

POLICY AND PROCEDURE

Title: CANS-NY Assessment Policy

Department: Health Home

Intended Population: Health Home Serving Children

Effective Date: 9/21/2015

Date Revised: 3/31/19; 10/16/2019, 3/1/2021, 2/1/2022, 10/1/2022, 10/1/2023

DOH Standard: F6A and F6B

Purpose of Policy

To establish standards and guidance regarding the Child and Adolescent Needs and Strengths – New York (CANS-NY) Assessment.

Scope

This policy applies to all AHI Health Home Serving Children (HHSC) Service Providers. All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions, problems, or compliance issues with the policy within ten days of the issue date to the AHI’s Health Home Assistant Director.

Statement of Policy

AHI shall develop, disseminate, and review at least annually a CANS-NY Assessment Policy that addresses purpose, scope, roles and responsibilities, management commitment, coordination among organization entities, and compliance. AHI shall formalize documented procedures to facilitate the implementation of the CANS-NY Assessment Policy.

Definitions

AHIHH: AHI Health Home, a designated lead Health Home Serving Children by the New York State Department of Health

Child: A person age 21 or younger who is not on AOT (Assisted Outpatient Treatment) or in ACT (Assertive Community Treatment).

Health Home Participant: A Health Home Candidate who is participating in the AHI Health Home and is assigned to an AHI Health Home Services Provider for care management.

Health Home Service Provider: An organization that has a fully executed contract (the “Health Home Services Provider Agreement”) with the Adirondack Health Institute to provide health home outreach and/or care management services.

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Care Management Record System: A structured information system, maintained by the Adirondack Health Institute Health Home (AHIHH), and made available for Health Home Service Providers and Health Home Network Partners to utilize, as applicable and appropriate to their role in the Health Home.

CANS-NY: The Child and Adolescent Needs and Strengths – New York (CANS-NY) serves as a guide in decision making for Health Homes Serving Children regarding acuity, as well as to guide service planning specifically for children and adolescents under the age of 21 with behavioral needs, medical needs, developmental disabilities and juvenile justice involvement.

UAS-NY: Uniformed Assessment System is a web-based system that is housed in the Health Commerce System. This is where the CANS-NY is found and completed.

Background

The CANS-NY Assessment Policy at AHI is intended to facilitate the effective implementation of the processes necessary to meet the Health Home Program standards and requirements as stipulated by the NYS DOH, federal regulations, and best practices. This policy directs that AHI meet these requirements.

POLICY

It is the policy of the Adirondack Health Institute Health Home (AHIHH) that each Health Home Serving Children member receives a CANS-NY assessment within the first 30 days of enrollment, then annually unless there is a need for early reassessment. *HHSP's do not need to complete a CANS assessment for members under age 21 who enroll in the Adult Health Home program.*

PROCEDURE

CANS-NY has two versions available based on the enrolled member's age. CANS-NY 0-5 should be completed for any members aged 0 through 5 and the CANS-NY 6-21 should be completed for any members aged 6 to 21.

The CANS-NY must be completed within the Uniform Assessment System- New York (UAS-NY).

The CANS-NY should be used to identify areas of Need and Strengths that will inform and guide the development of the Comprehensive Assessment and the member's Plan of Care. **The CANS-NY is required to be completed within 30 days of enrollment** and assist in the completion of a family driven, youth guided Plan of Care.

Upon completion of the CANS-NY, the member's acuity level of High, Medium, or Low will be determined by an algorithm. The acuity outcome of the CANS-NY will then be transmitted from UAS-NY to the Medicaid Analytics Performance Portal (MAPP), so the Health Home is able to bill for the member. The member's billing rate and face to face requirement will be set depending on the acuity. Those who are determined to have a medium or high acuity will be required to be seen face to face once per month and two core services delivered. Children and youth with a acuity of low are required to have a monthly core service delivered and a quarterly face to face.



