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| [ ]  Initial[ ]  Update[ ]  Re-assessment |  |

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

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

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| **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.1 = Watchful waiting, monitoring, or preventive action. | 2 = Need for action. Some strategy is needed to address problem/need.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. Items with a letter in parentheses after them indicate the item triggers a module when scored a 1, 2, or 3. All modules can be found in the IM+CANS Modules Addendum. |

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| **3. 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 | [ ]   | [ ]  |  | Natural or Manmade Disaster | [ ]  | [ ]  |  | Disruptions in Caregiving /  Attachment Losses | [ ]  | [ ]  |
| Physical Abuse | [ ]  | [ ]   |  | Family Violence | [ ]  | [ ]  |  |  |  |
| Neglect  | [ ]   | [ ]   |  | Community/School Violence  | [ ]  | [ ]  |  | Parental Criminal Behavior | [ ]  | [ ]  |
| Emotional Abuse | [ ]  | [ ]   |  | Criminal Activity | [ ]  | [ ]  |  |  |  |
| Medical Trauma | [ ]  | [ ]   |  | War/Terrorism Affected | [ ]  | [ ]  |  |  |  |
| **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.      |

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| **4. PRESENTING PROBLEM AND IMPACT ON FUNCTIONING**  |
| **4a. Presenting Situation and Presenting Symptoms** |
| **BEHAVIORAL/EMOTIONAL NEEDS**  |
| **Item**  | **n/a** | **0** | **1** | **2** | **3** |  | **Item** | **n/a** | **0** | **1** | **2** | **3** |
| Depression |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 3+: Impulsivity/Hyperactivity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Anxiety |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 3+: Anger Control/Frustration Tolerance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Eating Disturbance |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Substance Use | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Adjustment to Trauma **[A]** |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Addictive Behaviors | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Atypical/Repetitive Behaviors **[B]** |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Psychosis (Thought Disorder) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 0-5: Regulatory | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Conduct/Antisocial Behavior | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 0-5: Failure to Thrive | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Mania  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3-18: Oppositional Behavior | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 16+: Interpersonal Problems | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  | 21+: Somatization | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **4b. 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 |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 0-5: Elimination  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Living Situation |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 0-21: School/Preschool/Daycare **[C]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Residential Stability  |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 3+: Decision Making | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Social Functioning |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Legal **[L]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Recreation/Play |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Sexual Development | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Developmental/Intellectual **[B]** |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 12+: Intimate Relationships | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Communication |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 16+: Job Functioning/Employment **[D]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Medical/Physical |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 16+: Parental/Caregiving Role **[E]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Medication Compliance |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 16+: Independent Living Skills **[F]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Transportation |  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  | 21+: Basic Activities of Daily Living | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1+: Sleep | [ ]  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  | 21+: Routines | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 0-5: Motor | [ ]  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  | 21+: Functional Communication | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 0-5: Sensory  | [ ]  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  | 21+: Hoarding | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 0-5: Persistence/Curiosity/Adaptability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 21+: Loneliness | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **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. |
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| **5. SAFETY** |
| **5a. Risk Behaviors** |
| **Item**  | **n/a** | **0** | **1** | **2** | **3** |  | **Item** | **n/a** | **0** | **1** | **2** | **3** |
| Victimization/Exploitation |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Sexually Prob. Behavior | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 0-5: Self-Harm | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Sexual Aggression **[ I ]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 0-5: Prenatal Care | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Bullying Others | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 0-5: Birth Weight | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Non-Suicidal Self-Inj. Beh. (Self-Mut.) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3-21: Flight Risk/Runaway **[G]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Other Self-Harm (Recklessness) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3+: Suicide Risk **[H]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Danger to Others **[J]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3+: Intentional Misbehavior  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Fire Setting **[K]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |  | 6+: Delinquent/Criminal Behavior **[L]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **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).       |

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| **5b. 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).      |

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| **6. 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.      |
| **7. PSYCHIATRIC INFORMATION** |
| **7a. 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).       |
| **7b. 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** | **Insight** |
| [ ]  Good | [ ]  Fair | [ ]  Poor | [ ]  Good | [ ]  Fair | [ ]  Poor |
| **Supporting Information:** Document clinical observations to support the customer’s current mental status as noted above.       |

