CBHI Changes to the CANS Webinar

Questions and Answers

CBHI recently convened two Webinars prior to the launch of changes to the consent process and the diagnoses section of the CANS. Below you will find 13 pages of questions as posed from the audience with answers from CBHI. You may notice that some questions are not related to the changes and refer to existing polices.

If you a have not done so already, we recommend that you view the entire Webinar for complete information about the recent changes to the CANS at: (http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/child-and-adolescent-needs-and-strengths-cans/getting-help-on-the-cans.html) and that you download a copy of the *CANS Family Guide* to share with families at: (http://www.mass.gov/eohhs/docs/masshealth/cbhi/cans-family-guide.pdf)

As always, you can find answers to most CANS questions on the CANS page of the CBHI website at: www.mass.gov/masshealth/cans

CBHI would like to emphasize that consent has always been granted by organization, not individual clinicians. Ordinarily, a new clinician working with parents who have already consented will NOT need to obtain informed consent again, since their organization already has consent. But it is always good to have an ongoing dialog about all aspects of medical decision making, including consent.

Declining Consent

1. **If a parent declines consent; how should it be documented?**

   The provider should document it in the medical record and change the Manage Consent to "no" in the CBHI application. Do not send any communication to the state.

2. **If clinician A, B, C are in the same organization are they all affected if a parent declines one?**

   Consent is by provider organization rather than by individual clinician. If three clinicians within a provider organization are working with a family (in different levels of care, most likely), then when any clinician obtains consent (or is notified that consent is revoked) it affects the other two clinicians in the

same organization.

3. **Just to clarify. If clinician A is provides Outpatient treatment at your organization and clinician B is the IHT clinician at the same organization and the parent denies consent for the Outpatient provider but consents to the IHT provider are BOTH providers affected? Does this mean that neither has consent as they are within the same organization?**

   You are right in understanding that consent is given for the organization as a whole, not for specific clinicians within the organization. The member's most recent direction regarding consent establishes the consent status for the member for the whole organization. In the unlikely event that a caregiver does not want a specific clinician within the organization to have consent, the clinician must inform the member that their declination of consent will apply to all clinicians in the provider organization.

4. **Is there a template for the letter once a family cancels their current consent? Will it be sent out by the State?**

   MassHealth does not provide a template, but the letter should include the current date, the full name of the MassHealth member, their DOB, their MassHealth ID if available, and the name of the provider organization(s) for whom consent is being cancelled.

   (Please note that cancellation of existing consent is different from declining consent, in which case no letter should be sent to the state. In this case, simply change the consent status in the CBHI application on the VG to "no" and document in the medical record that consent is declined.)

5. **Do we document the withholding of consent on the consent form or just a regular note to file?**

   Document that consent has been declined in your own medical record and change the consent status to "no" in the CBHI application on the VG. Then you should enter the demographic and SED information in the VG (same as you would have done prior to the new consent form).

6. **If guardian withdraws consent, does this impact all current providers or just the one agency provider where consent was withdrawn?**

   Consent is by specific organization, and does not change the consent status

for other providers.

7. **What if a member is receiving (for example) three services from the same organization? Can a provider organization view a CANS even when a family has declined consent for 1 particular service in the organization but NOT the other two?**

   Consent is by provider organization, and not by specific clinician or service within the organization. A caregiver cannot consent only for certain clinicians or services within an organization.

8. **If the family declines to consent to sharing the CANS after the one-year mark, do we still need to get a letter from them "revoking" consent?**

   No, consent simply expires. If the provider organization continues to provide services for the child then the SED section is completed on the VG and the full CANS going forward is completed on paper and finalized in the VG as "Completed on Paper". There is no need to send any documentation to the State in this case.

<u>Diagnostic Factors</u>

1. **Where in the CANS will formal diagnoses go?**

   Axis I and II diagnoses will no longer be entered into the CANS application, but must be recorded in your clinical assessment.

2. **What do diagnostic factors look like? Any examples to provide**

   This is simply the name that CBHI gave to what was previously the diagnostic section, but without the former Axes I and II. In essence, it is what was formerly labeled Axes III through V. There is nothing really new here.

3. **What types of "physical conditions" are considered for Axis 3? Just medical conditions like diabetes for example, or would an autism disorder or developmental/cognitive disorder go there too?**

   These are the same conditions that you previously would have entered under Axis III. They would not include developmental disorders, but would include autism.