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Training Requirements Prior to Administering the CANS-NY:

1. All care managers and Supervisors must complete an online and face-to-face CANS-NY training.
2. Every Care Manager and Supervisor must be certified through the achievement of a CANS-NY online exam score of 80% or higher for Supervisors, or 70% or higher for care managers.
3. Newly hired Health Home Care Managers and Supervisors must complete the online CANS-NY certification course within the first 3 months of employment. A CANS-NY assessment cannot be completed in the UAS until the HHCM has completed the online certification.
4. Newly hired Health Home Care Managers and supervisors must also complete and in-person CANS-NY training:
 - a. Health Home Care Managers must complete an in-person CANS-NY training within their first six (6) months of employment.
 - b. Health Home care management supervisors must complete an in-person General and Supervisor Training within their first eight (8) months of employment.
5. Care Managers and Supervisors must recertify by successfully completing the CANS-NY exam annually.

Training in the UAS-NY can vary depending on the type of CANS-NY role you have been assigned. If a Care Manager does not recertify annually, their role is changed to a CANS-NY Assessor READ ONLY until the certification is obtained by completion of the online exam. Support Staff are able to have access for reporting purposes.

Role	Role Designed For
CANS-NY15	Administrative Support Staff - supports the provider level assessors and supervisors
CANS-NY40	CANS-NY Assessor - must have CANS-NY Certification to conduct assessments
CANS-NY45	Certified Assessor Supervisor – Edit Fair Hearings/State Review Node and Withdraw Authorization
CANS-NY50	CANS-NY Assessor Supervisor – individuals that have the supervisory or managerial purview over the assessor teams
CANS-NY60	CANS-NY Assessor READ (ONLY) - assessors who have lapsed CANS-NY Certification

Please see the following links for the training schedule, information, technical assistances, and other supports surrounding the CANS-NY for Health Home Care Management:

- The NYS DOH Health Home Serving Children CANS-NY website: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_home/s/hh_children/adolescent_needs.htm
- CANS-NY on-line training site: www.tcomtraining.com
- CANS-NY Training & Technical Assistance Institute: <https://cansnyinstitute.org/>



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Administering the CANS-NY

When administering the CANS-NY it is expected that at least one face to face visit occurs with the child/youth and family. In order to not overburden the child and family and support your CANS scoring, information needs to be collected from a variety of sources to further inform rating the child's Strengths and Needs. These documents are detailed in Appendix A. The strengths and needs gathered from the CANS will need to be incorporated into the Plan of Care and support the Care Planning process. The CANS-NY Assessment can be completed over as many meetings as necessary to gain a full understanding of the member's strengths, needs, risk factors, barriers, and ability to overcome those barriers.

CANS-NY Assessment Types and Purpose:

- **CANS-NY Assessment upon Enrollment:** *used for any child newly enrolled in a Health Home – for both the initial time the child receives services in their lifetime and also when the child transfers from one HH into a new HH. This assessment type triggers the one-time only assessment payment in the MAPP system. For members who are transferring from another CMA without break in Service the HHCM does not/should not complete a new CANS. After enrolling with the new CMA should the HHCM need to conduct an updated CANS based on the circumstances in bullet three they should complete an assessment prior to annual.*
- **CANS-NY Re-assessment annually:** *used for the standard reassessment period for any child enrolled in a HH and receiving continuous services*
- **CANS-NY Re-Assessment Prior to annually:** *used when a child has a change of circumstances that warrants an early new assessment.*
 - Significant change in child's functioning (including increase or decrease of symptoms or new diagnosis)
 - Service plan or treatment goals were achieved
 - Child admitted, discharged, or transferred from hospital/detox, residential placement, or foster care
 - Child has been seriously injured or in a serious accident
 - Child's (primary or identified) caregiver is different than on the previous CANS-NY
 - Significant change in caregiver's capacity/situation
 - Court request

CANS-NY Billing Guidance

HHSP's will receive a one-time payment for the completion of the initial CANS-NY assessment upon enrollment per episode of care. There is no payment for reassessments.

