Customer Initials: DOB:

Initial  Update  Reassessment

**llinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)**

**Addendum 4 – DCFS Involved Youth**

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

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| **27. GENERAL INFORMATION – DCFS ADDENDUM** | | |
| **DCFS Involvement:**  Youth in Care  Intact Family Services  Intensive Placement Stability Services (IPS) | **Staff Completing Form:** | **Date Completed:** |

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| **28. [M] SEXUALLY AGGRESSIVE BEHAVIOR MODULE – ADDITIONAL DCFS YOUTH ITEMS**  (complete when Risk Behaviors, Sexual Aggression item is rated 1, 2 or 3. This section is in addition to module I found in the Modules Addendum.) | | | | | | | | | | | | |
| **Item** |  | **0** | **1** | **2** | **3** |  | **Item** |  | **0** | **1** | **2** | **3** |
| *Temporal Consistency* |  |  |  |  |  |  | *Severity of Sexual Abuse* |  |  |  |  |  |
| *History of Sexually Abusive Behavior* |  |  |  |  |  |  | *Prior Treatment* |  |  |  |  |  |
| **Supplemental Information:** Provide additional information regarding the youth’s needs as it relates to their sexually aggressive behavior (items rated 2 and 3). | | | | | | | | | | | | |

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| **29. PARENT/GUARDIAN SAFETY CONCERNS** | | | | | | | | | | | | |
| **Note:** This section must be rated for the youth’s legal parent(s)/guardian(s) or other planned permanent caregiver and not any substitute caregivers. | | | | | | | | | | | | |
| **Item** | **n/a** | **0** | **1** | **2** | **3** |  | **Item** |  | **0** | **1** | **2** | **3** |
| Discipline |  |  |  |  |  |  | Frustration Tolerance |  |  |  |  |  |
| Condition of the Home |  |  |  |  |  |  | History of Maltreatment of Children |  |  |  |  |  |
| **Supplemental Information:** Provide additional information regarding parent/guardian safety concerns (items rated 2 and 3). The narrative can include relevant information from the Family Information section (IM+CANS, Section 9). | | | | | | | | | | | | |

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| **30. PARENT/GUARDIAN WELLBEING CONCERNS** | | | | | | | | | | |
| **Note:** This section must be rated for the youth’s legal parent(s)/guardian(s) or other planned permanent caregiver and not any substitute caregivers. | | | | | | | | | | |
| **Item** | **0** | **1** | **2** | **3** |  | **Item** | **0** | **1** | **2** | **3** |
| Parent/Guardian Traumatic Reactions |  |  |  |  |  | Independent Living Skills |  |  |  |  |
| Understanding of Impact of Own Behavior on Children |  |  |  |  |  | Relationship/Contact with Caseworker |  |  |  |  |
| Effective Parenting Approaches |  |  |  |  |  | Responsibility in Maltreatment |  |  |  |  |
|  |  |  |  |  |  | Relationship with Abuser(s) |  |  |  |  |
| **Supplemental Information**: Provide additional information regarding parent/guardian wellbeing concerns (items rated 2 and 3). The narrative can include relevant information from the Family Information section (IM+CANS, Section 9). | | | | | | | | | | |

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| **31. PARENT/GUARDIAN PERMANENCE CONCERNS** | | | | | | | | | | | | |
| **Note:** This section must be rated for the youth’s legal parent(s)/guardian(s) or other planned permanent caregiver and not any substitute caregivers. | | | | | | | | | | | | |
| **Item** | **n/a** | **0** | **1** | **2** | **3** |  | **Item** | **n/a** | **0** | **1** | **2** | **3** |
| Social and Family Connections |  |  |  |  |  |  | Parent/Guardian Participation in Visitation |  |  |  |  |  |
| Involvement in Personal Treatment |  |  |  |  |  |  | Commitment to Reunification |  |  |  |  |  |
| **Supplemental Information:** Provide additional information regarding positive family, community, and social connections; and commitment to permanency plan goal (items rated 0 and 1). | | | | | | | | | | | | |

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| **32. SUBSTITUTE CAREGIVER COMMITMENT TO PERMANENCE**   N/A – no substitute caregiver (skip section) | | | | | | | | | | | | |
| **Note:** This section is to be rated for substitute caregivers (e.g. foster parents, relative caregiver). Staff at congregate care settings (e.g. residential treatment facility, shelter, hospital, group home) are not substitute caregivers and should not be rated here. | | | | | | | | | | | | |
| **Item** |  | **0** | **1** | **2** | **3** |  | **Item** |  | **0** | **1** | **2** | **3** |
| Collaboration w/ other Parents/Caregivers |  |  |  |  |  |  | Inclusion of Youth in the Foster Family |  |  |  |  |  |
| Sub. Caregiver Support for Perm. Plan Goal | |  |  |  |  |  |  |  |  |  |  |  |
| **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 Resources and Needs Addendum. | | | | | | | | | | | | |

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| **33. INTACT FAMILY SERVICES MODULE**  N/A – not enrolled in Intact Family Services (skip section) | | | | | | | | | | | | |
| This module should only be completed for those youth involved in the DCFS Intact Family Services program. Rate these items as they pertain to the ENTIRE family. | | | | | | | | | | | | |
| **Item** | **n/a** | **0** | **1** | **2** | **3** |  | **Item** | **n/a** | **0** | **1** | **2** | **3** |
| Parental/Secondary Caregiver Collaboration |  |  |  |  |  |  | Family Role Appropriateness |  |  |  |  |  |
| Family Conflict |  |  |  |  |  |  | Home Maintenance |  |  |  |  |  |
| Family Communication |  |  |  |  |  |  |  |  |  |  |  |  |
| **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, Section 9). | | | | | | | | | | | | |

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| **34. INTENSIVE PLACEMENT STABILIZATION SERVICES (IPS) MODULE**  N/A – not enrolled in IPS (skip section) | | | | | | | | | | | | |
| This module is to be included whenever the youth is involved with the DCFS IPS program and should be completed by the IPS agency. Please note some items are rated for the youth while others for the substitute caregiver. | | | | | | | | | | | | |
| **Youth Items** |  | **0** | **1** | **2** | **3** |  | **Substitute Caregiver Items** |  | **0** | **1** | **2** | **3** |
| Years in Care |  |  |  |  |  |  | Knowledge of Youth’s Development & Needs |  |  |  |  |  |
| Placement History |  |  |  |  |  |  | Discipline |  |  |  |  |  |
|  |  |  |  |  |  |  | Sub. Caregiver Management of Emotions |  |  |  |  |  |
| **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 Resources and Needs Addendum. | | | | | | | | | | | | |