Client Connect CANS User Manual
DCF Area Offices

Revised 4/30/2019

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Introduction

Introduction

The ClientConnect application provides CT state agencies access to limited member information and the ability to submit and track new Requests for Care/Child and Adolescent Needs and Strengths (RFC/CANS) on behalf of their members. Submission of these requests is the first step in the overall process for CT BHP's management of Residential and Group Home care for members.

Benefits: Single Workflow

RFC/CANS allow state agencies to submit registration, CANS information, and CANS updates and re-requests within a single workflow, rather than through different forms. The workflow consists of multiple screens in which registration and CANS information can be documented and submitted. Updates can also be completed directly to existing requests within a new Update section. No more separate forms to submit updates.

Supplemental Clinical Information

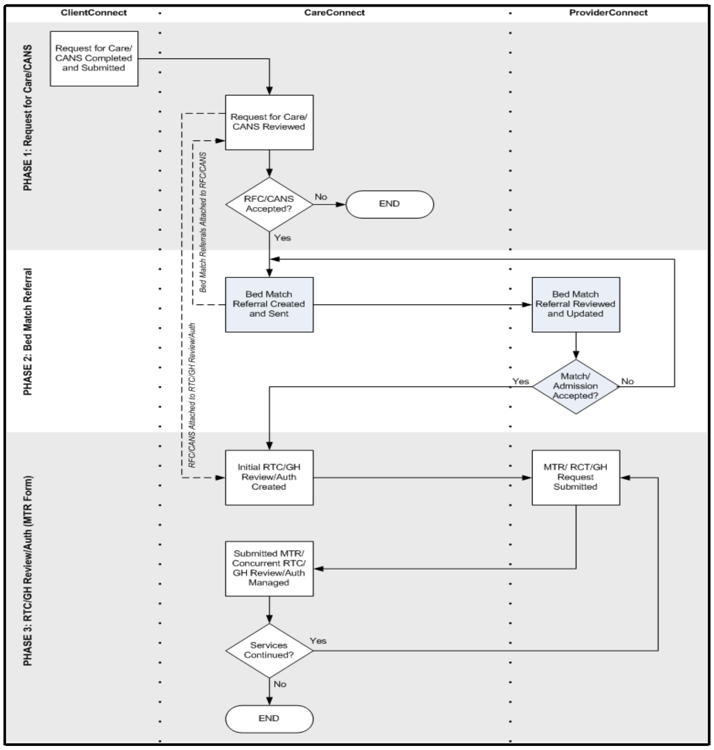
The entire Residential and Group Home Care Management process is initiated when a new RFC/CANS is submitted through ClientConnect. New requests require users to complete all required fields within the RFC/CANS as well as submit supplemental information to CT BHP as required for the request. Supplemental clinical information is not submitted through ClientConnect.

It's important for RFC/CANS information to be accurate and complete to avoid records being returned for update and, thus, delaying the progress of the request.

Overview

Introduction

The process for managing Residential Treatment and Group Home Care includes three phases that involve a variety of different records that must be completed and tracked within three different Connect applications--and among various internal and external individuals. The workflow below provides an overview of the process.



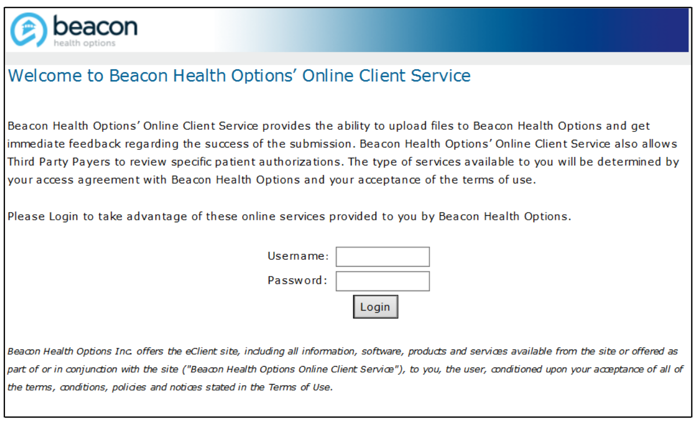
ClientConnect Basics

Accessing ClientConnect

The ClientConnect Application can be accessed directly via https://www.valueoptions.com/cc/eClient/login.do or by accessing the CT BHP website www.ctbhp.com and clicking the ClientConnect hyperlink.

Logging into ProviderConnect

Prior to completing any task in ClientConnect, users must first log into the application. The login function assumes that the user has received a Username and Password from CT BHP. If you do not have a user ID, contact the CT BHP Provider Relations Department at 1-877-552-8247 or email ctbhp@beaconhealthoptions.com. User IDs for ClientConnect can take up to 5-7 business days to complete by our National IT.



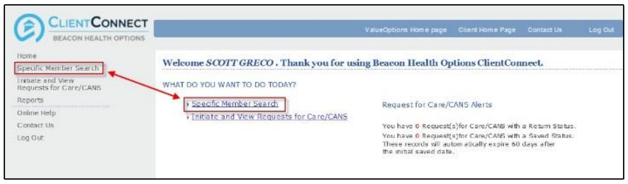
Step	Action
1	Please log in to the Client Connect system ▪ Enter your Username (D7ZXXXXX) (your username is in CAPS) ▪ Enter your Password (your password is case sensitive)
2	Click the **Login button** ▪ Your ClientConnect Welcome screen will then appear

ClientConnect Basics, continued

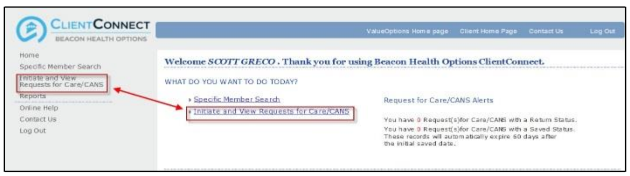
ClientConnect Homepage

The ClientConnect homepage allows users to view and access (3) important functions.

- **Specific Member Search** – Allows users to search a specific CT BHP member and initiate a RFC/CANS.



- **Initiate and View Requests for Care/CANS** – Allows users to view saved drafts of CANS, track progress of submitted requests, and view MTPPR forms of those completed placements in congregate care; also allows users to initiate a RFC/CANS.



- **Request for Care/CANS Alerts -** Each time users log in to ClientConnect, they will see an alert section on the homepage of ClientConnect. This section displays the number of requests that have been returned to the user by CT BHP and the number of requests that have been saved as drafts. The purpose of the alerts is to remind users that they have requests for which they need to take action in order for the request to move through the process.

