Introduction to the CANS-NY for Managed Care: Webinar 1

TRANSFORMATIONAL OUTCOMES MANAGEMENT, THE CANS-NY AND THE HCBS LOC ELIGIBILITY ALGORITHMS

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Learning Objectives For Today’s Webinar

1. Participants will understand the practice and measurement models that inform use of the CANS-NY in practice.

2. Participants will understand how to work with the action levels of the CANS-NY.

3. Participants will learn about the relation between the CANS-NY LOC Algorithm and the story of the youth and family.

4. Participants will understand how specific items on the CANS-NY relate to eligibility for HCBS Services.
What is the CANS-NY?

- It is an **information integration tool** used to identify the needs and strengths of children/youth and their families.
- Its underlying philosophy and approach is **person-centered**: continuously aligning the work of all persons with the identified strengths and needs of children and families at all levels of the system.
- It is a support for true collaborative practice at all levels of the system: Consensus ratings by multiple informants across the items of the CANS-NY help achieve a common understanding of presenting issues for care planning and progress monitoring. Consensus ratings also help direct resources and evaluate effectiveness at all levels of the human serving system.
TCOM: Engineering Personal Change

**Transformational Collaborative Outcomes Management**

- **Transformational:** Our work is focused on personal change.
- **Collaborative:** We must develop a shared understanding and vision.
- **Outcomes:** What we measure is relevant to the decisions we make about the strategies and interventions we use.
- **Management:** Information gathered is used in all aspects of managing the system from planning for individuals and families, to supervision, and program/system operations.
The Goal of TCOM: Changing the Way We Work

- Experience and research has demonstrated that collaborative practices are at the heart of effective change.
- People vary tremendously in their use of collaborative, data-informed practices.
- TCOM provides a pathway by which people can get the formal feedback necessary to develop expertise.
Information from TCOM tools such as the CANS is designed to follow the course of the child/youth and family from system engagement to goal attainment and transition. Person-centered information is used to guide decision-making at every level of the system.
COMMUNIMETRICS

THE PRIMARY REASON TO MEASURE WITHIN THE ENTERPRISE IS TO COMMUNICATE TO SOMEONE ELSE EITHER ON BEHALF OF AN INDIVIDUAL SERVED OR FOR PROGRAM OR SYSTEM AGGREGATES (I.E., SUMMARIES OF INDIVIDUALS SERVED). THEREFORE, WHY NOT CREATE THE MEASUREMENT PROCESS TO OPTIMIZE THE COMMUNICATION UTILITY OF THE MEASURE? IN FACT, WHY NOT RE-CONCEPTUALIZE MEASUREMENT IN THESE SETTINGS ENTIRELY?

Communimetrics is designed to make thinking processes transparent and provide a conceptual organization or framework for the thinkers to be attuned to the relevant factors that must be thought through in any particular circumstance.

Lyons (2009)
01 Items are selected because they are relevant to service/case planning.

02 Each item uses a 4-item rating scale that translates into action.

03 Rating should describe child/youth, not the child/youth in services.

04 Consider culture and development before determining ratings.

05 The ratings are agnostic as to etiology; it’s about the *What*, not the *Why*.

06 Use a 30-day window in considering what is relevant to children, youth and their families.
When Should You Override the 30-Day Window?

• Whenever the 30 days just prior to the assessment fail to capture the youth/caregiver needs and/or risk adequately.

• Examples might include: Multiple psychiatric admissions, a chronic diagnosis that requires ongoing attention, suicidality or violence.

• Watchful waiting is required for examples like these.

• More information is available in our downloadable tip sheet: https://cans2017.files.wordpress.com/2019/05/tip-sheet_30-day-window_final.pdf

• Remember that you can reach out for coaching if you have a question about a specific situation: https://cansnyinstitute.org/coaching/
Metrics in Action:

Communimetrics—Needs

- **0** No Evidence of Need
  - No action needed.

- **1** Significant history of need; or possible need that is not interfering with functioning
  - Watchful waiting/prevention/additional assessment.

- **2** Need interferes with functioning
  - Action/Intervention required.

