OhioRISE | Resilience through Integrated Systems and Excellence

Ohio Children's Initiative
Child and Adolescent Needs and Strengths (CANS) Assessment

Billing for CANS Assessments Completed on or after July 1, 2022

Effective with dates of service beginning July 1, 2022, the Ohio Department of Medicaid (ODM) is implementing the CANS code, H2000. Rendering providers billing for CANS assessments completed on or after July 1 must be appropriately trained and hold current Praed Foundation certification in the Ohio Children's Initiative CANS assessment and must add the CANS Assessor specialty, ORC, to their Ohio Medicaid enrollment. Any provider, other than County Boards of Developmental Disabilities (county boards) as described below, rendering, and submitting claims for the CANS assessment must use the H2000 code follow the instructions relevant to their billing provider type, as outlined below:

- The OhioRISE Provider Enrollment and Billing Guidance provides guidance about enrolling as an Ohio Medicaid provider, adding OhioRISE specialties, and billing Aetna for OhioRISE services, to include the CANS assessment.
- The Behavioral Health Provider Manual provides CANS fee-for-service billing information for community mental health and substance youth disorder agencies.
- The OhioRISE Care Management Entity (CME) Manual provides guidance for OhioRISE contracted CMEs.
- Independent behavioral health practitioners and other independent billing providers will submit claims in accordance with OAC 5160-8-05 and 5160-1-60.
- Hospitals may bill for CANS assessments completed by appropriately trained and certified staff after adding the ORC specialty to the Ohio Medicaid hospital enrollment. In accordance with OAC 5160-2-76, hospitals will follow the OPHBH code set and billing instructions, available at: Medicaid.ohio.gov > Resources for Providers > Fee Schedules & Rates > Outpatient Hospital Behavioral Health Services.

Medicaid Developmental Disability Services

Developmental Disability Targeted Case Management (TCM)

For County Boards of Developmental Disabilities (county boards) rendering targeted case management (TCM), billing is permitted when the CANS tool is used for assessment purposes, under Ohio Administrative Code (OAC) 5160-48-01 (D)(1)(a)(i). Additionally, county boards may seek reimbursement for referral and linkages to other certified CANS assessors per 5160-48-01(D)(1)(c). The applicable billing codes and Medicaid payment rates are described in OAC 5160-48-01.

- To be eligible for TCM reimbursement when administering a CANS assessment or referrals and linkages to other certified CANS assessors, a county board may only provide TCM to the following individuals:
    - Medicaid eligible individuals, regardless of age, who are enrolled on a home and community-based (HCBS) waiver administered by the Department of Developmental Disabilities (DODD); and

- All other Medicaid eligible individuals, age three or above, who are determined to have a developmental disability according to section 5126.01 the Revised Code.

PREVIOUS Billing Guidance for Dates of Service Through 6/30/2022

The Child and Adolescent Needs and Strengths (CANS) functional assessment is a support tool used in the service decision-making and planning process. Two versions of the CANS tool, the Ohio Children's Initiative Brief CANS and the Ohio Children's Initiative Comprehensive CANS (found on the OhioRISE webpage) have been developed for broad application across multiple systems, including use for youth involved in child protection, developmental and intellectual disability services, juvenile justice, and mental health and addiction services. Ohio's cross-system application ensures youth can be evaluated using a consistent tool across multiple systems and providers.

The CANS tool gathers multiple important dimensions of the youth and family's story to determine needs and strengths, and integrates multiple storytellers capturing the voice of the youth and their caregivers to produce a full consensus-based assessment. The CANS assessment is intended to be updated routinely over the course of treatment to promote and assist with ongoing care planning. Key uses of and timing requirements for the Ohio Children's Initiative CANS tools include:

