

**HFS**Illinois Department of
Healthcare and Family Services

- ☐ Initial
- ☐ Update
- ☐ Re-assessment

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

1. GENERAL INFORMATION					
Customer First and Last Name:		Alias/Preferred Name:		Pronouns:	Date First Contact:
RIN:	Date of Birth:	Sex at Birth:	Gender Identity:	Phone Number:	Primary Language:
Address:		City:	State:	Zip Code:	County:
Interpreter <input type="checkbox"/> None required <input type="checkbox"/> TDD/TYY <input type="checkbox"/> Spoken Language: _____				Ethnicity: <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Unknown	
Services: <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other: _____				<input type="checkbox"/> Non-Hispanic or Latinx	
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____				Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership	
<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Unknown				<input type="checkbox"/> Married <input type="checkbox"/> Widowed	
<input type="checkbox"/> Hawaiian Native/Other Pacific Islander <input type="checkbox"/> Multi-Race				<input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	
Insurance Coverage:	Household Size:	Household Income:	Guardianship Status:	<input type="checkbox"/> Own guardian <input type="checkbox"/> Youth in Care	
				<input type="checkbox"/> Biological parent <input type="checkbox"/> Other court appointed	
				<input type="checkbox"/> Adoptive parent <input type="checkbox"/> Other: _____	
Living Arrangement:			Employment Status:		
<input type="checkbox"/> Private residence <input type="checkbox"/> Homeless/shelter <input type="checkbox"/> Jail/correctional facility			<input type="checkbox"/> Self-employed <input type="checkbox"/> Military <input type="checkbox"/> Employed full-time		
<input type="checkbox"/> Foster home <input type="checkbox"/> State op. facility (MH/DD) <input type="checkbox"/> Other: _____			<input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Employed part-time		
<input type="checkbox"/> Supportive/assisted living <input type="checkbox"/> Residential/institution <input type="checkbox"/> Other: _____			<input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work		
Education Level: <input type="checkbox"/> Never attended <input type="checkbox"/> Grade 4-5 <input type="checkbox"/> H.S. diploma/GED <input type="checkbox"/> Trade/technical training <input type="checkbox"/> Master's/Doctoral degree			<input type="checkbox"/> Professional certificate <input type="checkbox"/> Unknown		
(last completed) <input type="checkbox"/> Pre-K/Kindergarten <input type="checkbox"/> Grade 6-8 <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's degree					
<input type="checkbox"/> Grade 1-3 <input type="checkbox"/> Grade 9-12 <input type="checkbox"/> Associate's degree					
2. ESTABLISHED SUPPORTS					
Does the customer have one or more caregivers? <input type="checkbox"/> Yes (please complete the Caregiver Addendum) <input type="checkbox"/> No					
Parent, Guardian, or Significant Other Info.	First and Last Name:	Relationship to Client: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other caregiver <input type="checkbox"/> Significant Other		Phone Number:	
	Address:	City:	State:	Zip Code:	County:
Emergency Contact Information	First and Last Name:	Relationship to Client:		Phone Number:	
	Address:	City:	State:	Zip Code:	
Members of Family Constellation	Name	Age	Relation to Client	Living in Home	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Supports	Agency	Contact Name	Phone	Email	
Physician					
School/Daycare					
Counselor/Therapist					
Child Welfare Worker					
ISO/PAS Agent					
Probation Officer					
Other: _____					
Other: _____					
Other: _____					



Unless otherwise stated, the following categories and action levels are used throughout to score individual CANS items:
 0 = No evidence/no reason to believe item requires action. 2 = Need for action. Some strategy is needed to address problem/need.
 1 = Watchful waiting, monitoring, or preventive action. 3 = Immediate/intensive action. Safety concern; priority for intervention.
Please note: Individual CANS items that are not applicable to the entire lifespan have specific age ranges for which the item must be completed indicated in front of the item name.

2. TRAUMA EXPOSURE

No = Unknown, not currently disclosed, or no evidence of any trauma of this type

Yes = Customer has, or is suspected of having, at least one incident, multiple incidents, or chronic, ongoing experience of this type of trauma

POTENTIALLY TRAUMATIC EXPOSURES

Item	No	Yes	Item	No	Yes	Item	No	Yes
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>	Disruptions in Caregiving / Attachment Losses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>	Parental Criminal Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	Witness to Community/School Violence	<input type="checkbox"/>	<input type="checkbox"/>			
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Victim/Witness to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>			

Supporting Information: Provide additional information on the type of trauma experienced by the customer (items rated yes) and the age of occurrence. Other trauma exposures not captured by an item above may be documented here.

