

**Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)
Workgroup Meeting**

Wednesday, May 8th, 2023, | 10:00 A.M. to 11:00 A.M.
Meeting held virtually using WebEx. Pre-registration is not required.

I. Roll Call

Stephanie Barisch	Center for Youth and Family Solutions
Matt Stinson	University of Illinois School of Social Work
Cris Mugrage	Sinnissippi Centers
Chelsea Mueller	Heritage Behavioral Health
Michelle Zambrano	Will County Health Department
Rebecca Horwitz	Kenneth Young Centers
Laura Kuever	Catholic Charities
Eileen Niccolai	Thresholds
Virginia Rossi	Thresholds

Quorum achieved with 9 out of 11 members in attendance.

II. Approval of Minutes

April meeting minutes were approved.

III. Updates

1. IM+CANS/ PATH Training:

- a. Instructor-led Motivational Interviewing Companion course: we continue to run that course once a week and it is still filling up but slowing a little. We will pull the live instructor course at the end of June. We will have the recorded session available after June.
- b. There was an additional communication on the listserv for the courses. We will keep sending out updates to as many people as possible. Care planning and CANS courses will remain available. The summary of changes will be coming down. The new IM+CANS certification course as of 4/1/24 is representative of the changes.

2. IM+CANS Updates:

- a. Direct Data Entry User Guide:
 1. The DDE User Guide will help our Direct Data Entry (DDE) users navigate the portal and provide some helpful tips. This guide should be completed within the next few months. After posting, HFS would like some provider feedback on the guide to see if we need to do a

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walkthrough. HFS would also like to thank providers for submitting their DDE-related questions through the IATP inbox. These questions helped HFS staff create the information that will be laid out in the DDE User Guide.

- b. Reference Guide Updates:
 - 1. Posted 4/7/2024 to the HFS website. HFS welcomes as much feedback as possible to ensure the guide is as user-friendly as possible.
- c. Portal Fixes/Updates/Reminders:
 - 1. Based on provider feedback our Portal Team increased the limitation of one narrative field from 100 characters to 1,000.
 - 2. HFS received some provider feedback around the visual layout of the portal, this is still being discussed internally.
 - 3. There is no update to the services section currently. HFS is reviewing the feedback between goals and services and looking at measures to streamline the treatment plan without losing any vital information. HFS is not prepared to make a design change at this time.
 - 4. Providers who intend to use the IM+CANS Provider Batch Upload feature should begin working on getting recertified. There have been minor errors in our program file, and we want to encourage people to go through the test files carefully and send one file with every field completed that is the best way for the programmers to see if there are any issues. Our programmers are asking for that one record to pass with no warnings at all, so we know things are passing correctly. That process takes time, and no one has come through cleanly so far. If you wait till 6/30 to start testing, that is too late. Everyone should be testing by 6/1, and there will be some back and forth as our programmers will work to get providers through the process.

IV. Q&A:

- a. Will there be ongoing meetings with EHR developers and HFS' Portal IT Team?
There are no standing meetings with EHR developers and HFS programmers currently.
- b. What is the ETA on updates on the substance abuse module?
We do not have an update at this time.

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- c. Are all items required to be completed on the IM+CANS?
All the data is important for a variety of reasons. Some things are more intuitive to do analytics in the future.
- d. Are updates only for DDE users?
The portal does accept updates in DDE and batch uploading.
- e. Can you clarify how providers should score the suicide risk module?
There is a little inconsistency, the suicide risk module is scored using only 0 or 1: (the Word version still has 0-3) It is designed to be scored as a yes or no question 0 is no, and 1 is yes. We will leave it until next time, when we will ask for it to be scored a 0, or a 1. The next time we update we will discuss as a group.
- f. What are HFS's future and current intentions for the IM+CANS data stored in the IM+CANS Provider Portal?
HFS uses the IM+CANS data to make determinations for the Pathways to Success program on kids that are entered into the portal. MCOs also get the data entered into the portal for their members. In the future, we will want to focus on meaningful use of our data, look at trends, determine who is accessing our services, and track outcomes.
- g. Is there a timeline for IM+CANS data shared access with other providers?
HFS does not have a lot to share. We intend for the portal to reflect that every customer has a lead provider responsible for maintaining the IM+CANS and other providers are updating as needed. We need a better process to update that in the portal and for providers to tell us when they are no longer working with a customer. There are a lot of privacy issues to work through before we can accomplish this. No researchers have access to the portal data.
- h. Are the additional provider signatures on the bottom optional?
It may be optional, but adding the additional signatures is to assist in the sharing capability we discussed earlier. There are too many

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scenarios to account for. We strongly encourage collaboration, so everyone is on the same page with what is happening with the customer.

i. Is certification required in order to batch upload?

Batch uploading certification has always been required and we are asking that everyone recertify for the new batch uploading process. There is no class to certify but connect with the HFS programming team. They will work with you to get certified. There are no certification requirements for providers that use the direct data entry method to enter IM+CANS data into the Provider Portal.

j. What should providers do when we have residential kids who refuse to participate to work on documenting that in the narrative?

You can add goals in their language, and you don't have to pull direct goals. Providers can use more trauma treatment language and help the family or youth to narrow that down with conversation and where the focus would be and help them get to the language they want to use. Providers will want to pull in information from the documentation you have and make goals for them using the youth's own language.

V. Discussion:

- a. Please remember the following: The treatment plan section has repeated information in sections 13C and 14 about treatment objectives. This is because one section is in the client's words and the other is in the counselor's words. The reason for this is that the goal should always be in customer-centered language and should not be split. The entire CANS should be moving towards the client and family perspective in the language they understand. The separation is to allow the tool to accommodate multiple providers working with the client. During team meetings, we may want to use those goals, and that section to assist in better communication.

Our aim is to be able to pull the objectives out so they can be more customizable when there are multiple providers working together. Some

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providers duplicate the client's goal and put it into 14. Section 13 C is where you can type the goal and section 14 is the treatment objective and they are not the same but there is a section to retype goal 1.

IV. Next Steps:

- a. The next meeting is planned for June 12th, 2024.

V. Adjournment.