

Texas CANS 2.0 Assessment Provider Checklist



This checklist is a resource for Texas Child and Adolescence Needs and Strengths (CANS) 2.0 assessors. Adhering to all items will support a thorough, consistent and efficient submission of a Texas CANS 2.0 Assessment.

| Complete | Checklist Items |
|--------------------------|--|
| <input type="checkbox"/> | General: Obtain medical consentor/caregiver/caseworker name and contact information. |
| <input type="checkbox"/> | Confirm member is STAR Health eligible. |
| <input type="checkbox"/> | Ensure a Texas CANS 2.0 has not already been completed. |
| <input type="checkbox"/> | Schedule appointment within 30 days of removal - OR - Schedule Annual Assessment on or up to 7 days before the Annual Texas CANS 2.0 is due. |
| <input type="checkbox"/> | Check Health Passport for Family Strength and Needs Assessment (FSNA). |
| <input type="checkbox"/> | Complete assessment in person or by telehealth (If contracted as a telehealth provider and approved by DFPS). |
| <input type="checkbox"/> | Enter comments in support of centerpiece, useful or identified strengths. |
| <input type="checkbox"/> | Enter comments in support of scores indicating a need that requires monitoring, or identify as a moderate or severe need. |
| <input type="checkbox"/> | Clinical Impressions: <ul style="list-style-type: none"> Does not state "refer to other document". Documentation includes areas where youth scored levels of moderate and severe needs. Indicates if FSNA was not available and family information is limited. |
| <input type="checkbox"/> | Treatment Target Areas: <ul style="list-style-type: none"> Does not state "refer to other document". Documentation includes areas where youth scored levels of moderate and severe needs. Documentation includes support of centerpiece, useful or identified strengths. |
| <input type="checkbox"/> | Background Needs: <ul style="list-style-type: none"> Documentation reflects youth's history in detail and how it may impact treatment. |
| <input type="checkbox"/> | Anticipated Outcomes: Document benefits to the youth if treatment target areas and recommendations are followed. Please identify if the auto-generated recommendations do not align with your clinical impressions or treatment target areas. |
| <input type="checkbox"/> | Strengths that Support the Plan: Documentation includes, at a minimum, discussion around strengths rated as centerpiece, useful or identified. |
| <input type="checkbox"/> | Double-check the demographics page for errors before approving the assessment, including checking for correct Personal Identification (PID) and Medicaid numbers, correctly selecting "in Care" under Child Welfare Involvement, and selecting the correct Assessment Type for an "Initial Assessment" or "Re-assessment." |
| <input type="checkbox"/> | Assessment completed and approved in eCANS within 30 days from the Date of Removal (the date that the child entered DFPS care), or as soon as possible after completion of the CANS assessment if outside of the 30 day timeframe. |
| <input type="checkbox"/> | Billing a Claim: <ul style="list-style-type: none"> Use Medicaid code 90791-TJ (modifier TJ is specific to this Texas CANS 2.0 Assessment). Add modifier 95 if the Texas CANS 2.0 Assessment completed by telehealth. Follow Medicaid billing guidelines. Utilize Texas Medicaid Provider Procedures Manual (TMPPM) Behavioral Health Handbook to review diagnosis. This includes Chapter 21: Factors Influencing Health Status with Health Services (e.g. Z62.21 Child in Welfare Custody) and Chapter 19: Injuries, Poisonings, etc., which includes a section of diagnoses related to child abuse, neglect and maltreatment. Review chapters here: <ul style="list-style-type: none"> Chapter 19 - https://icd.codes/articles/icd10cm-chapter19 Chapter 21 - https://icd.codes/icd10cm/chapter21 |