



# Provider Alert

**ALERT #48**

**Date: November 10, 2008**

## CANS UPDATE #2

*The following information should be noted and communicated immediately to all pertinent offices within your organization.*

As previously communicated, beginning **November 30, 2008**, MassHealth, in conjunction with Boston Medical Center HealthNet Plan, Fallon Community Health Plan, the Massachusetts Behavioral Health Partnership, Neighborhood Health Plan, and Network Health, will require a uniform behavioral health assessment process for Members under the age of 21 that includes a comprehensive needs assessment using the Child and Adolescent Needs and Strengths (CANS) tool.

This *Provider Alert* is to remind you about key information concerning the CANS tool, including steps clinicians must take to complete CANS training and certification, and steps provider organizations must take to enroll in the Virtual Gateway (VG). It also provides new and clarifying information regarding CANS requirements.

This *Alert* updates the information provided to you in a prior *Alert* regarding CANS, dated August 1, 2008.

### **CANS Action Checklist for Network Providers**

Network providers will need to take the following steps to meet their obligations concerning the CANS:

- [ ] Ensure that all clinical staff members who are required to use CANS are CANS-trained and certified. Information on CANS certification and training can be found on the web at <https://masscans.ehs.state.ma.us>.
- [ ] Ensure that your organization is enrolled with the VG. This enrollment will be necessary to access the web-based CANS application. *Enrollment with the VG for other business applications (such as STARS, EIM/EIS, etc.) does not satisfy this requirement.* For information on how to enroll, email the VG customer service group at [VirtualGatewayCBHI@state.ma.us](mailto:VirtualGatewayCBHI@state.ma.us).
- [ ] If you are a provider of outpatient services, billing the code 90801 for behavioral health assessments, you may begin to use CANS and bill the enhanced rate for 90801 at any time prior to November 30, 2008. Until the CANS application becomes available (sometime in early 2009), you simply complete the CANS forms on paper and include it in the client record, then bill 90801 with the HA modifier. (See "[Payment for CANS in Outpatient Therapy](#)" below.) Once the web-based CANS application is functional, you should continue to include documentation of each CANS administration in the client record.
- [ ] The CANS forms for completion on paper may be obtained at the CBHI web site, [www.mass.gov/masshealth/childbehavioralhealth](http://www.mass.gov/masshealth/childbehavioralhealth) and at [www.masspartnership.com](http://www.masspartnership.com).

### **Services that Require the Use of the CANS Tool**

Effective November 30, 2008, the use of the CANS tool will be *required* as part of an initial behavioral health assessment in the following services for Members under the age of 21 and must be updated at least every 90 days when the treatment plan is reviewed:

- Outpatient Therapy (diagnostic evaluations and individual, family, and group therapy); and
- Family Stabilization Team (FST) services.

In addition, CANS must be completed as part of the discharge planning process in the following 24-hour level of care services:

- Psychiatric inpatient hospitalization;
- Community-Based Acute Treatment (CBAT);
- Intensive Community-Based Acute Treatment (ICBAT); and
- Transitional Care Units (TCU).

### **Services that Do NOT Require Use of the CANS Tool**

The CANS tool will not be required in the following circumstances:

- 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;
- Structured Outpatient Addiction Program (SOAP);
- Community Support Program (CSP); and
- DPH-licensed substance abuse providers (even if they are billing 90801 code).

### **The CANS Requirement Applies to Behavioral Health Clinicians with the Following Credentials**

The following types of clinicians are required to pass the online CANS certification examination and use CANS: psychologists, LICSWs, LMHCs, LMFTs, LCSWs, unlicensed master's-level clinicians working under the supervision of a licensed clinician, and master's-level clinical interns in psychology and social work working under the supervision of a licensed clinician. Currently, MBHP does not allow doctoral student/master's-level clinical interns to bill for 90801 (please refer to your *Provider Manual*), nor can they bill

for 90801-HA. Doctoral student/master's-level clinical interns can, however, bill for ongoing therapy when CANS is updated as part of the treatment plan every 90 days thereafter.

