>Intensive Psychiatric Community Home IDD</td>
</tr>
<tr>
<td>ORT-IDD</td>
<td>Out of State IDD</td>
</tr>
<tr>
<td>PCH-IDD</td>
<td>Psychiatric Community Home IDD</td>
</tr>
<tr>
<td>RESP-IDD</td>
<td>Respite Home IDD</td>
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<tr>
<td>SPEC-IDD</td>
<td>Specialty Programs IDD</td>
</tr>
<tr>
<td>SSH-IDD</td>
<td>Special Skill Home IDD</td>
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**Substance Use Service Type Definitions**

<table>
<thead>
<tr>
<th>Service Type Code</th>
<th>Behavioral Residential Service Type Definitions</th>
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</thead>
<tbody>
<tr>
<td>RTC-LT-SA</td>
<td>Residential Treatment - Long Term Substance Use</td>
</tr>
<tr>
<td>RTC-ST-SA</td>
<td>Residential Treatment - Short Term Substance Use</td>
</tr>
<tr>
<td>RTC-ST-SJI</td>
<td>Residential Treatment - Short Term South Jersey Initiative</td>
</tr>
<tr>
<td>RTC-LT-SJI</td>
<td>Residential Treatment – Long Term South Jersey Initiative</td>
</tr>
</tbody>
</table>
Mobile Response Users

Plan Requirement
There is a requirement for the MRSS Initial Individual Crisis Plan (InitICP) treatment plan that it cannot be submitted without a Service Request. When the users select Submit, if no service request had been entered, a validation guiding the user to use a Transition ISP will appear:

The MRSS – Initial ICP cannot be submitted without any Service Requests. If you wish to submit a plan to close this youth, please submit the MRSS – Transition ICP.

The user will have to add a service request, or change the plan type to TICP.

Crisis Tracking Requirement
In the Crisis Tracking Form for MRSS users labeled Transition Date. The Transition Date field will be disabled unless the selection of Cancel or Refuse is made from the Call Outcome drop down. If Cancel or Refuse is selected from the Call Outcome drop down:

- Transition Date field will be required
- Message will indicate missing required fields
- No TICP will be required
- Episode and access will end with Transition date +3 business days