

# IM+CANS Overview of Upcoming Changes

October 23, 2023



**HFS**

Illinois Department of  
Healthcare and Family Services



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Healthcare and Family Services

## OUR VISION FOR THE FUTURE

# We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

- ▶ **We value our staff as our greatest asset.**

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

- ▶ **We are always improving.**

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

- ▶ **We inspire public confidence.**

We do this by:

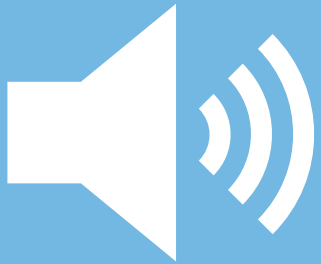
Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

# Housekeeping



Phone lines are in **listen only** mode.



Submit questions via chat to **all** panelists.



**Slides** and a **recording** will be posted to the HFS website.



Email questions to **HFS.IATP@illinois.gov**.



# AGENDA

- 1. IM+CANS Workgroup Overview**
- 2. Updated IM+CANS Development Process**
- 3. Purpose and Vision of the IM+CANS**
- 4. Common IM+CANS Misconceptions**
- 5. Overview of Changes to the IM+CANS**
- 6. Upcoming Implementation Activities**
- 7. Resources**
- 8. Q&A**



# IM+CANS Workgroup Members

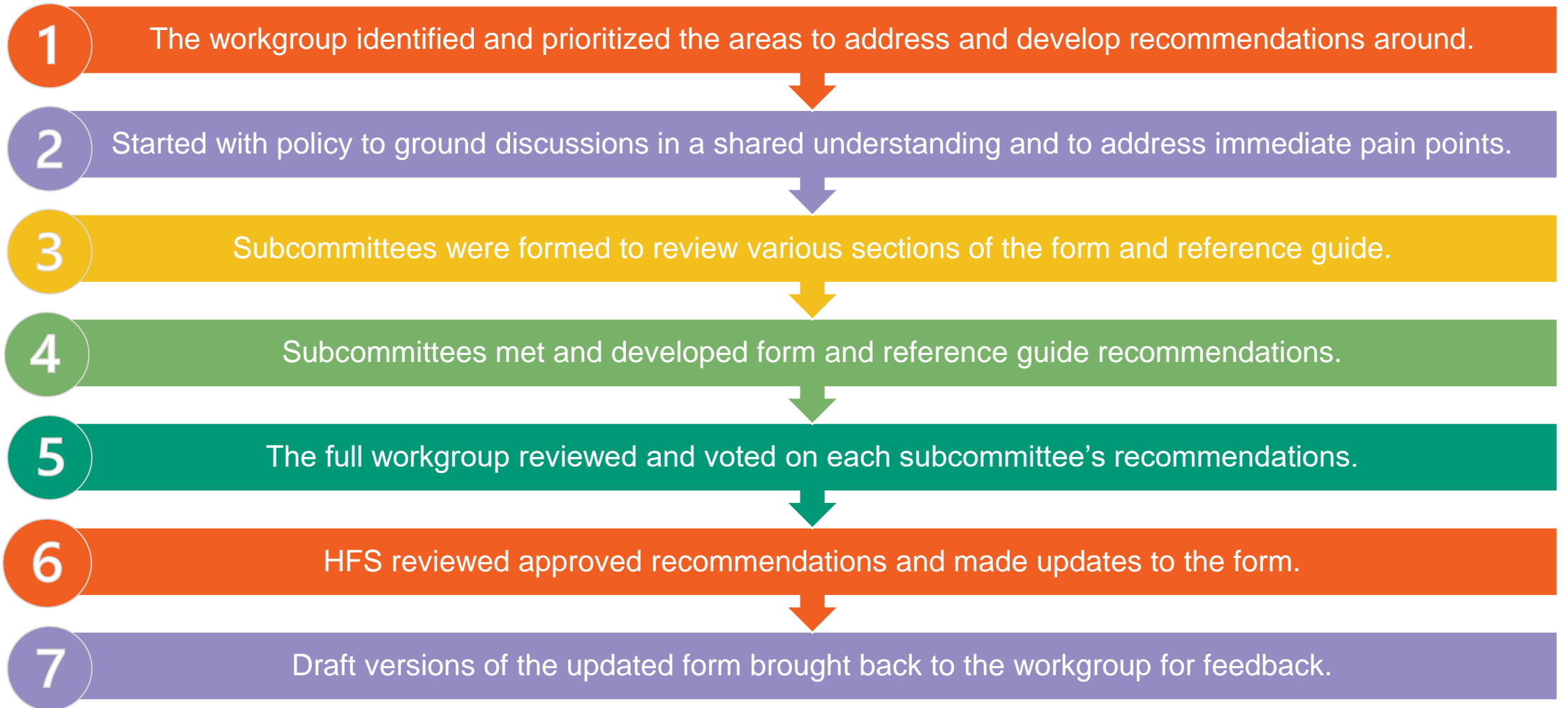
- Stephanie Barisch (co-chair), *Center for Youth and Family Solutions*
- Matt Stinson (co-chair), *Provider Assistance and Training Hub*
- Kathryn Bangs, *Egyptian Public Health Department*
- Rebecca Horwitz, *Kenneth Young Centers*
- Carlie Kasten, *Community Resource Center*
- Laura Kuever, *Catholic Charities*
- Chelsea Mueller, *Heritage Behavioral Health*
- Cris Mugrage, *Sinnissippi Centers*
- Eileen Niccolai, *Thresholds*
- Virginia Rossi, *Thresholds*
- Michelle Zambrano, *Will County Health Department*



