

# CANS News

*"News for the CANS Community"*

*Volume 5, Number 1 – November 2014*

## ***Introduction: Sweeping changes are coming to the CANS!***

The Children's Behavioral Health Initiatives (CBHI) is pleased to announce a wide range of improvements that will make the CANS more useful and valuable in your work with children and families. CBHI has always understood that creating a family driven, collaborative model of care requires a long-term commitment to quality improvement. As part of our effort to improve CANS use in daily practice, work is underway to launch the long-awaited change to the CANS consent process. The change will permit the CANS to be both viewed and copied across all providers who obtain consent from a caregiver. In addition, the Diagnosis section of the CANS will be revised in keeping with the changes to the Diagnostic and Statistical Manual of Mental health Disorders (DSM-V) and the removal of International Classification of Diseases (ICD) information.

The CANS Training Program is also working on improving its offerings by adding new clinical expertise and preparing for the kick-off of the *CANS Training Collaborative (CTC)*. A new member of the CANS team, Nathan Gay, Psy.D, has been hired by the University of Massachusetts Medical School to work with all of us on CANS training. A full introduction to Nathan, as well as the rest of the UMMS CANS team, will follow in the next edition of the newsletter. The CTC is comprised of clinicians and trainers from provider organizations and other stakeholders, including family partners. CTC members will help inform the development of a more effective training program that both motivates and educates providers on how to use the CANS within the CBHI family driven, collaborative model of care. You will find many details on these activities throughout this edition and a timeline for implementation in "Tech Buzz." In addition, you will notice that some of the articles in this edition contain links to these key documents. **It is critical to open and read each PDF link to fully understand what you need to know about the changes in both the consent process and Diagnosis section.**

**CBHI Mission** The Children's Behavioral Health Initiative (CBHI) is an interagency initiative of the Commonwealth's Executive Office of Health and Human Services. Our mission is to strengthen, expand and integrate Massachusetts state services into a comprehensive community-based system of care to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school and community.

During a recent visit to Boston to meet with CBHI and the CANS Training Program, CANS creator John Lyons, Ph.D., commented:

“I am very excited to see the next stage of CANS implementation in Massachusetts. This new stage builds on the first stage of getting providers to fill out the CANS to then move towards the next and most important stage, which is getting people to fully embed the CANS in the process of care. The only way to make the system about the best interests of children and families is to represent those children and families in every decision we make. That is the potential power of the approach – but, it has to move past being treated as just more paperwork. I think that the steps that Massachusetts is taking offers just that potential. My best wishes in your collective efforts to better serve our children and families.”

Once again, CBHI thanks you for your continued commitment to helping children and families and for your patience as we work to create a system of care that works for both families and providers. Please check and read all your email messages from the CANS Training Program in the months ahead to keep up to date on all of these new developments.



A collaborative effort of CBHI,  
and the CANS Training Program at UMass Medical School

Send your comments and suggestions  
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## Sharing is caring in the CBHI family driven, collaborative model of care!

### Consent: Sharing the CANS across providers

Sharing CANS across service providers who are caring for the same child helps build effective collaboration by ensuring that everyone is on the same page. Sharing the CANS can also be a time saver for providers and families. CANS users have long requested that the CANS consent should allow providers to share CANS through the Virtual Gateway (VG) with other providers caring for the same child. (Currently, with consent, the CANS may only be shared through the VG within a provider organization.) Sharing CANS across service providers caring for the same child helps build effective collaboration by ensuring that everyone is on the same page, while saving time for both providers and families.

### CANS consent: See the new consent form and more

#### How consent will work

After the go-live date, all prior consent will no longer be valid as the *consent status in the CANS Application on the Virtual Gateway (VG) will be reset to “no”* for all members. You will be required to:

- Obtain new consent from the caregiver when you see them next and then enter “yes” in the “Manage Consent” tab on the CANS application on the VG.
- If the caregiver declines consent, then simply enter “no” in the Manage Consent tab. You are still required to enter the Serious Emotional Disturbance (SED) section on the CANS application on the VG, but must complete the CANS on paper and put it in to the child’s medical record.

