

Frequently Asked Questions about the CANS Requirements and Billing

1. What is the CANS?

The Child and Adolescent Needs and Strengths tool (CANS) is a document that organizes clinical information from a behavioral health assessment in a consistent manner, to improve communication among those involved in planning care for a child or adolescent.

CANS is not a self-report questionnaire; that is, it is not intended to be handed out and filled out by the youth and family. CANS is completed by a behavioral health provider and includes—but is not limited to—information provided by the youth and family. CANS is also used as a decision-support tool to guide care-planning. CANS items that have a high rating should be a high priority for care-planning and treatment-planning. CANS also helps track a changing youth's strengths and needs over time.

CANS was developed by John S. Lyons, Ph.D., and is used in child-serving systems in more than 30 states across the country. There are two forms of the Massachusetts CANS (“CANS Birth through Four” and “CANS Five through Twenty”). Massachusetts versions of CANS also include questions that enable the assessor to determine whether a child meets the criteria for Serious Emotional Disturbance under the Rosie D court order.

The behavioral health provider is required by MassHealth to enter data from CANS into the CBHI CANS application, which is a computer system accessed through the state's Virtual Gateway portal; but whether the provider enters all of the data into the VG depends on the member's consent.

Questions about the CANS Requirement

1. When did the requirement to use the CANS start?

Beginning November 30, 2008, MassHealth Managed Care Entities (MCEs) began requiring a uniform behavioral health assessment process for MassHealth members under the age of 21 that includes a comprehensive needs assessment using the Child and Adolescent Needs and Strengths (CANS) tool. Regulations to implement this requirement for MassHealth fee-for-service providers became effective December 26, 2008.

2. What is a “hub” service?

To help families get the right level of service and better coordinated care for their children, MassHealth behavioral health services are organized around three clinical “hub” services: Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination (ICC). **A Clinical hub acts as the central point of coordination and communication for children and youth involved in more than one service.** A Clinical hub service provider is responsible for coordinating care and collaborating with other service providers who work with the child and family (e.g., making regular phone calls to collaterals, holding meetings with the family and other treatment providers, or convening care planning teams for ICC).

Clinical Hub services, in order of increasing intensity of care coordination, are: **Outpatient Therapy, In-Home Therapy (IHT), and Intensive Care Coordination (ICC).** When the child or

youth is involved in more than one Clinical hub service, care coordination is provided by the most intensive service.

3. What is a “hub-dependent” service?

MassHealth also pays for additional home and community-based behavioral health services:

- Family Support and Training (Family Partner);
- In-Home Behavioral Services; and
- Therapeutic Mentoring.

These services are “hub-dependent,” meaning that they can only occur when a youth is receiving a hub service. The hub-dependent service is designed to achieve goals set in a treatment plan developed through the hub provider. If the youth is enrolled in ICC, the Care Planning Team determines what additional services should be included in the treatment plan. When IHT or outpatient is the hub, the treatment plan is determined by the provider in collaboration with the youth and family.

4. When does MassHealth require behavioral health (BH) providers to use CANS?

The BH provider must use CANS as part of an initial behavioral health assessment for MassHealth members under the age of 21 and must update it every 90 days for a treatment plan review.

5. Which services require the provider to use CANS?

The following hub services require providers to use CANS:

- Outpatient Therapy (diagnostic evaluations, individual, family, and group);
- In-Home Therapy Services; and
- 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) and Intensive Community-Based Acute Treatment (ICBAT); and
- Transitional Care Units (TCU).

6. 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;

- chronic disease and rehabilitation inpatient hospitals; and
- psychiatric inpatient hospitals.

7. Are there any behavioral health services that do not require the provider to complete CANS?

(Note that providers who do not complete CANS are still encouraged to obtain and review CANS completed by other providers working with the same youth.)

MassHealth does not require CANS to be used in the following treatment circumstances:

- hub-dependent services (Family Support and Training (Family Partner), In-Home Behavioral Services, and Therapeutic Mentoring);
- psychopharmacology evaluations;
- psychological/neuropsychological testing;
- Emergency Services Provider (ESP) evaluations;
- acute treatment services for substance abuse;
- community-support services for substance abuse;
- ongoing medication management;
- psychiatric day treatment;
- partial hospitalization; and
- Structured Outpatient Addiction Program (SOAP).

