



Los Angeles County Department of Mental Health

EPSDT Outcomes Team

CANS and PSC-35

Q&A from CANS/PSC Webinar 1/25/24

1. **It was recently mentioned that we are now able to enter CANS reassessments outside of the 4 to 8 month window. Is this moving forward OR can we back track for CANS that have not been submitted as they were completed outside of this window?**

The State has not changed their expectations of the data collection schedule. The data collection schedule is to submit an Initial CANS/PSC when you start treatment, a Reassessment CANS/PSC is submitted every 6 months, where there is a 4 to 8 month administration window. The change the State has made was they will accept from DMH all the assessments that they had been rejecting that were outside the 4 to 8 month administration window. Even though the State is allowing us to submit CANS/PSC assessments that are outside the 4 to 8 month administration window, they still want providers to maintain a data collection schedule of every 6 months. Therefore, it should be fine to submit a CANS assessment that was completed outside the administration window. But it is important that you get on the expected track of collecting the assessments according to the schedule that the State wants.

2. **When a CANS and/or PSC are completed late, are we supposed to make the next 6 months update due 6 months from the date it was actually due or 6 months from the date it was actually completed late?**

Please remember that the State is expecting CANS and PSC data to be collected every 6 months. But when CANS and/or PSC are completed late, the State expectation is that the next assessment is based on the previous (most recent) non-urgent assessment date (i.e., initial or reassessment). In addition, it is important that you get back on the expected track of collecting the assessments according to the schedule the State wants. It is expected that you get back on the 6-month track based on the most recent assessment date.

3. **To clarify, for the late assessment, if an intake date was 1/1/23 and the 6 month reassessment was submitted on 11/1/23, would the next reassessment be based on the 11/1/23 date?**

Please remember that the State is expecting CANS and PSC data to be collected every 6 months. But if an intake date was 1/1/23 and the 6 month reassessment was submitted on 11/1/23, the next reassessment would be based on the 11/1/23 date. In addition, it is important that you get back on the expected track of collecting the assessments according to the schedule

the State wants. Therefore, in this case example, the next reassessment assessment date should be 5/1/23 to be on track with the State's 6-month data collection schedule.

4. If a client is opened and closed on the same day, does the Initial/Discharge assessment need to be submitted?

A lot of times when you collect an Initial CANS or Initial PSC, you don't know that it's going to be the one and only time you see the client. If you collected the Initial CANS or PSC, go ahead and enter it, but you'll have to submit an administrative close if the client never came back. You cannot have an Initial and Discharge assessment (i.e., administrative close) on the same day. The State does not allow two assessments with the same assessment date.

If you only saw a client only one day and you didn't get an Initial CANS or PSC, you don't need to submit anything since you didn't submit an assessment.

5. When a client is admitted under age 6, where the CANS is not required, but after 6 months, client turns 6, should the reassessment update be submitted?

When a client is under 6, the CANS-IP is not required, but the first CANS-IP you do after the client turns 6 will be an Initial CANS. For instance, if you have a 5-year-old client, you may have done an Initial PSC and then no CANS-IP was completed, because they're not of age. We're ok if you do your Initial CANS-IP after the client turns 6 when your next Reassessment PSC is due so that you can stay on the timeline cycle.

6. Who do we email at DMH if there is an Administrative Close if a client ages out and did not have a Discharge CANS?

All providers have the ability to submit an administrative close, whether you submit via IBHIS, EPSDT OMA, or webservice through your EHR. If for some reason you are not able to, you can send an email to our general email address at PEIOutcomes@dmh.lacounty.gov and someone from our EPSDT Outcomes Team will reach out and help you.

7. Our EHR has two versions of the CANS including one that is labeled as CANS 0-5, but it is the exact same as the CANS-IP. Does it make a difference which one we use if they are the same questions?

If you're using your EHR to automatically submit your CANS to us via webservice, then you would need to do the CANS-IP if the client is 6, because that will trigger them to send the data to DMH. The CANS 0-5 assessments at this point, even though you're required to do them for target case management if the clients are getting them at that age, don't get sent to DMH right now. You would be holding those assessments at your agencies. This may be a question to ask

internally with your EHR vendor about if it makes a difference which one you send to DMH. We are expecting that you're sending DMH the CANS-IP.

8. Is there a PSC training video so we can help staff understand that assessment tool better?

Here's the link to the PSC-35 Training Video on our DMH Outcomes Page:

[PSC-35 Training Video](#)

This video covers the basics of the PSC-35 and addresses the different facets of information about the PSC-35 that are important to know.

The EPSDT Outcomes Team also developed a CANS/PSC Training Series that can help prepare staff with the necessary skills and knowledge needed to complete the CANS and PSC-35 as well as provide a good foundation on how to use both measures. The link below will take you to our DMH Trainings/Events page. Please click on EPSDT Outcomes to access the CANS/PSC Training Series.