We strongly encourage you to discuss the new consent form with caregivers prior to the go-live date, so you have a signed consent form on hand on the go-live date. On that date, all existing consents, regardless of their stated end dates, will expire. We recommend that you throw away all blank copies of the old Consent form that you or a data entry operator (DEO) in your organization may have on hand.

Current procedures for faxing in your signed consent forms will remain unchanged. Remember to generate a Fax Information Sheet (cover sheet) from the CANS application, just as you do now. (If the caregiver declines consent, the process remains the same. You should document this fact in the chart, but **do not** fax anything to MassHealth).

The new Consent form contains new language that explains to the caregiver that by signing the consent form, they are giving permission to a provider to:

- 1.) Enter the CANS on the VG
- 2.) Share the CANS with any other providers to whom the caregiver has given consent. *Please click the link to read the [New Consent Form](#)*

### **Revised “how to” support in the CANS Consent Resources and Guides**

We will revise all of the related information in the “How to use the CANS Application on the Virtual Gateway” page in the CANS section of the CBHI website to offer updated information. The revised CANS Consent Reference Guide, also found on this page, will instruct users on how to manage consent and download the consent form, as well as how to fax the consent form. The Guide will also offer assistance on how to talk to families about the new consent process.

### **New module on consent in the revised CANS Training Program**

We also are in the process of extensively revising the CANS Training Program to better fit how CANS may be used in daily practice within the CBHI model of care. The new training and certification will include content on sharing the CANS under the new consent process. Providers will receive improved instruction on how to use the CANS on the VG and on talking to families about consent.

Together, all of this contributes to making the CANS a more valued and timelier communication tool. The CANS creates a common framework to talk about strengths and needs throughout the course of a child’s care. It also supports family engagement when you use the CANS to track progress on identified needs. More effective use of the CANS is part of CBHI’s overall mission to support a family driven, collaborative, community-based model of care. We also believe that streamlining the sharing of CANS will save you valuable time and effort.

### **New Consent Process**

The new consent form explains to the caregiver that by signing, they are giving permission to a provider to enter the CANS on the VG and share the CANS with any other providers to whom the caregiver also has given consent. To learn more about how the new consent works in daily practice, please view the CANS step-by-step guide and flowchart by clicking on the link [New CANS Consent Step by Step Process](#)

## ***Family engagement: Sharing the CANS through family engagement***

Sharing the CANS with youth and families supports family engagement by encouraging more discussion about a child's needs and strengths. Involving families also ensures that their voice and choice is reflected in care planning. The new consent process supports family engagement by increasing the ability to communicate and coordinate with the family and across all providers caring for the same child.

The new consent form features more user-friendly language, making it easier for both the provider and caregiver to understand. When a caregiver gives permission to enter the CANS on the VG and also share the CANS across providers caring for the same child, the family can review or receive a copy of the CANS, which helps both the provider and family track progress over time and identify areas that may need more discussion to agree on a child's needs and strengths. Also, all providers caring for the same child will have the most current information about what is happening in the family. This is particularly important when a child is cared for by multiple providers or requires treatment in different levels of care.

Sharing and explaining the CANS with a family is also a very useful way to develop a culturally considerate understanding of the child and family, whether you are beginning a behavioral health assessment or reviewing a care plan. When you share the CANS with a caregiver during the initial assessment process and again every 90 days after you update it, then you are offering the family more ways to increase communication by sharing their thoughts and concerns and learning more about what they believe is important to help their child at home and in the community.

Presenting the family with a copy of the [CANS Family Guide](#) (click link to view) is a simple way to ensure that families understand why the CANS is used as part of behavioral health assessment. The guide is a two-page document that explains the "what" and the "why" of the CANS to family members. We encourage providers to share this with families during the initial assessment period.

The [CANS Brief Summary Report](#) (click link to view) also offers the caregiver another way to understand the child's strengths and needs over time. The report provides a quick summary of a complete CANS record by showing only items rated as 2 or 3, along with the final text box containing the clinician's overall summary of formulation. In addition, this convenient two-page report can be downloaded and printed from the application. It is useful to share with families to open up a conversation about key issues requiring attention in care planning. *Please click on the link above to view the report.* Family engagement throughout the care planning process advances the family's goals for their child.

