

**Clarification When Documenting and Entering CANS For Youth  
In the Virtual Gateway (VG) CBHI Application**

Providers are reminded of the following:

- **Current Living Situation**  
(*SED Determination > Person Details*)

Providers should be thoughtful and accurate when documenting and entering the youth's living status, as this contributes to the significance of the data.

<b>Domains / Modules</b>	
SED Determination *	
<b>Person Details</b>	
MassHealth ID : XXXXXXXXXXXXX	
Name Client Anne	Date of Birth 01/01/1997      Age 15 YR 1 MO      Gender F
Race	White <input type="button" value="v"/> ? Specify <input type="text"/>
	White <input type="button" value="v"/> ? Specify <input type="text"/>
	White <input type="button" value="v"/> ? Specify <input type="text"/>
Ethnicity	American <input type="button" value="v"/> ? Specify <input type="text"/>
	NA <input type="button" value="v"/> ? Specify <input type="text"/>
	NA <input type="button" value="v"/> ? Specify <input type="text"/>
Primary Language	English <input type="button" value="v"/> ? Specify <input type="text"/>
Language At Home	English <input type="button" value="v"/> ? Specify <input type="text"/>
Current Living Situation	Choose One <input type="button" value="v"/> ?      Other <input type="text"/>
Client's MassHealth Plan	Choose One CBAT / ICBAT DMH program DYS program Foster Home
Child CANS Information	Group Home Home
Certified Assessor	Hospital Kinship Home
Assessor Phone Number	Residential (766) Shelter
Date Of Assessment	Stabilization and Rapid Reintegration OTHER
	's Employer
	NPI <input type="text"/> ?
	Reason Initial <input type="button" value="v"/> ?

- **Is this MH-client enrolled in ICC?**

(SED Determination > Child CANS Information)

In responding to the question “Is this MH-client enrolled in ICC?” this refers to whether the youth is currently receiving the ICC service. This does *not* refer to whether the provider is a CSA.

- Providers should select “Yes” **only** if the youth is currently receiving the ICC service. If this is an initial CANS on a youth who is newly enrolled in the ICC service, please answer “yes.”

Child CANS Information	
Certified Assessor [Name of CA Appears Here] Certified Assessor's Employer [Name of CA's Employer Appears Here]	
Assessor Phone Number **	5555551515 ext. [ ] NPI [ ] ?
Date Of Assessment	01/10/2012 Reason Initial [v] ?
<b>Is this MH-client enrolled in ICC?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
Place of Assessment **	Choose One [v] ? Other [ ]
Level of Care **	Choose One [v] ?
Referred by:	Choose One [v] ? Other [ ]

- **Level of Care**

(SED Determination > Child CANS Information)

When selecting the **Level of Care** from the drop-down list, providers are reminded that they should select the level of care/service that they (or their organization) are contracted for and are providing to the youth, i.e., outpatient, CBAT, IHT, ICC, etc. This does *not* refer to the level of care where the youth is currently at.

- *Note: The ICC (Intensive Care Coordination) service should only be selected by providers who are contracted as Community Service Agencies (CSAs)*
- *Similarly, Inpatient should only be selected by organizations that are contracted to provide this level of care.*

Child CANS Information	
<b>Certified Assessor</b> [Name of CA Appears Here]	<b>Certified Assessor's Employer</b> [Name of CA's Employer Appears Here]
<b>Assessor Phone Number **</b> 5555551515	ext. <input type="text"/> NPI <input type="text"/> ?
<b>Date Of Assessment</b> 01/10/2012	<b>Reason</b> Initial <input type="text"/> ?
<b>Is this MH-client enrolled in ICC?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Place of Assessment **</b> Home or Foster Home <input type="text"/> ?	<b>Other</b> <input type="text"/>
<b>Level of Care **</b> Choose One <input type="text"/> ?	<b>Other</b> <input type="text"/>
<b>Referred by:</b> Choc	
<b>CANS Assessment</b>	
<b>SED Determination</b>	

- **Additional Help:**

If you are a provider who is having difficulty documenting and entering information i.e. (Current Living Situation, MH-client enrolled in ICC, or Level of Care) for youth in the VG application, contact: VG Customer Service at 800-841-2900, select 1 and follow prompt to access service information; or 800-497-4648 (TTY)

If you are a provider who is having difficulty determining the level of care provided to the youth according to the CANS assessment, please contact the appropriate MCE:

Massachusetts Behavioral Health Partnership  
1-800-495-0086 | TTY: 1-877-509-6981

Boston Medical Center (BMC) HealthNet Plan  
866-444-5155 | TTY: 1-800-421-1220

Fallon Community Health Plan  
1-888-421-8861 | For Deaf or Hard of Hearing assistance dial 711  
and you will be connected to the appropriate resource  
Health New England  
1-413-788-0123 or 1-800-786-9999  
TTY: 1-800-439-2370

Neighborhood Health Plan  
1-800-414-2820 | TTY: 1-800-655-1761

Network Health  
1-888-257-1985 | TTY: 1-888-391-5535

Primary Care Clinician (PCC) Plan  
1-800-841-2900 | TTY: 1-800-497-4648