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| **8. 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 |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Talents and Interests | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Interpersonal/Social Connectedness |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Cultural Identity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Natural Supports |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Community Connection | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Spiritual/Religious |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 6+: Involvement with Care | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Educational Setting |  | [ ]  | [ ]  | [ ]  | [ ]  |  | 16+: Vocational | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 0-21: Relationship Permanence | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 16+: Job History/Volunteering | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2+: Resiliency | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  | 21+: Self-Care | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6+: Optimism | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |  |

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| **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.      |

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| **9. FAMILY INFORMATION** |
| **9a. 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).      |

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| **9b. Cultural Needs** |
| **Item**  |  | **0** | **1** | **2** | **3** |  | **Item** |  | **0** | **1** | **2** | **3** |
| Language |  | [ ]  | [ ]  | [ ]  | [ ]  |  | Cultural Stress |  | [ ]  | [ ]  | [ ]  | [ ]  |
| Traditions and Rituals |  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |  |
| **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).      |

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| **10. ICD-10 DIAGNOSIS** |
| ICD-10 Code | ICD-10 Name | Preventive Diagnosis |
|       |       | [ ]  |
|       |       | [ ]  |
|       |       | [ ]  |
|       |       | [ ]  |
|       |       | [ ]  |
| **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).      |

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| **11. 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. |
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| **12. SUMMARY OF PRIORITIZED CANS NEEDS AND STRENGTHS** |
| **CANS Actionable Items to Consider for Care Planning**  |
| **Background – Trauma Experiences** |  | **Background – Other Needs** |
| Item:       | [ ]  Y [ ]  N |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  Y [ ]  N |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  Y [ ]  N |  | Item:       | [ ]  2 [ ]  3 |
| **Treatment Target Needs** |  | **Anticipated Outcome Needs** |
| Item:       | [ ]  2 [ ]  3 |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  2 [ ]  3 |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  2 [ ]  3 |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  2 [ ]  3 |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  2 [ ]  3 |  | Item:       | [ ]  2 [ ]  3 |
| **Centerpiece/Useful Strengths** |  | **Strengths to Build** |
| Item:       | [ ]  0 [ ]  1 |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  0 [ ]  1 |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  0 [ ]  1 |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  0 [ ]  1 |  | Item:       | [ ]  2 [ ]  3 |
| **Caregiver Resources** |  | **Caregiver Needs** |
| Item:       | [ ]  0 [ ]  1 |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  0 [ ]  1 |  | Item:       | [ ]  2 [ ]  3 |
| Item:       | [ ]  0 [ ]  1 |  | Item:       | [ ]  2 [ ]  3 |

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| **13. INDIVIDUAL PLAN OF CARE** |
| **13a. Customer and Family Vision Statement**  |
| What does the customer and family want their lives to look like after treatment?      |

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| **13b. Customer and Family Service Preferences.**  |
| Document any preferences the customer and family have related to services (e.g., types of services, location, modalities, time of day, practitioner preferences).      |

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| **13c. Customer and Family Centered Goals.**  |
| Goals should be stated in customer/family language and should relate back to prioritized CANS actionable items. Goals are specific, observable outcomes related to functioning that result from targeting symptoms and behaviors. For customers working with multiple behavioral health providers or in care coordination programs, this should include all treatment goals addressed across all treatment providers.  |
| **Goal #1**:       |
| CANS Item(s):       Goal 1 Status:[ ]  New [ ]  Continue [ ]  Discontinue [ ]  Completed |
| **Goal #2**:       |
| CANS Item(s):       Goal 2 Status:[ ]  New [ ]  Continue [ ]  Discontinue [ ]  Completed |
| **Goal #3**:       |
| CANS Item(s):       Goal 3 Status:[ ]  New [ ]  Continue [ ]  Discontinue [ ]  Completed |
| **Goal #4**:       |
| CANS Item(s):       Goal 4 Status:[ ]  New [ ]  Continue [ ]  Discontinue [ ]  Completed |
| **Goal #5**:       |
| CANS Item(s):       Goal 5 Status:[ ]  New [ ]  Continue [ ]  Discontinue [ ]  Completed |

