Los Angeles County | Department of Mental Health



EPSDT FHIR New Provider Companion Guide

Document Information

Item	Value
Version	1.2.0
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Audience	New providers/vendors integrating with HIDEX for EPSDT assessments
FHIR Version	R4 (4.0.1)

Version History

Version	Date	Summary of Changes
1.2.0	10/2026	**Breaking.** CANS instrument replaced: `cans-50` retired, replaced by `cans-ip` (CANS-IP, 50 rating items across the same 7 domains, form-accurate item numbering). Trauma section corrected to 12 two-state (NO/YES) items T1–T12 in MH 735 order; the phantom "Other Trauma" item removed. Non-Trauma linkIds realigned to the Dynamics/system-of-record concept for each item. PSC items 5, 6, 17, 18 now accept a fourth **Not Applicable** answer option. Level 1 Level of Care description renamed. New `ActualAssignedLevelOfCare` and `ReasonForVariance` items added. Answer-code validation against the DMH Dictionary Service and the per-instrument Administrative Close reason codes documented explicitly. **No transition window** — see Section 10.
1.1.1	9/11/2026	Editorial and title page cleanup. No request or payload change.
1.1.0	7/1/2026	Endpoint URLs and onboarding content updated for the HIDEX website release.
1.0.0	6/23/2026	Initial release.

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1. What is EPSDT?

EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) is a federal program that requires Medicaid to provide comprehensive health services to children. The LA County Department of Mental Health (DMH) collects two standardized assessments:

- **CANS-IP** (Child and Adolescent Needs and Strengths — Information/Practice, MH 735) — A clinical assessment covering 50 rating items across 7 domains (Child Behavioral/Emotional Needs, Life Domain Functioning, Risk Behaviors, Cultural Factors, Strengths, Caregiver Resources and Needs, and Trauma) plus non-rating identity and narrative content. Used to determine a Level of Care score (1–5).
- **PSC-35** (Pediatric Symptom Checklist, MH 736) — A 35-question caregiver-reported screening tool that identifies children at risk for emotional/behavioral problems.

> **Important**: The instrument previously published as `cans-50` is **retired**. New CANS submissions target `cans-ip`. See Section 10 for the details of this cutover — there is no transition window in which both shapes are accepted.

Providers submit these assessments electronically through the **HIDEX Provider Access API** using FHIR R4 `QuestionnaireResponse` resources.

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2. How It Works

```
Provider EHR → HTTPS POST/PUT → HIDEX Provider Access API → Validation → FHIR Store
                                                                ↓ (CANS only)


                                                          Level of Care calculation
```

1. Your system sends a FHIR R4 `QuestionnaireResponse` to the API
2. The API validates the submission against business rules
3. If valid, the assessment is written to the FHIR store and an EPSDT ID is generated
4. The EPSDT ID is included in the FHIR resource identifier collection with a timestamp
5. For CANS assessments, a Level of Care score is calculated and returned
6. If invalid, the API returns an error with all validation issues listed

> **Note**: The API is the single authenticated endpoint for all EPSDT intake. Submissions converge on one shared business-logic core, so every submission is validated, persisted, identity-stamped, and scored identically. As a native FHIR provider, you submit `QuestionnaireResponse` resources directly to this endpoint.

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3. Key Concepts

Concept	Description
QuestionnaireResponse	The FHIR resource type used for all assessment submissions
CANS-IP	50-item clinical assessment across 7 domains (Behavioral/Emotional Needs, Life Domain Functioning, Risk Behaviors, Cultural Factors, Strengths, Caregiver Resources and Needs, and 12 two-state Trauma items). Rating items are scored 0–3, except Trauma, which is two-state (NO/YES)
PSC-35	35-question screening tool, scored 0–2 per question (items 5, 6, 17, 18 also accept a Not Applicable answer)
AssessmentType	`"1"` = Initial, `"2"` = Reassessment, `"4"` = Discharge, `"5"` = Administrative Close (CANS only), `"6"` = Urgent (CANS only)
Admin Close	Closing an assessment record without clinical data (metadata only)
Level of Care	CANS-derived acuity score (1=lowest, 5=highest need)
Meta Tag	Identifies the assessment type: `"CANS"` or `"PSC"`
Subscription Key	The API credential used to authenticate every request
ProgramID authorization	The authorization associated with your subscription key that must contain the assessment's ProgramID
EPSDT ID	The unique identifier assigned to the assessment, included in the FHIR identifier collection
OperationOutcome	FHIR error response containing all validation issues
Duplicate Detection	API rejects repeated POST with same patient + provider + tag + date

