Intensive In-Community Biopsychosocial Needs Assessment Referrals Provider Details Randomizer Setup

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Delivering High-Quality Service and Support

Purpose

The purpose of the **Biopsychosocial (BPS) Needs Assessment** is to provide a comprehensive clinical assessment designed to identify both strengths and needs pertaining to behavioral health, substance use, and intellectual/developmental disabilities, and to provide treatment recommendations that address identified needs through both local community resources and services available through the New Jersey's Children's System of Care continuum.

The BPS is designed to support the IIC needs assessor in delivering an assessment that yields a rich narrative description of the youth and family's story and allows for the assessor to provide clear context and synthesis of the youth and family's strengths and needs in documentation.



BPS Needs Assessment Requirements/Reminders

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- Clinicians conducting the BPS must be licensed (LCSW, LPC, or LMFT) and Child and Adolescent Needs and Strengths (CANS) certified.
- Clinician must be re-certified *annually* in the CANS.
- <u>Clinical intern or a clinician with lower-level licensure cannot perform the</u> <u>Biopsychosocial (BPS) under the supervision of a clinically licensed independent</u> <u>provider</u>.
- The BPS in CYBER must be completed by the clinician who conducted the assessment.

Training/Preparation for the certification is available through <u>CSOC Training and Technical</u> <u>Assistance</u> or the <u>Praed Foundation</u>.

Certification Exam for Strengths and needs <u>TCOM Training – Praed Foundation</u>

The Randomizer Feature

The <u>Randomizer feature</u> in CYBER is used by PerformCare on calls with parent/legal guardians needing the BPS needs assessment.

The Randomizer selects <u>up to three certified IIC Needs Assessment providers</u> that the Clinician can offer to callers. *The feature also allows for family choice to request a specific IIC provider.*

Three providers will be matched to the caller based on information entered in **Provider Details**:

<u>County</u> – NJ counties where your agency can meet families*.

Language – the languages that your agency can conduct the BPS in.

Specialization – areas you have experience/knowledge.

The randomizer function **does not guarantee** your agency will receive BPS referrals on a consistent basis.

*Telehealth is available at the family's request or when in-person assessment is not feasible.

Randomizer Status in CYBER

After Provider Details setup, the Randomizer Status enables your agency to receive referrals. Setting your agency Randomizer Status to **Randomizer Active** will allow your agency to receive BPS referrals.

| Add / Edit Provider Details | | | |
|---|------------|-------------------|---|
| Details County/Lang./Specialization Details | | | |
| Grid Order | Randomizer | Status | |
| Specialization/County/Language | ۰ | Randomizer Active | ¢ |

Set your agency Randomizer Status to Randomizer Inactive when:

- Clinicians are not currently licensed or certified (lapsed or preparing for certification)
- You are not available (on leave, vacation, etc.)
- You are only providing IIC services.

Periodically check your Provider Details settings for contact information accuracy, and County/Language/Specialization accuracy.

Inaccuracies will create delays for families receiving services.

The CYBER user who is responsible for entering and updating your agency's Provider Details must have the **ProviderDetailEditSelf** security group assigned to their Login ID.

Security groups are added by the agency's Security Administrator. The security group provides the ability to modify the agency's information.

| Available Groups | | Clear Search |
|------------------------|--|--------------|
| Security Group | Group Description | |
| LEVEL1 | Basic CYBER Security | |
| LEVEL2 | Anomaly Management | |
| LEVEL3 | Anomaly Management/Reporting | |
| PLANLEVEL1 | Ability to submit to Planlevel2/3 | |
| PLANLEVEL2 | Ability to submit to Planlevel3/CSA | |
| PLANLEVEL3 | Ability to submit to CSA | |
| ProviderDetailEditSelf | Add counties, languages and specialization | |

