

IM+CANS Provider Portal Webinar Training FAQs

After the LPHA signature, is the IMCANS locked

No, after an LPHA signs the document edits are still possible so that providers can create updates to the IM+CANS as the client continues in services.

Also, do we need to input client's who have private insurance or self pay, or only Medicaid/Medicaid MCO clients?

Only IM+CANS on Medicaid, Managed Care and HFS funded program enrollees should be entered into the Portal.

Are consents needed for all clients, or only ones that we want to share IM+CANS with another agency?

Consents are only needed for IM+CANS that you wish to share with another agency. Please see the Authorization for Obtaining of Disclosing of Information Consent Form.

Are items able to be assigned to more than one goal?

Yes. In the treatment planning section, you can assign more goals to the items.

Are there plans for an automatic process for uploading?

At this point there are not have plans for an automatic upload process. It is something the Department may explore in the future.-

are we able to access 2 caregiver addendum for one IMCANS?

Not at this time. The system only supports a single caregiver addendum.

Are we still billing for IM-CANS the way we did before, or is the very act of submission in to the portal now going to accomplish the act of billing?

The IM+CANS Provider Portal does not change the method of submitting claims to the Department.

Are we using the paper version of IM+CANS to keep record for clients', MHPs' and QMHPs' signatures?

Yes, you will still need to obtain paper signatures.

are you required to enter the narrative information into sections?

The narrative sections are not required. However, best practice is to use the Supporting Information sections for any documentation or additional information that needs to be documented.

As not all clients will open up about trauma right away, would you like providers to answer no when it has not be specifically discussed or just not answer?

Providers may leave the item blank while conducting the initial clinical interviews. However, when completing the assessment and sending for LPHA approval and you still don't have an answer, you should mark no until you can answer otherwise.

As this information is so much more intensive than what was just required for registration, do we need to change consents for what clients understand the state requires us to submit on them?

No, there is no additional consent required.

Before submitting the IM+CANS, do all items and HRA questions need to be answered

All items should be completed prior to submitting for LPHA approval. The HRA is separate from the IM+CANS in the Portal, and does not need to be completed prior to completing the IM+CANS.

Can an IT personnel upload batch on behalf of LCSW / IM+CANS Certified Clinician?

Yes - the IT personnel will need to work with their agency for access. To have access, you must be employed with an HFS enrolled provider, or be certified in the IM+CANS. You will have to be associated with the correct provider/agency in the system.-

Can IMCANS be downloaded to enter in our electronic health record?

The IM+CANS can be exported from the Portal as an Excel file. Agencies may be able to upload the Excel file export into their Electronic Health Record, depending on the capabilities of their Electronic Health Record. Agencies also have the option to code an export file from their EHR to upload into the IM+CANS Portal.

Can needs/strengths items be included under multiple goals? (the window showed only being attaching it to a single goal)

On the Summary of Needs and Strengths section, only one goal can be assigned. However, on the Treatment Planning section you can tie strengths to multiple goals.

Can the IM CANS be saved so an LPHA can go into the portal, review and sign if you completed it and require an LPHA's approval/signature before submitted?

Yes, an LPHA may review the IM+CANS within the Portal, however the provider will still need to maintain paper signatures.

Can the IM+CANS be printed when the document is not finalized (i.e., complete, but not signed by L). Thinking the LPHA may want to review the hard copy IM+CANS prior to giving approval (if not comfortable reviewing electronic version).

Yes, the IM+CANS can be printed prior to submission for the LPHA to review the hard copy.

Can the LPHA sign from a batch upload system as well?

Providers must maintain paper LPHA signatures. However, the batch upload will capture the name of the LPHA and date of LPHA signature.

Can we convert to PDF and print?

Providers are able to save the IM+CANS as a PDF by printing the IM+CANS and selecting the 'print to PDF' option in the print menu.

Can we give a log in and password to every clinician who completes an IMCANS and if so, how do we obtain that information?

Yes, there is no limit to the number of accounts per provider. Providers must work with the IM-Assist Help Desk to identify an Administrative User, who will then have the ability to create staff accounts.

Can we now print this out from the system to retain paper signitures for client and OMHP

No, the provider may not use the printed copy to have the client sign. You may print from the Portal to provide to the client and to maintain a paper copy. However, providers will need to maintain a paper signature from the Client and LPHA.

