

## CANS & PSC 35 FAQ

Quality Management Services (QMS) AOA and CYS support teams have compiled a list of questions received from providers on the Child and Adolescent Needs and Strengths (CANS) and the Pediatric Symptom Checklist (PSC-35). If you have additional questions, please contact QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com)

**Additional supporting documentation including, but not limited to, workflows, manuals and billing information on CANS and PSC-35 are available at these websites:**

[PSC-35](#) support webpage

[CANS](#) support webpage

### **1. 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 QMS at [AQISSupportTeams@ochca.com](mailto:AQISSupportTeams@ochca.com)
- b. Review the Integrated CANS Training Website Sign-Up guide on the [CANS support webpage](#).

### **2. What languages are the PSC-35 offered in?**

- a. Our threshold languages in Orange County, which are English, Spanish, Vietnamese, Korean, Chinese, Farsi, and Arabic. These translated versions are now posted on the QMS CYS Support website under PSC-35 at [PSC-35 support webpage](#)

### **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 form statuses mean and how frequently are they administered?**

- a. **Initial:** The first CANS and PSC-35 completed during a client's initial entry into an MHP program for services.
  - i. See question 10 for information on how to check IRIS for previously completed CANS and PSC-35 forms
  - ii. See Question 10 regarding Coordination of Care
- b. **Reassessment:** the next CANS and PSC-35 completed following the initial CANS/PSC-35, and is completed every 5-7 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 or if applicable Wraparound until the case is fully closed
- c. **Discharge:** the case is discharged as planned (within the 5-7 month window), 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 5-7 months after the most recent CANS or PSC-35
  - 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: discharge outside the 5-7month window
  - i. CANS is still completed in this case
  - ii. PSC-35 form is entered into IRIS
  - iii. Use if no contact has been made with a client, you need to reset the timeline or if the discharge is not in the 5-7month window
- e. Urgent: only choose this if completing a CANS and/or PSC-35 outside of the above categories
  - i. For example, the client's treatment plan changes radically, necessitating an update to the CANS and/or PSC-35
  - ii. The timeline is not impacted by an Urgent CANS or PSC-35. Previously established timeline still applies.

\*\*There is a new [CANS Smart Template](#) on IRIS that can assist with knowing what form to use.

\*\*\* 2 CANS CANNOT be completed on the same day e.g. Administrative close and initial

### 5. What do you do if you find an error in a client's timeline?

- 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)

### 6. What are the clients age ranges for the CANS and PSC-35?

- a. CANS completion is required for clients aged **0 through age 20**. Once the client turns 21, CANS is no longer required.
  - i. Use the Early Childhood Module for clients aged 0-5.
  - ii. Use the standard Integrated Practice CANS for clients aged 6-20.
- b. Age range 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.
  - ii. Please use the PSC-35 workflow found on the PSC Support webpage for a walkthrough on how to enter the PSC-35 into IRIS from Contracted providers
  - iii. A CANS workflow is also available on the CANS support [webpage](#)

### 7. What happens when a client ages out of the administration range?

- a. Once a client turns 6, the 0-5 CANS needs to be closed. This can be done through an Administrative close or Discharge based on the timeline. An initial IP-CANS needs to be completed once the client has turned 6 to start a new timeline.
  - i. 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 5-7 months prior.*
  - ii. 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 PSC-35 was performed and entered 5-7 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.
  - ii. Please stop administration of CANS or PSC-35 once a client is out of the administration range
  - iii. Discharge CANS and PSC-35 follows the same timeline rules as Reassessments, meaning, they are only valid if submitted 5-7 months after the most recent CANS or PSC-35.

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

- a. Refer to the most recent CANS and PSC-35 coding guide on the CANS support webpage

**9. Do we complete CANS and PSC-35 every time we start working with a client?**

- a. No. If another program has already completed a CANS or PSC-35, then the next one will not be due until 5-7 months after the prior date of administration.

