

CANS/ANSA FAQ's

1) If a client need has been rated a 1, 2, or 3 can they ever be rated a 0?

Answer: Not usually. If a client need is rated a 1, 2, or 3 that means they have a history, and a history of need, will be at least a 1.

2) There is nothing in the Behavior/Emotional Needs Domain that addresses manic symptoms. There is psychosis and depression, but nothing that addresses manic symptoms. How do you rate someone with manic symptoms?

Answer: Manic symptoms may be reflected in the impulsivity/hyperactivity rating, the CANS states "clear evidence of problems with impulsive, distractible or hyperactive behavior that interfered with the child's ability to function in at least one life domain or that can place the child at risk of physical harm". In addition, Manic symptoms may be scored under multiple other CANS/ANSA areas, including but not limited to: sleep, family, living situation, school, social functioning, job functioning, judgment, legal, sexual development, other self-harm, delinquency, and/or social behavior. These impairments in other domains are critical, as one of the DSM (versions IV & 5) diagnostic criterion of a Manic Episode is "the mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others or to necessitate hospitalization to prevent harm to self or others or there are psychotic features."

3) When you score the CANS/ANSA, are you scoring it only if the functional impairments are "due to the mental disorder" which is required by Medical Necessity criteria?"

Answer: No - you rate all the current needs in the life domain functioning, regardless if they are caused by the mental disorder or not.

Dr. Lyons describes the CANS/ANSA as the "what" not the "why". For example, the "what" is a sleep issue. The "why" of the sleep issue could be for a variety of reasons (too much caffeine, over medicated, anxiety, medical issues, watching TV all night, etc). You would then address the "why the sleep issue" on the client plan, with interventions aimed at the reasons the sleep is an area of need.

4) How do you rate the caregiver if a child moves between households, like in the case of divorced parents or children who also live with grandparents part time?

Answer: Staff can complete the caregiver section for the additional household. Regardless of the amount of time split between households, staff should focus on giving a rating that reflects the youth's caregiver needs.

5) If there are 2 parents/caregivers in the home, how do we rate the Caregiver Needs & Strengths section?

Answer: Rate the caregiver as it affects the caregiving. If both parents have an equal role, then rate the caregiver with the higher score. The reason for this is because it is a need that should be addressed. However, if a parent is not the parent responsible for the care of a youth, then their behavior should not affect ratings. For instance, if one caregiver has a severe mental illness and is not responsible for the caregiving or supervision of the youth, you would not want to rate the parents together as a '2' or '3' on Mental Health.

6) What is the requirement for treatment plan goals around strengths, for example spiritual/religious issues?

Answer: Dr. Lyons clarified that the absence of a strength is not necessarily a need. Therefore, the lack of a strength does not automatically have to be addressed in the client plan. However, the treatment team may decide that a goal is warranted, especially if it is part of the presenting problem. For example, if the client has no known Natural Supports identified in the Strengths Domain, and the team believe this is an area that needs to be addressed, you would have a goal for it.

7) Where do you score an adult who is currently in jail?

Answer: It would appear in a couple of places. Under Legal it would be a 3 "Individual has serious current or pending legal difficulties that place him/her at risk for incarceration" and Under Criminal Behavior, the individual would score a 2 if the criminal behavior did not represent a significant physical risk to others in the community and a 3 if the behavior represented a significant physical risk to others in the community.