Can you cut and paste info from a word or PDF document

Yes, text items can be copied and pasted as providers are beginning to enter IM+CANS into the system.

Can you enter more than one place of service on the treatment plan and what would be the place of service for residential hall services?

You can enter more than one place of service, however, it is added as a separate service line by using the 'Create' field on the Treatment Planning section. There is a place of service code for Residential.

Can you give more information regarding clients we have "access" to? Does that mean any client who has a master record? And if so, how does client confidentiality play into that?

Providers are able to access the information for any client that they have generated a Master Record for by either creating the first IM+CANS for that client in the system or by creating a client. The Provider is also able to access assessments for clients that they have obtained appropriate consents from another Provider to view.

Can you search by last name or just first name?

You can search by either. Best practice would be to use the Wildcard search function, an asterisk *, whenever searching, which allows you to search by any search term.

can you share what platform this was built on? trying to understand if it is compatible with our system

The IM+CANS Provider Portal was built using Microsoft's CRM platform.

Could you clarify the access to the IM+CANS? So, for example, will our LPHA only have access to the ones they have entered or will they have access to all tied to the agency?

Accounts for provider staff and the IM+CANS are tied to each other by agency within the Portal. This allows for staff associated with the same agency in the Portal to access all IM+CANS created under that agency.

Could you go over the procedures on how to create user accounts for production and test system? thanks

Providers will work with the IM-Assist Help Desk to identify Administrative Users, who will then be able to create staff account access. If a provider needs access to the Test System to test their batch upload functionality, please contact HFS.CRMHelp@illinois.gov to request test system access.

Could you please describe difference between reassessment and update?

An update is a change to the IM+CANS during the 180 day period. A reassessment is done at the end of the 180 day period to reevaluate the IM+CANS and treatment plan for another 180 days.

Do we as therapists needs to be entering this information or should our agency person entering this information?

That is up to the provider. The provider may choose to have their clinicians enter the data for IM+CANS they complete, or may choose to have an administrative or data entry person complete the entry.

Do we have to use the portal if we are only billing MCOs?

Yes, providers who bill only MCOs for Medicaid enrollees must still enter IM+CANS into the Portal.

Do we need to observ a file naming convention when naming the file to be uploaded?

The Department does not have a specific file name convention, although it is strongly recommended that agencies develop their own naming convention for files for consistency and easy tracking.

Do we not have to do an IM+CANS at discharge anymore?

No, a discharge IM+CANS is not required.

Do you expect everyone to complete the HRA with clients or just medical professionals?

The HRA can be completed with clinical staff where the client receives behavioral health services, or with a Medical professional.

do you need to mark all bubbles. for example if something is ranked a zero or does not apply to the client do we have to click all zeros through all sections/ sections do not apply to the client to complete the form?

No, the Portal allows the option to leave items blank should you not have sufficient information to rank the item at that time. Prior to submitting the IM+CANS as complete, a provider should have all items completed.

Does each provider need a portal account or can you have one account for the agency?

There cannot be shared staff accounts to the Portal. Each individual that an agency would like to have access must have their own account.

does it include spellcheck for narrative sections

If the browser being used features a spellcheck function, that will also function in the IM+CANS Provider Portal.

Does that mean that a Q can update something on the form and not have the L approve the change?

After a change to the IM+CANS, an LPHA still needs to review and approve the change. However, you would not update the signature date captured in the Portal.

Does the 180 day for reassessment start on the day the LPHA signs off in the database?

Yes, the 180-day count starts on the date of LPHA signature. However, the Portal captures the true LPHA signature. If the LPHA signs the IM+CANS prior to entry in the Portal, the signature date entered into the Portal should be the true date the LPHA signed and approved the IM+CANS.

Does the summary bring in all items that are scored in a manner that would bring them in and then we have to choose, or does it pull in only a certain number and you'd have to edit to bring in one that wasn't injected automatically?

The Summary of Needs and Strengths will pull over any item ranked a 1, 2, or 3.

Does the system provide notifications or have reporting capabilities?

The IM+CANS Provider Portal does not feature notification capabilities. The IM+CANS can be exported from the Portal as an Excel file. Agencies may use this export file for their reporting needs.

does this alert the LPHA to sign?

No, there is not an alert functionality.

Does typing into text boxes count as "activity" with regard to timing out?

Yes

Eventually, will we have access to assessment completed at another agency?