PLEASE NOTE: Other than the "Log Out" link, users *should not* use the navigational links on the top right of the ClientConnect home page. These navigational links will reroute users to the Beacon Health Options website, and users will then have to return to the CT BHP website to access the ClientConnect system.

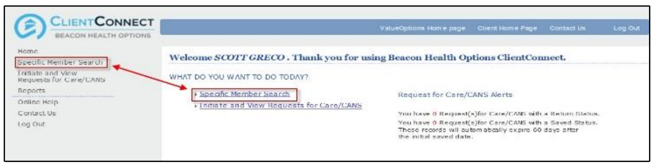
Creating New Request for Care/CANS

Key Step 1: Initiate RFC/CANS Flow

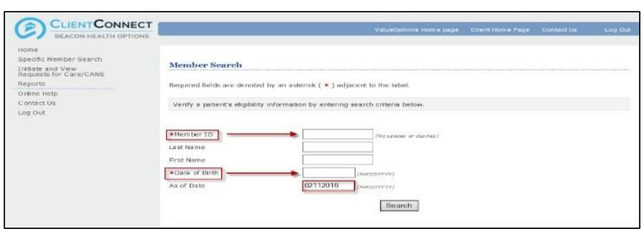
The first key step is to initiate the RFC/CANS request. An RFC/CANS request can be initiated either through the “Specific Member Search” or the “Initiate and View Requests for Care/CANS” links.

Below are the key steps for completing this process using the specific member search link. Any field with an asterisk indicates that the field is required.

Step	Action
1	Select **Specific Member Search** link from either the navigation or homepage of ClientConnect ▪ Member Search screen will display ▪ All fields with an asterisk (*) are required



Step	Action
2	Search the Member Record • *Enter the Member’s ID (Medicaid ID is required) ***Please Note: If No Medicaid ID is present, please contact CTBHP Customer Service (877-552-8247) to have a Temporary ID created.*** • *Enter the member’s date of birth (MMDDYYYY format only) • *Leave the “As of Date” with today’s date
3	Select **Search** • The member’s Demographics screen will display if the member is found ***If the member is not found, please contact CTBHP Customer Service (877-552-8247 for member verification and/or update)***



Creating New Request for Care/CANS

Click the **Add New Request for Care/CANS** button on the member's Demographic screen. The system will check if there is an open RFC/CANS record for the member.

Step	Action
4	Select **Add New Request for Care/CANS** from the member's demographic screen. The system will check if there is an open RFC/CANS record for the Member • If there is an open record, an error message will display indicating that there is an open record for the member, and you will not be able to proceed. Please contact the CT BHP Provider Relations Department (877-552-8247; Options 1, 3, and 7) • If there are no open or saved RFC/CANS records for the member, the first screen of the RFC/CANS flow will display.

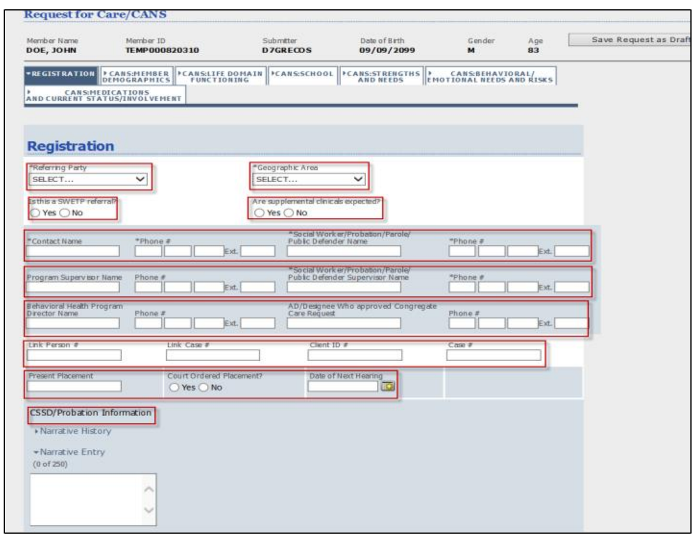
***Please note: Users also have the option to click "View Requests for Care/CANS" button to check if this specific member has previous saved drafts or completed CANS submittals.**

Creating New Request for Care/CANS

Working through the Request for Care/CANS Flow

Once the RFC/CANS flow is accessed, users can navigate through the flow as follows:

- The screens will display in the order listed at the top of the request screens.
- All required fields must be completed to move to the next screen.
- Within any RFC/CANS screen, the request can be saved as a draft by clicking the **Save Request as Draft** button from any screen.
- Each screen must be "touched" or accessed prior to submitting the request. This ensures that all required data has been entered for the request prior to submission.
- The progress of the request can be monitored with the tabs.
  - The dark blue highlighted tab indicates the screen you are currently viewing.
  - The light blue highlighted tabs indicate that the screen has been accessed/"touched".



Creating New Request for Care/CANS

Key Step: Complete Registration Information The second key step is to complete Registration information for the RFC/CANS. This is the first screen that will display within the RFC/CANS flow. Users will be required to complete all required fields on this screen before selecting the next screen to complete.

Step	Action
1	*Select the Referring Party from the menu
2	*Select the Geographical Area from the menu
3	*Is this a SWEPT Referral? Yes or No If yes, the subsequent CANS tabs will be skipped
4	Select Yes or No to indicate ***Are Supplement Clinic Expected*** *This field is required unless the request is for a SWEPT referral. This field alerts CT BHP that supplemental clinical information will be faxed to the CT BHP along with the CANS request. *Users that do not submit supplemental Clinical information to the CT BHP should click “No”
5	Complete Contact Names and Telephone Numbers **<u>The following contact information is always required:</u>** *Contact Name and *Phone # *Social Worker/ and *Phone # *Program Supervisor Name and *Phone# *Behavioral Health Program Director Name and *Phone # *AD/Designee who approved Congregate Care Request and *Phone #
6	*Enter the Link Person# and Link Case # -Required when DCF Area Office is selected for the Referring Party, or if request is for a SWETP referral
7	*Enter the Client ID (Medicaid ID) CT00XXXXXXX
8	*Enter the Case #
9	*Present Placement
10	*Court Ordered Placement? Yes or No
11	*Date of Next Hearing

Complete the Diagnosis section

- The following Diagnoses are required when DCF Area Office is selected for the **Referring Party.**
  - **Behavioral Diagnoses (Primary is required)**
  - **Primary Medical Diagnoses (Primary is required or indicate “None” or “Unknown”)**
  - **Social Elements Impacting Diagnoses (Required)**
  - **Functional Assessment (Optional)**

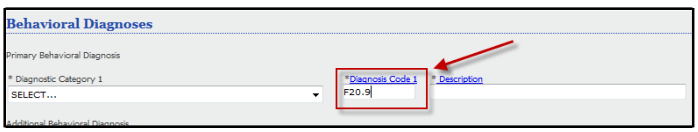
Creating New Request for Care/CANS, continued