HHSP's can bill at the low acuity rate for the member for up to 2 months upon enrollment if a CANS-NY has not yet been completed during that time. If the initial CANS-NY is not completed, and finalized, in the UAS-NY by the end of the third month of enrollment the agency will not be able to bill that month, or any subsequent months, until the CANS-NY is finalized.

If a CANS-NY reassessment is not completed annually you will not be able to bill for services.



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In the case that a member, or family of the member, disengages from services making the completion of a CANS-NY assessment impossible, the care manager must review the barriers with their supervisor. Assessments, especially the CANS-NY assessment, is the driving force for developing the Plan of Care. Therefore, without proper assessment of the child, services cannot and should not take place. It is incumbent on the supervisor and the care manager to examine the barriers to the completion of the CANS-NY assessment and work with the family until a resolution is agreed upon by the child, family, and agency.

Health Home Service providers will generate monthly aggregate reports in the UAS to determine CANS that have been completed and ones that are not yet signed and finalized. This will ensure the Health Home Service provider is aware that there is no lapse in re-assessments or loss of billing.

Quality and Performance Improvement

AHIHH will review new Children's enrollment monthly into AHI HH to ensure timely completion of the CANS. AHI HH will notify the Health Home Service Provider should a member not have a completed CANS-NY within 30 days.

Training

This policy will be disseminated for review and questions before a policy training is given. If more time is needed outside of office hours a training will be developed to understand the CANS-NY assessment and provided to all care management staff. CANS-NY trainings will be given in person, or online, by the CANS Institute.

Contact Person: Assistant Director, Health Home

Responsible Person: Health Home Service Provider

Reviewed By: Director of Care Management and Health Home

Approved By: Chief Compliance Officer



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Appendix A

Case Record and Plan of Care Supporting Documentation

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| <ul style="list-style-type: none"> • Medical assessment (30-day/recent medical) • Review of medical history • HIV risk assessment • Dental assessment • Mental and behavioral health screening(s) • Mental and behavioral health assessment(s) • Medication review • Review of mental health/psychiatric history (past, present, trauma and abuse history) • Mental health treatment plan and recommendations • Developmental assessment • (10+) substance abuse assessment • Psychological assessment • Assessment of past trauma and presenting trauma symptoms • CSEC Rapid Indicator screening tool • Domestic violence screening and assessment • CONNECTION summary progress note (OCFS) • CONNECTION history (OCFS) • School records (such as Attendance, IEP, behavioral reports/concerns) • Previous Family Assessment and Service Plan (FASPs) (OCFS) • Juvenile Justice, Probation and or Diversion program records • Records received from other jurisdictions/states • Family team conferences (such as Child Safety, Placement Transition meetings and preservation/change conferences) documentation • Permanency planning meetings • Intra-agency team meetings (with mental health specialist, nurse, placement specialist, etc.) • Medicaid application | <ul style="list-style-type: none"> • Recent hospital discharge summaries • Primary care progress notes • Specialist progress notes • Psychologist assessment (either school or community): often includes parent scales/rating tools • Clinical Documentation (psychosocial, psychological, any clinical rating scales or assessments) • Multidisciplinary evaluation records to establish eligibility for the Early Intervention Program (EIP) (inclusive of: assessment of developmental functioning in the areas of cognition, social emotional development, communication development, adaptive development, physical development) • Individualized Family Service Plan (IFSP) or Supplemental evaluations included in IFSP (in-depth assessment in a particular area of developmental) • Optional Family Assessment where available (family-directed assessment of the family’s resources, priorities and concerns related to the child’s development and the capacity of the family to enhance the child’s development.) • Service coordination/case management log notes • Service Provider session/progress notes (including services focused on caregivers, family training, family counseling, family support group, etc.) • Physical examine for Pediatrics and Development Neuropsychiatry (PDN) • Prior Approval transmittal for PDN • Assessments, including PPRI, NCTD, etc. |
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APPENDIX B

Approved Reasons and Processes to Correct CANS-NY Errors within the UAS-NY

The following outlines the approved process and the indicated errors that might occur by an assessor that would need to be corrected due to the impact upon billing and transmittal to the MAPP HHTS.

