

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

Wednesday, October 11th, 2023, | 10:00 A.M. to 11:30 A.M.

Meeting held virtually using WebEx. Pre-registration is not required.

<https://illinois2.webex.com/illinois2/j.php?MTID=m2f55a2bb0b72dec54e256d5aa0a76b0d>

To Join by Phone: +1-312-535-8110 (Chicago) or +1-240-454-0879 (USA Toll)

Meeting number (access code): 2460 906 4410 Meeting password: V3qqSkNFS87

ATTENDANCE

Stephanie Barish	<input checked="" type="checkbox"/>
Matt Stinson	<input checked="" type="checkbox"/>
Cris Mugrage	<input type="checkbox"/>
Chelsea Mueller	<input checked="" type="checkbox"/>
Kathryn Bangs	<input checked="" type="checkbox"/>
Carlie Kasten	<input type="checkbox"/>
Michelle Zambrano	<input checked="" type="checkbox"/>
Rebecca Horwitz	<input type="checkbox"/>
Laura Kuever	<input checked="" type="checkbox"/>
Eileen Niccolai	<input type="checkbox"/>
Virginia Rossi	<input checked="" type="checkbox"/>

QUORUM: achieved: 7/11

The meeting began date and time: 10/11/2023 1001.

AGENDA ITEMS:

Approval of Meeting Minutes: 4/12/2023, 6/14/2023, 8/9/2023, 9/13/2023 Meeting minutes approved. One exception: Chelsea and Stephanie will need removed from the 9/13/23 meeting attendance record.

PATH Updates:

Self-paced course 200 participants completed, IM. How are we notifying providers that these trainings are available-consider email blasts to improve access and attendance? HFS will do through Listserv to address training opportunities, name, and link to courses to sign up. Updated CANS tool training- cross-referencing curriculum and training on the updated IM+CANS or CANS 2.0.

No update for ACT/or CST yet.

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Portal updates: Programmer around updated tool, pull in portal recommendations, and determine timelines. Updating fields. Release of some updates by the end of the year major items: ICD10 Code list more expansive, Service Type Options to include Pathways services, RIN verification process- institute new checks with RINs and DOB that are submitted into the CANS, with the initiation of an error flag, provider will need to address to errors, based on the guidance provided by HFS. Testing on-going. Plan that these will be released by the end of 2023. The last update would be turning the option of updating IM+CANS on in the portal, especially for DDE providers. Develop guidance preemptively, and share this information with providers, while trying to limit the technical impact on providers, by working closely with our portal team and providers. We will work in a continuum to address concerns as they arise.

Questions:

Are you going to increase the 50-upload limitation and allow one submission for multiple NPI's per agency?

How will current clients be transitioned into the Portal for new Reassessments with previous information repopulating? (we complete directly in the portal). HFS plans to make the transition as easy as possible we are still ironing out the final process.

HFS: If any specific questions are not addressed during this meeting please feel free to email the HFS.IATP inbox and we will respond. Thank you!

Discussions:

HFS: We plan to have a webinar to address the updated IM+CANS. Feedback around the updates. Technical questions will be addressed in the upcoming weeks. How can we communicate better? An updated FAQs in the works. In other

The clinical use age range has been expanded. Has PRAD approved the clinical guidance or recommendation updates? HFS plans to release an update to the reference guide before 4/1/24, possibly by or at the earliest in December 2023. Summary with the changes and how they align with the form- so a summary of the reference guidance as well. Shifting the philosophy of the IM+CANS tool, weave this into the webinar. What are some of the topic issues: Not using the CANS as an interactive tool but trying to check each box. Enough info to support dx and medical necessity. Discuss the shifted culture, and clinical interview approach, and use clinical skills and judgment. Do not have to do or touch on everything, address the

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current needs, and reassess and update as the relationship progresses. Reinforce the use of comprehensive clinical interviews. Lead agency- and other agencies are competing with IM+CANS submissions, thus locking out the CCSO from submitting. Plan to ID and define the Lead provider in the portal.

Group Suggestions:

Workgroups/cohorts with other providers to discuss best practices and improve the narratives and treatment goals.

I am looking at the summary of changes and it looks like the SU history section is removed and the module for SU. Will SU not be included in the IMCANS or is it being updated? HFS:

Addictive behaviors are updated, SU is still pending, SU Addendum is pending to accommodate ASAM- will need additional input from our sister agency SUPR, to be available in the future date.