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4. Onboarding Steps

- 1. Contact DMH to request API access credentials
- 2. Receive OAuth2 client credentials and subscription key from DMH
- 3. Confirm your OAuth2 token is authorized for your ProgramID(s)
- 4. Configure your system to include both credentials in all requests
- 5. Connect to the TEST sandbox environment
- 6. Submit test CANS and PSC assessments
- 7. Verify validation errors are handled correctly
- 8. Verify successful submissions return the EPSDT id on the resource identifier
- 9. Complete the certification checklist (Section 13)
- 10. Request promotion to TEST environment
- 11. After successful TEST validation, request production access

5. Authentication and Access Model

Every request to the API requires an OAuth2 bearer token obtained via the client credentials grant, plus an APIM subscription key. See the **API Credentials Reference** table below for what's provisioned and where each value is used.

Step 1: Acquire OAuth2 Access Token

```
POST https://login.microsoftonline.com/{tenant-id}/oauth2/v2.0/token
Content-Type: application/x-www-form-urlencoded

grant_type=client_credentials
&client_id={your-client-id}
&client_secret={your-client-secret}
&scope={your-resource-audience}
```

> `{your-resource-audience}` is the Resource Audience value from the API Credentials Reference table below (e.g., `api://{resource/appID}/.default`).

Response:

```
{
  "token_type": "Bearer",
  "expires_in": 3600,
  "access_token": "eyJ0eXAiOiJKV1QiLCJhbGciOi..."
}
```

The access token contains claims including your `program_id` authorization.

Step 2: Using Your Credentials

Include both credentials on every request:

```
POST https://hidex-test.dmh.lacounty.gov/healthcare/QuestionnaireResponse
Authorization: Bearer {access_token}
Ocp-Apim-Subscription-Key: {your-subscription-key}
Content-Type: application/json
Accept: application/json
```

> **Important**: Store both credentials securely (treat them like passwords).

> **Important**: A request whose ProgramID authorization does not contain the assessment's ProgramID — or that carries no ProgramID authorization — is rejected with HTTP 403 and no assessment data is persisted.

Important Notes

- **OAuth2 tokens expire after 1 hour** — implement token caching and refresh logic
- **Subscription key** targets the specific environment (TEST, QA, or PRODUCTION)
- Your token's `program_id` claim must match the program codes in your submissions
- Contact DMH HIDEX Support if you need to rotate your subscription key
- Contact LACDMH CIOB for OAuth2 client credential provisioning

API Credentials Reference

The Integration Team provisions the following credentials for API access:

Item	Type	Scope	Value
Client ID	App Registration	Shared across TEST and QA	Your OAuth2 application identifier (`client_id`)
Client Secret	App Registration	Shared across TEST and QA	Your OAuth2 application secret (`client_secret`) — store securely
Tenant ID	Azure AD	Same for both TEST and QA	The Azure AD tenant identifier (`tenant_id`)
Resource Audience	OAuth2 Scope	Same for both TEST and QA	`api://{resource/appID}/.default` — used as the `scope` parameter in the token request
Base URL	Endpoint	Environment-specific	TEST: `https://hidex-test.dmh.lacounty.gov/healthcare` QA: `https://hidex-qa.dmh.lacounty.gov/healthcare`
APIM Subscription Key	API Management	Environment-specific	Sent as the `Ocp-Apim-Subscription-Key` header on every request

> **Note**: Client ID, Client Secret, Tenant ID, and Resource Audience are shared across the TEST and QA environments. Base URL and the APIM Subscription Key are environment-specific — request separate values for TEST and QA.