Security Administrator view

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Login

CYBER LOGIN HIPAA and 42 CFR Part 2 As a CYBER User I understand that my work will involve access to Protected Health Information (PHI) as defined by HIPAA Acknowledgement (The Health Insurance Portability and Accountability Act) for the purpose of providing or arranging treatment, payment or other health care operations. I also acknowledge that I am engaged by a covered entity. I further acknowledge my responsibility to protect the privacy of and to guard against inappropriate use or disclosure of this PHI by logging in as a CYBER User. This is in compliance with The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementation regulations. For more information on HIPAA please go to http://www.hhs.gov/ocr/hipaa/ CYBER contains substance abuse diagnosis and treatment information that is protected by federal confidentiality rules (42 CFR Part 2). CYBER users are not permitted access to that information without a valid written consent that meets the requirements of 42 CFR Part 2. Users that access such confidential information pursuant to a valid written consent are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Please CLEAR your browser Cache before using this new version of CYBER Username Username and Username Eye icon enables you Password Password to see what you typed LOGIN Customer Service Request Form | Forgot Password? © 2020 - CyberAng 1.0.0.76-08

CYBER Version (X.0.0.0) and Server (-0X)

Note: Version and server numbers can be helpful for reporting issues.

Open Provider Details

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| ity Administrator | Youth/Child ID | | | | | | | | | | Refresh Total |
|-------------------|---|------------------------|------------------|------------------------|-----------------------------|-----------------------------|--------------|-----|----------------|----|---------------------------|
| / Child Search | First Name | | | | | | | | | | BPS Needs Assessment |
| tive Youth | Last Name | | | | | | | | | | Authorizations |
| er Details | Lass Marrie | | | | | | | | | | Eligibility |
| Functions | DOE | MM/DD//WW | | | | | | | | 18 | Service Plans/Assessments |
| | | | | | _ | - | | | | - | Non Med Auths |
| 09 | BPS Needs Asse | essment - In Pr | rogress | 1 | Select a User | 2 | Clear Search | | 🖶 Prin | nt | Non Med Claims |
| al Access | Youth/Child ID | First Name | Last Name | Create Date | Assessment Type | Status | | | | | Deactivated Users |
| ly Management | - | BIRSTNAME | LASTRIAME | 05/28/2024 | 8PSAsmt | stprogress | | | | | |
| | | RIRSTNAME | LASTNAME | 05/28/2024 | BPSAumt | Inprograss | | | | | |
| | - | Click (| CSOC P | rovider | s tab | | | | | | |
| leturn To Milin | Provider Details All Providers | | - | | | is ANH Pro | viden | | | | |
| MATUR | | Medicaid Providen | | | | is ANN Prov | oders | | | | |
| NATUR SOLER | All Providers | Medicaid Providen | | DOH Prayide | | is ANH P/co Select a Pro | | | | | |
| ANT UN KOLEN | All Providerc CSOC Provider Provider Ty | Medicard Providen s | Select a Provide | ns DOH Provide Type | rs Non Med Provider Program | Select a Pro | syam d | 6.5 | Print | | Print Grid Values |
| | All Providers CSOC Provider | Medicard Providen s | CSOC Provide | ns DOH Provide Type | rs Non Med Provider Program | Select a Pro | | | ₽ Print | | Print Grid Values |

Access CSOC Providers Tab

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- Click CSOC Providers tab
- Choose Program **BAIIC**
- All IIC agencies in CYBER will appear in the grid.

| ovider Detail | | | | | | |
|---------------|---------------|-----------------------------|-------------|----------|--|--|
| All Providers | Medicaid Prov | viders CSOC Providers | OOH Provide | s Non Me | d Providers AHH Providers | |
| CSOC Provide | _ | Select a Provider Type | â | Program | Select a Program | |
| Provider Spe | cialty | Select a Provider Specialty | | Search | Select a Program BAIIC CCIS | |
| MAID | Provider Name | Address | City | Cour | CMO FFT FSS IDD IIH IMTS IU MRSS MST OOH PHP | |
| | | | | 1 | SJI SUTOOH | |

Search for Your Agency

- Click Search.
- Enter the name or a partial name of your agency in the grid filter feature of the Provider Name field. Wait for the filter to occur.
- The grid will display any matches to the filter search.
- Double click the row to open the agency's provider details.

| MAID | Provider Name 🐬 | Address | City | County | State | Zip | Phone | Ext | Туре | Spec |
|------|-----------------|------------|------|--------|-------|-----|-------|-----|-----------|----------|
| | | Contains 👻 | | | | | | | Wrap/Flex | |
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| | | Filter | | | | | | | | |

Add Contact Information

Add / Edit Provider Details

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For a first-time setup, on the **Details tab**, provider contact information for your agency can be entered by the user with Provider Details security or the Service Desk.

- Contact Name
- Email
- Weblink

Click Save.

