



Date Approved:

By:

Karyn Tribble, PsyD, LCSW  
Behavioral Health Director

**POLICY TITLE**

**CANS (Child and Adolescent Needs and Strengths), ANSA (Adult Needs and Strengths Assessment), and Pediatric Symptom Checklist (PSC-35) Implementation**

**Policy No:** 1601-1-1

**Date of Original Approval:** 10/20/2016

**Date(s) of Revision(s):** 11/6/18

**PURPOSE**

This policy provides guidelines and operational standards for the administration of the CANS (Child and Adolescent Needs and Strengths), ANSA (Adult Needs and Strengths Assessment), and Pediatric Symptom Checklist (PSC-35) tools.

With the CANS and ANSA tools, Alameda County Behavioral Health Care Services (ACBH) is able to track whether or not clients/consumers are receiving the services they actually need and where any gaps exist within the service delivery system. From a quality improvement perspective the CANS and ANSA tools provide a standardized way to provide both individual and aggregate feedback – specific enough to be useful for prioritizing interventions, treatment planning, and informing decision-making at the client level and aggregate enough to help guide policy, measure outcomes, and inform planning at the agency level.

**AUTHORITY**

- Alameda County Behavioral Health Care Services' Mental Health Plan Agreement with the California Department of Health Care Services, Exhibit A, Attachment 1, Section 22: Quality Management Program and Section 23: Quality Improvement Program.
- Information Notice 17-052

**SCOPE**

This policy applies to all County-operated programs in addition to entities and programs providing mental health services under a contract with ACBH, with the following services exceptions: Inpatient, Crisis, Medication-Only, Therapeutic Behavioral Services, and Prevention and Early Intervention. ACBH-contracted Out- of-County providers may be required to adhere to this policy as determined by the relevant System Of Care Director. This policy does not apply to individual, group, and organizational Mental Health Plan Fee-for- Service Network Providers. Other exemptions may be granted on a case by case basis with the approval of ACBH Executive Leadership.

**POLICY**

Effective **September 1, 2015**, the ACBH Mental Health Children's System of Care and Transition Age Youth System of Care programs will be required to administer the **CANS and ANSA-T** tool.

Effective **December 5, 2016**, the ACBH Mental Health Adult System of Care and Older Adult System of Care will be required to administer the **ANSA 25+** tool in Level -1 Outpatient Programs (Service Teams, Full Service Partnerships, Assertive Community Treatment programs) and selected programs (Sub-Acute, Day Treatment, Residential Treatment and Vocational).

Effective **July 1, 2018**, the Mental Health Children's System of Care and Transition Age Youth System of Care programs will be required to administer the **PSC-35 Tool**.

ACBH uses the **Child and Adolescent Needs and Strengths (CANS)** and the **Adult Needs and Strengths Assessment (ANSA)** as part of the assessment and treatment planning process. The CANS/ANSA are multi-purpose communication tools developed for child and adult services to support decision making, including level of care and service planning that allow for the monitoring of outcomes and support goal attainment. The CANS/ANSA allows for the effective communication with the client/family to accurately represent the shared vision of the child, adult, and/or family member. Should

## PROCEDURE

### I. Administering Provider Staff

- a. Staff who complete a CANS/ANSA must either 1) be a Mental Health Rehabilitation Specialist or 2) meet the credentialing standards as in the category of Evaluation (CANS/ANSA) on the ACBH Guidelines for Scope of Practice Credentialing grid (Licensed, Waivered, Registered LHPA's and Graduate Student/Trainees):  
[http://www.acbhcs.org/providers/QA/docs/training/ACBHCS\\_Guidelines\\_Scope\\_Practice\\_Credentialing\\_Provide\\_Specialty\\_MH\\_Services.pdf](http://www.acbhcs.org/providers/QA/docs/training/ACBHCS_Guidelines_Scope_Practice_Credentialing_Provide_Specialty_MH_Services.pdf).

### II. Training of Providers

- a. Initial training and annual certification is required for use of the CANS/ANSA tools. In order to be certified, clinicians must demonstrate reliability on a case vignette of 70% or greater.
- b. Each agency shall ensure that provider staff are trained and certified in the appropriate version based on population(s) served.
- c. Each program/agency shall ensure that supervisors/managers are trained in the CANS/ANSA and that directors/executives receive an overview of the CANS/ANSA training.

### III. Operational Standards

- a. The CANS/ANSA shall be completed with every client served in the ACBH Mental Health Systems of Care for Children, Transition Age Youth, Adult and Older Adult unless exempted otherwise. The information shall be used to inform the client's treatment plan and measure service outcomes.
- b. Any exceptions to the required use of the CANS/ANSA tools shall require approval by ACBH Executive Leadership.

- c. The CANS/ANSA shall be administered in an interactive process, with client and significant support persons reviewing scores, in a client-centered and transparent manner.
- d. For clients with multiple mental health providers ("open episodes"), each program/agency shall be responsible for CANS/ANSA completion based upon their respective Reporting Unit episode opening dates.
- e. All providers responsible for completing the CANS/ANSA shall collaborate with the client, caregiver and other ACBH programs/agencies to coordinate treatment.

