

## Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)

### Addendum 3 – DCFS Involved Youth

Please note: This addendum must be completed for DCFS involved children and youth.

24. GENERAL INFORMATION – DCFS ADDENDUM												
Youth's Name				RIN			Staff Completing Form			Date Completed		
<b>DCFS Involvement:</b> <input type="checkbox"/> Youth in Care <input type="checkbox"/> Intact Family Services <input type="checkbox"/> Intensive Placement Stability Services (IPS)												
25. [H2] SEXUALLY AGGRESSIVE BEHAVIOR SUB-MODULE – ADDITIONAL DCFS YOUTH ITEMS												
<b>This section is to be completed when the Sexually Problematic Behavior Module, Sexual Aggression item is rated 1, 2 or 3.</b>												
Item	0	1	2	3	Item	0	1	2	3			
Temporal Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severity of Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
History of Sexually Abusive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Supplemental Information:</b> Provide additional information regarding the youth's needs as it relates to his/her sexually aggressive behavior (items rated 2 and 3).												
26. PARENT/GUARDIAN SAFETY CONCERNS												
Item	n/a	0	1	2	3	Item	0	1	2	3		
Discipline		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frustration Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Condition of the Home	<input type="checkbox"/>	History of Maltreatment of Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Supplemental Information:</b> Provide additional information regarding parent/guardian safety (items rated 2 and 3). The narrative can include relevant information from the Family Information section (IM+CANS, p. 7).												
27. PARENT/GUARDIAN WELLBEING CONCERNS												
Item	0	1	2	3	Item	0	1	2	3			
Parent/Guardian Traumatic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Parent/Guardian Understanding of Impact of Own Behavior on Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationship/Contact with Caseworker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Effective Parenting Approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibility in Maltreatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					Relationship with Abuser(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Supplemental Information:</b> Provide additional information regarding parent/guardian resilience (items rated 2 and 3). The narrative can include relevant information from the Family Information section (IM+CANS, p. 7).												

<b>Client Initials:</b> <b>DOB:</b>
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**28. PARENT/GUARDIAN PERMANENCE CONCERNS**

Item	0	1	2	3	Item	NA	0	1	2	3
Social and Family Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian Participation in Visitation	<input type="checkbox"/>				
Involvement in Personal Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commitment to Reunification	<input type="checkbox"/>				

**Supplemental Information:** Provide additional information regarding positive family, community, and social connections; and commitment to permanency plan goal (items rated 2 and 3).

**29. SUBSTITUTE CAREGIVER COMMITMENT TO PERMANENCE**

N/A – youth does not have a substitute caregiver

Item	0	1	2	3	Item	0	1	2	3
Collaboration with Other Parents/Caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inclusion of the Youth in the Foster Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subst. Caregiver Support for Perm. Plan Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**Supplemental Information:** Provide additional information regarding the substitute caregiver’s commitment to the permanency plan goal (items rated 2 and 3). The narrative can include relevant information from the Caregiver Needs and Strengths Addendum.

**30. INTACT FAMILY SERVICES MODULE**

N/A – youth is not enrolled in Intact Family Services

Item	n/a	0	1	2	3	Item	n/a	0	1	2	3
Parental/Secondary Caregiver Collaboration	<input type="checkbox"/>	Family Role Appropriateness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Family Conflict		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home Maintenance	<input type="checkbox"/>				
Family Communication		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

**Supplemental Information:** Provide additional information regarding the family system (items rated 2 and 3). The narrative can include relevant information from the Family Information section (IM+CANS, p. 7).

**31. INTENSIVE PLACEMENT STABILIZATION SERVICES (IPS) MODULE**

N/A – youth is not enrolled in IPS

Youth Items	0	1	2	3	Substitute Caregiver Items	0	1	2	3
Years in Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of Youth’s Development and Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Substitute Caregiver Management of Emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supplemental Information:** Provide additional information regarding the youth and substitute caregiver involved with the IPS program (items rated 2 and 3). The narrative can include relevant information from the Caregiver Needs and Strengths Addendum.