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6. Endpoint Configuration

Base URLs

Environment	Base URL
TEST	`https://hidex-test.dmh.lacounty.gov/healthcare`
QA	`https://hidex-qa.dmh.lacounty.gov/healthcare`
PRODUCTION	`https://hidex.dmh.lacounty.gov/healthcare`

Operations

Operation	Method	Path
Submit new assessment	POST	`/QuestionnaireResponse`
Update existing assessment	PUT	`/QuestionnaireResponse/{id}`
Retrieve assessment	GET	`/QuestionnaireResponse/{id}`
Search assessments	GET	`/QuestionnaireResponse?subject=Patient/{id}&_tag=CANS`

Required Headers

Header	Value
`Authorization`	`Bearer {access_token}`
`Ocp-Apim-Subscription-Key`	`{your-subscription-key}`
`Content-Type`	`application/json`
`Accept`	`application/json`

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7. CANS Assessment Submission

Complete Example (Standard Assessment)

```
POST /Base URL/QuestionnaireResponse
```

```
{
  "resourceType": "QuestionnaireResponse",
  "id": "my-cans-001",
  "status": "completed",
  "questionnaire": "https://lacdmh.lacounty.gov/fhir/Questionnaire/cans-ip",
  "subject": { "reference": "Patient/3462959" },
  "source": { "reference": "Practitioner/1234567890" },
  "author": { "reference": "Organization/ORG001" },
  "meta": { "tag": [{ "code": "CANS", "display": "CANS" }] },
  "item": [
    { "linkId": "401", "text": "Assessment Date", "answer": [{ "valueDate": "2025-06-15" }] },
    { "linkId": "402", "text": "Assessment Type", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "408", "text": "Client has a caregiver", "answer": [{ "valueCoding": { "code": "N" } }] },
    {
      "linkId": "child-behavioral-emotional-needs",
      "text": "Behavioral/Emotional Needs Domain",
      "item": [
        { "linkId": "CBQuestion01", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "CBQuestion02", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "CBQuestion03", "answer": [{ "valueCoding": { "code": "2" } }] },
        { "linkId": "CBQuestion04", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "CBQuestion05", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "CBQuestion06", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "CBQuestion07", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "CBQuestion08", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "CBQuestion09", "answer": [{ "valueCoding": { "code": "1" } }] }
      ]
    },
    {
      "linkId": "life-domain-functioning",
      "text": "Life Domain Functioning",
      "item": [
        { "linkId": "LDQuestion10", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "LDQuestion11", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "LDQuestion12", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "LDQuestion13", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "LDQuestion14", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "LDQuestion15", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "LDQuestion16", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "LDQuestion17", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "LDQuestion18", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "LDQuestion19", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "LDQuestion20", "answer": [{ "valueCoding": { "code": "1" } }] }
      ]
    },
    {
      "linkId": "risk-behaviors",
      "text": "Risk Behaviors",
      "item": [
        { "linkId": "RBQuestion21", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "RBQuestion22", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "RBQuestion23", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "RBQuestion24", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "RBQuestion25", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "RBQuestion26", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "RBQuestion27", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "RBQuestion28", "answer": [{ "valueCoding": { "code": "0" } }] }
      ]
    },
    {
      "linkId": "cultural-factors",
      "text": "Cultural Factors Domain",
      "item": [
        { "linkId": "CFQuestion29", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "CFQuestion30", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "CFQuestion31", "answer": [{ "valueCoding": { "code": "0" } }] }
      ]
    },
    {
      "linkId": "strengths-domain",
      "text": "Strengths Domain",
      "item": [
        { "linkId": "SDQuestion32", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "SDQuestion33", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "SDQuestion34", "answer": [{ "valueCoding": { "code": "0" } }] },
        { "linkId": "SDQuestion35", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "SDQuestion36", "answer": [{ "valueCoding": { "code": "2" } }] },
        { "linkId": "SDQuestion37", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "SDQuestion38", "answer": [{ "valueCoding": { "code": "0" } }] },
```

```
        { "linkId": "SDQuestion39", "answer": [{ "valueCoding": { "code": "1" } }] },
        { "linkId": "SDQuestion40", "answer": [{ "valueCoding": { "code": "1" } }] }
      ]
    },
    {
      "linkId": "trauma",
      "text": "Potentially Traumatic/Adverse Childhood Experiences",
      "item": [
        { "linkId": "T1", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T2", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T3", "answer": [{ "valueCoding": { "code": "Y" } }] },
        { "linkId": "T4", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T5", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T6", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T7", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T8", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T9", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T10", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T11", "answer": [{ "valueCoding": { "code": "N" } }] },
        { "linkId": "T12", "answer": [{ "valueCoding": { "code": "N" } }] }
      ]
    },
    { "linkId": "ActualAssignedLevelOfCare", "answer": [{ "valueCoding": { "code": "2" } }] }
  ]
}
```

> **Note**: `ActualAssignedLevelOfCare` is the clinician's assigned level, submitted on the `QuestionnaireResponse` itself. It is distinct from `recommendedLevel` on the response's `level-of-care` extension (Section 11), which is the engine's calculated recommendation. Include `ReasonForVariance` only when the assigned level differs from the recommended level.

