
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: April 11, 2023
Revised: June 25, 2026

Policy No.: D-0315

Integrated Practice (IP) – Child and Adolescent Needs and Strengths (CANS) Assessment

Purpose To provide guidelines for completing, and utilizing both initial and updated, Integrated Practice (IP) — Child and Adolescent Needs and Strengths (CANS) assessment.

Approved The policy was approved by CFS Director, Loan English. *Signature on File.*

Most Recent Revision The revision of this Policy and Procedure (P&P) incorporates:

- Elimination of the CANS assessment as a Mental Health Screening tool
- Updated timelines for completion of Child and Family Team (CFT) meetings and IP-CANS Assessment
- Conditions requiring new/updated IP-CANS assessment including case closure
- Revised *CANS Coversheet/Mental Health Assessment Referral (F063-25-837)*
- Revisions to the following attachments:
 - Attachment 1 — Workflow to Complete Initial Integrated Practice (IP) - Child and Adolescent Needs and Strengths (CANS)
 - Attachment 2 — Workflow to Update Integrated Practice (IP) - Child and Adolescent Needs and Strengths (CANS)
 - Attachment 3 — Workflow for Family Preservation Services (FPS) to Complete Integrated Practice (IP) - Child and Adolescent Needs and Strengths (CANS)
- New Attachments:
 - Attachment 5 — Completion Timelines for CFT Meetings and IP-CANS Assessment

Background

The IP-CANS is a multi-purpose tool used in collaboration with the CFT to support children, youth, nonminor dependents (NMDs) (collectively referred to herein as youth) and their families, while improving child welfare outcomes. As both an assessment and communication tool, the IP-CANS provides a shared framework and common language to enhance collaboration among CFT members, including a child's Tribe, in the case of an Indian child.

The IP-CANS assessment tool aids in evaluation of a child/youth, as well as the caregiving environment. When used as part of the CFT process, the IP-CANS:

- Provides CFT members with information about the well-being of children and youth by identifying individual strengths and needs
- Supports care coordination and aids in case planning activities
- Informs decisions about placement

In addition, use of the IP-CANS tool over time allows for the monitoring of outcomes and services. The needs of children, youth and families change over time in response to many factors, including quality clinical care. One way to determine how effective clinical providers are helping to restore functioning is by re-assessing needs, adjusting treatment or service plan, and tracking change.

All County Letter (ACL) 25-10 provides updated requirements and timelines for the administration of the IP-CANS tool and CFT.

The Tiered Rate Structure (TRS) described in ACL 25-54 is a foster care funding model for California that is expected to begin July 1, 2027. It ties foster care rates directly to a youth's assessed needs and strengths, rather than the type of placement. It is determined using the IP-CANS assessment in partnership with the CFT process. Fidelity measures require the use of monitoring and quality improvement tools to ensure IP-CANS and CFT practices are timely, accurate, and collaborative.

ACL 25-69 provides new and updated requirements for the timing and data entry of the IP-CANS assessment for all placing agencies to prepare for implementation of the new TRS.

Definitions

For this P&P, the following definitions apply:

Open child welfare cases: Types of cases include Family Maintenance (court and Family Preservation), Family Reunification, Another Planned Permanent Living Arrangement, Adoption, Guardianship, and Extended Foster Care (EFC).

Excludes - finalized adoptions (AAP cases), probate, Interstate Compact on the Placement of Children (ICPC) Courtesy Supervision, Kinship Guardianship Assistance Payment (Kin-GAP funding only).

POLICY

IP-CANS Tool

Per ACL 18-09 and ACL 18-81, the IP-CANS is a multi-purpose assessment tool used by the CFT to:

- Assess well-being (and trauma indicators)
- Identify a range of social and behavioral strengths and healthcare needs
- Support care coordination and collaborative decision-making
- Inform determinations regarding Level of Care (LOC) and service planning. (**Note:** For further guidance regarding LOC, refer to the CFS Desk Guide—Level of Care)

The IP- CANS assessment is used to identify strengths and needs of the child/youth, inform and support case planning activities and placement decisions. Refer to “Use of IP- CANS for Case Planning” Policy section for more information.