Yes. The IM+CANS Provider Portal has a functionality for sharing assessments amongst providers. Providers will need to have the client sign the Authorization for Disclosing or Obtaining of Information Consent form. Providers will then upload this signed consent document to the Portal, which will then be reviewed and approved or denied by the IM-Assist Help Desk.

follow up to the master record questions... on July 1 or some time after, the expectation is that all client's master records need to be inputted by the agency

Yes, for the first assessment all client master records will have to be generated. This can be done by creating an IM+CANS for that client which will generate a client master record, or by creating a client without beginning an IM+CANS.

For clarification...is the reference # tie back to the actual assessment or client? What if the assessment is updated is it another ref # or the original?

The reference number is specific for the IM+CANS. If you edit the IM+CANS, the reference number does not change.

For clarification...is the reference # tie back to the actual assessment or client? What if the assessment is updated is it another ref # or the original?

The reference number ties back to a specific IM+CANS, not to the client. If an update is done, the original reference number is used. If conducting a reassessment, and new reference number is generated.

For section 14, you said you MUST put a goal number before proceeding. What do you do if it is an area that the client does not want to address on their plan?

If a client does not want to address a particular item on this treatment plan, if you do not add a goal number in the Summary of Needs and Strengths section, it will not carry over to the Treatment Plan. If a client wants to address the item and you want to include it on the treatment plan, you would assign a goal to it.

For those applying for FSP with private insurance, they don't have RIN numbers. Do we enter them after they are accepted into the program?

Yes.

Hello, I am attending this training for my agency. Some people in my agency were under the impression that the portal would allow for the entry of both the IM+CANS and the CANS so that there would be a seamless transition if/when other programs shift to provide billable services. Is this correct?

The IM+CANS Provider Portal only accepts the HFS IM+CANS Tool and associated documents. The CANS used by other state Departments is not part of the Portal.

How are Provider User Admins determined?

Each agency is able to identify their Administrative Users.

How are the IMCANS linked to our agency? Agency name, NPI#, etc. to ensure agencies with multiple programs/locations/NPI can see all clients (Ex. both Residential services and MCR services)

IM+CANS are linked by the Provider ID and NPI# combination. If your agency has multiple locations and Provider IDs, multiple agencies will be generated in the Portal. If multiple sites/programs need access to the same client, an Authorization for Disclosing or Obtaining Information will need to be completed and uploaded to the Portal, which will share the information with all agencies.

How can we add in items in the needs section if it is scored a 1? Previously we have been told we could write in a 1 when using the paper IATP

The Portal currently accommodates this

How do deadlines affect our existing records from our EHR older than 10 days? Are all existing IMCANS from our system essentially due for batch import on ~July 14th?

The Department has extended the deadline for IM+CANS Batch Uploads to November 1, 2020. Agencies will be able to access the Portal on July 1, 2020. Providers do not need to upload currently active data into the portal, but may do so if they wish. Any new assessments or reassessments will need to be submitted within 10 business days of the LPHA signature. It is up to provider discretion on whether older data is entered into the portal.-

how do we sign up for the test upload?

The HFS development team will be working to provide agencies access to the test system to test out their batch upload processes. To obtain access to the test system, providers should fill out the Administrative User Request form, note in the Notes field that it is a request for the Test System and submit it to HFS.CRM.Help@illinois.gov. Any requests for access to the live IM+CANS Provider Portal must be submitted to the IM-Assist Help Desk.

How do you close-out an IM+CANS within the system?

An IM+CANS will automatically close after the 180-day validity period.

how do you put deferred items at this time? Do you delete item in the summary page?

You can delete them, or choose not to assign a goal to them. Alternatively, if you do not assign a goal to them, they will not move over to the treatment planning portion.

How does the system know if we have a release from another agency? I don't understand how all agencies involved with this client are to see these assessments

Providers who wish to share a Client IM+CANS within the Portal must complete the Authorization for Disclosing or Obtaining Information document and obtain the client signature on the Authorization. This is then uploaded to the Portal under the CANS Utilities. The document is then reviewed by the IM-Assist Help Desk who will verify that the consent was completed appropriately, and then complete the authorization. This will have to be completed with all agencies.

How will the IM+CANS that we have access to in our agency portal be determined?

Providers may enter the IM+CANS on any client that they currently serve, or serve in the future. Access to clients is determined by the creation of an IM+CANS in the Portal, the creation of a Client Master Record, or an approved Authorization for Disclosing or Obtaining of Information.

