

Inspections Report

Child and Adolescent Needs and Strengths (CANS 2.0) Assessment

CANS 2.0 Assessments in Community-Based Care



**Inspector
General**

Texas Health
and Human Services

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INTRODUCTION

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division conducted an inspection to determine whether ACH Child and Family Services (ACH) provided services to children in community-based care consistent with the Texas Child and Adolescent Needs and Strengths 2.0 (CANS 2.0) assessment. The inspection objectives were to determine whether ACH focused on the following objectives:

- Conducted CANS 2.0 assessments for children entering community-based care as required by the Department of Family and Protective Services (DFPS)
- Provided services to children entering community-based care timely

Background

On January 1, 2014, ACH became a community-based care contractor for DFPS to coordinate supports and services for children in the Dallas-Fort Worth service delivery area (Region 3b). The contract has been continuously in place with the most recent extension through August 31, 2023. As a community-based care contractor, ACH provides a full continuum of foster care services to Texas children in DFPS conservatorship. Prior to January 1, 2014, services were coordinated in Region 3b by DFPS. As part of the community-based care full continuum of services, ACH should provide each child who is between 3 and 17 years old a CANS 2.0 assessment within 30 days of entering DFPS conservatorship. The CANS 2.0 is a comprehensive trauma-informed assessment designed to provide all those involved in a child's care a thorough understanding of a child's behavioral health needs and to make recommendations for the supports and services.

DFPS developed the Texas CANS 2.0 assessment with a behavioral health contractor to comply with Texas Family Code.¹ This statute requires each child entering conservatorship to receive a developmentally appropriate comprehensive assessment that includes (a) screening for trauma and (b) interviews with individuals who have knowledge of the child's needs. To screen for trauma, the CANS 2.0 assessment uses over 200 questions related to a child's background and experiences. The questions are answered on a rating scale from 0 to 3 and the assessment includes a specific domain for traumatic experiences.

¹ Tex. Fam. Code § 266.012 (Sept. 1, 2017).

In addition to the questions about a child's background, strengths, behaviors, etc., the assessment contains the following ten modules to be completed only if indicated by a triggering item in the preliminary sections.

- 1) Dangerousness
- 2) Sexually Aggressive Behavior
- 3) Runaway
- 4) Juvenile Justice
- 5) Fire Setting
- 6) Substance Use
- 7) School
- 8) Developmental Disabilities
- 9) Sexual Development
- 10) Family/Caretaker

The CPS Handbook requires that all children and youth ages 3–17 who enter DFPS conservatorship on or after September 1, 2016, receive the CANS 2.0 assessment within 30 days of entering care.² Based on the assessor's entries, the assessment tool recommends general services based on scores provided by the assessor. The assessor creates a narrative from the assessment information that summarizes clinical impressions, service planning, treatment targets, anticipated outcomes, strengths, and service recommendations, which the child's case worker reviews to approve and plan services for the child. The CPS Handbook requires case workers to review CANS 2.0 assessments to complete the child's plan of service.³

The Information Management Protecting Adults and Children in Texas (IMPACT) and Health Passport are electronic records systems used by DFPS for children in conservatorship. IMPACT records case management information including location, dates, and status about a child's DFPS conservatorship. Health Passport records CANS 2.0 assessments and Medicaid services provided to children in the STAR Health program. Texas foster children are enrolled in STAR Health, a Medicaid managed care program designed to ensure foster children receive necessary health care. The inspectors used IMPACT and Health Passport to research CANS 2.0 assessments and Medicaid services information.

Inspection Scope

Based on information provided by DFPS, ACH was responsible for providing services to 2,418 children in foster care from September 1, 2017, through August 31, 2018. Of those, 240 children were (a) between ages 3 and 17 at the time of placement, (b) located in Region 3b, and (c) placed in care after September 1, 2017. These children were required to receive a CANS 2.0

² Texas DFPS Child Protective Services Handbook § 6431.1 (Aug. 2017).