• Phone 1/Ext

| irst Name | | Last Name / Age | ncy Name | Contact Name | | | |
|------------|-----------|---------------------------------|----------|---|---------------|--------|---|
| Address 1 | | Address 2 | | 1 | | | |
| | | | | | | | |
| City | County | | State | Zip | | | |
| | | | NI: | and the second se | | | |
| Email | | WebLink | | | | | |
| hone 1 | Ext | | Phone 2 | Ext | Status | | |
| | | | | | Not Carolines | | |
| fax ID | SSN | | | Provider Type | | | |
| | | | | Hume Cire Provider | | | |
| ipeciality | | | | | | Delate | à |
| 1D | ShortDesc | LongOesc | | | | | |
| | 902 | intentive in-Community Services | | | | | |
| | 903 | Behavioral Assistance | | | | | |
| | | | | | | | |

All other fields are from Medicaid and cannot be changed.

Activating the Randomizer

These steps are required to receive referrals. If this is a first-time setup, there will be nothing in the center grid.

• Click the County / Language / Specialization Details tab.

 To edit the Counties, Languages and Specializations the user <u>must set the Randomizer</u> <u>Status to 'Randomizer Active'</u>

| Edit Provider I | Lang./Specialization Details | | | | | |
|-------------------------|---|---|---|---------------------------------|---|--------------|
| | Lang// Specialization Details | 10000 | | | | |
| Order | Press in the second second | Randomizer Status | Randomizer Active | | | - |
| | Specialization/County/Language | | Randomizer Active | 1 | | |
| ty | Languag | ge | Specialization | | | |
| | Select a County | Select a Language | | Select a Specialization | Filter | Clear Filter |
| | | | | | | |
| ty/Lang./Special | lization | | | | | 1 |
| ove | Specialization County | Language | | | | |
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| alization | | Counties | | Languages | | |
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| | Clear | Counties Select All | Clear | Languages Select All | Clear | |
| lect All | Clear | | Clear | | Clear | |
| lect All | | Select All | | Select All | | |
| ect All | Specialization | Select All | | Select All Selection | | |
| ect All | Specialization Behavioral Health - BH | Select All | County | Select All Selection | Language | |
| ect All | Specialization Benavioral Health - BH Child Protection Permanency | Select All | County | Select All Selection | Language Bnglicht Spanich | |
| ect All | Specialization Behavioral Hatth - BH Child Protection Permanency Complex Trauma - CT | Select All Select all Selection | County ATLANTIC BERGEN | Select All Selection | Language English | |
| ect All | Specialization Benavoral masth - BH Child Protection Perminanery Complex Trauma - CT Domestic Violence - DV Eating Disorder - ED | Select All | County ATLANTIC BERGEN BURLINGTON | Select All Selection | Language Briglish Spanish Portuguese | |
| ect All | Specialization Renavioral Health - BH Child Protection Demanency Complex Trauma - CT Domestic Violence - DV Eating Disorder - ED Family Therapy - FT | Select All | County ATLANTIC BERGEN BURLINGTON CANEDN CARE MAY | Select All Selection | Language Briglich Spanich Portuguese Arrabic Creole-Haitian | |
| lect All | Specialization Reinavoral Health - BH Child Protection Permanency Complex Trauma - CT Domestic Violence - DV Baring Disorder - ED Family Therapy - FT Fire Setting - FS | Select All Selection | ATLANTIC BERGEN BURUNGTON CANEEN CARE MAY CUMBERLAND | Select All Select All | Language Englich Spanish Portuguage Arabic Creole-Haltian Mandarin | |
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| lect All | Specialization Eenavoral Health - BH Child Protection Perminanency Complex Trauma - CT Domestic Violence - DV Eating Disorder - ED Family Therapy - FT Fire Setting - FS V(DD - DD) Indirit Mantal Health/Infant Far - LGBTQ(I - LUBTQ) | Select All Select All Select all Selection | County ATLANTIC BERGEN BURUNOTON CAMEN CARE MAY CUMBERLAND DELAWARE ESSEN GLOUCESTER | Select All Selection | Language Briglich Spanich Portuguese Arabic Creole-Hartian Mandarin Korean Borgali French | |
| ect All | Specialization Eenavioral Health - BH Child Protection Hermanency Complex Trauma - CT Domestic Violence - DV Eating Disorder - ED Family Therapy - FT Fire Setting - FS VOD - DD Infrant Mental Health/Infant Far -LGBTQI - LGBTQI Parent Training/Skills Eukliding | Select All Select all Selection | County ATLANTIC BERGEN BURUNOTON CANDEN CARE MAY CUMBERLAND DELAWARE ESSEN GLOUCESTER HUDSON | Select All Select All Selection | Language Brglon Spanish Porsuguese Arabic Creole-Haitian Manderin Korean Bengali French Vietnamese | |
| lect All | Specialization Enhanced mettor - BH Child Partmanency Complex Trauma - CT Domestic Violence - DV Earling Diocider - ED Family Therapy - ET File Setting - F5 V(DD - DD Inflam Menzal Health/Inflam Fair UGBTQI - LGBTQI Parent Training/Skills Suilding Seruel Abuse - SA | Select All | County ATLANTIC BERGEN BURLINGTON CAREMAY CUMBERLAND DELAWARE ESSER GLOUCESTER HUDGON HUNTSEDON | Select All Selection | Language English Spanish Portuguese Arabic Credie-Hattian Mandarin Korean Bengali French Vienamese Hindj | |
| lect All | Specialization Eenavoral Health - BH Child Protection Permanency Complex Trauma - CT Domestic Violence - DV Earling Disorder - ED Family Therapy - FT Fire Setting - FS V(DD - DD Infant Mental Health(Infant Far USHTCH - USHTCH Farent Traumor/SNIth Suilding Sexual Abuse - SA | Select All Select All Selection Image: | County ATLANTIC BERGEN BURLINGTON CARDEN CARE MAY CUMBERLAND DELAWARE ESSER GLOUCESTER HUDSON HUNTRBOON MERCER | Select All Select All | Language Boglish Spanish Portuguese Arabic Creole-Haltian Mandarin Korean Bengali French Vienamege Hiroli Cantonese | |
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| lect All | Specialization Eenavoral Health - BH Child Protection Permanency Complex Trauma - CT Domestic Violence - DV Earling Disorder - ED Family Therapy - FT Fire Setting - FS V(DD - DD Infant Mental Health(Infant Far USHTCH - USHTCH Farent Traumor/SNIth Suilding Sexual Abuse - SA | Select All Select All Selection Image: | County ATLANTIC BERGEN BURLINGTON CARDEN CARE MAY CUMBERLAND DELAWARE ESSER GLOUCESTER HUDSON HUNTRBOON MERCER | Select All Select All | Language Boglish Spanish Portuguese Arabic Creole-Haltian Mandarin Korean Bengali French Vienamege Hiroli Cantonese | |

