

Provider, Treatment Plan and Assessment Acronyms

Acronym / Naming Variations	Description of Documents / Plans / Assessments
PerformCare	
OOH-CON	Certification of Need (Initial, Annual, Continued) Automatically generated prior to admission. Reviewed by PerformCare Medical professionals to confirm intensity of service request (IOS)
OOH - Assessment	Out of Home Assessment
YLRef	YouthLink Referral
CMO – Care Management Organization	
UCM - FCP	Family Crisis Plan
UCM - IniISP	Initial Individual Service Plan 30 Days
UCM - CR90D	Comprehensive Review 90 Days
UCM - TISP	Transition Individual Service Plan
UCM - SC	Service Change
UCM - SU	Service Update
UCM – Annual (AR90D)	Annual Review 90 days – completed annually
UCM - BHHTR	BHH Transition Plan
BHHQInit BHHQPUUpd BHHQPUDisch BHHAssessInit BHHAssessUpd	BHH – Behavioral Health Home assessments <ul style="list-style-type: none"> • BHH Quarterly Progress Update – Initial assessment • BHH Quarterly Progress Update – Update assessment • BHH Quarterly Progress Update – Discharge assessment • Nursing Assessment – Initial assessment • Nursing Assessment – Update assessment
OOH	Out of Home assessment
SNA StrengthsAndNeedsAsmt (formerly STRENGTH + NEEDS)	Strength and Needs Assessment (Routine)
MRSS – Mobile Response Stabilization Services	
MRSS - FCP	Family Crisis Plan
MRSS - IniICP	Initial Individual Crisis Plan
MRSS - TICP	Transition Individual Crisis Plan
MRSS - ICPU	ICP Update (plan)
CATAsmt (formerly CRISIS)	Crisis Assessment Tool (Initial, Update, Discharge)

<input type="checkbox"/>	Plans
<input type="checkbox"/>	Assessments

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Acronym / Naming Variations	Available Documents / Plans/ Assessments
OOH – Out of Home	
OOH - JCR	Joint Care Review (plan) Regularly required OOH plan to request continued stay
OOH - TJCR	Transition Joint Care Review (plan) OOH plan to transition the youth to another OOH program
OOH - DJCR	Discharge Joint Care Review (plan) OOH plan that discharges the youth from the OOH program to the community
OOH - NoCSA	No CSA Review Out of home plan that is not required to be reviewed by PerformCare
SNA StrengthsAndNeedsAsmt (formerly STRENGTH + NEEDS)	Strength and Needs Assessment (Routine)
IIC - Intensive in-Community	
IIC_2	Intensive In Community plan - Submitted to CMO for review
BA_2	Behavioral Assistance plan - Submitted to CMO for review
BPS or BPSAsmt	Biopsychosocial assessment (Behavioral Health, Substance Use) Authorized by PerformCare to determine IIC provider is certified
IIH – Intensive in-Home / ISS - Individual Support Services	
IIH_TXP	Intensive in-Home Treatment/Service Plan
ISS_TXP	Individual Support Services - Treatment/Service Plan
FBA	Functional Behavioral Assessment
BSP	Behavior Support Plan
FSO – Family Support Organization	
No Plans	
FANS	Family Assessment of Needs and Strengths assessment
FFT – Family Functional Therapy / MST – Multisystemic Therapy	
No Plans	
Needs	Needs Assessment (Initial, Update, Discharge)
PHP – Partial Hospital Provider / CCIS – Children’s Crisis Intervention Services	
No Plans	
Needs	PHP (Initial – NA, Update - NA, Discharge - NA)

Plans
 Assessments