MCE CBHI Health Record Documentation Standards

Note: In addition to these CBHI Health Record Documentation Standards, providers must also follow Medicaid and MCE documentation standards and guidelines.

For Providers of the CBHI Hub Services: Intensive Care Coordination (ICC), In-Home Therapy (IHT), and Outpatient

Providers are expected to have the following in the youth's health record:

1. A completed comprehensive assessment that includes, but is not limited to: presenting concerns; medical history; psychiatric history; substance use history; developmental history; allergies/adverse reactions; medications; risk assessment; mental status exam; Member strengths; clinical formulation; and DSM IV-TR, axis I-V diagnosis. A comprehensive assessment is inclusive of the CANS. The CANS is not a replacement or substitute for the complete comprehensive assessment.
1. CANS** is completed at the time of the comprehensive assessment and is part of the assessment. Note: Consistent with the information contained within the Frequently Asked Questions developed by CBHI, EOHHS, and the Massachusetts CANS Training Center, providers have the option to export data from the Virtual Gateway (VG) application and maintain that as the medical record, rather than a hard copy or electronic copy of the filled-out "paper CANS." The printout from the VG application will yield a document that is shorter than the "paper CANS" (typically, it will be 5 to 7 pages long). If the parent or guardian of a minor Member (or the Member if she or he is 18 or older) declines to give consent to have all CANS information entered into the VG application, the "paper CANS" must be completed on paper and retained as part of the medical record. In this case, only the demographic information and the answers to the SED determination questions are entered into the VG application. Note: If the youth has MassHealth as a secondary insurance and the Hub provider is paid through the youth's primary insurance, a CANS is not required.
2. Documentation of all contact they have with the youth/family they serve and of their collaboration with relevant providers who are also involved with the youth/family, as noted within the Performance Specifications for that Hub service
3. Documentation of treatment goals that are clearly and measurably defined and individualized, as well as the link between the youth's assessed need, objectives, and interventions that are guiding the treatment
4. Documentation in their action/treatment/care plan the goal(s) any Hub-dependent provider must address through the provision of the Hub-dependent service
5. Progress notes that document all contact and demonstrate clarity of medical necessity, i.e., notes are a) relevant to the action/treatment/care plan, b) assess symptomatic and functional progress and risk, as applicable, and c) identify what the provider did in the session

For Providers of the CBHI Hub-Dependent Services: Family Support and Training (FS&T), Therapeutic Mentoring (TM), and In-Home Behavioral Services (IHBS)

Providers are expected to have the following in the youth's health record:

2. A copy of the completed comprehensive assessment for the youth they serve. This assessment can be completed either by the Hub provider or by the Hub-dependent provider if they choose to do it themselves.
3. For providers of IHBS, the Functional Behavioral Assessment (FBA) is considered an adequate substitution for the comprehensive assessment when the FBA includes the typical aspects/elements of a comprehensive assessment, such as: presenting concerns; medical history; psychiatric history; substance use history; developmental history (children and adolescents);

allergies/adverse reactions; medications; risk assessment; mental status exam; Member strengths; clinical formulation; and DSM IV-TR, axis I-V diagnosis.

4. At a minimum and depending on family consent, applicable parts of the CANS** that are relevant to the Hub-dependent provider's role with the youth/family. Note: If the youth has MassHealth as a secondary insurance and is being referred to the Hub-dependent service by a Hub provider who is paid through the youth's primary insurance, a CANS is not required.
5. Documentation of all contact they have with the youth/family they serve and of their collaboration with relevant providers who are also involved with the youth/family, as noted within the Performance Specifications for that Hub-dependent service
6. Documentation of their collaboration with the Hub-provider around treatment plan coordination and integration which guides the Hub-dependent service, as noted within the Performance Specifications for that Hub-dependent service
6. A copy of the Hub provider's treatment/care plan. Hub-dependent providers document in their action/behavior/skill/treatment plan the goal(s) that the Hub provider indicated that they (the Hub dependent provider) must address.
    a) The Hub-dependent provider further defines these goals, ensuring they are measurable and individualized, and that they are linked to the youth's assessed need. Objectives and interventions that are guiding the treatment are consistent with the following:
        1. For providers of TM, these goals are tied to skill development.
        2. For providers of IHBS, these goals are tied to target behaviors.
        3. For providers of FS&T, these goals are tied to improving the parent/guardian's capacity to ameliorate or resolve the youth's needs and strengthening their capacity to parent.
7. Progress notes that document all contact and demonstrate clarity of medical necessity, i.e., notes are a) relevant to the action/treatment/care plan, b) assess symptomatic and functional progress and risk, as applicable, and c) identify what the provider did in the session

For Providers of Mobile Crisis Intervention (MCI)/Emergency Services Program (ESP)

Providers are expected to have the following in the youth's health record:

1. A copy of the completed comprehensive crisis assessment for the youth they serve
2. A copy of the completed assessment for the youth they serve
3. Documentation of all contact they have with the youth/family they serve and, with the family's consent, of their collaboration with relevant providers who are also involved with the youth/family, as noted within the MCI Performance Specifications

**The MassCANS training and certification requirement was originally developed specifically for clinicians and care coordinators to use the CANS as part of a behavioral health assessment (and as part of ongoing treatment plan/care plan updates) for MassHealth children under age 21. 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.

For other staff providing CBHI services, CANS training and certification is allowed; however, organizations should be reminded that the CANS can only be used by a MassCANS certified clinician who is then authorized to complete a CANS in the CANS application system (VG). **Bachelor's-level staff (with the exception of bachelor's-level ICC staff) are not considered CANS certified assessors.**

Organizations may also decide to have their staff participate in CANS training but not pursue MassCANS certification. This could help to ensure that staff working with youth and families (other than those conducting behavioral health assessments and treatment/care plan updates) have a shared understanding of the common language within the CANS tool when collaborating with families and other providers.