

## CANS IRIS Entry Quick Guide – Contract programs

This is designed to provide a walkthrough for entering the CANS form into IRIS at Contract programs. If there are additional questions or concerns about the use of IRIS, please call the **BHS Front Office Coordination Team** at 714-834-6007, or e-mail at [bhsirisfrontofficesupport@ochca.com](mailto:bhsirisfrontofficesupport@ochca.com).

**Note:** It is important to consider previously entered CANS forms in IRIS. You are able to view all CANS forms entered by County and Contracted behavioral health programs in IRIS. To do so, follow the steps below.



Powerchart-Prod

1. Log onto IRIS and the **PowerChart** program
2. Navigate to the client's chart using their MRN, via Name search, or a specific FIN
3. Once in the client's chart, open the **Form Browser** to view existing CANS and forms. There are two settings you can adjust.
  - a. You can sort the forms using this box. Using **Encounter-Date** is typically the most useful setting, but it may be helpful to use **Date** or **Form**
  - b. You can also use the **grey arrows** shown in red below to adjust the date range displayed by Form Browser forwards or backwards as needed. Pushing the left arrow on the far left will adjust the visible range backwards so you can see CANS forms entered more than one year ago! You can also right-click on the date in the grey bar to set the search parameters manually.

Form	▼
Date	
Form	
Status	
Encounter - Date	
Encounter - Form	

Form Browser | Full screen | 47 minutes ago

◀ ▶ Saturday, September 21, 2013 PDT - Tuesday, September 21, 2021 PDT (Clinical Range) ▶ ◀ ▶

Sort by: Form ▼

All Forms ▲

Once you make your decision as to which CANS forms should be entered, if any, you can proceed with entering the forms as needed. Follow the steps below.



Powerchart-Prod

1. Log onto IRIS and the **PowerChart** program
2. Click on **AdHoc**, as shown

Task Edit View Patient Chart Help

Change Suspend Exit AdHoc BCE CV REG Reports EOC UMDAP

- Enter a client's **MRN** and/or **FIN**, and select the FIN you want to use for charting the CANS. This FIN should be a **Facility FIN** that you use for billing.

**Patient Search**

Fin #:

Last Name:

First Name:

MRN:

Birth Date:

Medi-Cal CIN #:

SSN:

Gender:

OPI:

Weight	Name	OPI	MRN/OCN	Gender	Birth Date	SSN	Address	Apt/Unit/Suite	City	Zip Code	Phone
100.00	Zzztest, Pippy Longstocking		1000-47-0742	Female	1/7/2004	232-34-5887	1200 North Main	1	SANTA ANA	92701	(714) 347-0388

  

Division	Prog Spec	Location	Clinic	Fin #/Booking #	Enc Type	Pre-Reg Date	Reg Date	Disch Da
CYS	Not Applicable	CYS SEN OC OP	CYS SEN OC OP	100-0130-23225	Clinic Service		1/13/2017 1:00 PM	1/13/2017
CYS	Not Applicable	CYS DCF COLLAB CT	CYS DCF COLLAB CT	100-0130-19302	Clinic Service		1/11/2017 8:14 AM	1/11/2017
CYS	Not Applicable	CYS WYMKRS CC GC	CYS WYMKRS CC GC	100-0130-10555	Clinic Service		1/9/2017 11:11 AM	1/9/2017
CYS	Not Applicable	CYS CANYON SEN	CYS CANYON SENECA	100-0114-89370	Clinic Service		7/22/2015 3:05 PM	7/22/2015
CYS	Not Applicable	CYS CANYON SEN	CYS CANYON SENECA	100-0114-89247	Clinic Service		7/22/2015 2:51 PM	7/22/2015
CYS	Not Applicable	CYS TOUCHSTONES	CYS TOUCHSTONES	100-0107-77954	Clinic Service		11/14/2014 11:08 AM	11/14/2014
CYS	Not Applicable	MHP County Tx EDC	MHP County Tx EDC	100-0102-54836	MHP County Tx EDC		5/1/2014 10:38 AM	
CYS	Not Applicable	CYS WYMKRS CRP LB	CYS WYMKRS CHILD RES	100-0067-09158	Residential		12/1/2010 11:26 AM	
CYS	Not Applicable	CYS WYMKRS CRP LB	CYS WYMKRS CHILD RES	100-0067-09100	Clinician Pre-Reg	12/1/2010 10:28 AM	12/1/2010 11:17 AM	12/1/2010

