The Child and Adolescent Needs and Strengths - NY (CANS-NY)
Comprehensive Multisystem Assessment
Summary Guidance Document for the Person/Family and Supports Conversation

OPWDD's Child and Adolescent Needs and Strengths assessment, or CANS, is designed to assess the strengths, interests, and needs of the child/adolescent/caregiver(s). After the CANS is completed, the Care Manager[1]/Qualified Intellectual Disabilities Professional (QIDP) is responsible for scheduling a time to meet with the child/adolescent, caregiver(s), and the child's/adolescent's supports (i.e., residential or other service providers), as appropriate to share, review, and discuss the CANS Strengths and Needs Report within 30 days of availability. The report is a starting point for discussion and must be used to help inform the person-centered comprehensive assessment process.

The CANS Summary Guidance Document was developed to assist with the discussion and use of the Strengths and Needs Report, by providing information and explanation of the following:

I. **The CANS Assessment Process**
II. **Key Concepts and Language of CANS**
    a. **Action Levels**
    b. **Strengths**
    c. **Needs**
    d. **Action vs. Anchor Language**
    e. **Consensus**
III. **The CANS Strengths and Needs Report**
    a. **Caregiver Items**

I. The CANS Assessment Process

The CANS is a three-part process, which includes a review of supporting documents, discussion/observation with the child/adolescent when possible/appropriate, and discussion with their caregiver(s) and other paid supports, as needed. While the timeframe for this three-step process may vary, an initial CANS assessment typically lasts between 30 minutes to an hour, with the ability to accommodate more time as needed.

The documentation review occurs prior to the interviews to help the assessor guide the conversation. The assessor relies upon the Care Manager/QIDP to ensure access to all necessary documents, whether via hard copy, CHOICES, or other Electronic Health Record (EHR).

The CANS interview allows the child/adolescent and their caregiver(s) the opportunity to share their story so that information shared may be organized in a way that can be used to facilitate a care planning conversation focused on the child's/adolescent's strengths and needs. While it is best practice to include an observation and/or interview of the child/adolescent, the caregiver may choose to decline the child's/adolescent's participation. The caregiver should also be offered the opportunity to be interviewed separately, to discuss potentially sensitive and/or private topics, as needed.

The items in the CANS generally focus on a 30-day lookback window, with some sections capturing more comprehensive lifetime events. However, identified areas of pending instability may be captured as well (e.g., family will be evicted next week, or caregiver received a layoff notice and will lose their job next month).

II. Key Concepts and Language of CANS:

Below are identified key concepts and language used within the CANS to support the summary review discussion with the child/adolescent, caregiver supports, and the Care Manager/QIDP. The CANS-NY manuals are included on OPWDD's website at opwdd.ny.gov.

Action Levels

Action levels identify where strengths or needs exist. This helps to start conversations for care planning to identify a priority need, while drawing upon and/or improving identified strengths. There are four rating levels for each item that range from no need or not a strength to identifying an immediate need or strength that would be a central focus for care planning. The chart below provides ratings and action levels for needs and strengths.

Strengths

When reviewing strength items, action levels can be used to identify useful strengths the child/adolescent currently has or perhaps would like to build upon to support care planning. Strength items coded as 0 or 1 are important areas of focus, as these areas have been identified as main strengths that may be utilized/leveraged in the development of the Plan of Care.

It is important to note that a strength item rated as a 3 reflects no identified strength in this area, which does not necessarily mean there is a need. It may be beneficial to discuss items coded as 2 or 3, to determine if development of the strengths may support other needs.

Needs

It is important for the child's/adolescent's team to focus on items that are coded as 2 or 3 during the review discussion, as these are identified areas where support (action) is needed, or actions are being taken, and must be kept in place to maintain the child's/adolescent's health and wellbeing. It is also important to highlight items coded as a

1, as these are areas of need (historical and/or low-level) that may have the potential for increased need in the future. The team should discuss the possibility of preventive actions and/or ways to monitor this area to ensure supports are put in place if there is a change in need. It is understood that one of the best predictors of future need is past need and that previous concerns may recur under stress, so it is beneficial to monitor historically troubling areas for preventative reasons.