How would we enter existing IM+CANS paper documents , would they be new clients in system?

Yes, until an IM+CANS has been entered on a client in the system, they are considered 'new'. Past, historical IM+CANS do not need to be entered into the system. The Department is requiring that providers only enter data for services dates on or after July 1, 2020

I am confused about the IM+CANS that need to be uploaded backdated to July 1st. If a person's annual IM+CANS is not due yet, does it need to be uploaded?

No, providers only need to enter data that is created after July 1, 2020. For example, if a client received their assessment in May 2020, the provider would not need to enter their reassessment until November 2020.

I am sorry I am trying to register I need my agencies Medicaid ID#

When identifying the Administrative User, the provider will need the HFS Provider ID.

I am struggling to see what is the purpose of a batch upload? What will this be utilized for?

The batch upload feature is an option for agencies who have an Electronic Health Record that they currently enter IM+CANS data into. By creating an export file from their EHR and uploading the data to the IM+CANS Provider Portal, the provider can avoid manually entering data into the portal and doing duplicative data entry.

I can log into the IMCANS site but I don't have the drop downs on my task bar for the IM+CANS or the CANS Utility

If you have issues logging in to the Portal, please contact the IM-Assist Help Desk at OMI.CANSAccount@uillinois.edu

I can log into the IMCANS site but I don't have the drop downs on my task bar for the IM+CANS or the CANS Utility

If providers have technical issues with the Portal, including if they believe they have an issue with their account set up, they may reach out to the IM-Assist Help Desk for assistance at OMI.CANSAccount@uillinois.gov

I did not understand the answer to the question regarding agencies that use Word currently. Can we do a "batch upload" of some kind or we will have to manually input each current clients' IM+CANS by 7/1/2020?

If providers are recording their IM+CANS on the word document and are not currently using any type of Electronic Health Record, this group of providers will need to manually enter the IM+CANS via direct data entry. The Batch Upload feature is exclusive to the EHR export files.

I do understand that its important to fill every parts of the assesment but is it possible to highlight the required areas so as to pay more attention to them please.

There are currently no required sections, to allow providers maximum flexibility in utilizing the Portal.

I forgot to look, are there N/A options for those items that have that box in the original form?

Yes

I just would like clarify the document automatically saves along as you hit next?

Yes. As long as the 'next' button is selected at the end of the section, the Portal will save your progress.

I may have missed this, but when does this go live? When are clinicians expected to be using this?

The system launched on July 1, 2020.

I supervise therapists and review the IM+CANS. Do I have them start in the portal and then if I am reviewing and encouraging them to edit - is it fine? How do we know when it is finished? How do the clients sign it? Is it electronic? Or do we just print it and then have a signed copy in the file and the one in the portal is not signed?

Yes, providers may have the clinicians begin entering the IM+CANS in the Portal and have the LPHA review electronically. Providers may print the IM+CANS from the Portal to give to the clients, but providers must maintain paper signatures of the clients. The Portal does not capture the client signature.

I thought the RIN verification was going to be batched and checked on the state side?

That is correct, RIN verification will happen on the backend of the Portal.

If an agency wants to have the IM+CANS data available on their system, it seems they could 1) build a data collection on their system then upload the XML to the Portal or 2) use the Portal to collect the data then download it to their system. Correct?

Yes, that is correct.

If an IMCANS needs to be amended mid-plan, do we choose the re-assessment choice?

No, you would choose update. A reassessment is done at the end of the 180 day period.

If an initial IM+CANS was created prior to July 2020 will the portal allow you to enter a reassessment in July 2020/later if no initial IM+CANS is in the portal?

Providers will need to indicate the first IM+CANS entered in the Portal as an initial assessment. The Portal will not accept a reassessment if no 'initial' entry is created.

if client is discharged and comes back in a year, would we label that IM CANS as initial or review? (since the original initial IM CANS is over a year old)

If the IM+CANS has expired, the IM+CANS would be indicated as initial.

if client leave services/discharged and comes back within 130 day, is it a im cans review and not Initial?

If a client returns to services prior to when the IM+CANS expires, in other words within 180 days of the LPHA signature, providers can resume using the existing IM+CANS. However, best practice is to work with the client to update the current IM+CANS.

If client search is open to the agency, how do we limit it across programs and sites? One program doesn't need access to another's clients.

