

Illinois Department of Healthcare and Family Services
IM+CANS Workgroup
Meeting Minutes
November 17, 2021
Held virtually via WebEx

I. Roll Call

Workgroup Members Present

Matt Stinson	University of Illinois School of Social Work
Ellie Feldmann	JCFS
Carmen Gonzalez-Djangi	Metropolitan Family Services
Cris Murgage	Sinnissippi Centers
Chelsea Mueller	Heritage Behavioral Health
Carlie Kasten	Community Resource Center
Laura Kuever	Catholic Charities
Eileen Niccolai	Thresholds
Virginia Rossi	Thresholds

A quorum was established with 9 of 14 members present.

II. Approval of Minutes

- a. Minutes from November 3rd and November 17th meetings were approved

III. Review of Proposed Buckets and Topics

- a. Topics identified during the previous meetings were organized into “buckets” by HFS, including anticipated timeframes for implementation. The list of buckets was discussed, including adding and clarification of topics.
 - i. Addition of accreditation groups to consider, including CARF and COA
 - ii. Ways to document no change included under topic “how to show maintenance”
- b. The estimated timeframes for implementation were clarified by HFS:
 - i. Long term items indicate that the item may not be able to implement for 6+ months, such as modifications to Rule or the Portal.
 - ii. Not actionable indicates these are items that HFS does not have flexibility on. Recommendations can be made by the Workgroup, but HFS believes they cannot be adjusted.
- c. The 180-day completion timeline was discussed as a not actionable item. HFS believes that clarifying the expectations around reassessments and updates will address some of the concerns around the 180-day timeframe.
- d. The billable time when completing the service of IATP was discussed, including what counts as billable time vs. what is not billable time. Workgroup members indicated that the current billing rate with the \$8 add on does not fully offset costs for documentation time. Additional clarification about billable vs. non-billable time is needed.
 - i. HFS indicated that questions around the Fee Schedule and billable time can be included into the Rule 140 FAQ.

IV. Prioritization of Topics

- a. Workgroup members entered their priority of buckets into the chat with the following result: policy, tool updates, training, portal, confidentiality issues, clinical, collaborative work
- b. Some topics from the buckets may overlap into other buckets. The prioritization is not meant to determine what the Workgroup discusses but provide structure for the meetings.
- c. The Workgroup also identified that they would prefer not to conduct breakout groups, and instead discuss in the larger group. It was indicated that this can be revisited if the Workgroup feels the larger group is not the best use of time.
- d. The Workgroup also determined they would like to discuss items indicated as not actionable and provide recommendations and input to HFS.
- e. The Workgroup began discussing the HRA as the first Policy Topic.
 - i. The intent of the HRA was to promote integrated care and capture co-morbidities. HFS proposed removing the HRA requirement, several Workgroup members identified that there is value in the HRA, but it could be streamlined.
 - ii. The Workgroup proposed that a smaller group meet to discuss ways to streamline the HRA, the Personal Health Survey, and possibly combine the two.
 1. Cris Mugrage offered to chair the sub-group.
- f. The Workgroup discussed the topic that a Psychological Assessment cannot be completed without the completion of an IM+CANS. HFS believes that is not true. Members indicated that language in the CBS says that medical necessity for a Psychological Assessment is established via the IM+CANS. HFS indicated that was not the intent, and that the issue can be addressed in the Rule 140 FAQ and a future CBS Handbook update.
- g. The Workgroup discussed additional items for inclusion on the Rule 140 FAQ. HFS will review the possibility of getting into a regular FAQ update cycle.
 - i. Questions for inclusion on the FAQ can be sent to HFS.BHCompliance@illinois.gov
 - ii. HFS will solicit questions from providers and Trade organizations
- h. The Workgroup discussed the requirements for monthly care plan reviews in CST and ACT. It was identified that the requirements to do monthly care plan reviews is within the scope of the group because it is in Rule 140. However, FSP Residential IM+CANS updates do not fall within the group, as it is not a Medicaid service and is program specific, so is outside the scope of the Workgroup.
 - i. It was identified that this topic overlaps with the question of updates/reassessments and how to show that you are preventing a higher level of care, not necessarily progress.

V. Public Comments

- a. CBHA had a question about the HRA: if the HRA was not a requirement for everyone, could the form change? And if the form changes, does this mean that it is long term item?
 - i. The form is easier to update, while the Portal takes more time to update.

VI. Next Steps

- a. Due to the Holidays, it was discussed that the December 29th meeting would be rescheduled to January 5th.
- b. *Due to illnesses, the December 15th meeting was cancelled after this meeting occurred*

VII. Adjournment