³ Texas DFPS Child Protective Services Handbook § 6431.12 (Aug. 2017).

assessment within 30 days of entering DFPS conservatorship. For the inspection, children who did not receive at least six months of continuous care were excluded from the sample.

Testing Methodology

The inspection compared the CANS 2.0 assessment completion dates for the 240 children selected to the 30-day DFPS contractual requirement. CANS 2.0 assessment completion dates were determined by reviewing CANS 2.0 assessments and completion dates in Health Passport. The inspection also compared health care services recommended in the CANS 2.0 assessment to the services identified in the service plan and provided services recorded in Health Passport. The inspection did not assess the adequacy of the provided services.

The OIG Audit and Inspections Division presented preliminary inspection results, observations, and recommendations to ACH in a draft report dated November 2, 2020. ACH generally agreed with the information in the report. ACH's complete management response is given in Appendix B.

INSPECTION RESULTS

Ninety-five percent of 240 children included in the sample did receive a CANS 2.0 assessment; however, ACH did not always ensure children in its care received the CANS 2.0 assessment and related Medicaid services. Of the 240 children tested, 91 (38 percent) did not receive CANS 2.0 assessments within the 30-day requirement.⁴ For 12 of the 91 children, documentation was not available in Health Passport to support completion of the CANS 2.0 assessment or the provision of Medicaid services.

The remaining 228 children who received the CANS 2.0 assessment also received Medicaid services, but not always timely. For 79 of the children included in the sample, the CANS 2.0 assessments were completed after the 30-day requirement. Table 1 summarizes ACH's noncompliance with requirements related to CANS 2.0

Table 1: Inspection Results

Child's Assessment Status	Number	Percentage
CANS 2.0 Administered Timely	149	62%
CANS 2.0 Not Documented or Administered Timely	91	38%
▷ CANS 2.0 Not Documented	▷ 12	▷ 5%
▷ CANS 2.0 Not Administered Timely	▷ 79	▷ 33%
Total	240	100%

Source: OIG Audit and Inspections Division

One component of CANS 2.0 is to assess a child's traumatic experiences. Given the limited time a child may be in foster care, it is essential children receive the CANS 2.0 assessment and appropriate health care services to treat any traumatic experiences timely.

Observation 1: CANS 2.0 Assessments and Medicaid Services Were Not Always Documented or Not Always Provided Timely

For 12 of 240 (5 percent) children included in the sample, evidence of the CANS 2.0 assessment being performed and Medicaid health care services being provided was not documented in Health Passport. DFPS and ACH management indicated if the children had received any Medicaid services, the documentation should be in Health Passport. The community-based care contract requires children to receive a CANS 2.0 assessment within 30 days of entering DFPS conservatorship and the results of that assessment are considered when planning services.

⁴ Texas DFPS Child Protective Services Handbook § 6431.1 (Aug. 2017).

For 79 of the 240 (33 percent) children with completed CANS 2.0 assessments included in the sample, ACH did not document completion of the CANS 2.0 assessments within the 30-day requirement.⁵ A review of Health Passport, IMPACT, and ACH records showed that the 79 children started receiving Medicaid behavioral health services an average of 164 days after placement with ACH. The period of time children waited before receiving services was significantly longer for children who did not receive a CANS 2.0 assessment timely than for children who did receive a CANS 2.0 assessment timely. Specifically, for the 149 children who received the assessment timely, Medicaid services were initiated an average of 48 days after the children were placed in ACH's care.

During the inspection, ACH management indicated that it was developing tracking processes and that DFPS provides a report titled "CANS Due." Timely completion of the CANS 2.0 assessment is essential to provide all those involved in a child's care a thorough understanding of a child's health care needs and make recommendations for supports and services. Children may only be in DFPS conservatorship a short time; if the appropriate services are not received while in DFPS conservatorship, they may not receive services at all.

