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| [ ]  Initial [ ]  Re-assessment [ ]  Discharge |

**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.**

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| **24. GENERAL INFORMATION – DCFS ADDENDUM** |
| **Youth’s Name** | **RIN** | **Staff Completing Form** | **Date Completed** |
|       |       |       |       |
| **DCFS Involvement:** | [ ]  Youth in Care [ ]  Intact Family Services [ ]  Intensive Placement Stability Services (IPS) |

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| **25. [H2] SEXUALLY AGGRESSIVE BEHAVIOR SUB-MODULE – ADDITIONAL DCFS YOUTH ITEMS**  |
| **This section is to be completed when the Sexually Problematic Behavior Module, Sexual Aggression item is rated 1, 2 or 3.** |
| **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 his/her sexually aggressive behavior (items rated 2 and 3).      |
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| **26. PARENT/GUARDIAN SAFETY CONCERNS** |
| **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 (items rated 2 and 3). The narrative can include relevant information from the Family Information section (IM+CANS, p. 7).      |

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| **27. PARENT/GUARDIAN WELLBEING CONCERNS** |
| **Item** |  **0 1 2 3** |  | **Item** |  **0 1 2 3** |
| Parent/Guardian Traumatic Reactions | [ ]  [ ]  [ ]  [ ]  |  | Independent Living Skills | [ ]  [ ]  [ ]  [ ]  |
| Parent/Guardian Understanding of Impact of | [ ]  [ ]  [ ]  [ ]  |  | Relationship/Contact with Caseworker | [ ]  [ ]  [ ]  [ ]  |
|  Own Behavior on Children |  |  | Responsibility in Maltreatment | [ ]  [ ]  [ ]  [ ]  |
| Effective Parenting Approaches | [ ]  [ ]  [ ]  [ ]  |  | Relationship with Abuser(s) | [ ]  [ ]  [ ]  [ ]  |
| **Supplemental Information**: 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).      |

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| **28. PARENT/GUARDIAN PERMANENCE CONCERNS** |
| **Item** |  **0 1 2 3** |  | **Item** |  **NA 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 2 and 3).      |

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| **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 |  [ ]  [ ]  [ ]  [ ]  |  | Inclusion of the Youth in the Foster Family |  [ ]  [ ]  [ ]  [ ]  |
| Subst. 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 Needs and Strengths Addendum.      |

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| **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 | [ ]  [ ]  [ ]  [ ]  [ ]  |  | 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, p. 7).      |
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| **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 | [ ]  [ ]  [ ]  [ ]  |  | Knowledge of Youth’s Development and Needs | [ ]  [ ]  [ ]  [ ]  |
| Placement History | [ ]  [ ]  [ ]  [ ]  |  | Discipline | [ ]  [ ]  [ ]  [ ]  |
|  |  |  | Substitute 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 Needs and Strengths Addendum.      |