

CANS IRIS Entry Quick Guide – Contract programs

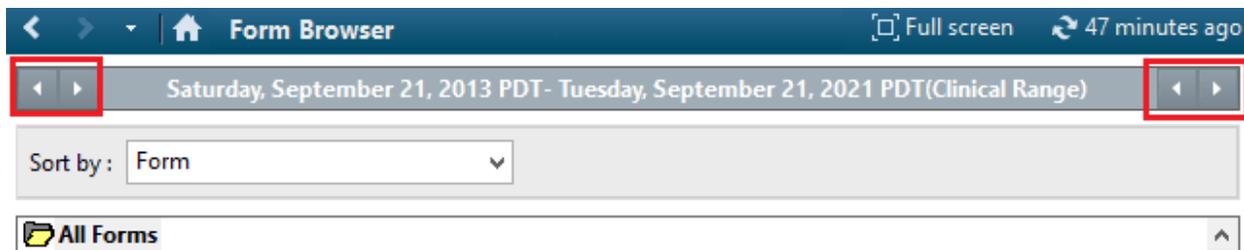
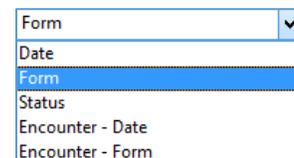
This is designed to provide a walkthrough for entering the CANS form into IRIS at Contract programs. If there are additional questions or concerns about the use of IRIS, please call the **BHS Front Office Coordination Team** at 714-834-6007, or e-mail at bhsirisfrontofficesupport@ochca.com.

Note: It is important to consider previously entered CANS forms in IRIS. You are able to view all CANS forms entered by County and Contracted behavioral health programs in IRIS. To do so, follow the steps below.



Powerchart-Prod

1. Log onto IRIS and the **PowerChart** program
2. Navigate to the client's chart using their MRN, via Name search, or a specific FIN
3. Once in the client's chart, open the **Form Browser** to view existing CANS and forms. There are two settings you can adjust.
 - a. You can sort the forms using this box. Using **Encounter-Date** is typically the most useful setting, but it may be helpful to use **Date** or **Form**
 - b. You can also use the **grey arrows** shown in red below to adjust the date range displayed by Form Browser forwards or backwards as needed. Pushing the left arrow on the far left will adjust the visible range backwards so you can see CANS forms entered more than one year ago! You can also right-click on the date in the grey bar to set the search parameters manually.

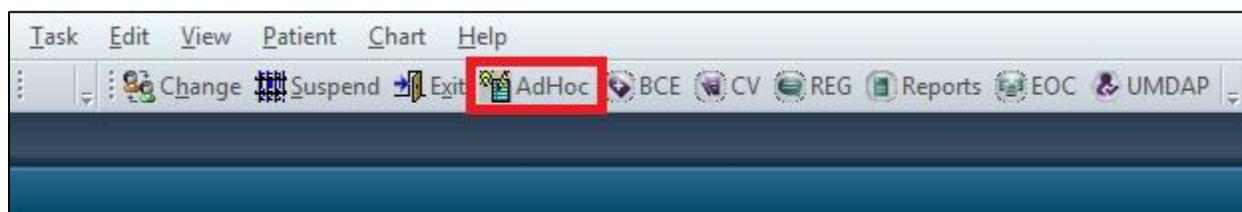


Once you make your decision as to which CANS forms should be entered, if any, you can proceed with entering the forms as needed. Follow the steps below.



Powerchart-Prod

1. Log onto IRIS and the **PowerChart** program
2. Click on **AdHoc**, as shown



- Enter a client's **MRN** and/or **FIN**, and select the FIN you want to use for charting the CANS. This FIN should be a **Facility FIN** that you use for billing.

Patient Search

Fin #:

Last Name:

First Name:

MRN:

Birth Date:

Medi-Cal CIN #:

SSN:

Gender:

OPI:

Weight	Name	OPI	MRN/OCN	Gender	Birth Date	SSN	Address	Apt/Unit/Suite	City	Zip Code	Phone	Cl
100.00	Zzztest, Pippy Longstocking		1000-47-0742	Female	1/7/2004	232-34-5887	1200 North Main	1	SANTA ANA	92701	(714) 347-0388	

Division	Prog Spec	Location	Clinic	Fin #/Booking #	Enc Type	Pre-Reg Date	Reg Date	Disch Da
CYS	Not Applicable	CYS SEN OC OP	CYS SEN OC OP	100-0130-23225	Clinic Service		1/13/2017 1:00 PM	1/13/2017
CYS	Not Applicable	CYS DCF COLLAB CT	CYS DCF COLLAB CT	100-0130-19302	Clinic Service		1/11/2017 8:14 AM	1/11/2017
CYS	Not Applicable	CYS WYMKRS CC GC	CYS WYMKRS CC GC	100-0130-10555	Clinic Service		1/9/2017 11:11 AM	1/9/2017
CYS	Not Applicable	CYS CANYON SEN	CYS CANYON SENECA	100-0114-89370	Clinic Service		7/22/2015 3:05 PM	7/22/2015
CYS	Not Applicable	CYS CANYON SEN	CYS CANYON SENECA	100-0114-89247	Clinic Service		7/22/2015 2:51 PM	7/22/2015
CYS	Not Applicable	CYS TOUCHSTONES	CYS TOUCHSTONES	100-0107-77954	Clinic Service		11/14/2014 11:08 AM	11/14/2014
CYS	Not Applicable	MHP County Tx EOC	MHP County Tx EOC	100-0102-54836	MHP County Tx EOC		5/1/2014 10:38 AM	
CYS	Not Applicable	CYS WYMKRS CRP LB	CYS WYMKRS CHILD RES	100-0067-09158	Residential		12/1/2010 11:26 AM	
CYS	Not Applicable	CYS WYMKRS CRP LB	CYS WYMKRS CHILD RES	100-0067-09100	Clinician Pre-Reg	12/1/2010 10:28 AM	12/1/2010 11:17 AM	12/1/2010

- In AdHoc, choose **Patient Care**, then **CANS**, and select **Chart** to open the form.