- **3** Need is dangerous or disabling
  - Immediate action/intensive action required.
Metrics in Action:

Communimetrics—Strengths

- **Currently not a strength**: Considerable building/effort required to identify or create strengths.
- **Strength is potentially useful**: Strength requires building in order to be useful to the individual or for planning.
- **Strength is useful**: Strength is evident; Strength could be useful for care planning.
- **Well-developed centerpiece strength**: Very useful for the individual and for planning.
## Relevant Item Grid

<table>
<thead>
<tr>
<th>Useful Strengths</th>
<th>Strengths to Build</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths to Use (0’s and 1’s)</strong></td>
<td><strong>Strengths to Build (2’s and 3’s) from Strength Domain for child/youth</strong></td>
</tr>
<tr>
<td>• from Strength Domain for child/youth</td>
<td></td>
</tr>
<tr>
<td>• from the Caregiver Resources &amp; Needs Domain that constitute strengths for Caregiver(s)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Target Needs – Child/Youth</th>
<th>Target Needs – Caregiver(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2’s and 3’s from all Child Domains &amp; Relevant Extension Modules</strong></td>
<td><strong>2’s and 3’s from Caregiver Resources &amp; Needs Domain</strong></td>
</tr>
</tbody>
</table>
HCBS Services & the CANS-NY LOC Algorithm

Improving Decision Support in the HHSC Transformation
“The right services, at the right time, in the right amount.”
The HCBS Algorithm is drawn from a subset of items on the CANS-NY.
The full CANS-NY tool represents a minimal understanding for building a good plan of care.
CFTSS (Child & Family Treatment & Support Services)

✓ Services for any Medicaid eligible youth,
✓ NOT part of HH specifically,
✓ If CFTSS are adequate to meet needs, child should not be in HCBS waiver services,
✓ A child may receive HCBS Waiver Services (if eligible) and CFTSS/SPA services if services are not duplicative and meet specific needs.
✓ CFTSS services include psychotherapy, crisis intervention, community psychiatric supports, psychosocial rehabilitation, and family and youth peer support, advocacy, training.
Home & Community Based Services

✓ Must have a physical health, developmental disability, or mental health diagnosis with related significant needs that place them at risk of hospitalization, institutionalization,

✓ OR have a physical health, developmental disability, or mental health diagnosis with related significant needs that has resulted in restrictive placement and the need to return safely home;

✓ AND must meet Level of Care (LOC) Determination based on HCBS LOC CANS-NY ALGORITHM.
HCBS Services Are More Extensive & More Intensive

- Community based skill building (habilitation)
- Agency based skill building (day habilitation)
- Prevocational support/supported employment
- Respite (planned or crisis)
- Family supports; self-advocacy supports
- Palliative care (diverse services)
- Non-medical transportation
- Environmental/vehicle modifications
- Adaptive/assistive equipment
CANS-NY LOC Algorithm
Decision Support for Care Algorithms: What Are They? What Are They For?

• An algorithm is a problem-solving rule that helps make decisions about care consistently.

• Algorithms allow the system to make consistent and transparent care decisions, based on the current intensity of needs, complexity of needs, and risks being experienced by a young person and caregiver.
Most existing measures use total scores with cut-offs for decision support. These approaches can be problematic because very small differences in a total score can lead to very different decisions.

Because of the item level reliability and action level format, the CANS uses patterns of actionable need to general algorithms using branching logic.

These algorithms are far more focused on functioning and therefore more defensible as they are easy to describe and the differences between youth at different levels are always meaningful.
The LOC Algorithm versus the entire completed CANS-NY

• The select items that feed into the HCBS LOC algorithms are those that tend to link to higher levels of placement risk and need.
• Just these select items determine the level of care eligibility.
• The entire, completed CANS-NY consists of all the actionable needs, not just those that feed into the LOC algorithm.
• The actionable needs of the entire, completed CANS-NY show us a minimal understanding to build a good plan of care.
LOC Medically Fragile Algorithm
HCBS LOC Eligibility Screen: Medically Fragile, 0 to 5

**Criterion 1**
One or more dangerous/disabling need related to medical challenges
- Medical Module: Life Threatening, Chronicity, Intensity of Treatment
- Child Development Domain: Positioning, Transferring

**Criterion 2**
Two or more actionable needs related to medical challenges
- Medical Module: Life Threatening, Chronicity, Intensity of Treatment
- Child Development Domain: Eating, Mobility, Positioning, Transferring, Elimination

**Criterion 3**
Medical challenges link to an actionable or dangerous/disabling rating on the Impairment in Functioning item
HCBS LOC Eligibility Screen: Medically Fragile, 6 to 21

