



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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**MassHealth**  
**MCE Bulletin 106**  
**October 2023**

**TO:** Managed Care Entities Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth 

**RE:** **Updates to Certain Child and Adolescent Needs and Strengths Assessment Requirements**

**Applicable Managed Care Entities and PACE Organizations**

- Accountable Care Partnership Plans (ACPPs)
- Managed Care Organizations (MCOs)
- MassHealth's behavioral health vendor
- One Care Plans
- Senior Care Organizations (SCOs)
- Program of All-inclusive Care for the Elderly (PACE) Organizations

The Executive Office of Health and Human Services (EOHHS) is updating certain provider requirements for the administration of the Child and Adolescent Needs and Strengths (CANS) Assessment to members under the age of 21.

**Contract Requirements for Timing of CANS Assessments**

The Behavioral Health Vendor, Accountable Care Partnership Plan (ACPP) and Managed Care Organization (MCO) contracts currently require plans to ensure that the CANS Assessment is conducted and completed during the initial behavioral health assessment, before the initiation of therapy. In addition, a CANS-certified clinician or provider must update the assessment at least every 90 days, or more often as clinically indicated. (See Managed Behavioral Health Vendor Contract: Sections 2.6.C; 2.7.B; and 2.7.J; Accountable Care Partnership Plans and Managed Care Organization contracts: Section 2.8.C).

**Change in Re-Assessment Period from 90 to 180 Days**

Notwithstanding the above-referenced contract requirements, the behavioral health vendor, ACPPs, and MCOs are now required to ensure that a CANS-certified provider updates the CANS Assessment at least every 180 days following the initial CANS Assessment, or more often as clinically appropriate. This includes any significant changes in the youth's life.

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Plans must also continue to ensure that, for each CANS Assessment conducted, each administering provider or clinician reports data collected during the assessment to EOHHS, in the manner and format specified by EOHHS.

EOHHS anticipates updating plan contracts to reflect these new requirements in upcoming amendments.

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### **Questions**

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