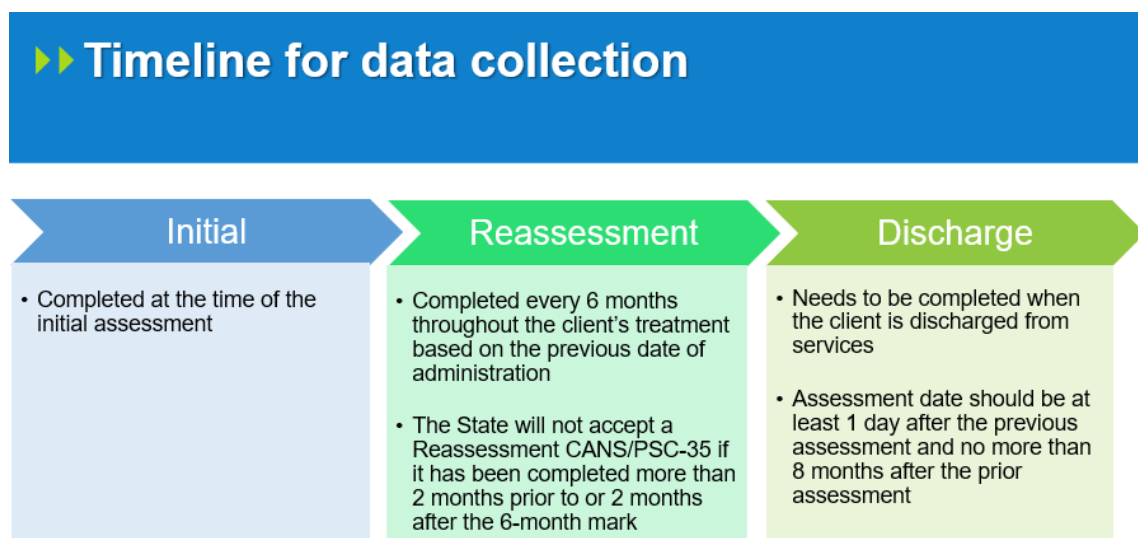
[TRAININGS/EVENTS - Department of Mental Health \(lacounty.gov\)](#)

9. Will DMH implement the use of CAIR scores related to CANS scores to determine level of care?

DMH is in the process of developing the use of the CANS as a level of care tool for children. DMH is working with other California counties that are trying to do the same thing.

10. Is there a grid or handout that states how early and how late CANS and PSC assessments can be done and not be considered too late?

Here is a screenshot of the timeline for data collection for the CANS and PSC:



- 11. When we receive a CANS completed by DCFS, is the CANS we complete still considered an “Initial” in terms of the outcome measure cycle OR does the DCFS CANS begin the cycle and the one we create would be considered a reassessment?**

Please keep in mind that DCFS has their own requirements through their State entity, which is CDSS, so it’s completely separate from our system. While we’re encouraged to share assessments back and forth, we still have our own requirements. When you get the CANS from DCFS, even if they put it in their system as their initial, you need to enter it into our system to satisfy our DHCS requirements for mental health providers. If you already submitted an Initial CANS and DCFS gave you a CANS, you can evaluate that and determine whether you want to input that as an Urgent CANS or Reassessment CANS on your end depending on what the appropriate timeframe would be for inputting that CANS assessment.

- 12. Are there plans to distribute aggregated PSC or CANS data so we can see how our scores compare to other providers? At our site, we have been analyzing data internally, but it would be more meaningful to see how it compares to other organizations. It would also be helpful to be separated out by level of care (i.e., outpatient vs intensive services).**

Our first step is to put out the individual client level reports for the PSC and CANS, which will show you PSC and CANS scores over time. We do have some aggregated reports in the works, but we want to get the individual ones out first. Some of the aggregated data for providers would be at the provider level and then the next step would be provider to provider.

- 13. When we’ve done an Initial CANS 0-5 and client turns 6 mid-treatment, do we do a discharge of the CANS 0-5 and an Initial for the CANS-IP when the client turns 6?**

CANS 0-5 aren’t sent to DMH or inputted into our EPSDT OMA. We are expecting an Initial CANS when the client turns 6 or shortly thereafter if the client is in outpatient treatment. You might need to check with your organization to see what makes the most sense in your system related to the CANS 0-5, but the CANS you submit to DMH once the client turns 6 should be an Initial CANS.

- 14. If our agency receives a transfer client and the other agency did the Initial CANS/PSC, would we continue with their timeline or would we start our own Initial CANS/PSC?**

You can continue the cycle created by the first agency and pick up where they left off, but if you want to track your own journey at your site, you can start with the initial. You just need to make sure the last cycle was ended by the other provider (i.e., they entered their discharge or administrative close).