Entering a “First Time” CANS-NY and Selecting the Correct Assessment Type and Health Home

- 1) To enter a first time CANS-NY for the Health Home program within the UAS-NY, it is necessary for ALL children to be **FIRST** referred through the Health Home MAPP HHTS Referral Portal and an enrollment segment completed prior to completing a CANS-NY within the UAS-NY. By creating an enrollment segment, the HH Care Manager (CM) will have the Health Home information that is **NECESSARY** to match within the CANS-NY for the member. Once the HH CM can verify the Health Home assignment for the member, then the CANS-NY can be entered and completed within the UAS-NY by signing and finalizing the assessment. *REMINDER: The Functional Assessment Consent Form 5230 and Health Home Enrollment Consent Form 5200 or 50555 are necessary for the completion of the CANS-NY and enrollment segment.*

PLEASE NOTE: *If the MAPP HHTS selected Health Home for the member does not match the Health Home on the CANS-NY for the member, you will not be able to bill for the assessment or acuity level. The entire CANS-NY Assessment for the member will have to be recompleted, as the assessment CAN NOT be deleted and/or edited once signed and finalized.*

- 2) It is necessary to choose the correct CANS-NY Assessment Type for billing and for tracking the CANS-NY information. All initial CANS-NY for Health Homes, the Assessment Type should be **CANS-NY Assessment upon Enrollment**.

PLEASE NOTE: *Completing a CANS tool for another program other than Health Home, does not correspond with the CANS-NY developed for the Health Home program (unless your agency is a NYC VFCA IV-E program). Therefore, Reassessment or Existing CANS-NY Assessment Types **SHOULD NOT** be selected for the **initial** Health Home CANS-NY. The Assessment Type selected should be **CANS-NY Assessment upon Enrollment**, which also triggers the one-time only CANS-NY assessment fee. The entire CANS-NY Assessment for the member will have to be recompleted, as the assessment CAN NOT be deleted and/or edited once signed and finalized.*



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Process to Correct CANS-NY Errors within the UAS-NY

When selecting the incorrect Health Home in a CANS-NY, which does not match the Health Home assignment in the MAPP HHTS, or choosing the incorrect assessment type for appropriate transmittal to the MAPP HHTS for billing, the following process should be followed:

- A. Contact the Lead Health Home and inform the agency that there is an incorrect CANSNY Assessment that needs to be recompleted
- B. Once authorized to proceed by the Lead Health Home, print the completed incorrect CANS-NY Assessment to utilize as a guide to complete a new/corrected CANS-NY Assessment, with IDENTICAL responses
- C. Complete the new CANS-NY Assessment with the corrected choice of Health Home and/or Assessment Type
- D. The CANS-NY Assessment responses and acuity **MUST** be identical to the previous CANSNY (*This process CANNOT be utilized to change acuity outcomes or when there is a change of circumstances for the member*)
- E. The new CANS-NY should be recompleted immediately upon recognizing an error with selecting the incorrect Health Home, assessment type and/or transmittal to the MAPP HHTS
- F. The Lead Health Home will be responsible to review and ensure that the process is completed accurately, and that CANS-NY responses and acuity are identical.

Please Note: *That if you have completed a CANS-NY with the assessment type of CANS-NY Assessment upon Enrollment more than once with the same Health Home identified, without breaks in service and transmitted to the MAPP HHTS, then you **MUST** notify the Health Home immediately so that the one-time only assessment payment will not be billed twice.*