

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.

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

- **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
Is this MH-client enrolled in ICC?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Place of Assessment **	Choose One	Other	
Level of Care **	Choose One		
Referred by:	Choose One	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			
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
Is this MH-client enrolled in ICC?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Place of Assessment **	Home or Foster Home	Other	
Level of Care **	Choose One	Other	
Referred by:	Choc	Other	
CANS Assessment	CBAT/ICBAT Partial Hospitalization Intensive Care Coordination Psychiatric Hospitalization Outpatient Treatment FST or other In-Home Services Structured Outpatient Addiction Treatment		
SED Determination			

- **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