Key Step: Complete the Clinical Screens – Level of Care-Diagnosis Screen

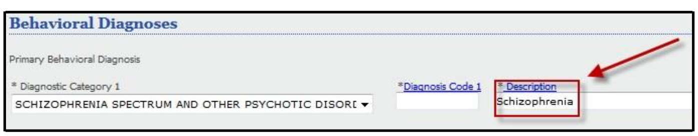
Documentation of **Primary Behavioral Condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

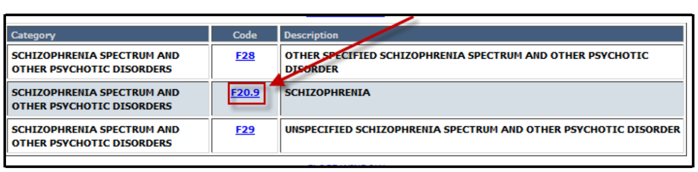
Below are the key actions for completing this screen. Any field with an asterisk indicates that the field is required.

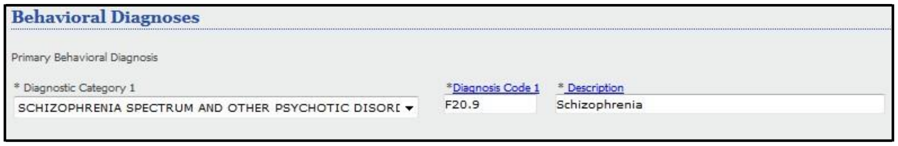
Step	Action
1	*The Primary Diagnostic Category 1 is the main diagnosis and should be the reason for the members decompensation to Inpatient Care
2	Enter the Diagnosis Code 1 or a brief Description and select the hyperlink



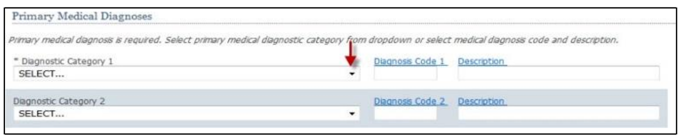
Step	Action
3	System users can enter a partial diagnosis and then click on the hyperlink to view a filtered list of ICD-10 codes that match their search criteria.
4	Once a user clicks on the appropriate code in any of the pop-up windows, all other fields will populate.

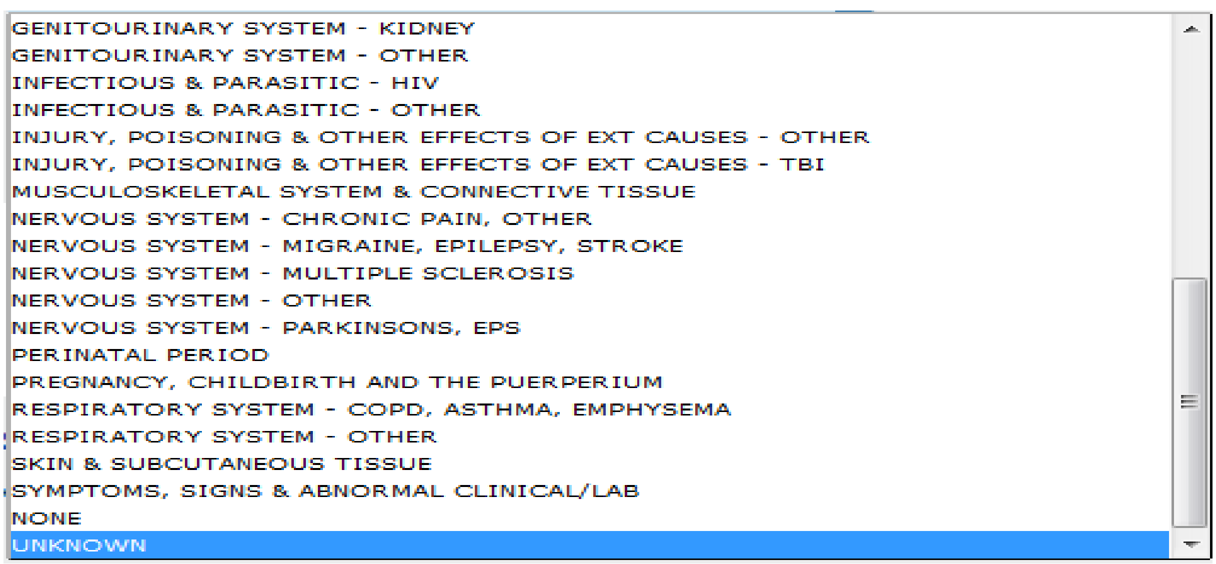




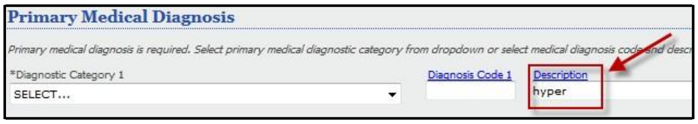


Step	Action
5	System users may choose to first select a Medical Diagnostic category and then utilize the Diagnosis Code and/or Description field hyperlinks to locate the appropriate Medical Diagnosis.
6	System users can partially enter a medical diagnosis and then click on the hyperlink to view a filtered list of those codes that match their search criteria.
7	If there is no medical diagnosis or it is unknown, please select one of the options under the Diagnostic Category. No Diagnosis Code or Description are needed if the selection is “**None**” or “**Unknown**”.

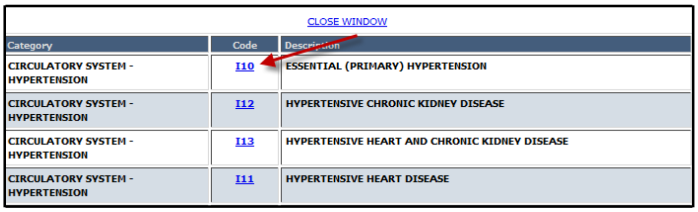




A. Partial Description – We suggest for those system users that are new or unfamiliar to the ICD-10 Medical Diagnoses, to first enter a partial description of the medical condition, then click the Description hyperlink.

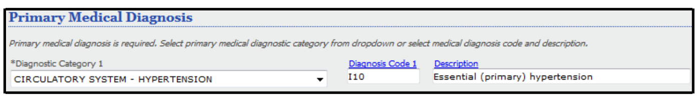


B. A partial description will bring up a pop-up window where users can view a filtered list of those descriptions that match their search criteria.