Add Counties

<u>Counties</u>: Check at least one New Jersey county where clinicians will conduct the Biopsychosocial needs assessment.*

MFRCFR ATLANTIC BERGEN BURLINGTON MORRIS CAMDEN **OCEAN** CAPF MAY PASSAIC **CUMBERIAND** SALEM ESSEX **GLOUCESTER** SUSSEX HUDSON UNION **HUNTERDON**

MIDDLESEX MONMOUTH SOMERSET WARREN



| Select All | | Clear |
|------------|------------|-------|
| Selection | County | |
| | | |
| Ø | ATLANTIC | |
| Ē. | BERGEN | |
| D | BURLINGTON | |
| | CAMDEN | |

Tip: Click Select All to select all *Counties* and then remove the counties you will not work in.

*Telehealth is available at the family's request or when in-person assessment is not feasible.

Add Languages

<u>Languages</u>: Check **ONLY languages** that CANS-certified licensed clinicians can speak fluently. The top languages are listed first, and then alphabetically afterward. *English is checked by default.*

| Select All | | Clear | | | | | |
|------------|----------------|-------|-----------|------------|---|----------|-----------|
| | | | Selection | Language | s | election | Language |
| Selection | Language | | | Bengali | |] | Russian |
| | | | | French | | | Afrikaans |
| | English | - | | Vietnamese | | | Akan |
| | Spanish | | | Hindi | | | Albanian |
| | Portuguese | | | Cantonese | | - | |
| | Arabic | | 0 | Cantonese | | | Amharic |
| | Creole-Haitian | | | Polish | | | Armenian |
| | Mandarin | | | Urdu | | | ASL |
| | Korean | | | Turkish | | | Assyrian |

If an American Sign Language interpreter is needed, contact PerformCare.