3. PRESENTING PROBLEM AND IMPACT ON FUNCTIONING

3a. Presenting Situation and Presenting Symptoms

BEHAVIORAL/EMOTIONAL NEEDS

Item	n/a	0	1	2	3	Item	n/a	0	1	2	3
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3+: Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3+: Anger Control/Frustration Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Substance Use [L - p. 5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment to Trauma [A - p. X]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Addictive Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atypical/Repetitive Behaviors [B - p. 3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5: Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Conduct/Antisocial Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5: Failure to Thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Mania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-18: Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16+: Interpersonal Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						21+: Somatization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3b. Impact of Problems on Customer's Functioning

LIFE FUNCTIONING

Item	n/a	0	1	2	3	Item	n/a	0	1	2	3
Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-5: Elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-21: School/Preschool/Daycare [C - p. 3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3+: Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Legal [K - see p. 4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental/Intellectual [B - p. 3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16+: Job Functioning/Employment [D - p. 3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16+: Parental/Caregiving Role [E - p. 3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16+: Independent Living Skills [F - p. 3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12+: Intimate Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21+: Basic Activities of Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1+: Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21+: Routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5: Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21+: Functional Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5: Sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21+: Hoarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5: Persistence/Curiosity/Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21+: Loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Information: Provide additional information regarding presenting situation and symptoms (items rated 2 or 3 from the Emotional/Behavioral domain and Module A). Information on the impact of the presenting situation on the customer's functioning (items rated 2 or 3 from the Life Functioning domain or Modules B-F) should also be included in the narrative.

4. SAFETY

4a. Risk Behaviors

Item	n/a	0	1	2	3	Item	n/a	0	1	2	3
Victimization/Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Bullying Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5: Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Non-Suicidal Self-Inj. Beh. (Self-Mut.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-21: Flight Risk/Runaway [G - p. X]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3+: Suicide Risk [H - p. X]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Danger to Others [J - p. 4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3+: Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Fire Setting [K - p. 4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6+: Sexually Prob. Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Delinquent/Criminal Behavior [L - p. 4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6+: Sexual Aggression [I - p. X]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Supporting Information: Provide additional information regarding the customer's risk behaviors (items rated 2 or 3 from the Risk Behaviors Domain, including aggressive/violent behavior/danger to others (items rated 2 and 3), and the level of impairment (e.g., school suspension, crisis services, hospitalization).

4b. Factors in Current Environment

Identify the factors in the customer's current environment that may create threats to the customer's personal safety (e.g., gang involvement, domestic violence, active abuse, access to weapons).

5. PLACEMENT HISTORY

Describe previous and current out of home placements for the customer (e.g., shelters, foster care, group home, nursing home)

☐ Customer has not had any out of home placements.

6. PSYCHIATRIC INFORMATION

6a. General Mental Health History

Has the customer ever had a psychological evaluation? ☐ No ☐ Yes Date: _____ IQ: _____

Has the customer ever had a psychiatric evaluation? ☐ No ☐ Yes Date: _____

Prior Mental Health Treatment

Describe any prior mental health treatment the customer has received. Include the types of services received, when, where, with whom, and the reason for the treatment, including any prior diagnoses treated (if known).

6b. Mental Status
Observations

Appearance: ☐ Neat ☐ Disheveled ☐ Inappropriate ☐ Bizarre ☐ Other:
 Speech: ☐ Normal ☐ Tangential ☐ Impoverished ☐ Pressured ☐ Other:
 Eye Contact: ☐ Normal ☐ Intense ☐ Avoidant ☐ Other:
 Motor Activity: ☐ Normal ☐ Restless ☐ Tics ☐ Slowed ☐ Other:
 Affect: ☐ Full ☐ Labile ☐ Angry ☐ Flat ☐ Constricted ☐ Other:

Mood

☐ Normal ☐ Depressed ☐ Euphoric ☐ Anxious ☐ Angry ☐ Irritable ☐ Other:

Cognition

Orientation Impairment: ☐ None ☐ Place ☐ Object ☐ Person ☐ Time
 Memory Impairment: ☐ None ☐ Short-term ☐ Long-term ☐ Other:
 Attention: ☐ Normal ☐ Distracted ☐ Other:

Thoughts and Perception

Hallucinations: ☐ None ☐ Auditory ☐ Visual ☐ Other:
 Suicidal: ☐ Yes ☐ No
 Homicidal: ☐ Yes ☐ No
 Delusions: ☐ None ☐ Grandiose ☐ Paranoid ☐ Religious ☐ Other:

Behavior

☐ Cooperative ☐ Guarded ☐ Hyperactive ☐ Agitated ☐ Paranoid ☐ Aggressive ☐ Bizarre
☐ Withdrawn ☐ Other:

Judgment

☐ Good ☐ Fair ☐ Poor

Insight

☐ Good ☐ Fair ☐ Poor

Supporting Information: Document clinical observations to support the customer's current mental status as noted above.