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfacing with functioning	Watchful waiting/ prevention/ additional assessment
2	Need interferes with functioning	Action/ intervention required
3	Need is dangerous or disabling	Immediate action/ intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece Strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

Ratings describe the child/adolescent, not the child/adolescent in services. Areas of need are captured, regardless of whether or not interventions are currently in place to address the need. If an intervention is present and may be masking an area of need, the CANS coding will still reflect that action is needed, meaning this could be coded as 2 or 3. The review conversation should include discussion around the status of current supports, as well as if there is any interest from the child/adolescent and their supports to address any additional issues in this area. The example below reflects a need being masked by equipment.

> ***Scenario:*** *Emily is fully dependent on others when transferring in and out of bed. However, mom reports that this is not an area of concern as Emily's Hoyer lift is in good working order.*
>
> ***Interpreting/Utilizing the Strengths and Needs Report:***
> *Emily's Strengths and Needs Report will reflect a need in the area of transferring, even though a support is currently in place and is masking the need. The Care Manager/QIDP should guide the review conversation to confirm that the current*

equipment is adequately meeting Emily's needs and discuss any additional steps that may need to be taken to support Emily in this area moving forward (wear and tear on the equipment, additional equipment as Emily continues to grow, etc.).

Ratings are about the "what" and not the "why." The CANS report coding captures where a strength or need is present but does not speak to why something is happening. For example, a child/adolescent who has challenging sleep patterns will have a rating that identifies what is happening and not why it is happening. It is not identifying a reason, therefore, the review conversation will draw out the details regarding why, when, and how often to be incorporated into the care planning.

Consensus

The assessor serves as a moderator, supporting the conversation with the child/youth, caregivers, and other supports. The assessor uses their training to provide guidance on the purpose and language of CANS items to assist the team in reaching consensus regarding the level of action needed in each area. The assessor may share the action level or action level language for an item and engage the supports in a conversation to reach consensus on the identified strength or need. This may not be needed for each item; however, it is often a helpful way to support completion of the assessment when there are different perspectives on a strength or need. In addition to details gathered through team interviews, the assessor may identify action levels based on information found in the child's/adolescent's documentation (evaluations, plans, etc.).

III. The CANS Strengths and Needs Report

The Strengths and Needs Report is designed to provide guidance and assistance to the Care Manager/QIDP through identifying strengths and needs for discussion with the child/adolescent and family. During this comprehensive person-centered care planning process, the child/adolescent and family should determine which items to include within the Plan of Care. Not every domain item from this report is required to be included in the Plan of Care. There is information below on how to support the review of the 5 report sections.

- **Useful Strengths – Child/Adolescent:** Talk with the child and family about which items represent useful strengths. How may these strengths be leveraged, enhanced, and/or utilized in the Plan of Care?
- **Strengths to Build – Child/Adolescent:** Work with the child/adolescent and family to choose which strengths from this list the child/adolescent and family wish to build through the work in the Plan of Care.
- **Priority Needs – Child/Adolescent**: Talk with the child/adolescent and family to identify what needs will be addressed as priority in the Plan of Care.

- **Priority Needs – Caregiver**: Talk with the caregiver to identify what needs will be improved and addressed in the Plan of Care.

Caregiver Items

"To take care of others, we must also take care of ourselves."
This quote exemplifies that caregivers' needs are important when understanding and supporting their caregiving role. For this reason, the CANS affords the opportunity to capture caregiver needs as they relate to caregiving for the child/adolescent. Children/adolescents are reliant on their informal supports (caregivers) for all levels of needs (emotional, physical, financial, etc.). If there is a need for the caregiver that impacts the support being given, this can be addressed through care planning. Capturing the needs in the CANS initiates conversation between the Care Manager/QIDP and caregiver(s) to identify, for instance, where respite opportunities, environmental modifications, benefits, and other resources may be needed. This is not a judgement of the abilities of the caregiver(s), but rather an opportunity for them to voice where services or supports would benefit them in their role as caregiver.

Additional Resources Link:

- OPWDD Website: https://opwdd.ny.gov/