## ***Important Changes to the Diagnosis section of the CANS***

Due to the discontinuation of fields for both the ICD and DSM diagnosis of behavioral health conditions in the CANS, the **Diagnosis** section of the CANS will be re-named **Diagnostic Factors**.

These changes are a better fit for CANS, as the CANS is not intended to be a diagnostic tool but rather a way to communicate needs and strengths and help inform family driven, collaborative care

planning at the right level of care. Below is a view of what the new Diagnostic Factors section will look like in the CANS application on the Virtual Gateway (VG) and on paper. These changes will go into effect on the same day as the consent change.

- **Discontinuation of Axis I and Axis II**
- **Renaming Axis III, Axis IV and Axis V**

**Axis III** will be renamed as **Physical Conditions**. Help text will read: "Physical conditions which play a role in the development, continuance or exacerbation of a behavioral health condition."

**Axis IV** will be renamed as **Psychosocial Stressors**. Help text will read: "Events in a person's life, such as the death of a loved one, starting a new job, college, unemployment or even marriage, can affect a behavioral health condition."

**Axis V** will be renamed as **CGAS (Children's Global Assessments Scale)** and clicking on the "?" icon and will bring up this link [Children's Global Assessments Scale](#)



## CANS Technical Buzz

### Virtual Gateway (VG) News

CBHI and the VG Application Development team is busy working on changes to the CANS Application and related online materials in preparation for the launch of the new consent process.

Due to this project's technical complexity, we do not have an exact date yet; however, you will be given full notice six weeks prior to the start date. **The estimated go-live date for the new consent process is expect by March 1, 2015. You will be notified by email with the exact go-live date as soon as possible.**

Soon after, CBHI and the VG Application Development Team will start working on the development of new **CANS Reporting Tools**. The new tools will help to better organize CANS data and track progress over time at both the individual provider and supervisory level. The new tools were developed with provider input through a series of focus groups that were convened last year. We will keep you posted on these activities in future editions of *CANSNews*.

### ***Did you know...***

#### **When entering a reassessment, you may copy the Mass CANS!**

Don't spend your time entering data that the application could copy for you! When performing a 90-day reassessment, providers can copy and edit a CANS previously completed within their organization. Simply update the copy of the previous record by editing questions and text fields to reflect any clinical or life changes that have occurred since the last assessment. You can update

your own CANS or those done by other providers within your organization (e.g., the member had a Mass CANS assessment done in your outpatient clinic and now he/she is in your Community Based Acute Treatment (CBAT). Find out how to copy CANS in the Troubleshooting Guide “Basic CANS Functions” or in the Certified Assessor Reference Guide.

**For answers to most CANS questions, please see the CANS page of the CBHI website** by clicking on the following link: [www.mass.gov/masshealth/cbhi](http://www.mass.gov/masshealth/cbhi):

The CANS User Guides; guidance on using the CANS to measure child outcomes; information on how to gather race, ethnicity, and language (REL) data; and the CANS Family Guide can be found on the link: [Clinical Guidance on the CANS](#)

Technical resources for CANS users including: CANS FAQs (information on requirements, billing, and consent), Reference Guides and Tutorials for using the CANS application, and key information for becoming a Virtual Gateway user can be found on the link: [How to use the CANS Application on the Virtual Gateway](#)

Troubleshooting materials to help resolve common issues with the CANS Application, contact information for Virtual Gateway (VG) Customer Service, and advice on getting the most out of customer service can be found on the link: [Getting Help on the CANS](#)

## CANSContacts

### Virtual Gateway Customer Service

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### CANS Training Program at UMass

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Training Website: [MassCANS website login page](#)

**CBHI Website:** [CBHI Mass.gov website](#)

*The University of Massachusetts Medical School is the contracted provider for MASS CANS Training and Certification for the Children’s Behavioral Health Initiative (CBHI) of the Massachusetts Executive Office of Health and Human Services.*