**Criterion 1**
- One or more dangerous/disabling need related to medical challenges
  - Medical Module: Life Threatening, Chronicity, Intensity of Treatment
  - Child Development Domain: Positioning, Transferring

**Criterion 2**
- Two or more actionable needs related to medical or self-care challenges
  - Medical Module: Life Threatening, Chronicity, Intensity of Treatment
  - Self-Care Activities of Daily Living Module: Eating, Toileting Mobility, Positioning, Transferring

**Criterion 3**
- Medical challenges link to an actionable or dangerous/disabling rating on the Impairment in Functioning item
LOC Serious Emotional Disturbance Algorithm
HCBS LOC Eligibility Screen: Serious Emotional Disturbance, 0 to 5

**Criterion 1.1**
One or more actionable need on select Behavioral Health or Developmental Items Strongly Related to Behavioral Challenges

**Criterion 1.2**
One or more actionable need on select Behavioral Health, Trauma Symptoms, or Risk Items Strongly Related to Trauma Experiences

**Criterion 2**
At least two actionable needs or strengths to be built ("2" or "3") on separate domains related to functioning, caregiver capacity, or risk:

**Multiple Pathways**
At least one 3 on either Criterion; at least one 2 on each Criterion, OR at least two 2's on Criterion 1.2,
HCBS LOC Eligibility Screen: Serious Emotional Disturbance, 0 to 5, Specific Items

Criterion 1.1
Behavioral Health Module:
Attention/Concentration, Impulsivity, Anger Control
Child Development Domain:
Agitation, Sensory Reactivity, Emotional Control, Frustration Tolerance, Temperament

Criterion 1.2
Trauma Symptoms Module:
Traumatic Grief, Re-Experiencing, Hyperarousal, Avoidance, Numbing, Dissociation, Affective/Physiological Dysregulation
Behavioral Health Module:
Depression, Anxiety, Oppositional, Pica
Risk Domain: Self-Harm

AND

Multiple Pathways
At least one 3 on either Criterion; at least one 2 on each Criterion, OR at least two 2's on Criterion 1.2,

Criterion 2
Preschool Module: Preschool Behavior, Preschool Attendance
Caregiver Domain: Decision-Making, Parenting Stress, Care/Treatment Involvement
Child Strengths Domain: Social Relationships, Relationship Stability
Child Functioning Domain: Attachment, Living Situation, Social Functioning
HCBS LOC Eligibility Screen: Serious Emotional Disturbance, 6 to 21

**Criterion 1.1**
One or more actionable need on select Behavioral Health Items Strongly Related to Behavioral Challenges

**Criterion 1.2**
One or more actionable need on select Behavioral Health, Trauma Symptoms, or Risk Items Strongly Related to Trauma Experiences

**Criterion 2**
At least two actionable needs or strengths to be built ("2" or "3") on separate domains related to functioning, caregiver capacity, or risk:

**Multiple Pathways**
At least one 3 on either Criterion; at least one 2 on each Criterion, OR at least two 2's on Criterion 1.2.
HCBS LOC Eligibility Screen: Serious Emotional Disturbance, 6 to 21, Specific Items

Criterion 1.1
Behavioral Health Module:
Attention/Concentration, impulsivity, Anger Control

Criterion 1.2
Trauma Symptoms Module:
Traumatic Grief, Re-Experiencing, Hyperarousal, Avoidance, Numbing, Dissociation, Affective/Physiological Dysregulation
Behavioral Health Module:
Psychosis, Depression, Anxiety, Oppositional, Conduct, Emotional Control, Attachment
Risk Domain: Suicide Risk, Self-Injurious Behavior, Other Self-Harm, Danger to Others

OR

AND

Multiple Pathways
At least one 3 on either Criterion; at least one 2 on each Criterion, OR at least two 2's on Criterion 1.2.

Criterion 2
Caregiver Domain: Decision-Making, Parenting Stress, Care/Treatment Involvement
Child Strengths Domain: Social Relationships with Adults, Relationship Stability
Child Functioning Domain: Living Situation, Decision Making/judgment
School/Academic Functioning Domain: School Behavior, School Attendance
Risk Domain: Fire Setting, Sexually Reactive Behavior, Sexual Aggression, Delinquent Behavior, Bullying, Runaway, Problematic Social Behavior, Eating Disturbance
Any Questions?
Thank you for your time and attention!

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