Per ACL 18-81, completing the *IP-CANS assessment* supports clear communication of a shared family vision across all levels of the child welfare system. The tool is comprised of functional domains outlined below:

- A. Seven primary domains for children aged six years of age, up to 21 years old:
 - Behavioral/Emotional Needs
 - Life Functioning
 - Risk Behaviors

- Cultural Factors
- Strengths
- Caregiver Resources and Needs
- Potentially Traumatic/Adverse Childhood Experiences

B. The **Early Childhood Module** is an alternative component for children aged five and under and which focuses on the following domains:

- Challenges
- Functioning
- Caregiver Resources and Needs
- Risk Behaviors & Factors
- Cultural Factors
- Strengths
- Dyadic Considerations

When applicable, the Early Childhood Module of the IP-CANS assessment is to be completed through combined efforts, such as talking with the child, observing the child's interaction with the environment and others, and interviewing caregivers.

C. **Caregiver Resources and Needs Domain** focuses on the strengths and needs of the caregiver. There could potentially be multiple caregiver households involved to assess.

The following households may be assessed:

- Parent/guardian with legal authority (e.g., reunification households, family maintenance households)
- Caregiver (e.g., resource parent, relative/NREFM, adoption caregiver for Permanent Placement cases only)

Note: If the youth does not have a caregiver (i.e., Supervised Independent Living Program [SILP], Short-Term Residential Treatment Program [STRTP]) skip Caregiver Resources and Needs domain.

D. The **Potentially Traumatic/Adverse Childhood Experiences (Trauma) Domain** is a series of 12 questions to indicate and recognize trauma experienced by the child/youth. Trauma could be a suspicion, one incident, multiple incidents, or chronic, ongoing experiences. The items indicate whether a child/youth experienced a particular trauma, even if the experience is not currently impacting behavior. The items in the trauma s domain

are static, not expected to change unless new trauma is experienced, or historical trauma is identified that was not previously known or remembered. If a child has ever had a traumatic experience, it would be rated in this section.

Completion of IP-CANS

Conditions Requiring IP-CANS Completion

Per ACL 25-10, the IP-CANS assessment will be completed collaboratively through the CFT process on all open child welfare cases, prior to development of the initial case plan and within 60 days of case opening, or within 30 days of case opening in the case of an Indian child.

Updates to the IP-CANS assessment tool will be completed:

- At least every six months after completion of the initial IP-CANS assessment and not less than every six months thereafter
- Within thirty calendar days of determining that one or more of the triggering conditions listed below (not an exhaustive list) exist for a child/youth:
 1. Case Closure
 2. Referred for STRTP placement and a Qualified Individual assessment per ACL 21-113/BHIN 21-060
 3. Placed in STRTP or receiving Specialty Mental Health Services (SMHS)
 4. Placement preservation CFT or 14-day notice received
 5. Placement change
 6. Hospitalization (psychiatric or medical)
 7. Incarceration
 8. Deemed eligible for Regional Center services.
 9. Newly eligible for special education services or significant change in existing Individualized Education Plan (IEP)
 10. Deemed eligible for California Children’s Services due to acute/chronic health condition

Note: Refer to Attachment 5 – Completion Timelines for CFT Meetings and IP-CANS Assessment for detailed guidance regarding the required timelines for the completing IP-CANS updates for the conditions listed above.

The IP-CANS assessment tool may be completed by the assigned social worker (ASW), mental health provider, or Wraparound staff; however, the person completing the IP-CANS assessment tool must be certified. Refer to the “Certification” Policy section for certification requirements.

ACL 18-09 outlines that the CFT must use the most recent IP-CANS assessment regardless of whether the assessment was completed by a social worker, Wraparound provider, a Health Care Agency (HCA) clinician, or a HCA-contracted provider. For situations in which a mental health provider completed the most recent IP-CANS, the ASW will not complete a new IP-CANS assessment but will collaborate with the mental health provider to consider whether any updates to the existing IP-CANS assessment ratings are appropriate.

Both agencies are jointly responsible for collaborating to ensure a single IP-CANS tool is completed and entered into each agency’s respective case records.

When the case plan update is required:

- Utilize the existing IP-CANS if still current
- Or-
- Create an IP-CANS Reassessment

Note: Inter-agency agreements are in place for the HCA Court Evaluation and Guidance Unit (CEGU), Coordinated Case Planning Unit (CCPU), HCA mental health clinicians or HCA contract agency providers, and Wraparound-contracted provider to complete both the **Trauma** domain and the **Early Childhood Module** for a child/youth being served by CFS and HCA.