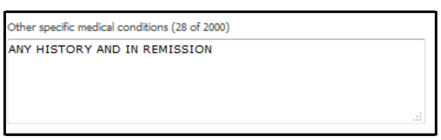

CLOSE WINDOW

Category	Code	Description
CIRCULATORY SYSTEM - HYPERTENSION	I10	ESSENTIAL (PRIMARY) HYPERTENSION
CIRCULATORY SYSTEM - HYPERTENSION	I12	HYPERTENSIVE CHRONIC KIDNEY DISEASE
CIRCULATORY SYSTEM - HYPERTENSION	I13	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE
CIRCULATORY SYSTEM - HYPERTENSION	I11	HYPERTENSIVE HEART DISEASE

C. Once a user clicks on the appropriate code in the pop-up window, all other fields will populate.

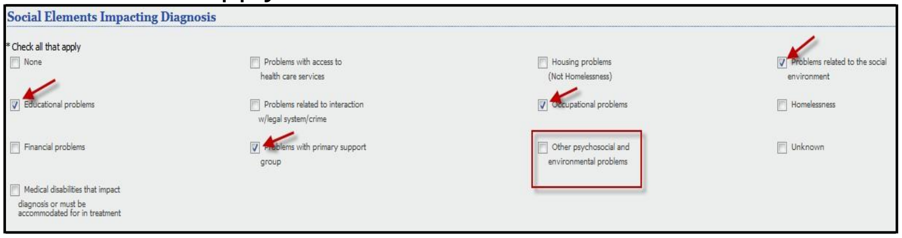


***Additionally, there is an open text field for other specific medical conditions. You can then enter information such as Behavioral Health "Rule Outs" and "In Remissions" and other specific Medical Conditions.**



III: Social Elements Impacting Diagnosis

Select all that apply:



NOTE: If you select "OTHER PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS", you will be required to indicate what they are in a text box.

IV: Functional Assessment

This section allows users to select different assessment measures. Once an assessment measure has been selected from the drop-down menu, an appropriate score can be entered into the Assessment Score section. Users can enter up to 2 different assessment measures in this section. ***Note: The Assessment Measure field is not required. <u>Only the Diagnosis By and Date of Diagnosis is required.</u>***

<u>Below is a Key for the Assessment Measure List:</u>

- **CDC HRQL** = Center for Disease Control - Health-Related Quality of Life
- **CGAS** = Children's Global Assessment Scale
- **FAST** = Functional Assessment Staging Test
- **GAF** = Global Assessment of Functioning

If a different assessment measure is being utilized, users should select "Other" from the drop-down menu.

Note: The RFC/CANS Return and Level of Care Decision sections that follow the Diagnosis section are sections that display information completed by CT BHP after the request has been submitted and reviewed. These sections can be skipped when creating a new request

Step	Action
9	Click the **Next** Button to continue -The **CANS Member Demographics** will display at the top of the screen.

Creating New Request for Care/CANS, continued

Key Step 3: Complete CANS Information

There are six (6) screens within the RFC/CANS flow where CANS information is completed. These screens include:

1. Member Demographics
2. Life Domain Functioning
3. School
4. Strengths and Needs
5. Behavioral/Emotional Needs and Risks
6. Medications and Current Status/Involvement

If the RFC/CANS request is a SWETP referral, all of the CANS screens will not be required. Users entering SWETP referrals can simply click the **Next** button to move through the CANS screens to reach the final screen and submit button. The screens will display when the **Next** button is clicked from the Registration screen. However, no fields will be viewable.

Key Step 4: Complete CANS Information – <u>Member Demographics</u> Screen

The first CANS information screen after the registration screen is the Member Demographics screen where general information about the member is completed.

Below are the key steps for completing this action. Any field with an asterisk indicates that the field is required.

Step	Action
1	Verify the TYPE OF CANS*. ▪ This field will auto-populate with ‘Initial’.
2	Enter the CANS COMPLETION DATE*.
3	Enter the DATE OF ASSESSMENT*.
4	Complete the CLINICAL INFORMATION CONTACT NAME* and PHONE #*.
5	Complete the GUARDIAN AD LITEM*, CHILD’S ATTORNEY*, and SCHOOL NEXUS*.
6	Select the member’s CURRENT DCF STATUS*.
7	Select the member’s PRIMARY LANGUAGE SPOKEN*. ▪ If ‘Other’ is selected, specify the primary language spoken in the IF OTHER, PLEASE SPECIFY field.
8	Verify **Yes** or **No** for MEMBER 12 YEARS OR UNDER? ▪ This field will automatically populate based on the member’s age on file. ▪ If **Yes** is selected, then: ○ Enter the date for the CASE CONFERENCE WITH CENTRAL OFFICE or check N/A if date is not available, and ○ Enter CASE CONFERENCE RECOMMENDATIONS if a case conference was completed.

Step	Action
9	Complete the first Current Living Situation and Facility Information section. ▪ For the initial request, the member's CURRENT LIVING SITUATION* must be selected. If 'Other' is selected, specify the current living situation in the IF OTHER, PLEASE SPECIFY field.
10	Click the **Next** button. ▪ The **CANS: Life Domain Functioning** screen will display next.

Creating New Request for Care/CANS, continued

Key Step 5: Complete CANS Information – Life Domain Functioning Screen

The second CANS information screen is the Life Domain Functioning screen.

Tips:

- For the domains, specific rating descriptions can be accessed on the screen by clicking the hyperlinked title of the domain.
- Click the **Narrative Entry Expand/Collapse All** button above the Key to expand all Narrative Entry fields.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	Click the radio button for the appropriate rating for all Life Domain Functions: ▪ FAMILY* ▪ LIVING SITUATION* ▪ SOCIAL FUNCTIONING* ▪ RECREATIONAL* ▪ VOCATIONAL* ▪ LEGAL* ▪ PHYSICAL* ▪ DEVELOPMENTAL* ▪ MEDICAL* ▪ SEXUALITY* For any rating of '2' or '3', *requires further details within the Narrative Entry field. ▪ Click the **Narrative Entry** title to display the text entry field (0-100 characters).
2	Complete additional required information when the rating is a '1', '2' or '3' for the DEVELOPMENTAL, MEDICAL, and SEXUALITY domains. ▪ A sub-section will expand to display the fields that need to be completed.
3	Click the **Next** button. ▪ The **CANS: School** screen will display next.

Creating New Request for Care/CANS, continued

Key Step 6: Complete CANS Information – School Screen

The next CANS information screen is the School screen where information about the member's schooling is completed.