> **Important**: Trauma answers use the two-state `CANSPTQA` codes `N` (No) and `Y` (Yes) — not an integer 0–3 scale. An unrecognized code, including a legacy `Unknown` value, is rejected rather than silently accepted; see Section 9.

Admin Close Example

```
{
  "resourceType": "QuestionnaireResponse",
  "id": "my-cans-adminclose",
  "status": "completed",
  "questionnaire": "https://lacdmh.lacounty.gov/fhir/Questionnaire/cans-ip",
  "subject": { "reference": "Patient/3462959" },
  "source": { "reference": "Practitioner/1234567890" },
  "author": { "reference": "Organization/ORG001" },
  "meta": { "tag": [{ "code": "CANS", "display": "CANS" }] },
  "item": [
    { "linkId": "401", "text": "Assessment Date", "answer": [{ "valueDate": "2025-07-01" }] },
    { "linkId": "402", "text": "Assessment Type", "answer": [{ "valueCoding": { "code": "5" } }] },
    { "linkId": "403", "text": "Administrative Close Reason", "answer": [{ "valueCoding": { "code": "2" } }] }
  ]
}
```

> **Note**: The Administrative Close reason codes are per-instrument. See Section 9 for the CANS and PSC code sets — they differ, and two Dynamics-only reasons (`PORTAL-NORESPONSE`, `PORTAL-AGEDOUT`) cannot be sent over the legacy SOAP wire at all.

---

8. PSC Assessment Submission

Complete Example (Standard Assessment)

```
POST /fhir/QuestionnaireResponse
```


```
{
  "resourceType": "QuestionnaireResponse",
  "id": "my-psc-001",
  "status": "completed",
  "questionnaire": "https://lacdmh.lacounty.gov/fhir/Questionnaire/psc-35",
  "subject": { "reference": "Patient/10" },
  "source": { "reference": "Practitioner/9876543210" },
  "author": { "reference": "Organization/ORG002" },
  "meta": { "tag": [{ "code": "PSC", "display": "PSC" }] },
  "item": [
    { "linkId": "AssessmentDate", "answer": [{ "valueDate": "2025-06-15" }] },
    { "linkId": "AssessmentType", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "RespondentName", "answer": [{ "valueString": "Jane Doe" }] },
    { "linkId": "RespondentRelationship", "answer": [{ "valueCoding": { "code": "08" } }] },
    { "linkId": "Question01", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question02", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "Question03", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question04", "answer": [{ "valueCoding": { "code": "2" } }] },
    { "linkId": "Question05", "answer": [{ "valueCoding": { "code": "8" } }] },
    { "linkId": "Question06", "answer": [{ "valueCoding": { "code": "8" } }] },
    { "linkId": "Question07", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question08", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question09", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "Question10", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question11", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question12", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "Question13", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question14", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question15", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "Question16", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question17", "answer": [{ "valueCoding": { "code": "8" } }] },
    { "linkId": "Question18", "answer": [{ "valueCoding": { "code": "8" } }] },
    { "linkId": "Question19", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question20", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question21", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "Question22", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question23", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question24", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "Question25", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question26", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question27", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "Question28", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question29", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question30", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "Question31", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question32", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question33", "answer": [{ "valueCoding": { "code": "1" } }] },
    { "linkId": "Question34", "answer": [{ "valueCoding": { "code": "0" } }] },
    { "linkId": "Question35", "answer": [{ "valueCoding": { "code": "0" } }] }
  ]
}
```


> **Important**: Items 5 (`Question05`), 6 (`Question06`), 17 (`Question17`) and 18 (`Question18`) are the only PSC items that accept code `8` (Not Applicable) — for children not of school age or too young for school. A Not Applicable answer is excluded from Total Score. No other PSC item accepts `8` .