Providers will work with the IM-Assist Help Desk to identify Administrative Users who will create staff access. Each provider will need at least one Administrative User per Provider ID/NPI Combination, and staff members will be tied to one another by Provider ID, which will prevent multiple sites and locations from have access to each other's clients.

if the client is assigned to a new person, how will they get access to the historical CANS?

The IM+CANS is tied to individuals at an agency level. New staff persons will have access to IM+CANS created by any other staff person at the agency, regardless of who their primary clinician is. If a client begins seeing a new clinician at a new provider, that provider can request access to the IM+CANS by submitting a signed Authorization for Disclosing or Obtaining Information.

If the IM+CANS is completed with the client while in session, how can the LPHA review the document to approve it?

Filling out the document does not constitute a completed IM+CANS. An IM+CANS requires review by an LPHA to be considered complete. The clinician completing the document will still need to have the LPHA review and approve the IM+CANS.

If we use the IM CANS portal for manual creation do we need to use batch upload?

You can use the portal for manual creation, or Direct Data Entry (DDE). If you agency decides to use DDE instead of the batch upload, you may want to attend one of the Webinars tomorrow, or Tuesday or Thursday next week, that goes into the DDE functionality.

If you accidentally click a rating on a module you didn't want to complete, can you unclick it?

No, once a radial button is selected, it cannot be unselected. It can be changed from one rating to another, but cannot be deselected entirely.

If you do not have the RIN ...only name and DOB will we still be able to match client master records?

No, the RIN is needed to match the client master record. However, you can still enter an IM+CANS on the client, and add a RIN while the IM+CANS is still within its 180 day period. This is an option for clients who have a Medical card but do not yet have a confirmed RIN. However, the system will not be able to match the IM+CANS to a Client Master Record, so the system will not be able to prepopulate any options.

if you want 1 strength to be with multiple goals, how do you do that?

In the treatment planning section, you can assign multiple goals to any item by selecting the 'Create' button

In a re-assessment, is there an area to describe the progress on the treatment goals being reviewed?

Any progress during the treatment period can be noted in any of the Supplemental Information areas of the IM+CANS.

In other words, when will it be appropriate to use the batch upload vs. the manual entry?

Providers may use the batch upload or manual entry, whichever suits the needs of their agency.

In searching for a client, do you need all data points? do all spellings need to be exact? Could you show an example if you enter an error...for example, correct first and last name but wrong date of birth?

The RIN field is the most important field in the match process. The other fields are used to further verify but don't carry the weight of the RIN.

Is Status an auto populate field?

Yes, the system populates the 'Status' field.

Is the health survey included in the portal also? I have only seen the HRA.

No, the Health Risk Survey is not in the Portal.

Is the portal compatible with Apple iOS / Safari operating systems?

Yes, the Portal works with Safari, Apple iOS, Internet Explorer, Microsoft Edge, Google Chrome, and Mozilla Firefox.

Is the purpose of the IM+CANS portal to replace the word version of the IM+CANS ?

This depends on each agency. Some agencies may choose to continue to use the Word version of the IM+CANS and then data entry into the Portal, and some may choose to use solely the Portal.

Is there a check to make sure the person signing with LPHA credentials is valid?

Providers must maintain paper LPHA signatures. The Portal allows for administrative staff to enter IM+CANS on behalf of the LPHA, allowing for flexibility within the agencies for incorporating the Portal into their business practices.

Is there a way to add additional provider support boxes? It only looks like there is two additional boxes we can add to. Some clients have multiple providers support that would need to be listed.

Not at this time.

Is there a way to see what was modified from the original submission and who did it?

No, the system does not track what modification was made during an update.

Is there an API or SFTP alternative to submitting batches or is it only via the portal?

IM+CANS batch uploads are only available via the Portal.

Is this for everyone to use, even non-profits? We do not have any clients that we bill through HFS. Our organization has contracts with DCFS and POS agencies that require this documentation be sent to them. Is this an additional step that will be required to be done from now on seperately from that? Sorry if this is a dumb question but we are new to all of this and do not have a compliance person anymore who would normally take care of these things. Also, would it be best to have one person entering this or all therapists should have access? That is another thing we are worried about/wondering.

If you are not enrolled with HFS to provide services, you do not need to enter data into the Portal. Providers may choose to have an administrative or data entry person enter information or have each clinician or therapist enter their own data. It is entirely up to the agency.