# About the IM+CANS Workgroup

- First met in November 2021.
- Advise HFS with respect to the implementation and usage of the IM+CANS in the behavioral health service delivery system.
- Provide feedback on IM+CANS related policy, operations, technical, and quality improvement activities and initiatives.
- Made up of 11 voting provider members, with HFS staff serving as technical advisors and providing administrative support.
- Meetings are open to all, with opportunities for public comment.

# Steps Taken to Update the IM+CANS





# IM+CANS Workgroup Next Steps

## Next Meeting:

Wednesday, January 10

10:00 AM – 11:00 AM

Agenda and meeting link will be posted to the [IM+CANS Workgroup Webpage](#)

## 2024 Workgroup Plans:

- Monitor and provide feedback on implementation efforts
- Expand the workgroup membership
- Establish an ongoing cycle for form updates
- Shift to discussing IM+CANS clinical usage, data, and quality



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# Purpose of the IM+CANS

- Serves as a foundation of transformation for behavioral health in Illinois.
- Provide a comprehensive, integrated platform for assessing the global needs and strengths of customers across the lifespan who require behavioral health treatment.
- Link assessment and treatment planning, ensuring there is a thread between a customer's identified needs and strengths and their treatment recommendations.
- Create consistency, standardization, and a baseline across the behavioral health system.



# Vision of the IM+CANS

- Mass customization
- Increased customer and family engagement
- Reduce need for customers to retell their story

## Customer-Centered Treatment



- Creates a common language across customers, families, providers, and payers
- Establishes a baseline dataset from which quality initiatives can be measured

## Data-Driven Decision Making



- Certification follows the clinician
- Establishes a baseline clinical standard for treatment
- Ongoing training and quality improvement opportunities

## Workforce Development



- Allows for the reduction of duplicate collection of administrative and clinical data points
- Creates consistency and standardization

## Multi-Payer, Multi-System Platform



Myth



VS



Fact

I have to ask every question on the IM+CANS.

1

Not every data field on the IM+CANS must be filled in for the IM+CANS to be considered complete or in compliance with policy.

The IM+CANS will take me hours and multiple sessions to complete.

2

The IM+CANS is an information integration tool, not a clinical interviewing guide. It does not dictate how an assessment should be completed.

The initial IM+CANS must be comprehensive.

3

It is expected that a customer's initial IM+CANS will not provide as full a clinical picture as future IM+CANS will. Clinical judgement should drive what's covered in the initial assessment.

I'm going to fail an audit if I leave any blanks on the IM+CANS.