4. **To be clear, clinicians will no longer "code" diagnoses, but will only be using the last 3 Axes as we knew them before?**

   Correct. Clinicians will no longer be using the diagnostic codes and labels that you previously entered into Axis I and Axis II. Nor will you enter DSM-5 codes or labels.

5. **If diagnosis is no longer captured in the CANs, can BA level ICC staff resume doing CANS if no other diagnosis is available?**

BA Level ICC staff can complete the CANS in the VG. This has always been true.

MassHealth has determined that the additional signature of an independently licensed clinician is <u>not</u> required on the CANS in the medical record. There has been no change to the requirements with regard to who can complete the CANS in the Virtual Gateway. If you need information about the criteria for certified assessors please see the appropriate performance specifications for each level of care.

Which services require the provider to complete the CANS?

The following Hub services require providers to complete the CANS:

- Outpatient Therapy (diagnostic evaluations, individual, family, and group)
- In-Home Therapy Services
- Intensive Care Coordination

The CANS must also be completed as part of a discharge-planning process in the following 24-hour level of care services:

- Psychiatric inpatient hospitalizations at acute inpatient hospitals, psychiatric inpatient hospitals, and chronic and rehabilitation inpatient hospitals;
- Community-Based Acute Treatment (CBAT)
- Intensive Community-Based Acute Treatment (ICBAT)
- Transitional Care Units (TCU)

Which MassHealth fee-for-service provider types are required to complete the CANS?

MassHealth requires the following provider types to complete CANS:

- Physicians (limited to psychiatrists who provide individual, group, or family therapy to members under the age of 21);
- Mental health centers;
- Outpatient hospitals;
- Psychiatric outpatient hospitals
- Acute inpatient hospitals;

6. The Axis I & II diagnoses are still expected to be recorded in the required Comprehensive Assessment, correct?

Yes, a clinical diagnosis is required in the comprehensive assessment. We understand that MCEs now expect providers to use DSM-5 for the clinical diagnosis. Axes I and II are no longer part of the DSM diagnostic system.

<u>Guardian Related Items</u>

1. What about substance abuse information?

Providers should be sensitive to any clinical informed entered in to the medical record, including the CANS. Parents should be fully informed about the consent process and the fact that they can give consent for each provider organization separately.

2. Who consents if the Department of Children and Families (DCF) has custody of a child?

If DCF is involved with a family it may or may not have the right to make medical decisions for the child (including consent to release of information). If you are treating a child in DCF custody you should not assume that DCF has the right to make medical decisions for the child unless you obtain documentation from DCF. Consult your own legal counsel if needed, just as you would around any issue of medical decision-making for a minor.

3. If a family is involved with DCF is the DCF worker able to view the CANS that is entered from other providers?

No. DCF will only be able to view the CANS contained in the DCF data base. The CANS is used by MassHealth, and by the Departments of Children and Families (DCF), Mental Health (DMH), and Youth Services (DYS), but these data systems are separate and do not share data.

4. **Why doesn't the consent form have a place for the guardian to decline?**

   The Commonwealth does not need a signed form indicating that the guardian declined consent. When a guardian declines consent, enter "no" in the CBHI application and note it in your medical record. You can indicate that the guardian has declined on the bottom of the consent form, if you wish. Please do NOT fax declined consents to the state.

5. **On the CANS, there is a section about the caregivers asking about their own mental health needs. Are clinicians required to get an additional consent or would the caregiver information be covered in the existing consent?**

   Use good judgment in obtaining and recording information in the medical record, including the CANS. Make sure that caregivers understand the benefits and potential risks of consent. CBHJI believes that the benefits of putting CANS data into the system (that is, the benefits of consent) outweigh potential risks for the vast majority of families. But each family's situation is unique, which is why it is important to have an authentic discussion with each families about every medical decisions. Sometimes parents have special reason for concern about privacy and protection of their personal information. As a clinician you should always be sensitive to such concerns regarding the information you collect and record. You should consult your own agency policies if you have questions about protection of protected health information in your medical records.

6. **Now that the CANS is being shared with other providers, can you speak to how parents' information is protected in caregiver section? Particular substance abuse and mental health information, given that the CANS asks for the caregiver name?**

   The caregiver section of the CANS is not treated differently from other sections in terms of consent. It is important for you to know this in having a discussion with the family about consent. Caregivers are not obligated to share any information that they do not wish to share with a provider.