IP-CANS assessments completed by Wraparound-contracted provider will be forwarded to the ASW for inclusion into CWS-CARES.

A. **Initial IP-CANS Assessment**

The ASW will communicate with involved mental health providers/Wraparound to determine who will complete the initial IP-CANS Assessment.

The ASW (or mental health provider/Wraparound staff) responsible for completing the initial IP-CANS assessment tool will:

1. Gather information from reports, notes, and interview(s) with the family prior to completing the IP-CANS assessment tool.
2. Complete a preliminary IP-CANS assessment in CWS-CARES.
3. Work with the family prior to the CFT meeting to prepare and educate them regarding the purpose of IP-CANS, how IP-CANS items are scored and the use of IP-CANS to support case plans.
4. During the CFT meeting, share preliminary IP-CANS assessment ratings (priority strengths and needs) with CFT participants for discussion.
5. Modify IP-CANS assessment ratings, as necessary, based on CFT input.
6. Submit the *IP-CANS Assessment Tool* based on input received from CFT participants by clicking on the "Complete" button in CWS-CARES within sixty (60) days of case opening.
7. Following submission of the initial IP-CANS assessment tool in CWS-CARES, the ASW will:
 - a. Complete the *Child and Adolescent Needs and Strengths (CANS) Assessment Tool Coversheet/ Mental Health Assessment Referral (F063-25-837)* in CWS/CMS following directions on the form.

Inform clerical of the completed *Child and Adolescent Needs and Strengths (CANS) Assessment Tool Coversheet/ Mental Health Assessment Referral (F063-25-837)* for documentation into the Mental Health Screening tab in CWS/CMS. Refer to CWS/CMS Data Entry Standard (DES) Developmental & Mental Health Screenings and Services (J0202).

b. Collaborate with the family to create a Case Plan designed to:

- Address IP-CANS scores of “2” or “3” on any of the following domains: **Behavioral/Emotional Needs, Life Functioning, Cultural Factors, or Risk Behaviors**
- Utilize strengths when IP-CANS scores of “0” or “1” are identified in the **Strengths** domain

Refer to the “Use of IP-CANS for Case Planning” Policy section for further guidelines.

c. If the child/youth is **not** already receiving mental health services **and** the need/circumstances indicate an unmet need, refer to Attachment 6 – Mental Health Referral Submission for guidance on submitting a mental health referral.

See Attachment 1—Workflow to Complete Initial Integrated Practice (IP)-Child and Adolescent Needs and Strengths (CANS) or Attachment 3—Workflow for Family Preservation Services (FPS) to Complete Integrated Practice (IP)-Child and Adolescent Needs and Strengths (CANS) for further guidelines, as applicable.

Note: Refer to Attachment 5 – Required Completion Timelines for CFT Meetings and IP-CANS for detailed guidance regarding the required timeline for completing initial IP-CANS assessments.

B. IP-CANS Reassessment

The ASW will communicate with involved mental health providers/Wraparound staff to collaborate in the completion of an updated IP-CANS *Assessment*.

The ASW (or mental health providers/ Wraparound staff) responsible for updating the IP-CANS assessment tool will:

1. Review the previous IP-CANS assessment, in relation to recent reports, notes and interview(s) with the family, and identify areas of change.
2. Update the IP-CANS assessment.
3. Share preliminary IP-CANS assessment ratings with participants for discussion during CFT meeting.

4. Modify IP-CANS assessment ratings, as necessary, based on CFT input.
5. Submit updated IP-CANS *Assessment* in CWS-CARES, based on input received from CFT participants.
6. Following submission of the updated IP-CANS assessment tool in CWS-CARES, the ASW will:
 - a. Complete the *Child and Adolescent Needs and Strengths (CANS) Assessment Tool Coversheet/Mental Health Assessment Referral (F063-25-837)* in CWS/CMS following directions on the form.

Inform clerical of the completed *CANS Coversheet/Mental Health Assessment Referral (F063-25-837)* for data entry into the Mental Health Screening tab in CWS/CMS. Refer to CWS/CMS Data Entry Standard (DES) Developmental & Mental Health Screenings and Services (J0202).

