

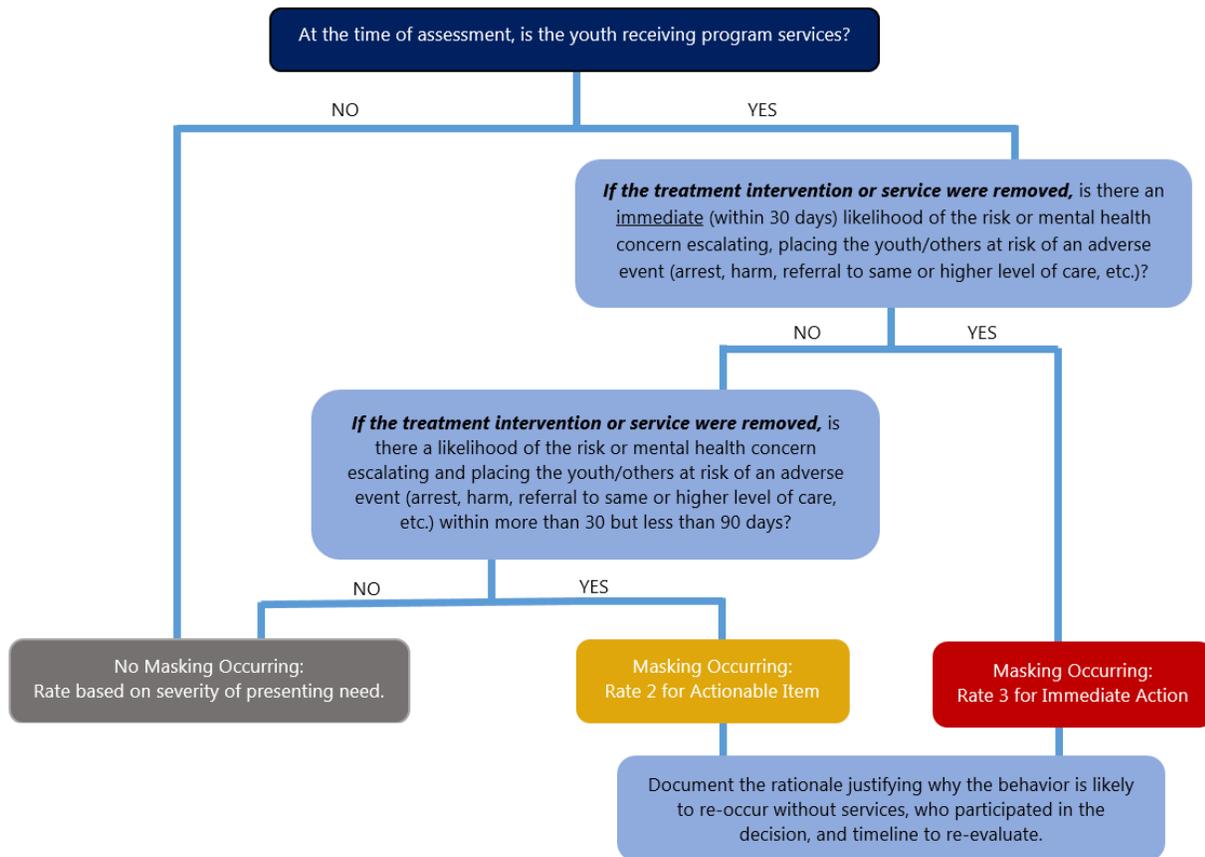
Key Principle: Ratings Describe the Individual

CANS-NY User Tip Sheet

The third Communitric principle tells us that CANS-NY ratings should describe the child/youth, not the child/youth in services. In order to rate the individual and not the individual in services, we have to think about the term "masking." Masking describes situations in which a need is made more difficult to accurately detect because the child/youth is receiving services that hide or diminish the intensity of that need. Examples would include, but not be limited to, the masking of:

- ADHD or Psychosis when controlled by medications; or
- Runaway or Fire-setting risk behaviors when a youth is in a secured facility

If an intervention is present that is **masking** a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e., "2" or "3"). The decision tree below can help care managers decide if a need is currently being masked:



Incorrect Application of Principle 3

Under-Rating and Over-Rating items on the CANS-NY can negatively affect your ability to develop a meaningful plan of care with the child/youth and family.

Under-Rating and Over-Rating items on the CANS-NY can also result in an inaccurate acuity level assignment.

Best Practice Recommendation: Documenting Masking Decisions

Deciding whether or not a need is masked by a service should be done collaboratively, developing a *shared understanding* of the appropriate action level between the care manager, the family, and the supervisor when needed. When in doubt, supervision can help care managers determine whether or not masking is present.

It is best practice to document either in the assessment tool itself (if the agency's EHR permits), a progress note, and/or team meeting notes if there has been any identified cases in which rating of the action level has been adjusted to accommodate masking. This ensures that the next care manager or service provider understands why a specific action rating was used. From a best practice perspective, documentation should include:

- The evidence used to support the scoring, especially if you are scoring higher than indicated by the anchor definition;
- Who was involved in the decision-making; and
- Timeline for when masking will be reassessed.

Examples		
Item	Rating	Documentation
Financial Resources	2	Mary has been working for 5 months and is receiving community-based substance abuse treatment services arranged by her Health Home coordinator. Although financial strains have lessened for her and her two children, her recent drug relapse has resulted in two warnings from her employer that she will not be approved for permanent status once her probation work period is up if she misses any more days. Despite her immediate re-engagement in therapy for drug use, financial insecurity is her primary identified worry. She states, "I am so scared of not having money to pay my bills and rent that I think about using just to help me handle the stress." Therefore, this measure will be rated as actionable until Mary states it is no longer a trigger for her substance use.
Psychosis	2	Nicole currently resides in a group home and has a diagnosis of bipolar disorder with psychotic features. Although she has had no hallucinations or delusional thinking since her admission 3 months ago, psychosis is being rated a 2 because she continues to try and "cheek" her medications—stating when caught that she is "not crazy" and does not need medication. This action level was decided by the full treatment team who is working with her parents around medication compliance issues. It will be reviewed and considered resolved (rated a "1") when the parents indicate a readiness to accept oversight responsibility for Nicole's medications when discharged and/or Nicole discontinues "cheeking" her medication for a period of 6 weeks.