Tip: Click the **Narrative Entry Expand/Collapse All** button above the Key to expand all Narrative Entry fields.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	Select all applicable options for member's CURRENT SCHOOL TYPE*. IF OTHER, PLEASE INDICATE OTHER IN TEXT BOX PROVIDED.
2	Complete information about the member's school. ▪ At the minimum, the NAME OF SCHOOL*, CONTACT PERSON*, ADDRESS*, GRADE*, PHONE #*, and DATE ENROLLED* must be completed.
3	Select all applicable options for member's HISTORY SCHOOL TYPE*.
4	Complete the CLINICAL INFORMATION CONTACT NAME* and PHONE #*.
5	Click the radio button for the appropriate school ratings: ▪ SCHOOL CHALLENGES – PAST 30 DAYS* (0-3) ▪ SCHOOL ACHIEVEMENT – PAST 30 DAYS * (0-3) ▪ SCHOOL ATTENDANCE – PAST 30 DAYS * (0-3) ▪ RELATION WITH TEACHERS – PAST 30 DAYS * (0-3 or Not Assessed) For any rating of '2' or '3', *requires further details within the Narrative Entry field. ▪ Click the **Narrative Entry** title to display the text entry field (0-100 characters).
6	DESCRIBE THE CHILD'S SCHOOL EXPERIENCES* in the Narrative Entry field (0-100 characters).
7	Select **Yes** or **No** to indicate DOES CHILD HAVE A CURRENT INDIVIDUALIZED EDUCATION PLAN (IEP) IN PLACE?*
8	Select all application options for DOES CHILD HAVE ANY OF THE FOLLOWING QUALIFYING CONDITIONS?*. If OTHER HEALTH IMPAIRMENT, PLEASE INDICATE OTHER IN TEXT BOX PROVIDED.
9	Click the **Next** button. ▪ The **CANS: Strengths and Needs** screen will display next.

Creating New Request for Care/CANS, continued

Key Step 7: Complete CANS Information – Strengths and Needs Screen

The next CANS information screen is the Strengths and Needs screen.

Tips:

- For strengths and needs, specific rating descriptions can be accessed on the screen by clicking the hyperlinked title of the category.
- Click the **Narrative Entry Expand/Collapse All** button above the Key to expand all Narrative Entry fields.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	Click the radio button for the appropriate rating for all **Child Strengths**: ▪ FAMILY* ▪ INTERPERSONAL* ▪ RESILIENCY* ▪ EDUCATION* ▪ VOCATIONAL* ▪ TALENTS/INTEREST* ▪ SPIRITUAL/RELIGIOUS* ▪ COMMUNITY LIFE* ▪ RELATIONSHIP PERMANENCE* For any rating of '0', *requires further details within the Narrative Entry field. ▪ Click the **Narrative Entry** title to display the text entry field (0-100 characters).
2	Click the radio button for the appropriate rating for child's **Acculturation**: ▪ LANGUAGE* ▪ IDENTITY* ▪ RITUAL* For any rating of '2' or '3', * requires further details within the Narrative Entry field. ▪ Click the **Narrative Entry** title to display the text entry field (0-100 characters).
3	Complete the **Caregiver Strengths** section. ▪ Select **Yes** or **No** to indicate DOES THE CHILD HAVE A PERMANENT CAREGIVER?* ▪ If **Yes** is selected, then enter the CAREGIVER NAME and RELATIONSHIP TO CHILD in the text fields and click the radio button for the appropriate rating for all **Caregiver Strengths**: ○ SUPERVISION* ○ INVOLVEMENT* ○ KNOWLEDGE* ○ ORGANIZATION* ○ SOCIAL RESOURCES* ○ RESIDENTIAL STABILITY* For any rating of '0', *requires further details within the Narrative Entry field. ▪ Click the **Narrative Entry** title to display the text entry field (0-100 characters).

Creating New Request for Care/CANS, continued

Key Step 7: Complete CANS Information – Strengths and Needs Screen

Continued

Step	Action
4	Complete the **Caregiver Needs** section, if required. ▪ If **Yes** is selected for DOES THE CHILD HAVE A PERMANENT CAREGIVER?, then click the radio button for the appropriate rating for all **Caregiver Needs**: ○ PHYSICAL* ○ MENTAL HEALTH* ○ SUBSTANCE USE* ○ DEVELOPMENTAL* ○ SAFETY* For any rating of ‘2’ or ‘3’, *requires further details within the Narrative Entry field. ▪ Click the **Narrative Entry** title to display the text entry field (0-100 characters).
5	Click the **Next** button. ▪ The **CANS: Behavioral/Emotional Needs and Risks** screen will display next.

Creating New Request for Care/CANS, continued

Key Step 8: Complete CANS Information – <u>Behavioral/ Emotional Needs and Risks</u> Screen

The next CANS information screen is the Behavioral/Emotional Needs and Risks screen.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	Click the radio button for the appropriate rating for all **Child Behavioral/Emotional Needs**: ▪ PSYCHOSIS* (0-3 or Not Assessed) ▪ IMPULSIVITY/HYPERACTIVITY* (0-3 or Not Assessed) ▪ DEPRESSION* (0-3 or Not Assessed) ▪ ANXIETY* (0-3 or Not Assessed) ▪ OPPOSITIONAL* (0-3 or Not Assessed) ▪ CONDUCT* (0-3 or Not Assessed) ▪ EATING DISTURBANCE* (0-3 or Not Assessed) ▪ ANGER CONTROL* (0-3 or Not Assessed) ▪ **SUBSTANCE USE* (0-3 or Not Assessed)** ▪ **ADJUSTMENT TO TRAUMA* (0-3 or Not Assessed)** For any rating of ‘2’ or ‘3’, provide further details within the Narrative Entry field. ▪ Click the **Narrative Entry** title to display the text entry field.
2	Complete additional required information when the rating is a ‘1’, ‘2’ or ‘3’ for the **SUBSTANCE USE and ADJUSTMENT TO TRAUMA.** ▪ A sub-section will expand to display the fields that need to be completed.
3	Click the radio button for the appropriate rating for all **Child Risk Behaviors**: ▪ SUICIDE RISK* ▪ SELF MUTILATION* ▪ OTHER SELF HARM* ▪ REACTIVE SEXUAL BEHAVIOR* ▪ JUDGMENT* ▪ SOCIAL BEHAVIOR* ▪ **DANGER TO OTHERS*** ▪ **SEXUAL AGGRESSION*** ▪ **RUNAWAY*** ▪ **DELINQUENCY*** ▪ **FIRE-SETTING*** For any rating of ‘2’ or ‘3’, provide further details within the Narrative Entry field. ▪ Click the **Narrative Entry** title to display the text entry field.
4	Complete additional required information when the rating is a ‘1’, ‘2’ or ‘3’ for the **DANGER TO OTHERS, SEXUAL AGGRESSION, RUNAWAY, DELINQUENCY, and FIRE-SETTING.** ▪ A sub-section will expand to display the fields that need to be completed.
5	Click the **Next** button. ▪ The **CANS: Medications and Current Status/Involvement** screen will display next.