- b. Collaborate with the family to create a Case Plan designed to:
 - Address IP-CANS scores of “2” or “3” on any of the following domains: **Behavioral/Emotional Needs, Life Functioning, Cultural Factors, or Risk Behaviors**
 - Utilize strengths when IP-CANS scores of “0” or “1” are identified in the **Strengths** domain

Refer to the “Use of IP-CANS for Case Planning” Policy section for further guidelines.

- c. As applicable, if the child/youth is **not** already receiving mental health services and the need/circumstances indicate an unmet need, refer to Attachment 6 – Mental Health Referral Submission for guidance on submitting a mental health referral.

Submit the most recent completed IP-CANS assessment tool and the *Child and Adolescent Needs and Strengths (CANS) Assessment Tool Coversheet/Mental Health Assessment Referral (F063-25-837)*.

- d. See Attachment 2—Workflow to Update Integrated Practice (IP)- Child and Adolescent Needs and Strengths (CANS) for further guidelines, as applicable.

Note: Refer to Attachment 5 –Completion Timelines for CFT Meetings and IP- CANS assessment for detailed guidance regarding the required timeframe for completing updated IP-CANS assessments.

Role of the CFT

Per CFS P&P Child and Family Teams (D-0314), one of the purposes of the CFT is to identify the strengths and needs of the child/youth and the family during a CFT meeting. When the IP-CANS assessment is completed accurately, timely, and collaboratively through the CFT process, the IP-CANS helps achieve positive outcomes for safety, permanency, and well-being through support and shared decision-making, which is family-centered, strengths-based, and culturally sensitive. A CFT meeting is one part of a larger strategy to involve children/youth and their families in aspects of care planning, evaluation, monitoring and adapting, to help families successfully reach their goals.

The child/youth, family, members of the safety network, including the child/youth’s Indian tribe, as applicable, ASW, Wraparound staff and/or mental health provider collaborate in building consensus and prioritizing IP-CANS assessment items addressed during CFTMs. Refer to Dr. Lyons on CANS in the “other Sources” section for additional information.

When reviewing the IP-CANS assessment ratings with the child/youth and/or family, if the child/youth or family disagrees, efforts will be made to address the concerns and build consensus.

Final scoring of the IP-CANS assessment will incorporate input from the CFT in the following areas, as applicable:

- Services and supports needed by the child/youth and family
- Placement and housing needs
- Identified trauma indicators and unmet behavioral health needs
- Relevant social, cultural, and physical factors
- Educational needs
- Environmental conditions

Exchange of IP-CANS Information

Prior to the exchange of confidential information among the CFT, the CFT facilitator will obtain authorization to release information regarding the child/youth and/or family member or caregiver, as applicable. Refer to the “Confidentiality/Release of Information” Policy section and CFS P&P Child and Family Teams (D-0314) for guidance to obtain consent to release information among the CFT.

After consent for confidential exchange of information is obtained, preliminary IP-CANS assessment ratings will be shared during CFT meetings to provide:

- An opportunity for the CFT to discuss IP-CANS assessment items and ratings
- A platform for the CFT to contribute information to help other CFT members, including the social worker(s), mental health clinicians, and probation officers learn more about the child/youth and family’s needs, and to help identify behavior patterns

For additional guidelines on obtaining and releasing protected health information refer to CFS P&P Acquisition of Health Care Information (I-0404).

For additional guidelines related the confidentiality of mental health information/records refer to CFS P&P Mental Health Services (I-0303).

CWS-CARES

Per ACL 18-81, the IP-CANS in CWS-CARES identifies substance use specific items as “Confidential” (i.e., items 8 and 48; and item 41 of the Early Childhood Module). Confidential items will not be shared and will be redacted for printing **unless** a valid release of information or court authorization is obtained.

Note: The most recently signed and valid *Child and Family Team (CFT) Consent to Release Information (F063-25-805)* is an acceptable release of information to share substance use information with the CFT.

The IP-CANS in CWS-CARES allows for the identification of items as “Discretion needed” when a child/youth does not want their information shared with others when IP-CANS is printed, or if revealing the information is not in the best interest of the child/youth. The social worker has discretion to include or redact those items.

