

## **DRAFT Recommended Changes to the IM+CANS Portal from the IM+CANS Workgroup**

Updated March 8, 2023

*Please note: These recommended changes are not considered finalized until voted on by workgroup members.*

1. Update the portal to reflect finalized changes made to the tool and addenda.
2. Redesign the treatment plan in the Portal to be more user friendly – too rigid currently.
3. Allow IM+CANS check by RIN to see if there is an existing IM+CANS in the portal. This would allow providers to know that there is an active IM+CANS and to then facilitate conversation with the customer about what provider consent needs to be obtained for to see the IM+CANS and coordinate any needed updates.
4. Each version of the IM+CANS needs to be able to be locked – point in time history of IM+CANS and all updates made to the document.
5. Need for two-way functionality – if other agencies update a customer's IM+CANS, master record, or any other associated documents within the portal, then all providers working with that customer need the ability to pull the updates into their EHR so they match what's current in the Portal.
6. Sharing function – providers working off a shared IM+CANS should be notified if a change is to the IM+CANS by another provider.
  - a. Providers creating and uploading IM+CANS are sometimes having issues where the IM+CANS appears to be uploading to another provider if the client is already with that agency.
7. Ability to discharge a customer from the provider agency in the Portal if no longer serving a customer.
8. Allow Portal accounts to be connected by EIN rather than just NPI to make viewing information across an agency easier. If not possible, then allow for IM+CANS to be easily transferred from one NPI to another within an EIN.
9. Consider allowing for multiple Caregiver Addendums to be uploaded with a single IM+CANS to allow for multiple caregivers to be rated separately.
10. Allow for full IM+CANS to be uploaded to the portal as an "Update."
11. Explore allowing more records to be uploaded at a time as part of batch uploads.
12. Character limit on narratives should be expanded (consider doubling) on the mental health assessment summary section. Ensure all characters are readable and accessible in PDFs generated out of the portal.
13. Provide MCOs, IPI, and BALC with access to the IM+CANS portal.
14. Explore how diagnoses are captured in the portal and if specifiers are options – ensure list of diagnoses is updated. If not, provide guidance on how this detail can be captured and where in the IM+CANS.
15. Create user guides and trainings for all aspects of the portal interface, including the consent form and process.
16. For direct data entry, allow users to edit off an existing IM+CANS or pull information forward for reassessments and updates to reduce retyping information that hasn't changed.
17. Make all written documentation and policies easily accessible and clearly available to providers and users.