Creating New Request for Care/CANS, continued

Key Step 9: Complete CANS Information – <u>Medications and Current Status/ Involvement</u>

The last CANS information screen is the Medications and Current Status/Involvement screen.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	Select **Yes** or **No** to indicate ANY CURRENT OR HISTORY OF PSYCHOTROPIC MEDICATION USE?*. ▪ If **Yes** is selected, complete the **Medications** section.
2	Complete the **Current Status/Involvement** section. Select **Yes** or **No** for the following questions: ▪ CURRENT OR PAST CHILD WELFARE INVOLVEMENT?* ▪ CURRENT OR PAST FAMILY WITH SERVICE NEEDS?* ▪ CURRENT OR PAST JJ PROBATIONS?* ▪ CURRENT OR PAST JJ PAROLE?* ▪ CURRENT OR PAST MENTAL HEALTH SERVICES?* If **Yes** is selected for any of the questions, complete the expanded section for the question.
3	Check all applicable options for DDS – CURRENT* and DMHAS*. ▪ For any selected options, complete NAME FACILITY/AGENCY/PROVIDER AND DATE OF SERVICE (START AND END).
4	Provide a description for WHAT TREATMENT/INTERVENTIONS/SERVICES HAVE BEEN TRIED IN THE PAST AND HAVE BEEN HELPFUL?*
5	Complete any GENERAL ADDITIONAL NOTES/FOCAL TREATMENT NEED*.
6	Skip the Request for Care/CANS Update sections. ▪ These sections do not need to be completed for new/initial requests.

Key Step 10: Submit RFC/CANS

The final key step for updating RFC/CANS is to submit the updated record.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

1	*Click the* **Submit** button. ▪ *If all screens have been completed, the Results screen will display next.*
2	Confirm submission of request. ▪ The Results screen provides a summary of information about the request as well as indicates the request status. ▪ For new requests, the status that will display will be ‘Submitted – Initial’.
2	Exit the RFC/CANS flow. ▪ Click the **Return to Client Home** button to go to the ClientConnect homepage.

Updating Request for Care/CANS

Overview

There will be situations in which submitted or open RFC/CANS need to be updated and re-submitted. The most common situations that warrant an update are when the RFC/CANS is returned due to incomplete or incorrect information, when information has changed on the original request, or when a 60-day update is required.

A submitted or open RFC/CANS record can only be updated when the status is either ‘Return to AO’, ‘Awaiting Match’, or ‘Match Made’.

Key Steps

The key steps for updating Requests for Care/CANS include:
1. Access open Request for Care/CANS.
2. Update Request for Care/CANS information.
3. Submit Request for Care/CANS.

Details about each key step follow.

Key Step 1: Access Open RFC/CANS

The first key step is to access the RFC/CANS record that needs to be updated.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	Click **Initiate and View Requests for Care/CANS** link from either the left navigation menu or from the homepage of ClientConnect. ▪ The Requests for Care/CANS Summary screen will display.
2	Go to the Open Requests for Care/CANS section.
3	Locate the record that needs to be updated. ▪ The status of the request must be either ‘Return to AO’, ‘Awaiting Match’, or ‘Match Made’. The list can be sorted by Status by clicking the Status column title
4	Click the Update hyperlink for the located record. ▪ The CANS request will open and the registration tab will display.

Updating Request for Care/CANS, continued

Key Step 2: Update RFC/CANS Information

The second key step is to update the RFC/CANS information. When and what information is updated on the RFC/CANS should be based on the request status. If the request status is 'Return to AO', then the information updated is based on feedback provided by CT BHP, and the timing of the update is important to ensure the request is processed. If the status is 'Awaiting Match' or 'Match Made', then the information updated is based on the agency's desire to submit updated information to CT BHP. The timing is important to ensure that updates are provided within agreed upon timeframes, or when the clinical picture of the member has changed and may impact the case.

Below are the key actions for completing this step based on the request status. Any field with an asterisk indicates that the field is required.

When status is 'Return to AO'

Step	Action
1	Go to the **Request for Care/CANS Return** section on the Registration screen. ▪ The section is located toward the bottom of the Registration screen. ▪ The information is completed by CT BHP.
2	Review the REASON FOR RETURN and RETURN COMMENTS. ▪ There are multiple reasons a record may be returned including: ○ Registration form not complete ○ Missing Key Information ○ Info does not support Congregate Care ○ LLOC (Lower Level of Care) options need to be exhausted first ○ Follow Up Phone Call not returned ○ Signature Missing ○ No Supplemental Info Received ▪ The comments provide additional insight into the reason the request was returned.
3	Update RFC/CANS information as requested.
4	Go to the **CANS: Medications and Current Status/Involvement** screen. ▪ Navigate to the screen by using the **Next** button or clicking the screen tab.
5	Click the **Submit** button. ▪ The Results screen will display next.
6	Confirm submission of request. ▪ After the final RFC/CANS screen is completed and the **Submit** button is clicked, the request Results screen will display. The Results screen provides a summary of information about the request as well as indicates the request status. ○ For returned requests, the status that will display will be 'Submitted – Returned from AO'
8	Exit the RFC/CANS flow. ▪ Click the **ClientConnect Home** button to go to the ClientConnect homepage.

Updating Request for Care/CANS, continued

When status is ‘Awaiting Match’ or ‘Match Made’

Step	Action
1	Update RFC/CANS information, if needed. ▪ Navigate to the different screens by using the **Next** button or clicking the screen tabs.
2	Once updates are made, go to the **CANS: Medications and Current Status/Involvement** screen. ▪ Navigate to the screen by using the **Next** button or clicking the screen tab.
3	Go to the Request for Care/CANS Updates section. ▪ The section is located at the bottom of the screen.
4	Click the title of the Update section to expand and complete. ▪ Up to six (6) update sections can be completed for a single RFC/CANS. ▪ If the DATE is populated for a section, the section has been completed for previous updates.
5	Complete the Update section. ▪ Enter the DATE of when the updated was completed. ▪ Select the REASON FOR UPDATE. ▪ Provide the details for the update in the PLEASE PROVIDE DETAILS Narrative Entry field. ▪ If the REASON FOR UPDATE is ’60-Day Update’, then complete the Narrative Entry for the following: o DESCRIBE CHANGES IN BEHAVIORAL/PSYCHOLOGICAL PRESENTATION o RATIONAL FOR CONTINUED NEED FOR OUT OF HOME PLACEMENT o DESCRIBE FULL THE CURRENT TREATMENT NEED
6	Click the **Submit** button. ▪ The Results screen will display next.
7	Confirm submission of request. ▪ After the final RFC/CANS screen is completed and the **Submit** button is clicked, the request Results screen will display. The Results screen provides a summary of information about the request as well as indicates the request status. o For new requests, the status that will display will be ‘Submitted – Updated’.
8	Exit the RFC/CANS flow. ▪ Click the **ClientConnect Home** button to go to the ClientConnect homepage.