Note: For guidelines on exchanging confidential information regarding the child/youth and family at CFT meetings, refer to CFS P&P Child and Family Teams (D-0314).

Refer to CWS-CARES Dashboard, under the Resources section, the CWS-CARES Live Training Portal for various trainings, including but not limited to, how to add, edit and delete IP-CANS assessments.

Use of IP-CANS for Case Planning

The IP-CANS assessment will be completed/updated prior to the development and/or update of each case plan. The IP-CANS assessment serves as the foundational communication tool to identify the child/youth and the family's strengths and needs which must be incorporated into the case plan. Relevant information from the IP-CANS assessment should be accepted and used to support and inform the case-planning process. For additional details on case plan requirements refer to CFS P&P Case Plans (D-0101).

Per ACL 18-81, some key principles of IP-CANS as a communication tool, include but are not limited to:

1. The intent of the ratings is to describe the child/youth baseline behaviors/level of functioning, **not** the child/youth in services. If an intervention is present that is masking a need but must remain in place, this should be factored into the rating. The item would then be rated as 'actionable' (i.e., "2" or "3").
2. Culture, chronological and/or developmental age should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths.
3. Ratings are descriptive and should minimize cause-and-effect assumptions. Focus collaborative discussions on the 'what' the behavior is, not about the 'why'. Focusing on the 'what' helps with building consensus on interventions. Only the Adjustment to Trauma has cause-and-effect assumptions.

The ASW and Senior Social Services Supervisor (SSSS) are responsible for verifying the IP-CANS assessment is reflected in the case plan.

Refer to Attachment 4 – Strength and Needs Decision Process for CANS Scoring.

A. Crossover Cases

For crossover youth involved with both Probation and CFS, the lead agency will consider the IP-CANS assessment when developing the case plan. If Probation is the lead agency, the CFS ASW or mental health provider (as applicable) will share the IP-CANS assessment results with Probation. Refer to CFS P&P Crossover Jurisdiction Status (G-0403) for working with crossover youth.

B. Missing/Runaway/Abducted Children

IP-CANS assessment is required for missing/runaway/abducted children **if** there remains an open child welfare-case.

Per CFS Policy, it is a best practice to enter the missing/runaway or abducted status information in the IP-CANS domains "Comments" boxes.

Enter ratings in each domain based on the last known information.

Refer to CFS P&P Children and Non-Minor Dependents Missing from Care (K-0214) for information on case management and documentation responsibilities or CFS P&P Child Abduction (B-0119) guidelines when children are abducted.

Case Closure An open case will be closed when CFS involvement will not be required per CFS P&P Case Closure (E-0106). Completion of IP-CANS is required no more than 60 days prior to case closure.

Certification Per ACL 18-81, ACL 21-27, and ACL 25-10 social work staff completing the IP-CANS assessment must be appropriately trained, certified and maintain annual re-certification.

Documentation The ASW will input the completed IP-CANS assessment and reassessments into CWS-CARES.

The completion of IP-CANS in CWS-CARES, will be documented in CWS/CMS Mental Health Screenings tab as detailed in CWS/CMS Data Entry Standard (DES) Developmental & Mental Health Screenings and Services (J0202).

The ASW will document completion of the IP-CANS assessment by completing a *Child and Adolescent Needs and Strengths (CANS) Assessment Tool Coversheet/ Mental Health Assessment Referral (F063-25-837)* in CWS/CMS following directions on the form and forwarding the Coversheet to clerical.

The CFT facilitator will document IP-CANS assessment CFT discussions in a CWS/CMS Contact Narrative. If applicable, the following will also be documented:

- Family's refusal to participate in the IP-CANS assessment, including documentation that a conversation was held with CFT participants to understand the underlining factors leading to the family's refusal to participate
- Ratings for which consensus could not be reached in the CFT meeting

For further guidelines on documenting CFT meetings, refer to CFS P&P Child and Family Teams (D-0314).