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| **14. TREATMENT OBJECTIVES Date Last Updated:**       |
| **Lead IM+CANS Provider:**       |
| **Other Treating Provider(s):**       |
| Treatment objectives in Section 14 must correspond to a goal documented in Section 13 above. Section 14 may be completed separately by each individual treatment provider working with the customer and family, but is not required. Updates to treatment objectives must be shared with the lead IM+CANS provider minimally as part of each IM+CANS reassessment. |
| **GOAL 1:**       |
| **Clinical Objectives** |
| Obj. 1a. |       |
| Obj. 1b. |       |
| Obj. 1c. |       |
| **GOAL 2:**       |
| **Clinical Objectives** |
| Obj. 2a. |       |
| Obj. 2b. |       |
| Obj. 2c. |       |
| **GOAL 3:**       |
| **Clinical Objectives** |
| Obj. 3a. |       |
| Obj. 3b. |       |
| Obj. 3c. |       |
| **GOAL 4:**       |
| **Clinical Objectives** |
| Obj. 4a. |       |
| Obj. 4b. |       |
| Obj. 4c. |       |
| **GOAL 5:**       |
| **Clinical Objectives** |
| Obj. 5a. |       |
| Obj. 5b. |       |
| Obj. 5c. |       |
| **Progress:** Use this space to document progress toward treatment objectives and any other useful information that may inform the customer’s ongoing plan of care.       |

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| **15. RECOMMENDED BEHAVIORAL HEALTH SERVICES/INTERVENTIONS** |
| Section 15 must include all services the LPHA listed below is authorizing within their scope of practice, regardless of funding source. Other recommended services should be documented in sections 16-18, regardless of funding source. |
| **Goal(s)** | **Service Name****(**see IM+CANS Appendix A for key) | **Amount**(how much?) | **Frequency**(how often?) | **Duration**(how long?) | **Rendering Provider**(list only 1 agency or individual practitioner) |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

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| **16. OTHER HEALTH & HEALTH RELATED SOCIAL NEEDS** |
| [ ]  Access to Food | [ ]  Educational Testing | [ ]  Employment | [ ]  Financial Assistance | [ ]  Medical Needs |
| [ ]  Clothing | [ ]  Mentoring | [ ]  Transportation | [ ]  Substance Use Disorder Services |
| [ ]  Housing | [ ]  Tutoring | [ ]  Legal Assistance | [ ]  Immigration Assistance |
| [ ]  Other (specify):       |

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| **17. ADDITIONAL ASSESSMENTS/FUNCTIONING EVALUATIONS RECOMMENDED BY LPHA**  |
| [ ]  No additional recommendations [ ]  Psychological testing [ ]  Psychiatric evaluation  |
|       |

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| **18. REFERRALS TO OTHER RESOURCES / PROVIDERS**  |
| Use the space below to document information on referrals given to the customer/family and any relevant follow-up actions taken. |
|       |

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| **19. IM+CANS SIGNATURES** |
| **Customer Signature** (required for customers 12 years of age or older)[ ]  Customer refused |
|  |       |  |       |  |       |  |
|  | Customer (print name) |  | Signature |  | Date (mm/dd/yyyy) |  |
| **Parent/Legal Guardian Signature** [ ]  N/A |
|  |       |  |       |  |       |  |
|  | Parent/Legal Guardian (print name) |  | Signature |  | Date (mm/dd/yyyy) |  |
| **Lead IM+CANS Provider Signatures** |
|  |       |  |       |  |       |  |       |  |
|  | Staff Completing (print name) |  | Credentials |  | Signature |  | Date (mm/dd/yyyy) |  |
|  |       |  |       |  |       |  |       |  |
|  | Authorizing LPHA (print name) |  | Credentials |  | Signature |  | Date (mm/dd/yyyy) |  |
| **Other IM+CANS Provider Signatures** [ ]  N/A |
| Signatures from each agency delivering services from section 15 above must be obtained as part of each IM+CANS initial and reassessment, as well as any significant updates to the individual plan of care. Signatures from other IM+CANS providers may be obtained after the authorizing LPHA signature. |
|  |       |  |       |  |       |  |       |  |
|  | Contributing Staff (print name) |  | Agency |  | Signature |  | Date (mm/dd/yyyy) |  |
|  |       |  |       |  |       |  |       |  |
|  | Contributing Staff (print name) |  | Agency |  | Signature |  | Date (mm/dd/yyyy) |  |
|  |       |  |       |  |       |  |       |  |
|  | Contributing Staff (print name) |  | Agency |  | Signature |  | Date (mm/dd/yyyy) |  |
|  |       |  |       |  |       |  |       |  |
|  | Contributing Staff (print name) |  | Agency |  | Signature |  | Date (mm/dd/yyyy) |  |