It looks like you are able to save and submit an entire IM+CANS with several blanks. is that accurate?

Yes, that is correct. Many providers may choose to use the IM+CANS Provider Portal to enter data as they work with the client. Having very few required elements - in other words, allowing blank fields - allows for flexibility in how the provider uses the IM+CANS in their business processes. Providers will be able to save and navigate back to the IM+CANS as needed as they continue their work with the client.

It was mentioned that we only need to add initial CANS for clients effective 7/1/2020. Does this mean that if a client an their initial IM+CANS on 4/1/2020, would they then not need to be added as their initial CANS occurred prior to 7/1?

Yes, that is correct. Once you conduct a reassessment after the 180 day period, you would then enter the reassessment into the system. You would need to note the reassessment as an initial in the system, however, as it is the first IM+CANS for that client entered into the Portal.

on average when you were testing inputting a full IM+CANS with addendums how long ho long do estimate this will take? We have IM+CANS in our EHR so this will be simply data entry to get it into the portal.

The time it takes to input the data depends on the user, and whether you complete your data entry in one or multiple sittings.

Our EHR does not support XML, will there be any other way to do a batch upload?

The IM+CANS Provider Portal will only accept an XML file format.

right now only clinicians have access to the portal. In order to make non-fatal error corrections, we'd like it to be a clerk. can you rethink who can get into the portal?

that will be up to your agency. The Department's policy is that to have access to the Portal, they must be employed by an HFS enrolled provider OR have an IM+CANS certification. A data entry clerk who is employed by your agency would have access.

So agencies will be utilizing the batch upload for current clients and moving forward the manual entry for all clients?

Client Master Records will be generated during a batch upload. If a provider is utilizing the batch upload option, they will not need to also generate the client records.

So does that mean that all IMCANS that are completed as of today (6/23/20) will never be put into this portal?

Historical IM+CANS do not need to be entered into the Portal. However, providers can enter IM+CANS dated prior to 7/1/2020 if they wish.

So it looks like if I was seeing a client for therapy at diferent locations (for example at home, in the office, and at school), this would require three entires??

That is correct.

So what you are saying is that we will essentially have to enter IM+CANS info twice? Once into the portal and again into the word/pdf form so that we can get client and guardian signatures??

You may print the IM+CANS to provide to the client, however you will need to maintain a paper signature from the Client. This does not necessarily mean that the entire paper IM+CANS needs to be completed.

So will the file be accepted without a RIN and just remain unverified?

That is correct. If the client cannot be confirmed, either due to lack of RIN or other information, the IM+CANS can be entered but will be considered 'unverified.'

So, are you not able to modify the IM+CANS before 180 days if there is a change needed in the treatment plan?

You are able to modify the IM+CANS before the 180 days by initiating an 'Update' to the IM+CANS.

some of us are unable to get the rin due to working with young kids who do not have engaged parents, will that be a major problem?

You will not be able to link a created IM+CANS in the system to a Client Master Record, however the Portal will still accept any submitted IM+CANS without a RIN. The user can then enter the RIN and match to a Client Master Record after the fact when they have been able to confirm a RIN.

that a signature is required by the client? If this is the case, can we print off a PDF of the entered IATP and have the client sign, then keep in our files?

Providers will need to obtain paper signatures using the paper IM+CANS document to obtain client signatures, and maintain paper signatures.

The Consent upload page includes both a start and end date for services. Is the end date required?

The end date is not required. If no end date is specified, the consent will last one year.

This may have been asked or answered already but is it mandatory to use this system as a provider

Yes, HFS enrolled providers who use the IM+CANS must input or upload data to the Portal.

To create the xml. batch, is there going to be a sample along with user guide? This is going to take time to get our EHR to create this xml. July 1 start date does not even seem feasible

There is a sample batch file as well as a batch upload user guide on the IM+CANS Provider Portal section of the HFS Website. Providers who are using the batch upload option will need to be uploading data beginning on November 1, 2020. The uploaded data should date back to July 1, 2020.

Under established supports (page 1)- theres only two options to add "other" supports. Is there the options to add more than two?

No

We have been doing the IM+CANS in word - will we have to enter all of our IM+CANS for the agency into the portal?

No, only assessments completed after July 1, 2020 must be entered into the Portal.

We provide electronic documents and get electronic signatures, can we develop a signature document for clients to acknowledge receipt of their CANS in digital format that we could have in the file rather than printing/signing/scanning/re-uploading?