Psychiatrists, psychiatric residents, and psychiatric nurse mental-health clinical specialists who provide outpatient therapy to Members under the age of 21 also must pass the online CANS certification examination and use CANS. Please note that psychiatrists, psychiatric residents, and psychiatric nurse mental-health clinical specialists who only provide medication management are NOT required to use CANS or pass the CANS certification examination.

### **MBHP's Clinical Outcomes Management Policy in Relation to CANS**

In a previous communication (Provider *Alert* #39, August 1, 2008), MBHP made certain policy clarifications for its Clinical Outcomes Management Program in relation to CANS. To repeat this clarification, MBHP accepts CANS as an approved, standardized assessment instrument that meets the criteria of its outcomes policy. CANS should be used for intake/initial assessment and for periodic treatment plan reviews/updates for all eligible Members under the age of 21 who enter treatment on or after November 30, 2008.

For Members who began services prior to November 30, 2008, MassHealth is not requiring providers to use CANS for treatment plan reviews/updates every 90 days. However, for providers to be compliant with MBHP's Clinical Outcomes Management Program and presuming these Members have already been evaluated with a different assessment instrument than CANS, providers have two options, both of which are permissible: providers can use the different assessment instrument to continue tracking the Member's progress; OR providers can switch to CANS for subsequent treatment plan reviews/updates every 90 days. MBHP encourages, but does not require, providers to switch to CANS for Members who began services prior to November 30, 2008.

No billing will be allowable, nor will any reimbursement be provided, for use of CANS during the 90-day treatment plan updates. Billing will be allowable and reimbursement will be provided only for 90801-HA when CANS is used as part of the initial assessment for eligible Members under the age of 21 who enter treatment on or after November 30, 2008. However, if the Member leaves treatment but subsequently returns to the provider for a new course of treatment, the provider must perform a new initial assessment using CANS, may bill a 90801-HA, and will need to use CANS for treatment plan updates every 90 days.

Consistent with MBHP's Clinical Outcomes Management Program, providers will be required to incorporate the results of the CANS evaluation into the Member's treatment plan.

### **Payment for CANS in Outpatient Therapy**

The initial behavioral health assessment using CANS for outpatient therapy (diagnostic evaluations and individual, family, and group therapy) is provided during a psychiatric diagnostic interview evaluation that is billed with the CPT code 90801 with modifier HA.

Effective September 1, 2008, MBHP will reimburse providers at an enhanced rate for billing CPT code 90801-HA. A diagnostic evaluation that includes CANS may require two sessions. MBHP will allow for up to two 90801-HA in a 90-day period.

The review and updating of CANS that is required every 90 days for Members in ongoing individual, group, or family therapy is part of treatment planning and documentation and, as such, is not a separately billable service.

### **Payment for CANS in Other Services**

Data-gathering and documentation required for discharge planning (including use of CANS) are included in the per-diem rate for CBAT, psychiatric inpatient hospitalization, and TCU. No rate changes are contemplated at this time for these services.

For FST providers, the behavioral health assessment using CANS is part of the FST service, and the time spent conducting the assessment is billable using the current FST codes.

### **Release Timeline for the Web-Based CANS Application**

Development and testing is progressing for the web-based CANS application that will be accessible via the VG. Please note the following important information on EOHHS' release timeline for the CANS application. The CANS application will now be rolled out in two stages, with the first release to occur by the end of December 2008 and the second release to occur in spring 2009. Please note that providers who are required to use CANS are also required to utilize the web-based system when it becomes available. Providers who have registered with the VG for the CANS application will receive an e-mail when the system is operational.

This first release, which will allow providers to develop familiarity with the system, will ask providers to document certain Member demographic information and to answer the questions that determine whether a child has a Serious Emotional Disturbance (SED). For those who have used the paper CANS form, the information requested will mirror the SED questions found in the first three pages. The second release will add the questions from the CANS evaluation tool.

If you have any questions, please contact our Community Relations Department at **1-800-495-0086 (press #1 for the English menu or #2 for the Spanish menu, then press #3 and #1 to skip prompts)**, Monday through Thursday, 8 a.m. to 5 p.m., and on Fridays from 9:30 a.m. to 5 p.m.