#### IV. Documentation Standards

- a. The CANS/ANSA form shall not replace the ACBH approved assessment forms but supplements the assessment process.
- b. The PSC-35 is to be completed by the parent/caregiver for clients from age 3 up to turning 18 years old. The PSC-35 follows the same timeline as the CANS.
- c. The required administration time frames shall be as follows:
  - i. At Opening. The Initial CANS/ANSA must be completed within 60 calendar days of the Episode Opening Date (EOD), but prior to the treatment plan completion. CANS/ANSA scores shall be used to inform the Initial Client Plan.
  - ii. At Ongoing 6-month mark. A Re-Assessment CANS/ANSA must be completed within the calendar month prior to the ongoing 6th month of the EOD.
  - iii. At Annual Re-Authorization. A Re-Assessment CANS/ANSA must be completed during annual re-authorization timeframe which is within the calendar month prior to the episode opening month. CANS/ANSA scores shall be used to inform the annual Client Plan.
  - iv. At Discharge. A CANS/ANSA must be completed prior to closing the case.

Example: Episode Open Date is 3/15/2015.

1. At opening – Complete CANS/ANSA within the first 60 calendar days of the EOD (by 5/14/15); prior to completion of the Initial Client Plan.
  2. During the month of August (the month prior to the end of the first 6-month cycle)
  3. During the month of February (the month prior to EOD anniversary month)
- d. If a client is transferred from one program/agency to another, the two programs shall work together to ensure that a CANS/ANSA review is completed prior to discharge.

- i. The “transferring” program/agency must complete a Discharge CANS/ANSA prior to closing the case.
- ii. The “receiving” program/agency must complete Initial CANS/ANSA within 60 days of the EOD, but prior to the treatment plan completion.
- e. The CANS/ANSA document shall indicate who administered it. Staff must sign with credentials, required co-signatures, and date.
- f. The CANS/ANSA and the PSC-35 must be included in the client’s official medical record. Completion of this form in Objective Arts (the CANS/ANSA monitoring database) does not meet this requirement.
- g. A Progress Note must accompany the completion of the CANS/ANSA, indicating who administered it, and be claimed as either 324-90791 (face-to-face) or 326-90889 (non face-to-face). If the CANS/ANSA is integrated into the Mental Health Assessment, it must be coded as 323-90791, 565-90792, or 325-90889.
- h. Completion of the CANS/ANSA with the client and/or caregivers may be billed as “assessment” at any point where review and/or update is clinically indicated. The provider should consult the ACBH Clinical Documentation Standards Manual on how to document assessment activities. See the ACBH QA Manual, Section 7: [http://www.acbhcs.org/providers/QA/qa\\_manual.htm](http://www.acbhcs.org/providers/QA/qa_manual.htm).
- i. Administration of the PSC-35 is not claimable (providing it to the caretaker). The evaluation of the scores and discussion with the youth and family for its incorporation with the CANS (and or MH Assessment) may be billed as an assessment activity.

**V. Use of CANS/ANSA for Reporting and Outcomes Measurement**

- a. Each program/agency shall share CANS/ANSA information with ACBH to create a reliable data set in order to improve client and system level decision making.
- b. The program/agency shall capture CANS/ANSA client level data electronically and transmit the data to the ACBH-Objective Arts CANS/ANSA Automated Data Collection and Reporting System.
- c. ACBH may monitor completion rates, provide notices for corrective action, and utilize data for Quality Improvement.

**CONTACT**

| <b>ACBH Office</b>       | <b>Current as of</b> | <b>Email</b>   |
|--------------------------|----------------------|----------------|
| Quality Assurance Office | 2/26/20              | QATA@acgov.org |

**DISTRIBUTION**

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contract Providers
- Public

**ISSUANCE AND REVISION HISTORY**

**Original Author:** Alexander Jackson, LCSW, Quality Management Division

**Original Date of Approval:** 10/20/16 by Manuel J. Jiménez, Jr., MA, MFT, ACBH Director

| Revision Author  | Reason for Revision   | Date of Approval by (Name)             |
|--|---|--|
| Jeff Rackmil, Child and Young Adult System of Care Director          | <p>Updated to include PSC-35.</p> <p>Removed requirement of re-administration for clinically significant change.</p> <p>Removed requirement of informing the Client Plan and updating with every Client Plan update.</p> <p>Clarified requirement to include CANS/ANSA/PSC-35 with client medical record and noted that completion in the CANS/ANSA monitoring database does not meet this requirement.</p> <p>Indicated when PSC-35 is billable.</p> | 11/6/18, James Wagner, Deputy Director |
| Amy Saucier, Quality Assurance Clinical Review Specialist Supervisor | Revised to allow Mental Health Rehabilitation Specialists to complete the CANS/ANSA Tool and to clarify requirements  |  |

**DEFINITIONS**

| Term   | Definition   |
|--|--|
| <b>ANSA</b>                                    | Adult Needs and Strengths Assessment                                 |
| <b>CANS</b>                                    | Children and Adolescent Needs and Strengths                          |
| <b>Episode Opening Date (EOD)</b>              | The date that the client's case is opened in ACBH's claiming system. |
| <b>LPHA</b>                                    | Licensed Practitioner of the Healing Arts                            |
| <b>Mental Health Rehabilitation Specialist</b> | An individual who meets one of the following requirements:           |

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|--|--|
|  | <p>MHRS staff must have a baccalaureate (BA/BS) degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment.</p> <p>Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis. (e.g. Master's degree with two years MH experience).</p> <p>Up to two years of post-Associate Arts (AA degree) clinical experience may be substituted for the required educational experience, in addition to the requirement of four years' experience in a mental health setting. (e.g. Associate degree plus six years MH experience).</p> |
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**ATTACHMENTS**

- A. ACBH Guidelines for Scope of Practice Credentialing