No, not at this time, but it is something we may implement in the future.

We were trained that you are able to bring in any item onto the treatment plan regardless of the score, but it looks like the portal will only allow you to pick items with certain scores. Is that correct?

At this point, only score of 1, 2, & 3 are automatically pulled forward. However, you can manually identify the items and add them to the treatment plan.

What about for 6m reviews (as far as info regarding items from the initial carrying over)?

Any selected items are pulled over when conducting the reassessment, however all text boxes and the treatment plan are blank.

What can be billed to IATP development? Can we bill for paperwork completion and data entry time into the portal (without the client present)?

Per the Community-based Behavioral Services Handbook, providers may not bill for any time not spent interacting with a client. The act of documentation, or 'completion of the form' is not reimbursable.

What data will you be tracking and is it specifically connected to billing outcomes?

HFS will be using the data from the Portal to track several different types of data - this could possibly include outcome measures, tiering into Integrated Health Homes, assessing the availability of services, types of services that are frequently utilized or service gaps.

What happens when you click "no" to Client Verified?

Client Verified is not an enterable field, but is a notification field. It is a back end functionality, that shows whether the client entered has matched on the HFS Systems.

What if assessments greatly varied between community agencies? For example- I am doing therapy but another community agency is doing CSS or CM and the client reports different things? The IMCANS is a living breathing document

The IM+CANS is intended to be a document that can be changed as needed, and also shared amongst providers to ensure that all providers serving the client can provide the best services for that client.

What if phone/email address is unknown for each potential resource? Will the system not accept this data bc of missing information?

Those sections may be left blank.

What if we are entering information into the portal after the IMCANS was already created in our own system. That created date would not be correct in your system?

The created on date captures the date the data is entered into the Portal. However, the Portal uses the LPHA signature for date tracking. Providers must enter the true LPHA signature date into the Portal.

What if your agency serves both Medicaid and non-Medicaid clients but uses the IM+CANS for everyone - those clients will never have a RIN. Is that going to be a problem in the long run? Should we not enter those IM+CANS?

Only IM+CANS for Medicaid enrollees, or those served through HFS funded programs, should be entered into the Portal.

What is the address to access the portal?

The Portal can be accessed by using this link: <https://ilhfspartner2.dynamics365portals.us>

What is the date of required entry?

Providers must actively entering data into the system via Direct Data Entry or Batch Upload by November 1, 2020.

What service code should be used for an IMCANS update (not a re-assessment)?

Providers should bill the H2000 code with the modifier combination of HN or HO depending on staff qualifications and modifier SF to indicate an update.

What's the difference between the Created On and Modified on?

Created On is the timestamp when the record was initially solved. Modified On is the timestamp of when the record was last updated.-

When adding them from July 1st do we mark as initials?

Yes, the first IM+CANS entered into the system must be marked as initial.

When updating supporting info since there's only 2,000 characters, does it save a snap shot of original info entered? Do we delete previous info?

Yes, the Portal saves any previous information entered. When updating an IM+CANS, you would not want to delete previous information. When a reassessment is initiated, the text fields are blank to allow for any new information that needs to be provided.

When will providers be able to register for the portal?

Providers may currently work with the IM-Assist Help Desk to identify Administrative Users, who will then be able to create staff account access.

when will the test system be available?

Providers are able to request access to the Test System to test their Batch Upload processes by filling out an Administrative User Request Form ([link](#)) and indicating in the notes field that they need test system access. The request form should be submitted to HFS.CRM.Help@illinois.gov

When you get to the end of the document, but have not completed the required "red asteriks," will you be able to move on to supervisor approval?

There are no specifically required items when completing an IM+CANS in the Portal aside from Client Name and Date of Birth.

Where are the client's master record coming from? who puts this information in the portal?

The client master record is generated by the provider.

Where do we get the RIN number from?

You can obtain the RIN from the client, or a system where you otherwise confirm client eligibility.

Where do you document that the client has signed the printed IM CANS?

Providers must obtain and maintain paper signatures. These signatures are not noted in the system, but can be audited for compliance.

Who will verify and process the consents to allow access to other providers? Consents will need to have all of the correct information to also include Part2 federal requirements, etc. It is our experience that all providers do not have sufficient consents

The IM-Assist Help Desk will process the Consent for Disclosing or Obtaining of Information documents to share assessments within the Portal.