For the updates expected at the end of the year, are there expectations that providers will need to make changes to their files, and if so when will providers need to be in compliance?

HFS: Expectation by 4/1/24 providers are utilizing the updated form, and can use it as early as wanted, technically DDE/Batch uploads by using intention is to be up and running by 4/1/24, some issues could arise by HFS and providers which can impact this timeline. Providers will need new file layouts in advance and technical information and education will be provided by HFS in the near future. So the changes in the summary and the updated version are ready for use at this time? There will be no other updates coming out. Just to clarify, looking to see if it is ready for our IT team to work on development in the EMR. HFS has no plans to make any more updates this is the final version.

Is the Health risk assessment returning? I saw it listed in the email from HFS.

HFS: HRA has been updated, it is not required, it will not be required to be uploaded on 4/1/24, but it will be in the middle of 2024, and providers will have 90 days to implement once HFS has decided to require this upload.

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So the changes in the summary and the updated version are ready for use at this time? There will be no other updates coming out. Just to clarify, looking to see if it is ready for our IT team to work on development in the EMR.

Will there be updates in the future that will include using the DC:0-5 diagnostic criteria for those youth receiving services in that age range? HFS: Claims still require ICD10 Codes, a crosswalk is available to crosswalk that information. HFS requires ICD-10 codes, we have another option to add additional information.

PATH: Education and training by early 2024,

Section 15 in the IM+CANS references an IM+CANS Appendix A. Where can that be located? HFS: HFS will update and post this soon. HFS is working on a fillable pdf version of the forms, and a Spanish version as well. A provider notification will be sent.

Meeting cycle:

Beginning in April 2024. Process for adding members-defer to HFS to identify additional provider types, FQHCs, IPs, Managed Care, etc. Possibly create an application process, and provide time commitment, contributions, and participation requirements.

Just putting on record: Trilogy is always open and interested in helping with whatever workgroups or initiatives are needed!

Same for Cornerstone Services

Chestnut Health Systems as well!

HFS: Trade associations and agencies volunteered our current members. HFS wants the full spectrum of providers/users.

If you intend to add private LPHA to the group (considering that they should be using the IMCANS), I would love to rejoin.

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Rosecrance would be interested in joining the work group as well.

Our Children's Homestead would be interested as well.

One Hope United would also be happy to participate as well.

Nicasa would be happy to assist.

Next meeting: The team feels that the next meeting should be in January to determine progress and then determine the next meeting based on the rollout. 1/10/24- next IM+CANS meeting, then decide on the next meeting. New invite for this workgroup for next year, website info will be updated.

HFS- to dispense data from CANS- not at this point. Providers want to know what the state is going to be looking at data-wise so that providers can realign their priorities. Population health, trends, outcomes, etc. reinforces the organizational benefits of using the CANS.

This is somewhat separate - but does anyone know what is going on with the DAT-STAT website? It has been down 2-3 months and the contact person from DMH - their state phone number is disconnected. I know one of you responded to my asking about it maybe a month ago (that you had reached out to DMH as well), but we have not heard anything else. Do we know if we have to continue using the Ohio/CIS and if the site-to-input date will be coming back?

HFS: Per Yolanda Linares with the Illinois Department of Human Services on 10/11/23: DatStat system has been deactivated and is no longer a requirement for providers to complete outcome assessments. But the PracticeWise resource database is available for providers through the DHS website. [IDHS: PracticeWise \(state.il.us\)](https://www.idhs.gov/practicewise)

Multiple providers are doing manual DDE. I'd like to make notes on the copy of the new Word version. HFS: The updated IM+CANS is located on the HFS IATP Web page located here: [IATP | HFS \(illinois.gov\)](https://www.illinois.gov/iatp) under IATP Materials.

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Next Steps/ Follow Up

ACTION	RESPONSIBLE STAFF	DUE TO	DUE DATE
How long to get the spec document?	Kristen	Agencies	
Portal Glitches update	Kati/ Kristen	Agencies	
Rule change timeline	Kristen	Agencies	
Accreditation supplements suggestions emailed to Kristen	Agencies	Kristen	

ADJOURNMENT DATE & TIME: 10/11/23 10:59.