

CANS AND PSC-35

Frequently Asked Questions

CANS-IP and PSC-35 Bulletins:

- [QA Bulletin 19-02 CANS-IP/PSC-35 Implementation](#)
- [QA Bulletin 19-03 CANS-IP/PSC-35 Update](#)
- [QA Bulletin 20-06 TCM Needs Evaluation](#)
- [Clinical Forms Bulletin 19-03](#)
- [Clinical Forms Bulletin 21-01](#)

[CANS-IP Training Webpage](#)

BASIC REQUIREMENTS AND DOCUMENTATION

1. Why are we required to do the CANS/PSC-35?

The State Department of Health Care Services (DHCS) has selected the CANS-IP and PSC-35 to measure child and youth functioning as part of the regulatory requirement to develop a performance outcome system for EPSDT mental health services. Under this EPSDT Outcomes requirement, the CANS-IP must be utilized for all clients between the ages of 6 and 21, and the PSC-35 must be utilized for all clients between the ages of 3 and 19.

In addition to the EPSDT Outcomes requirement, DHCS requires a TCM Needs Evaluation annually on all clients who are receiving TCM services. In order to reduce documentation burden, LACDMH has elected to utilize the CANS to meet this requirement for clients under the age of 21.

2. When must a CANS be completed to meet each of these requirements and what form should I use?

Age	Requirement	Form	Frequency
0 through 5 years old	<ul style="list-style-type: none">• TCM Needs Evaluation	CANS-IP or CANS 0-5	<ul style="list-style-type: none">• At Assessment if client meets Medical Necessity• Every 6 months if TCM is provided*
6 through 20 years old	<ul style="list-style-type: none">• EPSDT Outcome• TCM Needs Evaluation	CANS-IP	<ul style="list-style-type: none">• At Assessment if client meets Medical Necessity• Every 6 months*

*There is a re-assessment window two months prior to and after the six month mark. The re-assessment should be completed during the service closest to the 6 month mark.

3. Is the CANS/PSC-35 required for all clients within the stated age range or just EPSDT clients within the stated age range?

The CANS/PSC-35 are required for all clients within the stated age range, even if they do not have EPSDT.

4. Regarding the CANS/PSC-35 and Specialized Foster Care, if we are opening and linking to outside providers, would we still need to complete the CANS/PSC-35?

If you are only doing COS/MAA and then linking, then you do not need to complete the CANS/PSC-35. If you complete an assessment (e.g. Child Adolescent Full Assessment, Immediate/Same Day Services Assessment), then you would need to complete a CANS/PSC-35.

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Quality Assurance Unit

5. If two Legal Entities are providing services to a client, do both Legal Entities have to complete the CANS/PSC-35?

No. The two Legal Entities should coordinate and agree upon who will complete the CANS/PSC-35.

6. How is the CANS/PSC-35 handled when the client is transferred between two Legal Entities?

The referring Legal Entity is not required to complete a **Discharge** CANS/PSC-35 when transferring to another Legal Entity. If a **Discharge** CANS/PSC-35 is not completed, the LE receiving the transfer is required to do a **Reassessment** CANS/PSC-35 upon the 6 month mark. If you feel an update to the CANS/PSC-35 is needed (due to new information or changes in the client's condition), you can complete an **Urgent** CANS/PSC-35.

7. What is the protocol if we have multiple caregivers each completing a PSC-35?

Providers are only obligated to collect one PSC-35 per assessment period. However, providers can collect multiple PSC-35s if it is clinically useful. DMH will internally determine which one will be sent to the State so that assessments do not get rejected.

ASSESSMENT TYPES: INITIAL, REASSESSMENT, DISCHARGE, ADMIN CLOSE & URGENT

1. If for some reason the 6-month **Reassessment** is missed or not done are we required to do another **Initial** CANS/PSC-35?

Yes, but you must first do an **Administrative Close**. Once that is done, an **Initial** CANS/PSC-35 should be completed.

2. If a **Reassessment** CANS/PSC-35 was recently completed, and the client is discharged less than six months later or ages out of the use of the tool, would providers need to complete a **Discharge** CANS/PSC-35?

Yes, providers would need to complete a **Discharge** CANS/PSC-35. In the event you are not able to get a **Discharge** CANS/PSC-35, you should submit an **Administrative Close** CANS/PSC-35.

3. Our agency administers the CANS/PSC-35 every 3 months. Can we indicate **Reassessment** when submitting?

No. Any CANS/PSC-35 completed outside of the reassessment window must be marked as **Urgent**. Completing an **Urgent** CANS/PSC-35 does not change the reassessment timeframe of the CANS/PSC-35.

4. Do we complete an **Urgent** CANS/PSC-35 if a new Client Treatment Plan (CTP) was developed prior to the 6-month mark?

It depends. An **Urgent** CANS/PSC-35 is completed if there were significant changes in the child's life that would necessitate a new CANS/PSC-35 before the next Reassessment. A CANS/PSC-35 does not need to be done just because a CTP was done. However, it would make sense to tie the two together. If you do end up doing a CANS/PSC-35 AND it falls outside of the 4-8 month window, then an **Urgent** CANS/PSC-35 would be appropriate.

5. For clients who were 5 years old and were found to not have any TCM needs using the CANS, will providers need to complete a **Discharge** CANS prior to completing an **Initial** CANS when they turn 6 years old?