**10. How does coordination of care impact CANS and PSC-35 timelines?**

- a. 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.
- b. 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.
    - a. Utilize the County EHR report- "[EOC within a date range](#)"
  - ii. Contract: look up CANS and PSC-35 documents in Form Browser section of your client's chart in the EHR.
    - a. Utilize the County EHR report- "[EOC within a date range](#)"

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

- a. Complete the CANS and PSC-35 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?**

- a. Yes, both MHP providers and SSA should collaborate to complete the CANS together, and will be entering their own CANS into their respective systems
- b. Workflows on clients in dependency are available on the CANS support webpage

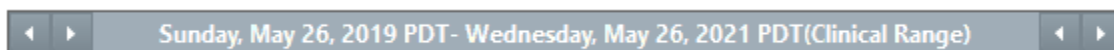
- 13. Is there already a standardized way to analyze the data for the CANS and PSC 35, or will we be creating one ourselves?**
- The State is collecting baseline data at this time. QMS will provide guidance on the CANS as development continues.
  - For analysis of the PSC 35, please consult the interpretation guide provided by [Bright Futures](#), the organization responsible for developing our version of the PSC 35
- 14. When will data from the CANS and PSC 35 be collected?**
- Data is regularly uploaded by HCA IT and is being sent to the State at monthly intervals.
- 15. Where can I find PDF copies of the CANS and PSC-35 forms?**
- Both the CANS and the PSC-35 are now posted on the CANS and PSC-35 support webpage.
- 16. When working with non-Medi-Cal ERMHS cases, do we complete the CANS? What about the PSC-35?**
- Yes, all cases have both a CANS and PSC-35 completed.
- 17. Where can I get information and support about the use of IRIS to enter the CANS and PSC-35?**
- 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)
  - 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)
    - For Contracts: Refer to the CANS IRIS Entry Quick guide on the CANS Support webpage
- 18. Once the CANS and PSC-35 have been completed and entered into IRIS, what do we do with the forms?**
- County programs:
    - If client and/or client's parent/caregiver requests their CANS/PSC to take home after completion, give them a copy
      - If CANS/PSC is not shared, enter into IRIS and then shred.
  - Contract programs: put these forms in the client's chart according to your usual procedure after entering into IRIS.
- 19. One of my cases is referred to WRAP for wraparound services. Do we continue to complete the CANS and PSC-35?**
- No, not in this case. WRAP is responsible for completing CANS and PSC-35 in cases they are involved in.

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

- a. Reach out to the BHS IRIS Liaison Team at 714-347-0388, or [bhsirisliaisonteam@ochca.com](mailto:bhsirisliaisonteam@ochca.com).
  - i. Be sure to send e-mails securely if including PHI
- b. Development of reports in IRIS continues in coordination with HCA IT and IRIS Liaisons
  - i. You can utilize the EOC within a date Range report in IRIS to see if and when the CANS has been completed in other programs
  - ii. Quick guide on this report is available at our CANS support webpage

**21. 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.
  - i. For a **County** program, you can view CANS and PSC-35 in either Clinical Documents or Form Browser in a client's chart. You can see who completed the form and under which facility when viewing the form in either Clinical Documents or Form Browser
  - ii. For **County and Contracts**, you can use the Form Browser section of the client's chart in IRIS.
  - iii. 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 previously completed forms
  - iv. You can sort in Form Browser by choosing
    - a. *Encounter – Date* to view forms sorted by FIN and form, or,
    - b. *Form* to see all forms of a particular type



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

- a. Behavioral Health providers will receive a PWB Referral Cover Letter and completed CANS assessment from SSA as part of their referral process. Subsequent CANS assessment should be completed with the input from the youth, family and assigned SW, and reviewed at the Child and Family Team (CFT) meetings. The completed CANS should be shared with the SW prior to or at the CFT Meeting. Enter the CANS into IRIS after coordination with the SW has occurred. CANS 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](#).

**23. What do we do when administering CANS on cases with multiple Caregivers involved in treatment?**

- a. Each Parent/Caregiver involved in treatment will be evaluated using their own Parent/Caregiver box on the CANS.
- b. Be sure to keep these boxes consistent so that each Parent/Caregiver can be tracked over time.

**24. Do I need a FIN every time I complete a CANS and PSC?**

- a. Yes, to ensure appropriate documentation for the CANS and PSC-35, QMS is recommending that every administration of a CANS and PSC-35 form be:  
Documented in a progress note and attached to the FIN for the date of service in which the administration occurred.