7. **Please clarify the bolded NOTE that even if you do not provide your permission, MassHealth and Provider may still use or disclose CANS information about the member as required or permitted by law? How do you explain this to a guardian?**

   There are circumstances under which a person's permission is not required to disclose information. For example, clinicians are required to protect the privacy of their clients, but still must disclose protected information in certain cases involving investigations of child abuse or neglect, or when under court order. If you read your agency's privacy policies you will probably see similar disclaimers.

8. **Can a caretaker refuse consent for a specific question?**

   No, but they can decline to provide the specific information. Astute clinicians understand that clients constantly make choices about what to disclose, and when, and they support clients in exercising control over what to share. Clinicians are also capable of using judgment regarding which information to enter into the medical record (including the CANS).

   If a caretaker has shared certain information that they do not wish to be entered into the CANS application on the VG, they can always decline or revoke consent for the provider to enter the CANS.

<u>Insurance and Billing</u>

1. **Can the same provider bill for CANS once a year?**

   Please direct billing questions to the MCE paying for the service. Billing varies with the service so the answer will also depend on the service you are providing.

2. **If MassHealth is the secondary payer, are we required to complete CANS?**

   When commercial insurance is paying for the service the CANS requirement does not apply, but it may apply if commercial benefits are exhausted and MassHealth becomes the payer.

3. **How will we inform insurance companies of the diagnosis if they were previously relying on the CANS?**

As far as we know, diagnosis is submitted with the claim for payment and is not based on the CANS. Please direct questions about payment to the MCE paying for the service.

Multiple CANS

1. **Does 42 CFR Part II apply to the new availability to copy and redisclose substance abuse information?**

   Please consult your own counsel if you unclear on the scope of 42 CFR Part 2. If you obtain consent it should be fully informed and you should always exercise clinical discretion in deciding what needs to be included in a MassHealth member's record.

2. **When copy and editing are you only referring to CANS that have been completed within the past 30 days? If a clinician uses another providers CANS, must it be from a CANS completed in the last 30 days?**

   Yes. The CANS should generally reflect the status of the child and family in the last 30 days. But this does not mean that information older than 30 days is invalid.

   Different kinds of information have different "shelf lives". Dates of birth are valid forever. Mental status, by contrast, can sometimes fluctuate hourly. When you copy and edit a CANS from another provider you are responsible for the clinical soundness of your product, but clinicians must use professional judgment to decide which elements need updating with current information.

3. **If a provider copies a CANS from another provider and there is information in there that originated in the first provider, will CANS show what was written by whom?**

   The application puts a time and date stamp on comment fields, but otherwise it does not tag content by source or date. When you copy an existing CANS, you are responsible for the editing the copy to ensure that it reflects current information.

   Comment fields will automatically copy, but you can edit them or delete all prior content. If you disagree with prior content you should either delete it, or

indicate your reservations in your own commentary.

4. **Are providers being encouraged to copy pre-existing CANS or is it simply that we have access to do so?**

   You now have the option to copy another CANS as the starting point for your current CANS. We encourage you to do this when it saves you and the family time, and assists communication among providers.

   Your CANS is yours, regardless of how you started (with a copy, or entering all the data anew). Do not repeat information that you do not agree with.

5. **Is there a way to specify consent for current and future CANS, but not past CANS?**

   No. If a provider did not have prior consent the provider would have completed a paper version, which would not appear on the VG.

<u>Obtaining New Consent</u>

1. **When a caregiver signs the new consent form, will providers be able to see CANS that were entered prior to the new release?**

   Yes.

2. **Some of our clinicians have already obtained consent using the new form. Will they need to obtain it again after 2.22.15?**

   No.

3. **What does a provider do, if he or she is unable to meet with the family to get a new CANS consent form signed by the next 90 day review?**

   A Provider will need to obtain new consent the next time they see the family, prior to entering the next CANS record.

4. **Will previous CANS of an adult that were entered when client was a minor (and consented by guardian) be visible after client is legally independent?**

   Any provider who obtains the adult MassHealth member's consent will be able to view and copy prior CANS.

5. **If we utilize a Data Entry Operator (DEO) to enter CANS and we have one completed on 2/14 and the DEO goes to enter on 2/25 will the old consent be valid on the 25th since administered date was prior to 2.22.15?**

   The old consent may not be used to enter the CANS data into the application as of 2.22.15

6. **If a caregiver agrees, can the expiration date be 2-3 yrs. in future for Outpatient?**

   Yes, CANS consent expiration dates may be extended for as many years as specified. Consent defaults to on year unless otherwise specified.

