



Los Angeles County Department of Mental Health

EPSDT Outcomes Team

CANS and PSC-35

Q&A from CANS/PSC Webinar 6/22/23

1. To clarify, can the client complete their own PSC-35?

If no parent or caregiver is available, the child/youth can complete the PSC-35 provided he or she is at least 11 years old and mature enough (from a clinical perspective) to answer the questions.

2. If a parent is unavailable, who else can complete the PSC-35?

If a parent is unavailable, a social worker, group home worker, foster parent, or other person who is familiar with the child/youth can complete the PSC-35

3. Can the clinician complete the PSC-35?

No, the clinician cannot complete the PSC-35.

4. To clarify, should we be gathering the client and caregiver's PSC when appropriate?

It's not required to collect from the client **and** caregiver. By design, the PSC-35 is a caregiver measure but in the absence of a caregiver, if the client is at least 11 years old and determined to be clinically mature enough to respond to the questions, then the client can complete the PSC-35 in lieu of the caregiver. Some clinicians find it clinically useful to get feedback from both the client and caregiver. If you administer it to both, please submit the PSC record that has the highest score to DMH.

5. Just to confirm, do we need to administer to the same respondent for the initial, reassessment, and discharge?

It is recommended as a best practice but not required. The PSC-35 is required to be acquired at certain intervals. The State doesn't pay attention to which caregiver responds or if the same caregiver is responding each time. It just has implications for how you interpret the data. If you have the same respondent, it allows you to compare

different administrations more confidently. Any survey can still provide valuable clinical information.

6. What if mother completed the initial PSC, client completes the reassessment PSC, and father completes the discharge PSC?

That's fine as it's allowable under the EPSDT outcomes rules that the State has given us to comply with the mandate, but you just need to be cautious with how you evaluate progress when comparing PSC's. It's most valid when you have the same respondent completing the PSC-35 at different time collections, because it can allow for a direct comparison of progress.

7. Could you explain again, if we conduct two PSC's (parent and child), how will we determine which one to send to DMH?

We recommend sending the PSC record that has the highest score as that can reflect more symptom presentation and can better demonstrate change over time.

8. Our agency actually has the Y-PSC (self report) as an agency-required measure for consumers 11 and up. In the case when the caregiver declines to respond, I am hearing that it is then allowable to enter the data from the Y-PSC into the EPSDT system as long as we maintain consistency of entering the data?

The PSC-35 form that DMH requires providers to submit is the PSC which has the questions that are geared and aimed for a caregiver to complete. So even when a provider has a client complete the PSC, the client would complete that same form. Therefore, the provider may have to provide some guidance to the client in completing the caregiver version of the PSC-35. Furthermore, you can submit the data from the Y-PSC to DMH, but it would have to be using the DMH PSC-35 form and you would indicate "self" as the respondent on the PSC.

9. Regarding the CANS, when we have a client who turns 21 and then has to do a NET, do we also need to complete a discharge CANS to close them out of that system since they won't need it anymore? Same question for the PSC-35, do we have to submit a discharge PSC before the client turns 19?

Yes, you would need to submit a Discharge CANS before the client turns 21 and you would need to submit a Discharge PSC before the client turns 19.

If you discover client has aged out of the CANS after the client turns 21, then you would need to submit an administrative close to close them out. If you discover the client has

aged out of the PSC-35 after the client turns 19, then you would need to submit an administrative close to close them out.

- 10. If a client has been discharged but the provider failed to collect the CANS and PSC-35 at the time of discharge, is the provider allowed to do a discharge CANS and PSC-35 or should they submit an administrative close?**

Since the CANS is completed by the provider, the provider should have sufficient information to be able to complete a discharge CANS. However, if the provider doesn't have sufficient information to be able to complete a discharge CANS, then an administrative close can be submitted.

Since the PSC-35 is a caregiver measure and if it was not completed at the time of discharge, an administrative close can be submitted.

- 11. If it has been more than a year since the client completed their PSC-35, do we have to submit an administrative close, even if they are still an active client?**

No, you do not need to submit an administrative close, you can submit the next PSC. We are currently advocating with the State to remove the time constraints for submissions of the CANS and PSC-35.

- 12. If a client only came in for an assessment and we did not get an initial PSC completed, what are we responsible for entering? Or if client only came in for one session, what are we responsible for entering in EPSDT?**

You are responsible for entering what you can collect and capture. If it is a single contact and you did not get an initial PSC completed, then it's fine to not submit anything to DMH.

- 13. If a client did not have a CANS/PSC completed at intake, what should we do for the discharge? Should the initial just be blank and say client not available/assessment only?**

If a CANS/PSC wasn't completed at all, then you have nothing to submit to DMH; however, this is technically out of compliance with requirements to collect the CANS/PSC. For the CANS, if an initial assessment was completed, then the provider should have enough information to complete the initial CANS. If the PSC wasn't completed at intake, then you have to continuously try to get it until you can get that initial PSC. Please also keep in mind that the first CANS or PSC you are able to collect is deemed your initial even if it was gathered at the end of treatment. If the CANS or PSC was collected at the

end of treatment, then you would need to submit it as an initial CANS or PSC and then submit an administrative close to close it out. The administrative close assessment date needs to be one day after the assessment date of the initial CAN/PSC.

- 14. If a provider was out of compliance and did the proper step of doing an administrative close, then opening an initial CANS and PSC, what date should we use for the reassessment, would it be based on their earliest billable service?**

If you submitted an administrative close and then you opened another initial CANS or PSC, your reassessment CANS or PSC is based on the assessment date of the second initial CANS or PSC.

- 15. Should we submit the discharge as an “initial” even though we are closing the client for services?**

If you have not submitted a CANS/PSC for any other time before that, then yes you would need to submit it as an initial CANS/PSC and then submit an administrative close to close it out. Please remember that the administrative close assessment date must be one day after the assessment date of the initial CANS/PSC.