

## CANS & PSC 35 FAQ

BHS Authority and Quality Improvement Services (AQIS) has compiled a list of questions received during the implementation of the Child and Adolescent Needs and Strengths (CANS) and the Pediatric Symptom Checklist (PSC 35). If you have additional questions, please contact Andrew Parker at 714-834-3172 or [AParker@ochca.com](mailto:AParker@ochca.com).

### 1. What languages is the PSC 35 offered in?

- a. Our threshold languages in Orange County, which are English, Spanish, Vietnamese, Korean, Farsi, and Arabic. These translated versions are now posted on the AQIS CYBH Support website under PSC-35 at <http://www.ochealthinfo.com/bhs/about/cys/support/psc>

### 2. I am having trouble with the CANS training website. Whom can I contact?

- a. You can reach out to your certified trainer at your program, as well as to Andrew Parker at 714-834-3172, or [AParker@ochca.com](mailto:AParker@ochca.com).
- b. Review the CANS Training Website Sign-Up guide on the AQIS support website at <http://www.ochealthinfo.com/bhs/about/cys/support/cans>

### 3. Do I need to have multiple PSC-35's completed if two or more caregivers are involved?

- a. No, you are only required to complete the PSC 35 for one caregiver.

### 4. What do the different completion categories mean i.e. planned discharge, administrative discharge, reassessment?

- a. **Initial:** The first CANS completed during a client's initial entry into an MHP program for services.
  - i. See question 9, section d for information on how to check IRIS for previously completed CANS and PSC-35 forms
- b. **Reassessment:** the next CANS completed following the initial CANS, and is completed every six months during the re-evaluation process until a client's case is closed from all open Episodes of Care
  - i. This responsibility is transferred to the primary treatment program until the case is fully closed
  - ii. Reassessments are completed between five and seven months from the Initial *or* most recent Reassessment
- c. **Planned discharge:** the case is discharged as planned, i.e. client moves out of state, client's case is transferred to lower level of care, etc. from ALL County and Contracted facilities
  - i. When entering into IRIS, ensure that the Discharge is charted six months after the most recent CANS or PSC-35 completed with a one month grace period

- ii. Discharge CANS and PSC-35 follow the same timeline rules as Reassessments
  - iii. Otherwise, utilize the Administrative Close as described below
- d. Administrative Close: the case is discharged due to no contact
  - i. CANS is still completed in this case
  - ii. PSC form is entered into IRIS
  - iii. Use the Administrative Close when completing a closing CANS or PSC-35 less than five months or more than seven months since the most recently completed measure
- e. Urgent: only choose this if completing a CANS outside of the above categories
  - i. For example, the client's treatment plan changes radically, necessitating an update to the CANS

**5. What are the client age ranges for the CANS and PSC 35?**

- a. CANS completion is required for clients age 6 through age 20. Once the client turns 21, CANS is no longer required.
- b. Age for PSC 35 completion is **3 through 18** when a parent/caregiver is involved in treatment. **This now includes clients aged 18.**
  - i. Even if there is not an identified parent or caregiver, clinicians are still required to complete the form in IRIS without data.
    - 1 Please use the PSC-35 workflow found on the AQIS Support website for a walkthrough on how to enter the PSC-35 into IRIS from Contracted providers
    - 2 A CANS workflow is also available on the AQIS Support website

**6. What happens when a client ages out of the administration range?**

- a. A final CANS should be completed prior to the client's 21<sup>st</sup> birthday, and should be coded as a Discharge CANS *if the most recent CANS was performed and entered six months prior.*
  - i. In the event that your client drops out of services around the time they are approaching their 21<sup>st</sup> birthday, code as an Administrative Close CANS
- b. A final PSC-35 should be completed prior to the client's 19<sup>th</sup> birthday, and should be coded as a Discharge PSC-35 *if the most recent CANS was performed and entered six months prior.*
  - i. In the event that your client drops out of services around the time they are approaching their 19<sup>st</sup> birthday, code as an Administrative Close PSC-35.
- c. Please stop administration of CANS or PSC-35 once a client is out of the administration range
- d. Discharge CANS and PSC-35 follows the same timeline rules as Reassessments, meaning, they are only valid if submitted six months after the most recent CANS or PSC-35.

**7. How do we code/bill for completing the CANS and PSC 35?**

- a. Code/bill as Assessment

- b. If client is eligible for Pathways to Wellbeing, and you are assessing or re-assessing a client's Needs and Strengths in a Child Family Team Meeting, code as ICC.

**8. What is the administration frequency of the CANS and PSC 35?**

- a. Completion takes place during the following intervals:
  - i. Intake (by the end of the sixty day assessment period)
  - ii. Every six months
  - iii. Upon discharge
- b. There is a thirty-day window before and after the due date to complete CANS and PSC-35, and upload the results to IRIS.
  - i. For example, if a client's Initial CANS and PSC-35 were completed on 04/22/2019, the first Reassessment forms can be completed anytime between 09/22/2019 and 11/22/2019.