Add Specializations

<u>Specializations</u>: Check from the below Specializations that can be addressed by the clinicians. This is <u>self-identified knowledge/experience</u> and does not require formal certification, nor CSOC notification. *Behavioral Health is checked by default.*

Behavioral Health - BH Complex Trauma - CT Domestic Violence - DV Eating Disorder - ED Family Therapy - FT Fire Setting - FS Infant Mental Health/Infant Parent Psychotherapy - IMH/IPP LGBTQI - LGBTQI Parent Training/Skills Building - PT Sexual Abuse - SA Treatment Home Provider - THP

| Select All | | Clear |
|------------|-----------------------------------|-------|
| Selection | Specialization | |
| | Behavioral Health - BH | |
| 0 | Child Protection Permanency | |
| | Complex Trauma - CT | |
| | Damestic Violence - DV | |
| | Eating Disorder - ED | |
| | Family Therapy - FT | |
| | Fire Setting - FS | |
| | I/DD - DD | |
| | Infant Mental Health/Infant Par | |
| | LGBTQI - LGBTQI | |
| | Parent Training/Skills Building + | |
| | Sexual Abuse - SA | |
| | Substance Use - SU | |
| | Treatment Home Provider - THP | |

CSOC Approved Specializations

If your agency can conduct the BPS in the below areas of specialization, CSOC must provide approval:

- Adoption (AD)
- Child Protection Permanency (CPP)
- Detention Center (DC)
- Intellectual/Developmental Disabilities (IDD/DD)
- Substance Use (SU)

If approved, they will appear on the Details tab under Specialty and on the County/Lang/Specialization tab in the Specialization grid for selection.

Contact CSOC: 609-888-7200

| pecialty | | |
|----------|-----------|--------------------------------|
| ID | ShortDesc | LongDesc |
| 113636 | 902 | Intensive In-Community Service |
| 113637 | 903 | Behavioral Assistance |
| 559455 | DD | I/DD |
| 805264 | SU | Substance Use |
| 559454 | CPP | Child Protection Permanency |

| Select All | Clear |
|------------|---------------------------------|
| Selection | Specialization |
| | Behavioral Health - BH |
| | Child Protection Permanency |
| 8 | Complex Trauma - CT |
| | Domestic Violence - DV |
| | Eating Disorder - ED |
| | Family Therapy - FT |
| | Fire Setting - FS |
| | I/DD - DD |
| | Infant Mental Health/Infant Par |
| | LGBTQI - LGBTQI |
| 0 | Parent Training/Skills Building |
| | Sexual Abuse - SA |
| | Substance Use - SU |
| Ū. | Treatment Home Provider - THP |

Click Add Selections

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After choosing from the three columns, click **Add Selections**.

A confirmation will appear.

Center grid will populate with all the selections.

| Add Selections | | | | Clear All |
|----------------|-------------------|--|----------|-----------|
| | | Information | × | |
| | | County/Language/specifications successfully. | on added | |
| | | | ОК | |
| | County/Lang./Spec | ialization | | |
| | Remove | Specialization | County | Language |
| | Remove | Behavioral Health | ATLANTIC | English |
| | Remove | Behavioral Health | OCEAN | English |
| | Remove | Sexual Abuse | ATLANTIC | English |
| | Remove | Sexual Abuse | OCEAN | English |
| | Remove | Substance Use | ATLANTIC | English |
| | Remove | Substance Use | OCEAN | Enalish |

Modifying the County/Lang/Specializations

Each row has a Specialization, County and Language.

If the agency has a change to counties, languages or specialization, OR if the wrong county, language or specialization is entered, remove the entire ROW by clicking the <u>Remove</u> link in the left column.