Will an IM CANS shared by another agency be available for data export?

Yes. As long as a provider has access to the IM+CANS in the Portal - either through sharing or having created the IM+CANS - it will be included in the export file.

Will HFS provide online technical support in the event of technical issues?

Yes, the IM-Assist Help Desk is available to provide technical support to users.

Will HFS provide online technical support in the event of technical issues?

Yes, providers may submit technical issues to the IM-Assist Help Desk an OMI.CANSAccount@illinois.gov

will MCO care coordinators have access to this database?

MCO Care Coordinators will not have access to the Portal when it launches. The Department is exploring options to add them in the future.

Will progress notes go into this portal as well?

Yes, progress notes should be included within the IM+CANS.

Will the addendums every be added to the portal?

The Portal currently has the DCFS Involved Youth and Caregiver Addendums

Will the batch upload also allow for all the facesheet information to be uploads (like entering a new client) or does it need to be done manually?

Yes, the batch upload will also create the Client Master Record when uploaded.

will the expected 10 day standard for entry apply to batch uploads

Yes, the 10 business day requirement also applies to the batch upload.

Will the responsibility for the IM+CANS entry be for the residential provider or the FSP agency?

If the youth is currently being served at an HFS enrolled Residential Provider as part of the Family Support Program, the residential program should input the IM+CANS into the Portal as the primary provider for clinical services. As best practice, residential and FSP coordinators should share the document through the Authorization for Disclosing or Obtaining of Information consent document.

Will there be a 'change log' of field changes or any notification of structural changes?

There is a change log available on the front page of the IM+CANS Provider Portal that documents all updates made to the Portal.

will there be a replay of this training?

The recordings of the Webinars is available on the IM+CANS Provider Portal Webpage on the HFS Website

Will there be an expectation of a specific timeline of how long between the implementation date of IATP and an agency's upload into the portal?

Providers should enter an IM+CANS into the Portal within 10 business days of the LPHA signature. Providers should actively be entering data into the Portal via Direct Data Entry or Batch Upload by November 1, 2020.

Will there be capacity for the supervisor ("L") to amend/modify the document? Will the supervisor be able to return the document for corrections?

Yes, the LPHA can electronically review and modify items on the IM+CANS.

Will there be further trainings on this system for staff?

The recordings of the Webinars is available on the IM+CANS Provider Portal Webpage on the HFS Website. (hyperlink will be inserted). The Department is also working with the IM-Assist Help Desk to develop a User Guide for the Portal.

Will there be tutotirals for online entry

The Webinars were recorded and have been posted to the IM+CANS Provider Portal Webpage.

Will we get emails/alerts that let us know an IATP is due once we have entered the first one?

No, the Portal does not have an alert functionality.

Will we have the ability to expiriment with the functionalities in the portal using a test client?

No, providers may not use a test client in the Portal.

will you also being recording the webinar for the batch upload?

Yes, the batch upload webinar is currently available on the IM+CANS Provider Portal section of the HFS Website (hyperlink)

Will you be publishing an insturction guide or user manual?

We will be posting a user guide specific to user the Portal in the near future.

Will you need to register as well if you are using the batch upload system?

Yes, whoever is uploading the batch file to the system will need to have an account to the Portal tied to the agency and/or site that the upload is for.

With agencies with electronic health records some agecies do not know if their EHRs will be able to batch. If the plan is to batch data but find out later it is not an option, do we need to go back and enter them manually for any IMCANS created since July

Yes, as indicated by the Department on the Webinar trainings, all IM+CANS created after July 1, 2020 must be entered into the Portal.

With all this data collection, can MH administrators/QA utilize compiled data for analysis?

Yes. The Portal has the option to export IM+CANS data as an Excel File, which can then be used for data analysis by providers.

Would a LPHA be able to sign in (using their own account) and sign a IM+CANS that was completed by another clinican (at the same agency)

Not at this point in time. The LPHA may review the IM+CANS electronically in the Portal, but the capture of signatures still needs to occur on paper. The signature field in the Portal is to capture who the LPHA signing off is and the signature date.

You can update an IM+CANS without an updated LPHA signature?

An update to the IM+CANS still requires review by the LPHA and sign off. However, the Portal uses the original LPHA signature date to maintain record of the 180-day valid period and so you would not change the LPHA signature date in the Portal.