Recommendation 1

ACH should implement the tracking process in development during the inspection, to ensure each child entering its continuum of care receives the CANS 2.0 assessment and recommended services timely. The tracking process should include:

- Maintaining a schedule to track CANS 2.0 assessments actual and required completion dates.
- Reviewing DFPS provided "CANS Due" report and following up with case workers for CANS 2.0 assessments that are not completed and are approaching the required completion date.

ACH's complete management response is given in Appendix B.

⁵ Texas DFPS Child Protective Services Handbook § 6431.1 (Aug. 2017).

CONCLUSION

The OIG Audit and Inspections Division completed an inspection to determine whether ACH:

- Conducts CANS 2.0 assessments for children in community-based care as required by DFPS
- Provides services to children in community-based care timely

ACH could not provide evidence of a CANS 2.0 assessment for 12 children included in the sample. For 79 of the remaining 228 children in the sample, ACH did not comply with the 30-day assessment completion contract requirement.

The OIG Audit and Inspections Division makes the following recommendations. ACH should:

- Implement the tracking process in development during the inspection.
- Maintain a schedule to track CANS 2.0 assessment actual and required completion dates.
- Require CANS 2.0 assessment providers report to ACH when they completed the CANS 2.0 assessment and monitor IMPACT for assessment uploads.
- Follow up with case workers for CANS 2.0 assessments that are not completed and are approaching the required completion date.

The OIG Audit and Inspections Division thanks ACH and DFPS for their assistance with this inspection.

Appendix A: Detailed Methodology

The inspection team conducted in person interviews with staff at DFPS, Superior Health Plan, and ACH. Superior Health Plan is the managed care organization contracted with the Texas Health and Human Services Commission to provide the STAR Health plan. At inspectors' request, DFPS provided a list of 2,418 children who were placed with ACH during between September 1, 2017, and August 31, 2018, across the state. The population was reduced to 240 children by removing (a) children younger than 3 or older than 17, (b) children outside the Region 3b service delivery area, and (c) children placed in DFPS conservatorship before September 1, 2017.

The inspection team compared CANS 2.0 assessment recommendations supported with a rating 2 or 3 to the services documented in Health Passport. Since services were not documented in Health Passport, the inspection team followed up with the service plan in IMPACT, ACH files, and ACH staff to try to determine whether the services were provided. This follow up work also indicated that services were not consistently provided as described in Observation 1.⁶

Standards

The OIG Audit and Inspections Division conducts inspections of the Texas Health and Human Services programs, systems, and functions. Inspections are designed to be expeditious, targeted examinations into specific programmatic areas to identify systemic trends of fraud, waste, or abuse. Inspections typically result in observations and may result in recommendations to strengthen program effectiveness and efficiency. The OIG Audit and Inspections Division conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

⁶ Encounter records from Superior were not reviewed.

Appendix B: ACH's Management Response

Our Community Our Kids, a division of **ACH Child and Family Services**, has reviewed this OIG Inspections Report regarding CANS completion in Region 3b Community Based Care and provides the following management response:

OCOK believes that children should receive timely strengths and needs assessments and that it is critical to informing targeted, trauma centered service delivery. We are committed to ensuring the timely engagement into services for our children as indicated by their individual CANS assessment results.

The CANS assessment was implemented by OCOK in Region 3b in 2014. This was the first time a standardized assessment was used routinely to track clinical acuity of youth in the Texas foster care system. From the very beginning, OCOK developed its own system to track the Child Placing Agency's timely completion of the CANS. That changed when the statewide eCANS process was implemented by Texas DFPS in 2017.

With the DFPS implementation of CANS, using the eCANS system, OCOK became reliant on data from the eCANS system to be provided to us by DFPS. OCOK received this data for the first time in April 2019. At that time, OCOK had to develop a tracking system that would interface with the new data coming out of the eCANS system and OCOK was dependent on DFPS to provide this information. This was unlike the initial implementation in 2014 when OCOK had complete access to the CANS data that was generated in Region 3b. The period under review for this Inspections Report fell in the timeframe of when eCANS was just implemented and quality data was not yet available to OCOK that could produce accurate reports of our providers' performance.

