

FAQ: Conducting the CANS-NY and HCBS Assessments Via Telephone or the Web

1. How do you engage teenagers in a virtual conversation when they do not want to? **Ensure that they are comfortable with the technology, ask questions that peak a high interest and make sure to take breaks.**
2. What is the best approach when a caregiver insists on answering for the child instead of the child answering some of those sensitive questions? **Depends on the age level of the child, but some of things we encourage to do is to use transparency, make sure the parent knows that it is really important to get the child's thoughts on things because when we start working on goals if the child has not had a chance to weigh in they may not feel like they are part of their care, also trying to find time for tweens/teens where you have opportunities for private conversations. We also may need to understand that a parent may answer for the child it may be a trust issue and they may need to get to know you and trust you.**
3. How can we rate the Medically Fragile/Complex Population effectively when some are non-verbal, and the child may not be a solid 0 or a solid 3? **Remember when rating any items if there is no evidence of a need we want to rate it as a "0" and if there is no evidence of a strength then we want to rate it a "3". If a child is non-verbal and we cannot evaluate their degree of optimism, then we can rate that optimum strength item a 3 because there is no strength identified. Also remember that when we rate an item we are not saying for sure that it exists or for sure that it does not exist It is just at the present time we do not have enough information to rate the item.**
4. How can we capture the result of individual items on the CANS-NY scores for all our members so we can load these itemized structured data into our EHR to track and prompt addressing (not just a printed pdf)? (e.g., dental score for all patients in health home)? **Currently there are no reports that can capture all the members on specific items. The reports in UAS are individualized and serves as a collaborative discussion**

during the IDT to set specific goals on the Plan of Care. The strengths and needs report can be outputted as a PDF or Excel.

5. Many of my children are expressing behaviors that are not normal like running away, triggered by homework, and not doing well in quarantine. Should I be rating them on the CANS that these are happening? **Yes, the CANS is meant to be assessment about where we are right now. We want to be able to capture behaviors within the 30-day window to keep it relevant. Rate the highest level of need.**
6. How to support a family who is financially struggling during these times? **Explore with the family what supports they currently have in place and determine if the family is eligible for benefits from government programs through [benefits.gov](https://www.benefits.gov). You can also help them find a local food bank at <https://www.feedingamerica.org/find-your-local-foodbank>**
7. Our agency does not offer zoom meetings or any other visual form of communication. We are solely relying on phone conversations. I have noticed my rapport has greatly suffered because of it and the new clients do not feel comfortable building rapport over the phone. Any suggestions? **Really slow down and break up the telephone contacts with new clients. Start with an introduction phone call and just let them know who you are and that this is a challenging time and that you are there to help them and recognize that getting to know each other over the phone will be more difficult. Be collaborative ask them are there any ideas that you can come up with that will help with the challenge. You can also be creative and send in a photograph or a handwritten note that shows that you are there to help them.**
8. What about any activities for kids to do if the caregiver does not feel comfortable with them going outdoors? **There are lots of resources online. You Tube can also be explored as there are lots of things being streamed live that are activity orientated, they can use their smartphones, if they have them to make videos about their lives, photo journals, sketch, etc.**
9. Any ideas on how to support families without computers and smart phones? **You can have lots of small telephonic conversations with the families, snail mail, sending things ahead of time including visuals because then at least if you cannot look at each other you are looking at the same piece of information. You also want to be in**

contact with your supervisors. There are some resources like Lifeline Support for affordable communication 1 (800) 234-9473 or LifelineSupport@usac.org.

10. What happens if the family does not want to use virtual meetings? **It is important to think about transparency in collaboration – Don't want to get into a power struggle therefore we want to offer them another means of communication such as, telephone meeting and be transparent and ask them what are their concerns. We always start with where the family is when deciding on technology.**

11. Should the IDT be done before the CANS? **As per DOH, an interdisciplinary team meeting must occur:**
 - **During completion of the initial full CANS-NY and during subsequent CANS-NY updates to develop the plan of care**
 - **As frequently as needed and determined by the Health Home Care Manager**
 - **At the request of the Health Home Care Manager, and/or the child/parent/guardian/medical consenter (including the LDLSS), based upon new information from another provider (e.g., primary care physician).**

12. Some of our clients temporarily and unfortunately reside in homeless shelters. Virtual CANS can sometimes be complicated due to lack of privacy. Is it possible for the CANS institute to collaborate with DOH on offering private space where clients in shelters can sit for an hour to conduct private sensitive meetings? **Think about what are your own agencies connections with the shelters themselves? What are your abilities to identify private space? There might be places where we can get private spacing from our agencies to use and to use social distancing but may need to be creative in using the networks and resources to identify that. It is going to be more doable and nimbler at the local level instead of waiting for the NYDOH to find a space at the local level.**