**9. Do we complete CANS and PSC-35 every time we complete an assessment?**

- a. No. If another program has already completed a CANS or PSC-35, then the next one will not be due until six months after the prior date of administration.
- b. Although CANS and PSC-35 gather information relevant to treatment planning, these measures will sometimes be completed outside of a client's assessment or reassessment time period.
- c. It is important to consider **Coordination of Care** when completing CANS and PSC-35 with clients.
  - i. Tracking the date of a client's Initial CANS would help calculate when a Reassessment CANS is due.
  - ii. This information can and should be communicated during Coordination of Care.
- d. Dates of previous CANS and PSC-35 completion can be looked up in IRIS for reference in the following locations:
  - i. County: you can see CANS and PSC-35 documents in the Clinical Documents section of your client's chart in EHR, or in Form Browser.
  - ii. Contract: look up CANS and PSC-35 documents in Form Browser section of your client's chart in the EHR.
  - iii. See question 24 for more information.

**10. When multiple programs have the case, who completes these forms?**

- a. If multiple County-operated and/or Contracted programs are involved, then the **Primary Therapist** should complete the CANS and PSC-35.
  - i. For example, a County Regional clinic assesses a case, and then immediately refers said case to a Contract agency for treatment; then the Contract agency completes the forms, as the client's primary therapist will be located at the Contract agency
  - ii. Another example: a client receiving services at CYBH East Region is referred to YRC Central. Client's Primary Therapist should be the one

completing the CANS and PSC-35. This will likely be the therapist at YRC Central, however; check with your supervisor as to who should be completing the forms.

- b. If the program with the Primary Therapist eventually closes the case and the other provider continues, the new Primary Therapist at the remaining program would take over completion of the forms. ***This information can and should be communicated during the transfer and coordination of care process.***
  - 1 The six-month mark for completing Reassessment CANS and PSC-35 is calculated off of the Initial CANS and PSC-35, even if the case has been transferred
- c. No client should have a CANS Discharge or Administrative Close completed until the client leaves our system of care, and the client's case is closed from all MHP programs.

**11. What do you do with the CANS and PSC 35 if it is time to complete and the youth is in custody or in the hospital?**

- a. Complete the CANS even if the youth is in custody or in hospital.
- b. **If you have contact with the client's parent/guardian, complete the PSC 35.** Complete the form in IRIS regardless.
- c. The CANS and PSC 35 completions would be non-billable services in this case.

**12. If a client is also open with SSA, does the MHP provider also need to complete the CANS? \*UPDATED\* \*SEE QUESTION 25 FOR MORE\***

- a. Yes. SSA began their implementation of the CANS in March 2019, and will be phased in gradually across their system of care
- b. Both MHP provider and SSA will be collaborating to complete the CANS together, and will be entering the joint CANS into their respective systems
  - i Workflows on clients in dependency are available on the CANS support webpage at <http://www.ochealthinfo.com/bhs/about/cys/support/cans>

**13. Is SSA completing the PSC 35 too?**

- a. No.

**14. Will the contract providers be trained in how to enter the CANS and PSC 35 in IRIS?**

- a. Both the CANS and PSC-35 are available in IRIS for entry.
- b. Training and guidance have been provided. Training is being provided by the BHS Front Office Coordination Team.
- c. If your program is not yet entering the CANS and PSC-35 into IRIS, or, if your program requires additional training and support:
  - i Please contact the BHS Front Office Coordination Team at 714-834-6007, or e-mail at [bhsirisfrontofficesupport@ochca.com](mailto:bhsirisfrontofficesupport@ochca.com)
- d. For an illustrated guide on how to enter the CANS and PSC-35 for Contracted providers, please visit the following website links:

- i CANS: <http://www.ochealthinfo.com/bhs/about/cys/support/cans>
- ii PSC-35: <http://www.ochealthinfo.com/bhs/about/cys/support/psc>

**15. Is there already a standardized way to analyze the data for the CANS and PSC 35, or will we be creating one ourselves?**

- a. The State is collecting baseline data at this time. AQIS will provide guidance on the CANS as development continues.
- b. For analysis of the PSC 35, please consult the interpretation guide provided by Bright Futures, the organization responsible for developing our version of the PSC 35.
  - i This is posted on the AQIS CYBH support website, and can be provided by the Service Chiefs or Contract Monitors
  - ii Massachusetts General Hospital elaborated on the scoring and interpretation of the PSC-35. More information can be found here:  
<https://www.massgeneral.org/psychiatry/services/treatmentprograms.aspx?id=2088&display=scoring>

**16. When will data from the CANS and PSC 35 be collected?**

- a. Data is regularly uploaded by IT and is being sent to the State at monthly intervals.