8. Are there any behavioral health provider types that are not required to complete CANS?

Providers who participate in MassHealth fee-for-service as substance-abuse-treatment providers are not required to use the CANS. Also, providers who participate in the network of one or more of MassHealth’s Managed Care Entities and who only provide acute treatment services for substance abuse, community-support services for substance abuse, SOAP, community-support program, or outpatient counseling for substance use are not required to use CANS.

Since a completed CANS is a rich source of background and clinical information, MassHealth strongly encourages all behavioral health providers working with a youth to obtain and review CANS completed by other providers.

9. To which MassHealth coverage types does the CANS requirement apply?

Providers must utilize CANS as part of a behavioral health diagnostic assessment for all MassHealth coverage types that cover behavioral health services, including diagnostic assessments. Accordingly, MassHealth Limited is the only MassHealth coverage type for which MassHealth does not require CANS.

10. Are providers required to utilize CANS to complete a diagnostic assessment before providing services that are covered by commercial insurance or Medicare?

No, although CBHI recommends it as good practice.

11. Must I use CANS in addition to other outcome measures?

CANS is the only outcome measure for members under 21 that MassHealth requires its Managed Care Entities (MCEs) to accept. A provider still has the option, of course, to use additional measures for its own clinical or quality improvement purposes. For more information about outcome measures for members enrolled in managed care, please contact the managed care entity directly. Below is the list of current managed care entities.

- **Massachusetts Behavioral Health Partnership**
1-800-495-0086 | TTY: 1-877-509-6981
- **Boston Medical Center (BMC) HealthNet Plan**
1-866-444-5155 | TTY: 1-800-421-1220
- **Fallon Community Health Plan**
1-800-341-4848 or 888-421-8861 | TTY: 877-608-7677
- **Health New England**
1-800-786-9999 | TTY: 1-800-439-2370
- **Neighborhood Health Plan**
1-800-462-5449 | TTY: 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

12. Is CANS available in languages other than English?

No, the Massachusetts CANS is not currently translated into any other languages.

13. Will CANS be used by state agencies other than MassHealth?

Yes. Separate from MassHealth, certain other Executive Office of Health and Human Services (EOHHS) agencies, including the Department of Mental Health (DMH), Department of Children and Families (DCF), and Department of Youth Services (DYS) have adopted the MassHealth version of CANS for use within their programs. Those agencies will provide instructions to their providers.

CANS for MassHealth youth entered into the CBHI CANS system are not shared with other state agencies.

14. I work in a service that requires CANS. What if someone already did an assessment with my client using CANS?

If you have access to the previously completed CANS, you should review it along with other available clinical documentation in the process of completing your CANS. While the fact that someone else did an assessment does not relieve you of your obligation to complete the CANS, it is good practice to incorporate all available data into your assessment process.

Questions about Billing and Payment When Using CANS

1. How do I bill for using CANS during outpatient therapy?

The initial behavioral health assessment CANS for members receiving outpatient therapy (individual, family, and group) and provided during a psychiatric diagnostic interview evaluation

is billed with the CPT code 90791, with modifier HA. The subsequent reviews and updating of CANS is part of treatment planning and documentation and, as such, is not a separately billable service. Providers in MCE networks should contact the MCE directly with questions about billing diagnostic assessments including CANS.

2. Is there an enhanced payment for using CANS in outpatient therapy?

Effective September 1, 2008, MassHealth began requiring MCEs to pay outpatient therapy providers at an enhanced rate for providing services properly billed under CPT code 90801-HA. Providers with questions should contact the MCE directly.

Starting December 1, 2008, MassHealth began paying physician and mental health center providers at enhanced rate for services properly billed using CPT code 90801-HA for performing initial assessments using CANS.

Since the review and updating of CANS required every 90 days for members in ongoing individual, group, or family therapy is not a separately billable service, there is no enhanced payment for its performance.

3. What are the billing procedures and the payment for using CANS with services other than outpatient therapy?

For MassHealth services other than outpatient therapy in which CANS is required, there is no change in billing procedures or codes. If additional units of service are required to complete CANS, and assessment is a billable activity for the service, then you may bill additional units. If you have any questions about MCE billing procedures or codes, please contact the MCE directly or, for questions about MassHealth fee-for-service claims, please contact MassHealth Customer Service.

4. Where can I get additional information about CANS requirements and billing?

If you have additional questions regarding requirements about CANS, or about billing for services in which a behavioral health assessment using CANS is provided, contact your MassHealth MCE. Providers serving members on a fee-for-service basis (that is, receiving payment directly from MassHealth rather than from an MCE) should contact MassHealth Customer Service at 1-800-841-2900.