9. Validation Rules

What Gets Validated

The API validates every POST and PUT before persisting to the FHIR store. If validation fails, you get a 400 response with all errors listed.

CANS Standard Assessment (AssessmentType = "1")

Rule	Description
Identity fields	ClientID, ProviderNumber, ProgramID, NPI, AssessmentType, AssessmentDate all required
All domain items	`CBQuestionNN`, `LDQuestionNN`, `RBQuestionNN`, `CFQuestionNN`, `SDQuestionNN`, `TN` fields must be present and non-empty
Caregiver conditional	If `408` (Client has a caregiver) = `Y`, all `CRQuestionNN` fields (including b/c/d variants) required
No AdminCloseReason	`403` (Administrative Close Reason) must NOT be present on standard assessments
Assigned Level of Care variance	`ReasonForVariance` is required only when `ActualAssignedLevelOfCare` differs from the engine's calculated `recommendedLevel`

CANS Admin Close (AssessmentType = "5")

Rule	Description
Allowed fields only	Only: CANSID, `402` (AssessmentType), `401` (AssessmentDate), `403` (AdminCloseReason), NPI, ProviderNumber, ClientID, ProgramID
Required subset	`402`, `401`, `403`, NPI, ProviderNumber, ClientID, ProgramID

Update (PUT)

Rule	Description
Key field	CANS Update requires `CANSID`; PSC Update requires `PSCID`
Resource id	The FHIR resource id is required on the update

PSC Standard Assessment (AssessmentType = "1")

Rule	Description
Identity fields	ClientID, ProviderNumber, ProgramID, NPI, AssessmentType, AssessmentDate, RespondentName, RespondentRelationship
Blank-count	Maximum 3 blank answers among `Question01` – `Question35`
Exemption	CaregiverDeclined="Y" or CaregiverDidNotRespondToAll="Y" bypasses blank-count
Not Applicable	`Question05`, `Question06`, `Question17`, `Question18` accept a fourth answer code, `8` (Not Applicable), excluded from Total Score. No other PSC item accepts it
Assessment Type	PSC restricts Assessment Type to Initial, Reassessment, and Discharge

> **Note**: Empty means null, empty string, or whitespace-only.

Answer Codes Are Validated Against the DMH Dictionary Service

Every coded answer — CANS ratings, Trauma, PSC frequencies, Administrative Close reasons, and relationship codes — is resolved against the DMH Dictionary Service at submission time. **An answer code that does not resolve is rejected, not ignored or defaulted.** This includes:

- **Trauma is two-state only.** The `CANSPTQA` dictionary type has exactly two codes, `N` and `Y`. A legacy `Unknown` (`U`) trauma value is rejected.
- **Administrative Close reason codes are per instrument, and the two sets differ:**

Code	Display	Valid for CANS	Valid for PSC
`1`	Client not available/assess only	Yes	Yes
`2`	Client/caregiver declined to participate	Yes	No
`3`	Client/caregiver declined to complete	No	Yes
`4`	Other	Yes	Yes
`PORTAL-NORESPONSE`	After repeated attempts, no response from provider	No	No
`PORTAL-AGEDOUT`	Client aged out	No	No

  `PORTAL-NORESPONSE` and `PORTAL-AGEDOUT` exist in the FHIR artifact to document the values the Dynamics data-entry portal offers, but they cannot be submitted through the legacy SOAP wire and are rejected if sent to either instrument via the API.

- **Published codes are the dictionary's codes** — never a display label, never display order, and never a Dataverse-internal integer (e.g., `754280001`).

10. Optional Fields and Forward Compatibility

> **Important**: This section describes how *fields* evolve within an assessment instrument. It does not apply to the CANS instrument identity itself — see Instrument Versioning: CANS is Versioned, Not Extended immediately below before integrating against CANS.

The EPSDT assessment contract evolves additively at the field level. New fields are introduced as **optional**, so adding a field never breaks an existing integration against a given instrument version.

- New fields are optional. A submission that omits an optional field is still valid and processable.
- Required/optional enforcement is decided by the backend rule set, keyed by assessment type and operation — not by the schema. This keeps one source of truth for what is required.
- The same data receives the same required/optional treatment regardless of how it is submitted.

This field-level guarantee is what most integrations depend on day to day, and it is unaffected by the instrument versioning described below.