- In AdHoc, choose **Patient Care**, then **CANS**, and select **Chart** to open the form.

- 📁 All Items
  - 📁 ADAS
  - 📁 Behavioral Health
  - 📁 Consult
  - 📁 Discharge Medications (DSCHRGMEDS)
  - 📁 Endorsements
  - 📁 HIV Services
  - 📁 IPASS
  - 📁 IV End Bag
  - 📁 Laboratory
  - 📁 Medication
  - 📁 Medication Reconciliation
  - 📁 Mental Health MD
  - 📁 Mental Health PC
  - 📁 Notification
  - 📁 Nurse Collect
  - 📁 Order Notifications
  - 📁 **Patient Care**
  - 📁 Phase Receipt
  - 📁 Phone Msg

- ATOD
- AUDIT
- BH Minor Auth 72 Hr Voluntary Eval & Tx
- BHCOE PLC ED
- CANS**
- CRAFFT Screening Interview
- DAST-10
- Intimate Partner Violence Screening Form
- NPP Inability to Obtain Acknowledgment
- PANSS
- PSC-35
- PVS-3
- RESILIENCE SCALE
- SCARED
- Smart Template

5. Verify that your correct **FIN** and **Facility** appears in the Encounter Smart Template, and adjust the **Performed on** date to the date the clinical staff completed the CANS.

**Encounter Smart Template**

**FIN:** 100013029225  
**Facility:** CYS SEN OC OP

\*Performed on: 02/13/2019 1159

6. Choose your program's **Facility** in the drop-down, and complete the rest of the Administration tab.
- Note the question at the bottom – **I am certified to Administer the CANS**
    - Selecting this will open the rest of the form for completion

**Only providers who are certified can administer this measure. If you are unsure please contact your supervisor before completing this form.**

I am certified to Administer the CANS

7. Enter the CANS data
- Caregivers:** enter the name of the Caregiver(s). Note that this box is not required.
  - Assessor:** enter the name of the clinician who administered the CANS
  - Form Status:** select what the clinician indicated on the form

Caregiver(s):  Assessor:

Form Status:  Initial  Reassessment  Discharge  Administrative Close  Urgent

- For each domain, there is a **Smart Template** to the right
  - This indicates the date, provider, and scores of the last CANS entered into IRIS (if applicable)

**CHILD BEHAVIORAL / EMOTIONAL NEEDS**

**0 = no evidence**

**1 = history or suspicion; monitor**

**2 = interferes with functioning; action needed**

**3 = disabling, dangerous; immediate or intensive action needed**

	0	1	2	3
*1. Psychosis (Thought Disorder)				
*2. Impulsivity/Hyperactivity				
*3. Depression				
*4. Anxiety				
*5. Oppositional				
*6. Conduct				
*7. Anger Control				
*8. Substance Use				
*9. Adjustment to Trauma				

8. Note the last question at the bottom – **Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.**
- If the clinician left this question blank, and entered data for questions 41a through 50a, choose **No** and continue with the last ten questions

Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.

**Youth has no known caregiver. Skip Caregiver Resources and Needs Domain**

Yes       No

- However, if the clinician indicated that there is no caregiver involved in the client’s case, then choose **Yes** for this question



9. Once these questions have been completed, select the **Return Arrow**, as shown, to return to the main portion of the CANS, and then **Sign**.



10. File the paper CANS in the client’s chart.