REFERENCES

Attachments and CWS/CMS Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [Attachment 1 — Workflow to Complete Initial Integrated Practice \(IP\)-Child and Adolescent Needs and Strengths \(CANS\)](#)
 - [Attachment 2 — Workflow to Update Integrated Practice \(IP\)-Child and Adolescent Needs and Strengths \(CANS\)](#)
 - [Attachment 3 — Workflow for Family Preservation Services \(FPS\) to Complete Integrated Practice \(IP\)- Child and Adolescents Needs and Strengths \(CANS\)](#)
 - [Attachment 4 — Strengths and Needs Decision Process for CANS Scoring](#)
 - [Attachment 5 —Completion Timelines for CFT Meetings and CANS](#)
 - [Attachment 6 — Mental Health Referral Submission](#)
 - [CWS/CMS Data Entry Standard \(DES\) Developmental & Mental Health Screenings and Services \(J0202\)](#)
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Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- CFS P&P [Child and Family Teams \(D-0314\)](#)
- CFS P&P [Case Plans \(D-0101\)](#)

- CFS P&P [Mental Health Services \(I-0303\)](#)
- CFS P&P [Wraparound Referral and Services \(D-0511\)](#)
- CFS P&P [Case Compliance and Documentation \(E-0105\)](#)
- CFS P&P [Children and Non-Minor Dependents Missing From Care \(K-0214\)](#)
- CFS P&P [Child Abduction \(B-0119\)](#)
- [CFS Desk Guide—Level of Care](#)
- [CDSS CANS Resources Webpage](#)
- [CDSS Child and Family Teams Webpage](#)
- [The CANS 2018 Reference Guide](#)
- [CDSS CA IP-CANS Reference Guide](#)
- [The CANS Rating Sheet](#)

Other Sources Other online resources include the following:

- [Dr. Lyons on CANS](#)
- [What is the Supervisors Role in the CANS?](#)

FORMS

Online Forms Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
CANS Assessment	CA IP-CANS
CANS Early Childhood Module	CA IP-CANS (pages 3–4)
CANS Assessment (Spanish)	CA IP-CANS (Spanish)
CANS Early Childhood Module (Spanish)	CA IP-CANS (pages 3–4) (Spanish)
Child and Family Team (CFT) Consent to Release Information	F063-25-805
Child and Family Team (CFT) Child’s Limited Consent to Share Information	F063-25-804

Hard Copy Forms

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. **For reference purposes only**, links are provided to view these hard copy forms, where available.

Form Name	Form Number
Health Care Agency Informed Consent	F346-301E

CWS/CMS Forms

Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
CANS Coversheet/Mental Health Referral	F063-25-837

Brochures

Brochures to distribute in conjunction with this policy may include:

Brochure Name	Brochure Number
None.	

LEGAL MANDATES

[All County Letter \(ACL\) 18-09](#), [ACL 18-81](#) and [ACL 18-81E](#) provide requirements for administering and implementing the CANS assessment tool within a CFT, including completion of CANS, confidentiality, data submission, training and automation.

[ACL 18-85](#) provides clarification regarding sharing of CANS assessments between county placing agencies (i.e., child welfare departments) and mental health programs.

[ACL 21-27](#) provides information about CANS training and certification, mandatory entry of CANS data, and introduces the CFT/CANS Implementation Support Toolkit.

[ACL 24-35](#) informs counties that the requirement to conduct a mental health screening to determine whether to refer a child to the county mental health plan (MHP) is eliminated. In lieu of mental health screenings, all children must be referred to the MHP within three (3) business days of case opening, and on an on-going basis, as deemed necessary by the CFT and IP-CANS.

[ACL 25-10](#) provides information about timeline requirements for completion of CFT Meetings and IP-CANS and conditions requiring a new or updated IP-CANS.

[ACL 25-54](#) directs counties and agencies to ensure fidelity to the Integrated Practice - Child and Adolescent Needs and Strengths (IP-CANS) and Child and Family Team (CFT) practices. Fidelity requires services to be delivered consistently, accurately, collaboratively, and in a culturally responsive manner.

[ACL 25-69](#) provides new and updated requirements for the timing and data entry of the IP-CANS tool into the CARES-Live system for all placing agencies to prepare for implementation of the new California foster care tiered-rate structure scheduled to take effect on July 1, 2027.

[ACL 25-71](#) details Phase I of two phases of policy changes being implemented by both the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) to support aligned use of the Child and Adolescent Needs and Strengths (CANS) tool.

REVISION HISTORY

Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions of this P&P were published:

None.