**17. Will the CANS and PSC forms be sent out to the providers or should they download from a website?**

- a. Both the CANS-50 and the PSC-35 are now posted on the AQIS-CYBH Support website
  - i CANS: <https://www.ochealthinfo.com/bhs/about/cys/support/cans>
  - ii PSC-35: <https://www.ochealthinfo.com/bhs/about/cys/support/psc>

**18. Who can administer the CANS?**

- a. Staff who are CANS-certified can complete the CANS
- b. If you are uncertain as to whether you or your staff are to be certified in completing the CANS, please contact your Service Chief or Contract Monitor

**19. When working with non-Medi-Cal ERMHS cases, do we complete the CANS? What about the PSC-35?**

- a. Yes, all cases have both a CANS and PSC-35 completed.

**20. Where can I get information and support about the use of IRIS to enter the CANS and PSC-35?**

- a. For County clinical staff completing the CANS and PSC-35 themselves in IRIS, please contact the BHS IRIS Liaison Team at 714-347-0388, or e-mail at [bhsirisliaison@ochca.com](mailto:bhsirisliaison@ochca.com)

- b. For County and Contract front office support staff, please contact the BHS Front Office Coordination Team at 714-834-6007, or e-mail at [bhsirisfrontofficesupport@ochca.com](mailto:bhsirisfrontofficesupport@ochca.com)

**21. Once the CANS and PSC-35 have been completed and entered into IRIS, what do we do with the forms?**

- a. County programs:
  - i If client and/or client's parent/caregiver requests their CANS to take home after completion, give them a copy, and scan the CANS form into IRIS, then shred afterwards.
    - 1 If CANS is not shared, enter into IRIS and then shred.
  - ii Always scan the parent/guardian's completed PSC-35 after entering the form into IRIS
- b. Contract programs: put these forms in the client's chart according to your usual procedure after entering into IRIS.

**22. One of my cases is referred to WRAP for wraparound services. Do we continue to complete the CANS and PSC-35?**

- a. No, not in this case. WRAP is responsible for completing CANS and PSC-35 in cases they are involved in.
- b. WRAP will also be responsible for completing CANS on SSA's behalf as well.

**23. I received an e-mail regarding data correction. Whom can I contact for support?**

**\*UPDATED\***

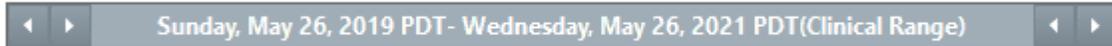
- a. Reach out to the BHS IRIS Liaison Team at 714-347-0388, or [bhsirisliaisonteam@ochca.com](mailto:bhsirisliaisonteam@ochca.com).
- b. Be sure to send e-mails securely if including PHI
- c. Development of reports in IRIS continues in coordination with IT, IRIS Liaisons, and Data Analytics Team – stay tuned!

**24. Are County clinics able to view CANS and PSC-35 entered by Contracted agencies in IRIS? What about a Contracted agency viewing CANS and PSC-35 performed by County clinics?**

- a. Yes, both scenarios are possible. For a **County** program, you can view CANS and PSC-35 in either Clinical Documents or Form Browser in a client's chart.
  - i You can see who completed the form and under which facility when viewing the form in either Clinical Documents or Form Browser
  - ii You can adjust the timeframe of when you are looking in the chart via the grey bar as pictured below by using the arrows to the left and right. Use the left arrow on the left side to view forms completed earlier than 2019
- b. For a **Contracted** agency, you can use the Form Browser section of the client's chart in IRIS
  - i You can adjust the timeframe of when you are looking in the chart via the grey bar as pictured below by using the arrows to the left and right. Use the

left arrow on the left side to view forms completed earlier than 2019 as shown below

- ii You can sort in Form Browser by choosing
  - 1 *Encounter – Date* to view forms sorted by FIN and form, or
  - 2 *Form* to see all forms of a particular type
- c. Please see the CANS & PSC-35 training video for additional guidance on how to see CANS & PSC-35 forms in IRIS, as well as additional data entry guidance



**25. I am working on a client referred to Behavioral Health by SSA. How do I coordinate care with them on CANS? *\*NEW\****

- a. Behavioral Health providers will receive a cover letter and draft CANS from SSA as part of their referral process. Complete a draft CANS prior to your Child Family Team Meeting with SSA, and compare scores with client, family, and SSA at that time. Enter the CANS into IRIS after coordination with SSA has occurred. Scores should match between Behavioral Health and SSA prior to data entry.
- b. See the new **Coordination of Care Quick Guide** posted on the [CANS support website](#).