7. STRENGTHS

0 = Centerpiece Strength 1 = Useful Strength 2 = Identified Strength 3 = Not Yet Identified Strength

Item	n/a	0	1	2	3	Item	n/a	0	1	2	3
Family Strengths/Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Talents and Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal/Social Connectedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Community Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16+: Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-21: Relationship Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16+: Job History/Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2+: Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21+: Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6+: Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Supporting Information: Provide additional information on the customer's useful strengths (items rated 0 and 1) – the aspects of the community and people in the customer's network that provide support, and traits of the customer they have used to achieve their goals.

8. FAMILY INFORMATION

8a. Relevant Family History

Describe precipitating and other significant family life events leading to current situation (e.g., divorce, immigration, losses, moves, financial difficulties). Please include information not captured elsewhere in the IM+CANS related to: 1) family history of behavioral health challenges, 2) current court involvement (customer and family).

8b. Cultural Needs

Item	0	1	2	3	Item	0	1	2	3
Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Supporting Information: Provide additional information regarding the cultural factors (items rated 2 and 3) that may influence presenting problems (e.g., ethnicity, race, religion, spiritual practice, sexual orientation, transgender, socioeconomic status, living environment, level of acculturation/assimilation).

11. ICD-10 DIAGNOSIS

ICD-10 Code	ICD-10 Name	Preventive Diagnosis
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Additional Information: Use this space if there is any additional information that is helpful to document regarding the customer's diagnosis not captured elsewhere in the IM+CANS (e.g. rule out diagnoses, outputs of diagnostic assessments that helped inform the listed diagnosis).

12. MENTAL HEALTH ASSESSMENT SUMMARY

Summary analysis and conclusion regarding the medical necessity of services. Tie all key information about the customer's mental health needs and diagnosis here.

Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)
Addendum 1 – IM+CANS Modules

3. IM+CANS MODULES**[A] Traumatic Stress Symptoms Module** (complete when Behavioral/Emotional Needs, Adjustment to Trauma item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
Emotional and/or Physical Dysregulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traumatic Grief & Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrusions/Re-experiencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Numbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperarousal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dissociation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[B] Developmental Disabilities Module (complete when Life Functioning, Developmental/Intellectual item or Emotional/Behavioral Needs, Atypical/Repetitive Behaviors item is rated 1, 2 or 3)

Item	0	1	2	3	Item	n/a	0	1	2	3
Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care/Daily Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6+: Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

[C] School/Preschool/Daycare Module (complete when Life Functioning, School/Preschool/Daycare item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
School/Preschool/Daycare Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School/Preschool/Daycare Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/Preschool/Daycare Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationships with Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[D] Vocational And Career Module (complete when Life Functioning Domain, Job Functioning/Employment item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
Career Aspirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[E] Parenting/Caregiving Module (complete when Life Functioning Domain, Parental/Caregiving Role item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
Knowledge of Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marital/Partner Violence In the Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

[F] Independent Activities Of Daily Living Module (complete when Life Functioning, Independent Living Skills item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication Device Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[G] Runaway Module (complete when Risk Behaviors, Flight Risk/Runaway item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
Frequency of Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Likelihood of Return on Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of Destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Involvement of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety of Destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Realistic Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in Illegal Acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[H] Suicide Risk Module (complete when Risk Behaviors, Suicide Risk item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
Ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Awareness of Others' Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

[I] Sexually Aggressive Behavior Module (complete when Risk Behaviors, Sexual Aggression item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power Differential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Force/Threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Sex Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to Accusation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age Differential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

[J] Dangerousness Module (complete when Risk Behaviors, Danger to Others item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
Hostility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paranoid Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violence History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Gains from Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aware of Violence Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to Consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commitment to Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[K] Fire Setting Module (complete when Risk Behaviors, Fire Setting item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
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Seriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Response to Accusation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remorse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Accelerants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Likelihood of Future Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intention to Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

[L] Justice/Crime Module (complete when Life Functioning, Legal item or Risk Behaviors, Delinq./Criminal Behavior item is rated 1, 2 or 3)

Item	0	1	2	3	Item	0	1	2	3
Seriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the customer ever been found by a criminal court to be: (check all that apply)

Unfit to Stand Trial (UST)? ☐ Yes ☐ No Date(s) of UST finding: _____

Not Guilty by Reason of Insanity (NGRI)? ☐ Yes ☐ No Date(s) of NGRI finding: _____

Supporting Information: Provide additional information regarding the customer's current and previous legal involvement, including any items rated 2 and 3 in the Justice/Crime Module. Include information on any findings of UST or NGRI, including whether the charges were for a misdemeanor or a felony.