Instrument Versioning: CANS is Versioned, Not Extended

The field-additivity guarantee above does not extend to the CANS **instrument identity**. The CANS `Questionnaire` is versioned, not additively extended:

- The `cans-50` questionnaire (`https://lacdmh.lacounty.gov/fhir/Questionnaire/cans-50`) is **retired for new submissions, with no transition window**. A `POST` or `PUT` targeting `cans-50` is rejected — there is no grace period and no dual-acceptance of both the retired and current shape.
- The current instrument is `cans-ip` (`https://lacdmh.lacounty.gov/fhir/Questionnaire/cans-ip`). New integrations should target `cans-ip` from the start.
- Previously stored `cans-50` responses remain readable. Retirement affects writes only — existing data is not migrated, rewritten, or made inaccessible.

If you are integrating with CANS for the first time, submit against `cans-ip` and disregard `cans-50` entirely — it is documented here only so a `cans-50` reference encountered elsewhere (e.g., in historical data) is not mistaken for the active instrument.

Two Behavior Changes Worth Noting

Two aspects of the assessment response differ from earlier documentation you may have seen. Neither indicates a defect in your integration:

- **Level 1 description.** When a CANS assessment's calculated Level of Care is Level 1, the `recommendedLevelDescription` on the `level-of-care` response extension now reads `"Level 1 – Prevention"`. The level number itself is unaffected — this is a label change only.
- **Level of Care may differ from a prior submission of the same data, for CANS.** A routing correction in how certain Strengths Domain answers are evaluated means a small number of CANS assessments may now receive a different recommended Level of Care than an equivalent assessment would have received previously. If you compare a before/after result for the same clinical inputs and see a different level, treat that difference as a **correction**, not an error in your submission.

Newly surfaced optional fields

Field	Domain	Notes
`T1` – `T12`	Trauma	All 12 Trauma items are carried end-to-end, two-state (`N` / `Y`). Whether they are required for a standard (non-Admin-Close) CANS assessment is decided by the backend rule set.
`ActualAssignedLevelOfCare`	Level of Care	The clinician's assigned level (1–5), distinct from the engine's calculated `recommendedLevel`.
`ReasonForVariance`	Level of Care	Required only when `ActualAssignedLevelOfCare` differs from the calculated recommendation.
`CRQuestionNNb`	Caregiver Resources and Needs	Caregiver "b" variants (2nd caregiver)
`CRQuestionNNc`	Caregiver Resources and Needs	Caregiver "c" variants (3rd caregiver)
`CRQuestionNNd`	Caregiver Resources and Needs	Caregiver "d" variants (4th caregiver)

> **Note**: When `408` (Client has a caregiver) = `Y`, supply the full caregiver attribute set — the `CRQuestion41` – `CRQuestion50` main items, their b/c/d variants, caregiver identity items, and contributor metadata. When `408` is not `Y`, omit those caregiver variant, identity, and contributor items.

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11. Identity Stamping and Persistence

Each accepted assessment is persisted to the FHIR store with an EPSDT ID assigned and included in the identifier collection along with a timestamp.

Identifier Stamping Convention

Assessment	Identifier system	Identifier value
CANS	`https://lacdmh.lacounty.gov/epsdt/cans`	EPSDT id
PSC	`https://lacdmh.lacounty.gov/epsdt/psc`	EPSDT id

Exactly one identifier is set for the assessment's system; identifiers belonging to other systems are preserved. Stamping is idempotent.

Example identifier on a CANS response:

```
{
  "resourceType": "QuestionnaireResponse",
  "identifier": {
    "system": "https://lacdmh.lacounty.gov/epsdt/cans",
    "value": "1048576"
  }
}
```

---

12. Error Handling

Status Codes

Code	Meaning
201	Assessment created successfully
200	Assessment updated (PUT) or retrieved (GET)
400	Validation failed, or update missing the resource id — check OperationOutcome
401	Authentication failed — subscription key absent, invalid, or malformed
403	Authorization failed — ProgramID authorization mismatch or no ProgramID authorization
409	Duplicate detected — same patient/provider/date/tag already exists
500	Server error — contact DMH support

