

**Illinois Department of Healthcare and Family Services**  
**IM+CANS Workgroup**  
**Meeting Minutes**  
**January 26, 2022**  
**Held virtually via WebEx**

**1. Roll Call**

|                        |  |
|------------------------|--|
| 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 Mugrage           | Sinnissippi Centers                          |
| Chelsea Mueller        | Heritage Behavioral Health                   |
| Carlie Kasten          | Community Resource Center                    |
| Daphne Bogenschneider  | The Helen Wheeler Center                     |
| Rebecca Horwitz        | Kenneth Young Centers                        |
| Laura Kuever           | Catholic Charities                           |
| Eileen Niccolai        | Thresholds                                   |
| Virginia Rossi         | Thresholds                                   |

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

**2. Approval of Minutes**

- a. The minutes from the January 12, 2022 meeting were approved with no edits.

**3. Health Risk Assessment Workgroup Review**

- a. The HRA Workgroup submitted recommendations to HFS for the IM+CANS Workgroup to consider.
- b. Recommendations include to make the HRA optional, remove the personal health survey, and to streamline items included on the HRA that are duplicative of items included on the IM+CANS. The HRA Workgroup's full recommendations can be found at [this link](#).
- c. The recommendations will be voted on at the February 9<sup>th</sup> meeting. If a majority votes to make the recommendation, they will be considered official recommendations for HFS consideration.

**4. Monthly Care Plan Requirement for CST/ACT Workgroup**

- a. The HRA Workgroup submitted recommendations to HFS for the IM+CANS Workgroup to consider.
- b. Recommendations include moving the CST and ACT monthly care plan reviews to every 180 days and moving the quarterly psychiatric review to every 180 days. The CST-ACT Care Plan Review Workgroup's full recommendations can be found at [this link](#).
- c. The recommendations will be voted on at the February 9<sup>th</sup> meeting, if the majority votes to make the recommendation, they will be considered official recommendations for HFS consideration.
- d.

## **5. Continuation of Policy Conversation**

- a. The Workgroup briefly discussed Therapy Counseling: Brief Intervention and the requirement for an LPHA to complete the service. It was determined that most of the discussion was about the service requirements and not directly related to the IM+CANS, so was outside the scope of the Workgroup.
- b. The Workgroup also discussed the implications of not completing an IM+CANS, and having a client be retroactively approved for Medicaid. Several of the providers reported that they do the IM+CANS on all customers to address this issue.
  - i. HFS indicated that each provider type has unique requirements, and all likely experience struggles for backdated Medicaid Eligibility.
- c. The Workgroup discussed what time can be billed when completing the IM+CANS. Only time collecting material that informs the IM+CANS can be billed. Many members indicated that not being able to bill for documentation time is a challenge for productivity. Providers may choose to then do the documentation time with the client present, and members said this encourages clinicians to complete the IM+CANS as a checklist. Members also said encourages a culture that rushes a diagnosis and treatment plan.
  - i. This item was identified as needing further discussion for the February 9<sup>th</sup> meeting.

## **6. Tool Updates Conversation**

- a. The workgroup was not able to get to this agenda topic, and was moved to the February 9<sup>th</sup> meeting.

## **7. Public Comments**

## **8. Next Steps**

## **9. Adjournment**