- *Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) with Intensive Behavior Support Rate Add-On (IBSRAO) admission*: The Ohio Department of Developmental Disabilities (DODD) is currently utilizing the Ohio Children's Initiative Brief CANS when assessing referred youth to determine eligibility for specific youth to receive the services of the IBSRAO in an approved ICD-IDD in accordance with OAC rule 5123-7-28. DODD is also using the Ohio Children's Initiative Comprehensive CANS to assist with care needs and planning. Functional assessments using the CANS tool for these purposes are being conducted by DODD staff.
- *Qualified Residential Treatment Program (QRTP) Level of Care (LOC) recommendations*: The Ohio Department of Job and Family Services (ODJFS) started using the Ohio Children's Initiative Brief and Comprehensive CANS tools to provide a recommended level of care for youth entering a QRTP on or after implementation of the Family First Prevention Services Act on October 1, 2021, in accordance with OAC rule 5101:2-42-12. Assessments using the CANS tool for this purpose must be conducted by "qualified individuals" in accordance with the same OAC rule. Qualified Individuals enrolled as Medicaid providers may bill for Medicaid for conducting CANS assessments as outlined in the guidance below.
- *OhioRISE eligibility and care planning*: The Ohio Department of Medicaid (ODM) will use the Ohio Children's Initiative Brief and Comprehensive CANS assessment tools to determine eligibility for the OhioRISE program and the OhioRISE 1915(c) waiver, and to assist with care coordination tier assignment and care planning when OhioRISE begins as part of the Next Generation of Managed care on July 1, 2022.

In advance of implementation of OhioRISE, ODM is offering interim billing guidance to support Medicaid providers who are currently, or plan to begin, using the Ohio Children's Initiative CANS tools prior to OhioRISE**.** This guidance covers CANS assessments completed prior to the implementation of the new Ohio Medicaid CANS billing code and payment rate methodology that will become effective July 1, 2022. This guidance clarifies the use of existing Medicaid-covered behavioral health services and billing codes

that can be used by both licensed and unlicensed behavioral health practitioners for provision of functional assessments using the CANS tool. Billing for assessment using the Ohio Children's Initiative Brief and Ohio Children's Initiative Comprehensive tools is permitted for Medicaid-enrolled behavioral health providers using the following currently available Medicaid benefits:

Medicaid Behavioral Health Services

Psychiatric Diagnostic Evaluation

Completion of a CANS functional assessment is an allowable activity as part of a psychiatric diagnostic evaluation Medicaid benefit. For community behavioral health agencies, the billing codes, list of practitioners eligible to render a psychiatric diagnostic evaluation, and the corresponding fee-for-service Medicaid payment rates can be found in Table 2-4 in the Medicaid Behavioral Health Provider Manual. Psychiatric diagnostic evaluation may also be provided by independently practicing behavioral health providers in accordance with OAC 5160-8-05. The Medicaid payment rates for independently practicing behavioral health practitioners not employed by community behavioral health agencies can be found in the Medicaid Non-Institutional Fee Schedule (CPT codes 90791 and 90792). Requirements for psychiatric diagnostic evaluation are described in OAC rules 5160-8-05 and 5160-27-03, including prior authorization. Current policy allows for one psychiatric diagnostic evaluation per billing provider and recipient, per calendar year without prior authorization. Additional psychiatric diagnostic evaluation services may be covered with prior authorization. Lastly, if billing for completion of the CANS as part of a psychiatric diagnostic evaluation in accordance with OAC 5160-27-03, all the other elements of the assessment should still be conducted to bill the code.

Therapeutic Behavioral Services (TBS)

For community behavioral health agencies rendering TBS, billing is permitted when completion of the CANS tool is used to assist with identifying strengths and needs as a TBS treatment planning activity. The applicable billing codes, list of practitioners, and fee-for-service Medicaid payment rates can be found under the "Individual Therapeutic Behavioral Services (TBS)" section of Table 3-7 in the Medicaid Behavioral Health Provider Manual. ODM requirements for TBS are described in OAC 5160-27-08, while OhioMHAS requirements for TBS are described in OAC 5122-29-18.

Community Psychiatric Supportive Treatment (CPST)

For community behavioral health agencies rendering CPST, billing is permitted when completion of the CANS tool is used in the ongoing assessment of needs as a CPST service activity. The applicable billing codes, list of practitioners, and fee-for-service Medicaid payment rates can be found under the "Community Psychiatric Supportive Treatment – Individual" section of Table 3-12 in the Medicaid Behavioral Health Provider Manual. ODM requirements for CPST are described in OAC 5160-27-02, while OhioMHAS requirements for CPST are described in OAC 5122-29-17.

