HFS
Illinois Department of
Healthcare and Family Services

IM+CANS Workgroup Meeting Minutes

Wednesday, April 12, 2023 | 10:00 A.M. to 11:30 A.M.
Meeting held virtually using WebEx

I. Roll Call

Ellie Feldman	JCFS
Cris Mugrage	Sinnissippi Centers
Stephanie Barisch	Center for Youth and Family Solutions
Laura Kuever	Catholic Charities
Virginia Rossi	Thresholds
Matt Stinson	University of Illinois School of Social Work
Rebecca Horwitz	Kenneth Young Center
Carlie Kasten	Community Resource Center
Kathryn Bangs	Egyptian Public Health Department
Eileen Niccolai	Thresholds

A quorum was established with 10 of 12 members present.

II. Approval of Meeting Minutes

a. March meeting minutes vote; approved, no changes or edits.

III. Updates

a. PATH Training Updates
    i. New course is launching, working on a new motivational interviewing course in early FY24.
    ii. New self-paced CSP course coming will help with annual renewal and will be updated annually (same with de-escalation), working on a TCOM overview (May).

IV. IM+CANS Portal Discussion

a. needs to be updated (e.g., RIN, DOB).
b. Training on how to fill out consent forms, currently being reviewed by legal/privacy officer.
c. Updating diagnosis codes in the portal, looking for a release possibly before the next workgroup meeting, and working with programmers to get an updated data dictionary, should fix some portal issues.
d. Manual entry of IMCANS- **Portal Requests Updates-** making progress toward implementing looking up active clients in the portal, there are

several steps to this, including data validation to email HFS a list of the glitches they face in order to assist in conversations with programmers.

e. The client is at another agency first, the next agency can't update the master record as part of ongoing conversations with programmers.
f. **Vote on Portal Recommendation**
    i. Members approved.
    ii. HFS to post finalized recommendations to the HFS website.

V. IM+CANS Form Discussion

a. **Review of Updated Assessment Portion-** HFS shared a preview of the updated assessment portion with members for review and feedback. The treatment plan portion will be examined at a future date.
b. Discussed how changing the caregiver language is helpful for a variety of reasons, including a reminder to complete the addendum and to allow the caregiver piece to be more inclusive.
c. More language added regarding trauma exposure, including a "supporting information" section where other traumas may be listed.
d. Atypical is a lifespan.
e. Substance use is 6+ and pulled out from being a module to an addendum.
f. Mania is 6+
g. Life Functioning- there were a couple of ideas that were not accepted because they're in decision support criteria (communication, for instance, currently can't move to developmental but will be reconsidered in the future)
h. Risk behavior- couldn't remove bullying; combined flight risk/runaway, added a module for suicide risk, some recommendations regarding sexually problematic behavior to make changes with pulling out sexual aggression was accepted, no longer a submodule.
i. Prior mental health treatment is no longer a table; adjusted to a text box with a prompt.
j. Mental status was completely redone (not a recommendation)-a suggestion was made to align thoughts/perceptions yes' and no's (HFS made this change in real-time)
k. Strengths-not much change was made to this area, some more information is to come in a reference guide.
l. Family hx- added more information in the notes to reiterate that this is to capture information that is not covered elsewhere.
m. Diagnosis- used to have ICD and DSM, defaulted to ICD because that's what would go on a claim; added an "additional information" box in case it is helpful, but it is not necessary to complete (monitoring, using a code that's not as specific, etc.). Added "preventative diagnosis" box. Cris suggested "monitoring diagnosis" as an addition.
n. Mental health summary prompt needs editing. Cris suggested using medical necessity portions (diagnostic criteria, function impairment,

treatment recommendations). May want to include the reason for ongoing services on reassessments and may need to add a box to treatment planning to capture information.

o. Does it make sense to pull out module items to streamline the documentation; and separate the module at the end of the assessment, completed as necessary, rather than within the CANS assessment? made a change to 'quality' for school; added suicide module; replaced the sexual *** with sexual ***, substance abuse is removed for now.
    i. Providers will still reformat; those doing the paper format may have more input to this design-
    ii. It'll be an adjustment (just got their folks up and running) but love the simplicity of the separated modules.
    iii. Staff have trouble completing addendums before treatment planning, and staff do not always consider these items. Concern that clinicians may complete the primary assessment portion and then forget the addendum. Stephanie noted this change will mostly affect providers who use the paper version of the CANS Assessment.
    iv. Shared concern: is there another narrative box to capture supporting information? Currently, there is one in section 3 that has notes to add addendum information there. There is some potential for feedback here. Is it possible to have triggering of opening a module that ties to the correct rating in the portal? This can be explored by HFS.
    v. General feedback – those who spoke shared appreciation for the simplicity of having modules placed at the end, potentially improving ease of use. However, a concern about the modules being forgotten.
p. 3a Behavioral letters/pages need scrubbing-this is true for the whole document.
q. Printing from the portal needs a review.
r. Section two-parent, guardian area: concern regarding tying 'caregiver' and 'significant other' in the same area-remember this really is the secondary contact area in its inception. This is different from emergency contact (individuals may choose a different person here given family structure)
s. What other recommendations were declined? Bullying items stayed (decision support criteria rationale) everything else was accepted on this part, still working on the treatment plan.
t. HFS – consensus to support accreditation requirement (CARF, L COA, The Joint Commission).
u. HFS asked for feedback on how to implement updates, recognizing work that still needs to be done on the treatment planning portion. HFS presented two options for feedback; Option 1: release all updates at once

(portal/EHR perspective timing?), or Option2: introduce updates in phases (paper and portal version)?

i. Updates in phase would be a challenge, with constant changes, and since they do not have control over the update (purchased as a module).
ii. Concerned it would be hard to go in phases. She will check with her system developer, to see what impact this may have.
iii. Planning and training, phases may be difficult.
iv. Phases would be difficult to implement.
v. General feedback – most of the feedback demonstrated a preference for introducing updates all at once. Concerns over implementation in phases.

v. How much shorter the new version of the IMCANS form is? HFS stated that the length of the assessment is the same (4 pages). They will not know the total length until the treatment plan portion has been completed.
w. HFS welcomed feedback on recommendations and changes.
x. Issue of parent signature being required for the form. HFS responded it may be helpful if attestation was more inclusive/flexible of acceptance to withhold information. The issue is on pause while waiting to see what can be done on the updated treatment plan portion. Potentially propose an adjustment to form as part of the treatment planning section.
y. Recommended language changes to manual? HFS – is not ready to tackle the project yet. Can't review the whole manual in workgroup meetings but will keep the workgroup informed about changes.
z. In the portal, update every 180 days (reassessment). If there's a minor change in the treatment plan, not associated with IATP updates/goals, does that change need to be submitted in the portal? After adding the recommended service? HFS – adding a new service to treatment plans requires a signature and a new upload to the portal.
aa. ERH, trying to make sure every diagnosis code has a short description provided by the clinician is becoming a nightmare. Consider using SNOMED codes (problem list). Ellie – a short description should be the name of the diagnosis. SNOMED code purpose is different from diagnostic code. Sandy – match diagnostic codes available at HFS, BP of clinical services says the list is outdated. Need to work to update the list to its more in line with the HFS list. HFS – HFS is working to update the data dictionary list of ICD-10 codes. Top priority with the program team.
bb. Spanish version of the consent form is available? HFS will bring it to the team.

VI. Public Comments

a. Public comments were received throughout the meeting and incorporated into the minutes. No final public comments.

VII. Next Steps

a. Next meeting scheduled for Wednesday June 14, 2023.

VIII. Adjournment