Error-outcome contract

Condition	Status	OperationOutcome
Validation failure	400	One `error` issue per failed rule
Update missing resource id	400	One issue, code `required`, diagnostic indicating a resource id is required
Duplicate submission	409	One `error` issue, code `duplicate`
Authorization (ProgramID) failure	403	Nothing persisted

Example Error Response

```
{
  "resourceType": "OperationOutcome",
  "issue": [
    {
      "severity": "error",
      "code": "required",
      "diagnostics": "The required attribute 'AssessmentDate' is missing."
    }
  ]
}
```

Common Errors and Fixes

Error Message	Fix
“Field ‘resourceType’ is missing or invalid”	Add `"resourceType": "QuestionnaireResponse"`
“Field ‘status’ is missing or invalid”	Use `"status": "completed"`
“Questionnaire URL is required”	Add the questionnaire URL field
“Subject reference is required”	Add `"subject": { "reference": "Patient/{id}" }`
“AdminCloseReason is not required”	Remove AdminCloseReason from non-admin-close submissions
“A resource id is required for the update”	Include the resource id in the URL and body for PUT
“The attribute ‘X’ is not required”	Remove field X from admin close submission
403 Forbidden	Confirm your subscription key is authorized for the assessment’s ProgramID

13. Testing and Certification

Sandbox URLs

Environment	URL
TEST	`https://hidex-test.dmh.lacounty.gov/healthcare`

Certification Checklist

- Successfully acquire an OAuth2 access token
- Token refresh logic handles expiry correctly (tokens expire after 1 hour)
- Include both Authorization and Ocp-Apim-Subscription-Key headers on all requests
- Submit valid CANS standard assessment → 201 Created
- Submit valid CANS admin close → 201 Created
- Submit valid PSC standard assessment → 201 Created
- Submit valid PSC admin close → 201 Created
- Update existing assessment via PUT (with CANSID/PSCID) → 200 OK
- Retrieve submitted assessment via GET → 200 OK
- Submit assessment with missing required field → 400 with OperationOutcome
- Submit duplicate assessment → 409 Conflict
- Submit with a ProgramID outside your authorization → 403 Forbidden
- Confirm the response identifier carries the EPSDT id (CANS/PSC system)
- Confirm CANS response includes Level of Care extension
- Confirm a submission that omits new optional fields still succeeds
- Verify both credentials are stored securely in your application
- Confirm error responses are parsed and logged

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14. Quick Reference

Questionnaire URLs

Assessment	URL	Status
CANS-IP	`https://lacdmh.lacounty.gov/fhir/Questionnaire/cans-ip`	Active — target this for all new CANS submissions
CANS-50	`https://lacdmh.lacounty.gov/fhir/Questionnaire/cans-50`	Retired for new writes — historical responses remain readable
PSC-35	`https://lacdmh.lacounty.gov/fhir/Questionnaire/psc-35`	Active

Identifier Systems

Assessment	Identifier System	Value
CANS	`https://lacdmh.lacounty.gov/epsdt/cans`	EPSDT id
PSC	`https://lacdmh.lacounty.gov/epsdt/psc`	EPSDT id

Meta Tags

Assessment	Code
CANS	`"CANS"`
PSC	`"PSC"`

CANS Scoring — Behavioral/Emotional, Life Domain, Risk, Cultural Factors, Caregiver (0–3)

Score	Meaning
0	No evidence of need
1	History or suspicion; monitor
2	Interferes with functioning; action needed
3	Disabling, dangerous; immediate or intensive action needed

CANS Scoring — Strengths Domain (0–3, inverted)

Score	Meaning
0	Centerpiece strength
1	Useful strength
2	Identified strength
3	No evidence

CANS Scoring — Trauma (two-state)

Code	Meaning
`N`	NO — no evidence
`Y`	YES — interferes with functioning; action needed

PSC Scoring (0–2, plus N/A on items 5, 6, 17, 18)

Score	Meaning
0	Never
1	Sometimes
2	Often
8	Not Applicable (items 5, 6, 17, 18 only; excluded from Total Score)

Assessment Types

Code	Meaning	CANS	PSC
`"1"`	Initial	Yes	Yes
`"2"`	Reassessment	Yes	Yes
`"4"`	Discharge	Yes	Yes
`"5"`	Administrative Close	Yes	No
`"6"`	Urgent	Yes	No

---END OF THE DOCUMENT---