Therefore, OCOK is in agreement with Recommendation 1 listed on page 6 of the report, that is based on information collected over 12 months prior. OCOK has already implemented a tracking process that ensures children in its care received the CANS 2.0 assessment and recommended services timely prior to this report and continues operating this process at this time.

The tracking process developed by OCOK does includes the following as recommended:

- Maintaining a schedule to track CANS 2.0 assessments actual and required completion dates.
- Requiring CANS 2.0 assessment providers report to OCOK CANS 2.0 assessment completion dates and OCOK to monitor IMPACT for assessment uploads.
- Following up with case workers for CANS 2.0 assessments that are not completed and are approaching the required completion date.

The tracking, monitoring, and follow-up functions are managed within the Care Management department and overseen by the Director of Care Management.

Additional Information:

- This report indicated that 95% of the 240 children selected did receive a CANS assessment.

- Some of the children included in this report as having received late or no CANS were children that were initially placed in unverified kinship placements. OCOK was in Stage 1 of the Community Based Care contract and therefore only responsible for children in paid placements at the time of this sampling. During the time period under review, children in unverified kin placements continued to be served in the legacy system, and OCOK had no oversight over this population of children.
- Although a specific recommendation was not made for service delivery improvement in this report, we would highlight that this inspection utilized Medicaid billing data as the only indicator of the timely start of service delivery to children. Medicaid services are a very small part of the constellation of services provided to the children in our care. The start of Medicaid services is not a good indicator of the beginning of service delivery to children. We believe a much more robust result could be obtained by expanding the source of service delivery determination to include other funded service provision including services provided by our network providers directly, services provided as a result of community, state or federal grants or services provided within the community by other funding streams.
- The treatment of traumatized children in OCOK care does not depend upon completion of the CANS tool. Treatment planning and delivery of services is started and continues regardless of CANS compliance.

OCOK/ACH appreciates the opportunity to respond to the results of this Inspections Report and is grateful for the collaborative and professional nature of the OIG Inspections staff throughout the process. We believe that this review has contributed to continued improvements in delivery of services to children in foster care in Region 3b and will likely inform broader improvements statewide.

Appendix C: Report Team and Distribution

Report Team

The OIG staff members who contributed to this report include:

- Audrey O’Neill, CIA, CFE, CGAP, Chief of Audit and Inspections
- Kacy VerColen, CPA, Assistant Deputy IG of Audit and Inspections
- James Aldridge, Manager of Inspections
- Kenin Weeks, Inspector
- Mo Brantley, Senior Audit Operations Analyst

Report Distribution

Health and Human Services

- Cecile Erwin Young, Executive Commissioner
- Maurice McCreary, Jr., Chief Operating Officer
- Victoria Ford, Chief Policy and Regulatory Officer
- Karen Ray, Chief Counsel
- Michelle Alletto, Chief Program and Services Officer
- Stephanie Stephens, Deputy Executive Commissioner, Medicaid and CHIP Services
- Nicole Guerrero, Director, Internal Audit
- Camisha Banks, Interim Director, Managed Care Compliance and Operations Division
- Jaime Masters, DFPS Commissioner
- Trevor Woodruff, DFPS Deputy Commissioner
- Chance Watson, DFPS Director of Internal Audit
- Demetrie Mitchell, DFPS Chief of Staff
- Deneen Dryden, DFPS CPS Associate Commissioner
- Lisa Kanne, DFPS Chief Operating Officer
- Tiffany Roper, DFPS General Counsel

Appendix D: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

- Sylvia Hernandez Kauffman, Inspector General
- Susan Biles, Chief of Staff
- Dirk Johnson, Chief Counsel
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Juliet Charron, Chief of Strategy
- Steve Johnson, Chief of Investigations and Reviews

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- Mail: Texas Health and Human Services
Office of Inspector General
P.O. Box 85200
Austin, Texas 78708-5200
- Phone: 512-491-2000