

**Illinois Department of Healthcare and Family Services**  
**IM+CANS Workgroup**  
**Meeting Minutes**  
**January 5, 2021**  
**Held virtually via WebEx**

**I. Roll Call**

**Workgroup Members Present**

Stephanie Barisch	Center for Youth and Family Solutions
Matt Stinson	University of Illinois School of Social Work
Ellie Feldmann	JCFS
Carmen Gonzalez-Djangi	Metropolitan Family Services
Cris Mugarage	Sinnissippi Centers
Chelsea Mueller	Heritage Behavioral Health
Carlie Kasten	Community Resource Center
Daphne Bogenschneider	The Helen Wheeler Center
Michelle Zambrano	Will County Health Department
Laura Kuever	Catholic Charities
Eileen Niccolai	Thresholds
Virginia Rossi	Thresholds

**A quorum was established with 12 of 14 members present.**

**II. Approval of Minutes**

- a. Minutes from December 1, 2021 meeting were approved with no edits

**III. Health Risk Assessment Workgroup**

- a. The Health Risk Assessment Workgroup will meet on January 13, 2022 to discuss the Health Risk Assessment and Personal Health Survey

**IV. Prioritization of Topics**

- a. The prioritization of topics identified during the December 1, 2021 meeting was included on the agenda for the January 5, 2022 meeting

**V. Audit Concerns**

- a. HFS provided a Medicaid Community Behavioral Health Policy Overview presentation that covered modifications to Rule 132, modifications to Rule 140, and how the changes impacted audits for Community Mental Health Providers
- b. Discussion after the presentation discussed the transition
  - i. Rule 132 was very specific, and so switching to Rule 140, the lack of specificity creates anxiety.
  - ii. Through the changes to Rules 132 and 140, HFS tried to provide flexibility for providers, and find a balance. Some of the requirements were specifically scaled back to alleviate paperwork and other requirements.

- iii. Under these new audit requirements, what does medical necessity look like, and what is required to establish it? Previously, using N/A wasn't allowed on the mental health assessment, which made it invasive for clients.
  - 1. Sections of Rule 140 and the Community-based Behavioral Services (CBS) Handbook contain medical necessity definitions for every service
  - 2. The rating on the IM+CANS should support the identified diagnosis and support the recommended services. It is based on the clinicians clinical judgement which services are recommended.
- iv. The question of 180-day completion requirements was posed, and why HFS will not consider it.
  - 1. Treatment plans have always had to be completed every 180-days. HFS believes that when the treatment plan is reviewed, the assessment of needs that is the basis for the treatment plan should also be reviewed and updated.
- v. If providers do follow HFS guidance, there are concerns that they won't receive authorization for services from the Managed Care Plans.
  - 1. If this is the case, HFS can discuss how the Plans use the IM+CANS when conducting prior authorization reviews
- vi. The IM+CANS is intended to provide common language and common understanding of where people are at.
  - 1. The tool is not the engagement tool, the clinician is. It's meant to identify the needs of the client through the clinicians engagement.
  - 2. IM+CANS aren't necessarily clinical in nature, it's what the clinicians do with the identified needs that result in the clinical piece.
- vii. HFS wants to move the system from a compliance focused system to focus on quality of care

**VI. Next Steps**

- a. The presentation used by HFS is available on the [HFS Website](#)
- b. Next meeting will revisit the policy bucket, and discuss what the Workgroup will focus on, as well as what to communicate to providers and include in the Rule 140 FAQ.

**VII. Adjournment**