To clear the center grid and start over, click Delete All.

| Grid Order | and the second second | 1.11 | Randomizer Status | |
|-------------------|-----------------------------|----------|-------------------|---|
| | Specialization/County/Langu | age | Rano | ndomizer Active |
| ounty | | Language | | Specialization |
| | Select a County | | Select a Language | Select a Specialization Filter Clear Filter |
| ounty/Lang./Speci | ialization | | | Delete A |
| Remove | Specialization | County | Language | |
| Remove | Behavioral Health | ATLANTIC | English | |
| Remove | Behavioral Health | CAPE MAY | English | |
| Remove | Behavioral Health | OCEAN | English | |
| Remove | Sexual Abuse | ATLANTIC | English | |
| Remove | Sexual Abuse | CAPE MAY | English | anne performearani are caus |
| Remove | Sexual Abuse | OCEAN | English | apps.performcarenj.org says |
| | | | | Are you sure you wish to delete this line item? |
| | | | | are you sure you man to delete this mentern. |
| | | | | |
| | | | | (OK) Cancel |
| | | | | |
| | | | | |

Filtering the Center Grid

Filtering the view can help identify errors in your selections. To filter, pick selections from at least one drop-down menu and click **Filter**. The center grid will display a filtered view of your selections. Click **Clear Filter** to return to the unfiltered view.

| Grid Order | | | Randomizer Status | | |
|-------------------------------|------------------------------|----------|-------------------|--|---------------------|
| | Specialization/County/Langua | ge | \$ | Randomizer Active \$ | 🖶 Print |
| County | | Language | | Specialization | |
| 10 | Select a County | 199 | Select a Language | Select a Specialization | Filter Clear Filter |
| ATLANTIC CAPE MAY OCEAN | | English | | Behavioral Health Sexual Abuse Substance Use | Delete All |
| Remove | Specialization | County | Language | | |
| Remove | Behavioral Health | ATLANTIC | English | | A |
| Remove | Behavioral Health | CAPE MAY | English | | |

| County | | Language | | Specialization |
|--------------------|----------------|----------|-------------------|-------------------------|
| ATLANTIC | | \$ | Select a Language | \$ Behavioral Health |
| County/Lang./Speci | ialization | | | |
| Remove | Specialization | County | Language | |
| | | | | |

Randomizer Status

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| Ad | ld / Edit | Provider Details | | | | | | | |
|----|------------|-------------------------------------|----------|-------------------|-----------------|----------------|-------------------------|-----------------|--------------|
| | Details | County/Lang./Specialization Details | | | | | | | |
| | Grid Order | | | Randomizer Status | | | | | |
| | | Specialization/County/Language | \$ | • | Randomizer Acti | ve | \$ | | 🖶 Print |
| 0 | County | | Language | | | Specialization | | | |
| | | Select a County | ; | Select a Language | \$ | | Select a Specialization | ≑ Filter | Clear Filter |

If your clinicians are licensed and CANS certified and available to receive BPS referrals, make sure the Randomizer Status is set to Randomizer Active.

Set the Randomizer Status to Randomizer Inactive if clinicians are:

- Not currently licensed or certified (lapsed or preparing for certification)
- Not available (on leave, vacation, etc.)

Periodically check your Provider Details settings for contact information accuracy, and County/Language/Specialization accuracy.

Inaccuracies will create delays for families receiving services.

Notification of BPS Referrals

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PerformCare will not call, email or text about new referrals.

Make sure you:

- Check Active Agency Youth list in CYBER at least one time a day for new referrals.
 - Review Authorizations for service codes **H0018TJU1 or H0018TJU2** and CSA Progress Notes regarding Triage.
 - Assign a user from your agency to new referrals in Providers tab.

| | | | | SSN | Yout | h/Child ID | Search | Clea | ar | Active Agen | cy You |
|---------------|---|----|------------------|---------------|-----------------|------------|-------------|---------|---------|-------------|--------|
| Active Agency | Youth | | | | | | | | | × | |
| | ds match the search the search. 33 m | | Select the desir | ed record fro | m the list belo | w or click | | 🖨 Print | Clear S | iearch | |
| First Name | Last Name | мі | Gender | DOB | Age | SSN | Youth/Child | in c | pened | Proj | |
| | | | | | | | | | | i. | |

Resources

Providers Training webpage <u>https://www.performcarenj.org/provider/training.aspx</u>

• Section to Review: Intensive-In Community (IIC)/Behavioral Assistance (BA)

IIC Providers Orientation webpage https://www.performcarenj.org/provider/iicproviders.aspx

Training/Preparation for CANS certification is available through <u>CSOC Training</u> and <u>Technical Assistance</u> or the <u>Praed Foundation</u>.

The Praed Foundation <u>https://praedfoundation.org/tcom/tcom-tools/the-child-and-adolescent-needs-and-strengths-cans/</u>

Care is the heart of our work.