- 📁 All Items
 - 📁 ADAS
 - 📁 Behavioral Health
 - 📁 Consult
 - 📁 Discharge Medications (DSCHRGMEDS)
 - 📁 Endorsements
 - 📁 HIV Services
 - 📁 IPASS
 - 📁 IV End Bag
 - 📁 Laboratory
 - 📁 Medication
 - 📁 Medication Reconciliation
 - 📁 Mental Health MD
 - 📁 Mental Health PC
 - 📁 Notification
 - 📁 Nurse Collect
 - 📁 Order Notifications
 - 📁 **Patient Care**
 - 📁 Phase Receipt
 - 📁 Phone Msg

- ATOD
- AUDIT
- BH Minor Auth 72 Hr Voluntary Eval & Tx
- BHCOE PLC ED
- CANS**
- CRAFFT Screening Interview
- DAST-10
- Intimate Partner Violence Screening Form
- NPP Inability to Obtain Acknowledgment
- PANSS
- PSC-35
- PVS-3
- RESILIENCE SCALE
- SCARED
- Smart Template

5. Verify that your correct **FIN** and **Facility** appears in the Encounter Smart Template, and adjust the **Performed on** date to the date the clinical staff completed the CANS.

Encounter Smart Template

FIN: 100013029225
Facility: CYS SEN OC OP

*Performed on:

6. Choose your program’s **Facility** in the drop-down, and complete the rest of the Administration tab.
 - a. Note the question at the bottom – **I am certified to Administer the CANS**
 - i. Attesting to this will allow you to continue.
 - ii. This refers to the **Clinical Staff** who is certified in CANS

Only providers who are certified can administer this measure. If you are unsure please contact your supervisor before completing this form.

I am certified to Administer the CANS

7. Answer this next question based on the **age of the client**.
 - a. Clients aged 6-20 are administered one set of questions, while clients aged 0-5 are administered a different version.

Is client 5 years or younger?

Yes
 No

Ages 6-20

8. Enter the CANS data
 - a. **Caregivers:** enter the name of the Caregiver(s). Note that this box is not required.
 - b. **Assessor:** enter the name of the clinician who administered the CANS
 - c. **Form Status:** select what the clinician indicated on the form
 - i. **If you notice duplicates or out-of-order submissions, consult with clinical staff and your supervisor/Head of Service**

Caregiver(s):

Assessor:

Form Status: Initial Reassessment Discharge Administrative Close Urgent

- d. For each domain, there is a **Smart Template** to the right
 - i. This indicates the date, provider, and scores of the last CANS entered into IRIS (if applicable)

CHILD BEHAVIORAL / EMOTIONAL NEEDS				
0 = no evidence				
1 = history or suspicion; monitor				
2 = interferes with functioning; action needed				
3 = disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
*1. Psychosis (Thought Disorder)				
*2. Impulsivity/Hyperactivity				
*3. Depression				
*4. Anxiety				
*5. Oppositional				
*6. Conduct				
*7. Anger Control				
*8. Substance Use				
*9. Adjustment to Trauma				

9. If you choose a 1, 2, or 3 for question #9, Adjustment to Trauma, the following pops up. Please use the curly **“Return”** arrow to continue afterwards.



POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES		
NO = No evidence of any trauma of this type.		
YES = Exposure/experienced a trauma of this type.		
	No	Yes
*T1. Sexual Abuse		
*T2. Physical Abuse		
*T3. Emotional Abuse		
*T4. Neglect		
*T5. Medical Trauma		
*T6. Witness to Family Violence		
*T7. Witness to Community/School Violence		
*T8. Natural or Manmade Disaster		
*T9. War/Terrorism Affected		
*T10. Victim/Witness to Criminal Activity		
*T11. Disruption in Caregiving/Attachment Losses		
*T12. Parental Criminal Behaviors		

10. Note the last question at the bottom – **Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.**

- a. If the clinician left this question blank, and entered data for questions 41a through 50a, choose **No** and continue with the last ten questions
- b. Enter the Caregiver’s name in the Caregiver box
- c. Use one Caregiver for each box if there are more than one involved in treatment

Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.

Youth has no known caregiver. Skip Caregiver Resources and Needs Domain

Yes No

- d. However, if the clinician indicated that there is no caregiver involved in the client’s case, then choose **Yes** for this question



11. Once these questions have been completed, select the **Return Arrow**, as shown, to return to the main portion of the CANS, and then **Sign**.



12. File the paper CANS in the client’s chart.

Ages 0-5

This is similar to the 6-20 section, however; there are a handful of different sections. A couple of notes:

- Potentially Traumatic / Adverse Childhood Experiences section is **required** for clients aged 0-5
- Please file the paper CANS in the client’s chart when finished with data entry