Substance Use Disorder (SUD) Case Management

For community behavioral health agencies rendering SUD case management, billing is permitted when the CANS tool is used in assessment as a SUD case management service activity. The applicable billing codes, list of practitioners, and fee-for-service Medicaid payment rates can be found in Table 4-5 in the Medicaid Behavioral Health Provider Manual. ODM requirements for SUD case management are described in OAC 5160-27-10, while OhioMHAS requirements for SUD case management are described in OAC 5122-29-13.

General Medicaid Behavioral Health Services Billing Reminders:

- To be eligible for payment, the billing and rendering providers must be enrolled in Medicaid, and the youth receiving the CANS assessment and associated service must be enrolled in Medicaid. Additionally, if the youth is enrolled in a Medicaid managed care plan (MCP), the provider must be contracted with or have a single case agreement with the MCP.
- Medicaid claims are required to include a valid ICD-10 diagnosis code. Allowable ICD-10 diagnosis code(s), including Z-codes, can be found in the ICD-10 Code Groups for Behavioral Health Services Matrix. ODM and the managed care plans are in the process of adding diagnosis code Z62.21 "Child in welfare custody," to permit claims for psychiatric diagnostic assessment, TBS, and CPST services rendered to children in custody who do not have another allowable diagnosis that could be listed on the claim. Providers planning to use Z62.21 on claims for these services should hold applicable claims until October 30, 2021 to ensure ODM and all managed care plans have added this code.
- Documentation requirements for Medicaid services are described in 5160-1-27 and 5160-8-05. When billing for completion assessment using the CANS tool as part of a behavioral health service, providers should maintain documentation accordingly. For providers certified by OhioMHAS:
    - An assessment using the CANS tool administered for a youth with an existing provider relationship and an established individualized treatment plan (ITP) will be documented as required in accordance with OAC 5122-27-03 and incorporated into the ITP.
    - In instances when an assessment using the CANS tool is administered prior to establishment of an ITP (such as new client referral,) or when the provider's sole rendered service is completion of an assessment using the CANS tool, the assessing provider will document the completion of the CANS in the individual client record in accordance with OAC 5122-27-02.
- All practitioners shall practice within their professional scope of practice. Practitioners requiring supervision must be supervised in accordance with their scope of practice as defined by state laws and regulations.
- The payment rates in the Medicaid Behavioral Health Provider Manual and the Medicaid Non-Institutional Fee Schedule apply to fee-for-service claims. MCP payments may be the same or higher than the fee-for-service rates for behavioral health services rendered by community behavioral health agencies.
- Hospital providers of behavioral health services are subject to the provisions and fee-for-service Medicaid payment methodology described in OAC Chapter 5160-2.

Medicaid Developmental Disability Services

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- To be eligible for TCM reimbursement when administering a CANS assessment or referrals and linkages to other certified CANS assessors, a county board may only provide TCM to the following individuals:

- Medicaid eligible individuals, regardless of age, who are enrolled on a home and community-based (HCBS) waivers administered by the Department of Developmental Disabilities (DODD); and
- All other Medicaid eligible individuals, age three or above, who are determined to have a developmental disability according to section 5126.01 the Revised Code.

Future Updates

When OhioRISE is implemented effective July 1, 2022, a new CANS billing code and practitioner-specific rates will be implemented. This new code will be used by Medicaid behavioral health providers when billing for assessments using the Ohio Children's Initiative Brief or the Ohio Children's Initiative Comprehensive CANS tool will only be permitted by an individual who has successfully completed training and is certified to use the Ohio Children's Initiative CANS tools. With the adoption of this new code on July 1, 2022, ODM will no longer allow the use of other behavioral health service codes as described in this interim billing guidance for the provision of Ohio Children's Initiative CANS assessments. Additional guidance will be provided prior to transition to the new CANS billing code.