Re-requesting Request for Care/CANS

Overview

There are situations in which a re-request must be submitted for RFC/CANS. This is usually needed when the original request has become outdated after a period of time or the case was closed and re-opened by CT BHP. A re-request is different from an initial request in that a large portion of the information from the initial request pre-populates to the re-request with the expectation that the information is updated where needed.

RFC/CANS can only be re-requested when the status is either 'Reopen' or 'Awaiting Match'.

If the original request is outdated or the case was closed, users will have to contact CT BHP and request that the original submission be re-opened.

Key Steps

The key steps for re-requesting RFC/CANS include:

1. Access open Request for Care/CANS.
2. Update Request for Care/CANS information.
3. Submit Request for Care/CANS.

Details about each key step follow.

Key Step 1: Access Open RFC/CANS

The first key step is to access the original RFC/CANS record from which a re-request should be created and submitted.

Below are the key actions for completing this step.

Step	Action
1	Click **Initiate and View Requests for Care/CANS** link from either the left navigation or from the Homepage of ClientConnect. ▪ The Request for Care/CANS Summary screen will display.
2	Go to the Open Request for Care/CANS section.
3	Locate the record that needs to be updated. ▪ The status of the request must be either 'Reopen' or 'Awaiting Match'. The list can be sorted by status by clicking the Status column title
4	Click the Re-request hyperlink for the located record. ▪ The Member Demographics screen will display.

Re-requesting Request for Care/CANS, continued

Key Step 2: Update RFC/CANS Information

For re-requesting RFC/CANS, the same screens will display that displayed for initial RFC/CANS requests. The majority of data will pre-populate to the re-request.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Go through each screen of the workflow and update RFC/CANS information as needed.

The majority of the data will pre-populate to the re-request. Below describes what data is NOT copied to the re-request RFC/CANS and may need to be completed.

<table>
<tr><th></th><th></th></tr>
<tr><td>Registration</td><td>Request for Care/CANS Return section</td></tr>
<tr><td>CANS: Member Demographics</td><td>None – all fields pre-populate</td></tr>
<tr><td>CANS: Life Domain Functioning</td><td>None – all fields pre-populate</td></tr>
<tr><td>CANS: School</td><td>None – all fields pre-populate</td></tr>
<tr><td>CANS: Strengths and Needs</td><td>None – all fields pre-populate</td></tr>
<tr><td>CANS: Behavioral/ Emotional Needs and Risks</td><td>None – all fields pre-populate</td></tr>
<tr><td>CANS: Medications and Current Status/ Involvement</td><td>Request for Care/CANS Update sections</td></tr>
</table></td></tr>
<tr><td>2</td><td>Go to the CANS: Medications and Current Status/Involvement screen.
Navigate to the screen by using the Next button to move through tabs.</td></tr>
<tr><td>3</td><td>Click the Submit button.
The Results screen will display next.</td></tr>
<tr><td>4</td><td>Confirm submission of request.
After the final RFC/CANS screen is completed and the Submit button is clicked, the request Results screen will display. The Results screen provides a summary of information about the request as well as indicates the request status.
For re-requests, the status that will display will be ‘Submitted – Re-request’.
The status of the last RFC/CANS record will update to ‘Expired’ and no longer be available to view or open within ClientConnect.</td></tr>
<tr><td>5</td><td>Exit the RFC/CANS flow.
Click the ClientConnect Home button to go to the ClientConnect homepage.</td></tr>
</table>

Viewing and Printing Request for Care/CANS

Overview

Within ClientConnect, users can view and print saved and open RFC/CANS requests as well as completed MTR forms for closed RFC/CANS in which the member has been admitted to services.

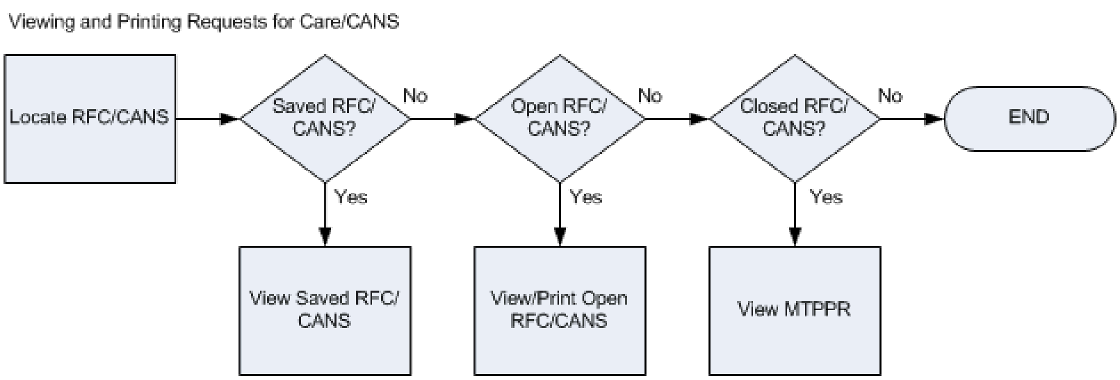
Key Steps

The key steps for viewing and printing Request for Care/CANS requests include:

1. Locate Request for Care/CANS.
2. View and/or print record.

Details about each key step follow.

Workflow



Key Step 1: Locate RFC/CANS

The first key step is to locate the RFC/CANS to view or print. If you want to view the MTPPR, the RFC/CANS still needs to be located because the MTPPR is associated with a closed RFC/CANS.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	Click **Initiate and View Requests for Care/CANS** link from either the left navigation or from the homepage of ClientConnect. ▪ The Request for Care/CANS Summary screen will display.
2	Go to the Saved and Expired Request for Care/CANS, Open Request for Care/CANS or Closed Request for Care/CANS sections.
3	Locate the record to be viewed.

Viewing and Printing Request for Care/CANS, continued

Key Step 2: View and/or Print Record

The second step after the record is located is to view and/or print the record.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Saved and Expired Request for Care/CANS

Step	Action
1	Click the View hyperlink. ▪ The link is only available for records with a status of 'Saved'. ▪ A display only version of the saved draft will open in a new window.
2	Click the **Print Request for Care/CANS** button. ▪ The Print Dialogue box will open. ▪ When printed, the entire RFC/CANS record will print.
3	Click the **Close** button to close the display only version.