It is recommended that a **Discharge** CANS or **Administrative Close** be completed when a client turns 6. However, it is not required. Providers must complete an **Initial** CANS when the client turns 6.

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Quality Assurance Unit

6. When selecting **Administrative Close** for the CANS/PSC-35, are staff still required to complete the rest of the CANS/PSC-35 fields?

No. Staff will not need to complete the rest of the CANS/PSC-35 form if **Administrative Close** is selected.

FORMS

1. Do we have to use the LACDMH specific forms for CANS/PSC-35?

Yes. The DMH specific forms must be utilized because they include fields needed by LACDMH for tracking.

2. Does the PSC-35 come in other languages since it is completed by the caregiver?

Yes. While LACDMH is working on getting the PSC-35 translated into the LACDMH threshold languages, a translated version by Massachusetts General can be downloaded here: <https://www.massgeneral.org/psychiatry/services/treatmentprograms.aspx?id=2008&display=forms>

BILLING

1. How do I bill for administering the CANS?

The time spent conducting CANS and PSC-35 activities, including gathering information for and reviewing and completing the tools, should be claimed as direct services. The claim submitted should be in accord with the purpose of the activity conducted: Mental Health Services (MHS) Assessment, MHS Plan Development, or Intensive Care Coordination. Similar to plan development activities, the time spent may also be incorporated into another service. Please refer to QA Bulletin 19-03 (http://file.lacounty.gov/SDSInter/dmh/1058111_19-03CANS_PSC_Update.pdf) for additional information and examples.

DATA SUBMISSION

1. How do I submit my CANS-IP and PSC-35 data?

For Directly Operated providers:

- Enter directly into the Integrated Behavioral Health Information System (IBHIS)
- The PSC-35 should be completed on paper by the caregiver, then entered into IBHIS by the practitioner reviewing the tool.

For Legal Entity providers:

Only the CANS-IP for clients between 6 and 21 and the PSC-35 for clients between 3 and 19 need to be submitted; the CANS completed for 0 through 5 year olds does not get submitted to LACDMH.

- Legal Entities submit and retrieve CANS-IP and PSC-35 data from their electronic health record (EHR) to LACDMH

OR

- Providers must submit CANS-IP and PSC-35 data through the “Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Outcome Measures” web-based application.

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2. If a provider would like to begin submitting data directly from their EHRS instead of using the EPSDT application, what should they do?

If a provider is not currently submitting data directly from their EHRS via webservice, it should be discussed with their EHRS vendor. Technical specification for webservice can be found here: <https://dmh.lacounty.gov/pc/cp/ti/>

TRAINING AND CERTIFICATION

1. How do I get trained to take the certification test?

To become trained and certified in the CANS, you must complete an online course and pass the certification exam.

- The online course is located at TCOMtraining.com. Staff are eligible to take the certification test upon completion.
- Access instructions can be found on the LACDMH website under the section: <https://dmh.lacounty.gov/for-providers/clinical-tools/training-workforce-development/cans/>

2. What are the certification requirements for the CANS and PSC-35?

To administer the CANS, you must be certified by the PRAED Foundation. Once you pass the certification test, your certification is valid for one year. You must pass the certification test annually to be certified.

There are no training or certification requirements in order to complete the PSC-35.

3. Is there a cost associated with being certified for the provider?

No. There is a cost for taking the certification test; however, LACDMH is covering the cost of certification.

4. If we have a staff that is certified for the CANS, can they train other staff on the CANS? Or do all staff that will complete the CANS need to complete the online training and pass the test?

Only staff that have completed the Train-the-Trainer training, and are certified to train other staff members, can train other staff in the CANS. DMH no longer provides in-person trainings or Train-the-Trainer trainings. All trainings are provided online through PRAED.

5. Is there a specific PRAED CANS certification required in order to complete the CANS 0-5? Will practitioners need to re-certify in order to do the CANS 0-5?

No. Once a practitioner is certified by PRAED, they may complete any version of the CANS. There is no requirement to receive a specific CANS certification to complete the CANS 0-5 and no requirement to re-certify to complete the CANS 0-5.

6. We only serve adults. Currently we have no clients under 21, but we do not turn away those that are considered adults (18+). Do we need to have all of our staff trained in the CANS?

For adult providers, we have been recommending that they have at least one or two staff (depending on how many 18-21 year old's you get) certified in the use of the CANS. By doing this, when an 18-21 year old comes in for treatment, you can assign the client to someone who is certified for the CANS.

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7. Can the CANS recertification through PRAED at least be every 2 years instead of every year?

No. Unfortunately, both the State and PRAED require providers to recertify annually in order to administer the CANS.

8. I have been trained at my agency by a PRAED certified trainer, how do I obtain certification codes to take the certification test through PRAED?

For trainings held after June 21, 2019:

- Submit the standardized sign in sheet for all participants that signed in, within 1-2 business days of the conclusion of the training to PRAED at support@tcomtraining.com.
- PRAED will send the codes for the participants to take the certification test.
- Staff must take the certification test within 30 days of the training, otherwise the code will expire.

NOTE: If you would like to receive the codes for the certification test prior to the conclusion of the training, submit the sign-in sheet as soon as all participants have signed into the training and PRAED will make every effort to issue the codes prior to the end of the day.