



# Department of Medicaid

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

**TO:** Contracted Medicaid Managed Care Organizations  
Contracted MyCare Ohio Plans

**CC:** Aetna OhioRISE

**FROM:** Dawn Puster, Deputy Director, OhioRISE  
Jim Tassie, Deputy Director, Office of Managed Care

**DATE:** July 1, 2022

**SUBJECT:** Child and Adolescent Needs and Strengths (CANS) Assessment Guidance

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## Background

One of the paths for youth to be enrolled with the Ohio Resilience through Integrated Systems and Excellence (OhioRISE) program is to have a Child and Adolescent Needs and Strengths (CANS) assessment completed. Effective today (July 1, 2022), a CANS assessment is a new service available to all those under 21 enrolled with Ohio Medicaid, including those enrolled with managed care or with MyCare. Existing or new providers may enroll as a CANS assessor and will need to be identified with provider specialty for CANS assessor.

Providers, parents, and county representatives will be contacting the Department, Aetna OhioRISE, Care Management Entities (CME) and the managed care organizations for assistance in obtaining a CANS assessment. It will be critically important to leverage your network of CANS assessors to meet the volume of need. This memo provides guidance on how your collaboration with ODM and Aetna OhioRISE will make this process less burdensome for those looking for a CANS assessor.

## Recommendations

To quickly help members understand OhioRISE and access assessments to help with determining OhioRISE eligibility, we recommend:

- Ensure your member and provide hotlines have general OhioRISE resource material available and can answer frequently asked questions, as well as direct providers and members to other sources of information.
- Reach out to all CANS assessors for contracting purposes. As a reminder, for all CANS providers identified by ODM, the MCO must contract with the identified provider no later than 90 calendar days from the provider being identified as a CANS provider in ODM's provider network management system
  - Even if not in network, the MCO must assure access to initial CANS assessment appointment

- Ensure your member and provider hotlines understand how to refer members for CANS assessments with network providers and the timeframes required for obtaining CANS assessments. As a reminder, when contacted for assistance with a CANS assessment, MCOs must:
  - Ensure an initial CANS assessment appointment for the purpose of determining OhioRISE eligibility is scheduled within 72 hours of referral to the MCP
  - Have a process in place to ensure the initial CANS assessment is completed within 10 business days after scheduling
  - Assist the CANS assessor or member as necessary to support timely completion
  - If it is in the best interest of the member to allow for more than 10 business days for the completion of the CANS assessment, the MCP shall assist in facilitating completion as expeditiously as possible.
  - As a last resort, and only when no other CANS assessors are available to serve the member in a timely manner, MCOs may use their own internal CANS assessors to conduct CANS assessments used to determine OhioRISE eligibility. Use of your own CANS assessors for OhioRISE eligibility assessments must be minimized to reduce financial conflicts of interest.
- Ensure member and provider hotlines know that questions about accessing OhioRISE 1915(c) waiver inpatient psychiatric level of care (IP LOC) CANS assessments should be handed off to a local CME or Aetna OhioRISE.
  - We strongly recommend using warm transfers to these organizations, rather than having members or providers have to hang up and place a separate call or send a separate email on their own.
- Leverage your own internal CANS assessors to assist Aetna and CMEs with CANS assessments needed for “Day One” enrollees.
  - Since these individuals are already identified for enrollment in OhioRISE on 7/1/22, there is not a financial conflict of interest if MCOs conduct CANS assessments for these enrollees.
  - Aetna will outreach to each MCO to request this type of assistance on or before 7/1/22.

If there are questions or further guidance we can provide, please don’t hesitate to reach out to me or the OhioRISE team. As we work together towards the Next Generation of Ohio Medicaid Managed Care, our efforts will help keep these individuals person centered.

The following table lists the OhioRISE Aetna contact for each of the MCOs:

MCO	Name	Email	Phone Number
Anthem (Paramount)	Elizabeth Chambers	<a href="mailto:chamberse@aetna.com">chamberse@aetna.com</a>	419-376-7805
CareSource	Jessica Patrus	<a href="mailto:patrusj@aetna.com">patrusj@aetna.com</a>	937-781-6100
Molina	Jessica Patrus	<a href="mailto:patrusj@aetna.com">patrusj@aetna.com</a>	937-781-6100
AmeriHealth	Melani Miller-Pottorf	<a href="mailto:pottorf@etna.com">pottorf@etna.com</a>	380-205-6611
Buckeye	Nanette Davenport-Roberson	<a href="mailto:davenport-roberonn@aetna.com">davenport-roberonn@aetna.com</a>	380-205-6637
Humana	Tarra Collins	<a href="mailto:collinst6@rfl.com">collinst6@rfl.com</a>	959-230-5628
United	Elizabeth Chambers	<a href="mailto:chamberse@aetna.com">chamberse@aetna.com</a>	419-376-7805