Open Request for Care/CANS

Step	Action
1	Click the View/Print hyperlink. ▪ A display only version of the RFC/CANS will open in a new window.
2	Click the **Print Request for Care/CANS** button. ▪ The Print Dialogue box will open. ▪ When printed, the entire RFC/CANS record will print.
3	Click the **Print Registration** button. ▪ The Print Dialogue box will open. ▪ When printed, only the fields from the Registration screen of the RFC/CANS will print, including the Level of Care Met and signature information.
4	Click the **Print CANS** button. ▪ The Print Dialogue box will open. ▪ When printed, only the fields from the CANS screen of the RFC/CANS will print, including all completed sub-sections and Update sections.
5	Click the **Close** button to close the display only version.

Closed Request for Care/CANS

Step	Action
1	Click the View MTPPR hyperlink. ▪ A display only version of the most recent MTPPR information submitted by providers will open in a new window. ▪ The hyperlink will only be available for closed RFC/CANS with a status of 'Closed with Placement' and there is an MTPPR record on file.
2	Click the **Print MTPPR** button. ▪ The Print Dialogue box will open. ▪ When printed, all fields of the MTPPR will print.
3	Click the **Close** button to close the display only version.

Features: Request for Care/CANS, continued

Requests for Care/CANS Summary Screen

A key feature of RFC/CANS is the **Request for Care/CANS Summary** screen. This screen allows users to track the progress of their saved, open, and closed requests. The table below provides an overview of the summary screen.

Section	Description	Information Included	Functions Available
Saved and Expired Request for Care/CANS Drafts	This section lists any requests that have been saved as a draft as well as drafts that have automatically expired. Saved drafts are available to update and submit for 60 days from the Initial Saved Date. Expired drafts are records that have expired within the past 30 days and are listed to inform the user that their saved request has expired and can no longer be submitted.	▪ Initial Saved Date – This is the date the request was first saved. This date does NOT change each time the same draft is saved. ▪ Member ID and Name – When the ID is clicked, the Member Demographics screen displays. ▪ Status – The status will either be 'Saved' or 'Expired' ▪ Saved By – This is the ID of the user who initially started and saved the request.	Open – This allows users to open and continue with completing and submitting a request. View - This allows users to open a read only version of the record to review and print it. If the draft has a status of 'Saved', then users can Open and View the draft. If the draft has a status of 'Expired', no functions are available.
Open Request for Care/CANS	This section lists all submitted requests and can be used to track the progress of the request.	▪ Record # - This is the automatic number assigned to the request when it is submitted. It can be used for reference when discussing a request with CT BHP. ▪ Member ID and Name – When the ID is clicked, the Member Demographics screen displays. ▪ Status – This displays the status of the request. For details, see pp. 16. ▪ Date Complete Packet Received – This date indicates when a complete packet for the request has been received by CT BHP including a complete RFC/CANS request and all supplemental paperwork. The date is updated by CT BHP in CareConnect and may be blank depending on the status of the request. ▪ Submitted By – This is the ID of the user who submitted the request.	▪ View/Print – This allows users to open a read only version of the record to review and print it. They can print the Registration information and CANS information as separate printed documents in addition to printing the enter request. ▪ Update – This allows users to open a submitted request and make updates as needed. ▪ Re-request – This allows users to initiate a re-request if requested by CT BHP. The functions available depend on the status of the request. See pp. 16 for details.

Features: Request for Care/CANS, continued

Section	Description	Information Included	Functions Available
Closed Requests for Care/CANS	This section lists all submitted requests that have been fully processed and closed. Closed records display for a limited time and depend on the status: ▪ If the status is 'Closed with Placement', then the record will be listed for 30 days after the Discharge Date. ▪ If the status is 'Closed without Placement', then the record will be listed for 7 days after the Date Closed.	▪ Record # - This is the automatic number assigned to the request when it is submitted. It can be used for reference when discussing a request with CT BHP. ▪ Member ID and Name – When the ID is clicked, the Member Demographics screen displays. ▪ Status – This displays the Closed status of the request, which will either be 'Closed with Placement' or 'Closed without Placement'. ▪ Date Closed – This date indicates when the request was completed and closed. ▪ Reason – This displays the reason the request was closed with or without placement. ▪ Discharge Date – This displays the date the member was discharged from services. The Discharge Date will only display for requests that have a status of 'Closed with Placement'.	View MTPPR – This allows users to open a read only version of the most recent MTR information submitted by the provider managing the care of the member. This function is only available for requests with a status of 'Closed with Placement'.

Requests for Care/CANS Status

Within the Open Request for Care/CANS section on the Request for Care/CANS Summary screen, the status is listed for submitted requests that are still in progress. The status helps users track the progress of the request as well as drives what functions are available to the user. The table below describes each status and the functions available when the request is in that status.

Status	Description	Functions Available
Submitted – Initial	This status is assigned to a request automatically when a new request is submitted.	View/Print
Submitted – Re-request	This status is assigned to a request automatically when a re-request is submitted.	View/Print
Submitted – Updated	This status is assigned to a request automatically when a request has been updated and submitted.	View/Print
Submitted – Returned	This status is assigned to a request automatically when a request that was returned for updates has been updated and submitted.	View/Print
Return	This status is assigned to a request by CT BHP when a request is being returned to the submitter and requires updates due to incomplete or incorrect information.	View/Print Update
Re-Open	This status is assigned to a request by CT BHP when a previously closed request has been re-opened. The expectation is that a re-request will be completed rather than the user updating the previously closed request.	View/Print Re-request
In Review	This status is assigned to a request by CT BHP when the full request packet has been received and the request is being reviewed to determine the level of care.	View/Print

Features: Requests for Care/CANS, continued

Group Access

The availability and access to saved, open, and closed RFC/CANS records is based on a user's office affiliation. Each user is assigned to one office/group in ClientConnect. A group may be the user's Area Office, etc. As a member of that group, the users can access records of any other user affiliated to that group. This allows users within a group, office, etc. to view, update, track, etc. requests for any members their group is working with.

To access records of users within a group:

1. Go to the **Initiate and View Requests for Care/CANS Summary** screen.
2. Select the name of the group from the USER ID field.
   - When the screen is first accessed, the ID of the user logged in will automatically populate to this field and all saved, open, and closed records listed on the summary screen are records saved or submitted by that user.
   - The drop down list will include any groups the logged in user has been affiliated with. It may be one or more groups depending on the set-up of the user.
3. Click the **View Requests for Care/CANS** button.
   - The summary screen will refresh to list all saved, open, and closed records for ALL users affiliated with the selected group.