Organization Questions

1. **Also, when you say a CANS consent covers an entire agency is that true for multiple services within an agency such as TM, Outpatient, and IHBS within an agency?**

   Yes (except in the very rare instances where provider organizations have chosen to compartmentalize themselves into multiple CBHI organizations on the VG). Each service is responsible to complete their own behavioral health assessment and use the CANS as part of that process. So if your organization is providing (for example) ICC, IHT and outpatient services to a young person, each of those services must enter CANS on a 90-day basis. But you can build on the work of colleagues by copying and editing to reduce redundant effort.

2. **So for a large organization if one program does not have consent but a new program opens and obtains consent, will the new program only be able to enter demographics and SED?**

   If the new program obtains consent and manages consent on the CANS application to "Yes", then the whole organization will have consent. Consent is for the whole organization.

3. **Please define "organization". If a caretaker refuses consent for IHT does that mean that the refusal covers other programs within the same organization, such as the CSA?**

   With very few exceptions, provider organizations have chosen to set

themselves up in the Virtual Gateway as single organizations encompassing all programs and sites. Except for the FEW provider organizations that have chosen otherwise, a member's consent status is the same for all MassHealth programs, services and sites. This means that clinicians within an organization should be cognizant of the impact of changing consent status.

Virtual Gateway

1. **SED also has to be entered into the VG when a parent does not consent, correct?**

   Correct. Consent is only permission to enter CANS data on to the CANS application on the VG. If a caregiver declines consent, the SED section is completed online (VG) and the CANS is completed on paper and entered into the child's medical record.

2. **How long will client data remain in the VG?**

   Electronic health records are expected to be persistent for a long period since they can be useful over a lifetime.

Other

1. **Are we faxing all consent or only those consent for cans that will be done on paper?**

   If you are completing the CANS on paper because the caregiver declined permission for consent, there is no consent form to fax. Just indicate on the VG that the response to the consent question was "no". Enter the CANS completed on paper into the child's medical record, enter the child's demographic and SED information into the VG, and finalize as "Documented on Paper".

2. **Can the CANS consents be sent in one mass fax or they need to be sent individually?**

   You can fax multiple packets at once. Just make sure that each packet is in correct order, with the fax information sheet on top as cover sheet, and that each packet is 5 pages in length.

3. **The current consent form we have printed out is 3 pages - you mentioned 5 page packet with the cover sheet. Did we miss something? Where can we find the most updated 4 page consent form, then?**

   The new consent form (regardless of language) is 4 pages. The Consent Information Sheet (CIS) which is the fax cover sheet)is 1 page for a total of 5 pages to be faxed effective 2.22.2015.

   Due to a technical error the CIS stills reads, "1 of 3 pages" but it should say "1 of 5 pages". This will be fixed in the system on 4.1.15. Our apologies for this inconvenience.

4. **What's the time frame to get the CANS done after seeing the client?**

   The CANS application allows very large windows for data entry. MCEs tend to have much stricter limits for CANS compliance. Please direct questions regarding MCE requirements to the MCE paying for the member's service.

5. **Can the Children's Global Assessment Scale (CGAS) form be sent out to all providers verses needing to retrieve from the website?**

   The CGAs was sent out to all providers in the CANSNews newsletter last November. The newsletter has been sent out each week leading up to the 2.22.15 launch with a reminder message.

   You can find the primary reference for the CGAS at:

   > Shaffer, D., Gould, M. S., Brasic, J., Ambrosini, P., Fisher, P., Bird, H., & Aluwahlia, S. (1983). A Children's Global Assessment Scale (CGAS). Archives of General Psychiatry, 40(11), 1228–1231.

   If you do not have access to this publication or have other questions about the CGAS literature, please inquire at [CANS-CBHIMailbox@state.ma.us]

6. **How do we register for the CBHI newsletter**

   Is you are a CANS certified assessor you automatically receive the newsletter. If you are an administrator in an organization and wish to be added to the distributions list contact: Mass.CANS@umassmed.edu

7. **When the coversheet is generated, we have noticed that it puts the date that the sheet was generated on it. Does it have to be faxed on the date that is on the coversheet?**

   No. Please do NOT attempt to change any information on the coversheet by whiting-out" and rewriting. Our fax server will reject any coversheets that are altered in this way.