4

A Medicaid audit focuses on ensuring provider reimbursement was appropriate. A completed IM+CANS must minimally document medical necessity for the recommended services, including authorization from an LPHA.

I can't use another provider's IM+CANS for the same customer.

5

There is no regulation prohibiting a provider from delivering services when recommended on an IM+CANS signed by an LPHA from a different agency. Providers must work together to share clinical information and reduce unnecessary overassessment of customers.



# A Few Other Key Takeaways

1. The IM+CANS belongs to the customer and follows them across their treatment.
2. The IM+CANS is not a checklist – it is clinically inappropriate to treat it as such.
3. The IM+CANS scales based on the needs of the customer.
4. Compliance and clinical best practice are not the same thing.
  - Policy establishes the standard for compliance and a base floor for clinical practice.
  - Clinical leadership and individual clinical judgement is the driver of assessment.

# Transition to the Updated IM+CANS

- The updated IM+CANS forms were posted to the HFS website September 29, 2023.
- A full summary of changes is posted on the [IATP webpage](#).
- Providers billing for IATP services must transition to using the updated version of the IM+CANS by April 1, 2024.
- Staff do NOT have to re-certify to use the updated form.
- Additional recommendations from the IM+CANS workgroup will be incorporated into an updated version of the IM+CANS Reference Guide.



# General Changes to Highlight

- All modules were moved to a new Modules Addendum.
- Instructions and prompts, particularly for Supporting Information boxes, were updated in many places to provide additional clarity to users.
- Sections with tables were generally replaced with open text boxes to allow known information to be better captured.
- Psychiatric Problems section was removed.
- The Mental Status Exam was fully replaced to better reflect clinical practice.
- Diagnosis was updated to only require ICD-10 diagnosis codes.

# CANS Item Changes to Highlight

- Deleted items:
  - Substance Use Module
  - Sexually Problematic Behavior Module
  - Grave Disability
  - Preschool/Daycare Quality
- New items:
  - Suicide Risk Module
  - Addictive Behaviors (age 6+)
  - Prenatal Care and Birth Weight (age 0-5, moved from HRA)
- Changed items:
  - Atypical/Repetitive Behaviors age range changed to full lifespan
  - Mania changed to 6+
  - Intimate Relationships changed to 12+
  - Flight Risk and Runaway combined

# Plan of Care Changes to Highlight

- Shift from “treatment plan” to “plan of care” terminology.
- Reinforced language of lead and shared IM+CANS providers.
- Created a new section to capture global goals for the customer.
- Provided options for treatment objectives to be completed and maintained by each treating provider.
- Streamlined the recommended behavioral health services section and updated prompts to ensure non-Medicaid services can be included.
- Added new text box to capture any important information related to referrals.

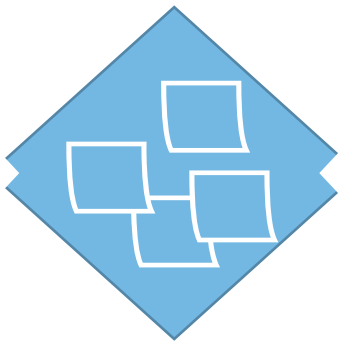


# Upcoming Implementation Activities



**IM+CANS  
Reference  
Guide**

*Targeted 1/1/24*



**IM+CANS  
Desk Aid**

*Targeted 1/1/24*



**Updated IATP  
FAQ**

*Targeted 1/1/24,  
with ongoing  
updates as  
needed*



**PATH  
Training  
Updates**

*Targeted 3/1/24*



**Portal Data  
Dictionary  
Update**

*Date TBD*



**Portal  
Updates  
Webinar**

*Date TBD*



**Portal User  
Manual**

*Targeted 3/1/24*

# Where can I get additional information?

- [IATP Webpage](#)
- [IM+CANS Workgroup Webpage](#)
- [IM+CANS Provider Portal Webpage](#)
- [CBS Services FAQ](#)
- [HFS Provider Notices](#)
- [Medicaid CBH Policy Overview Slides](#)





# THANK YOU!



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