

**Illinois Department of Healthcare and Family Services**  
**IM+CANS Workgroup**  
**Meeting Minutes**  
**April 6, 2022**  
**Held virtually via WebEx**

**I. 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
Michelle Zambrano	Will County Health Department
Rebecca Horwitz	Kenneth Young Centers
Laura Kuever	Catholic Charities
Eileen Niccolai	Thresholds
Virginia Rossi	Thresholds

**II. Approval of Minutes**

- a. Minutes from the March 23<sup>rd</sup> Meeting were approved with no edits

**III. HFS Status Update on Recommendations**

- a. No Updates from HFS

**IV. Updated Reference Guide**

- a. University of Kentucky shared an updated draft reference guide.
  - i. Wording on action levels worded slightly different
  - ii. Updated age ranges to Praed Approved age ranges
    - 1. Updated Age ranges: 0-5; 6-20; 21+
  - iii. Moved modules to right after the trigger items
  - iv. Added age specific language where needed
  - v. Added items for the Substance Abuse Module to make it align with the ASAM criteria

**V. Tool Updates Discussion**

- a. Started conversation on Section 10: Needs/Resources Assessment
  - i. Discussed the purpose of the Mental Health check box. The group recommended removing the box, as it is duplicative of the IM+CANS in general.
  - ii. Suggested adjusting the language of the Physical Health check box to medical needs, as physical health is too broad of a category that can encompass many different aspects of health.
  - iii. It was suggested that the box be moved to closer to the treatment plan and be used as a referral/linkage list for suggested referrals and needed follow-up. It was also suggested to transition the check boxes to a text box with prompts for referrals/follow-up.
- b. Moved on to discussing Section 11: Diagnosis

- i. It was asked if providers could add only DSM 5 or ICD 10 codes, not both.
        - 1. HFS indicated that HFS can look and see if both are needed and get clarification on requirements.
      - ii. Workgroup recommends keeping just one of the options
    - c. Moved on to Discussing Section 12: Mental Health Assessment Summary
      - i. Workgroup members indicated that their agencies typically use Section 12 to document why the client needs services from their agency, or to document progress or lack of progress in services.
      - ii. HFS indicated that this to document the key points to establish medical necessity such as functional impairment, etc for recommended services
      - iii. HFS indicated they would propose some updated language for the prompt in Section 12.

**VI. Public Comments**

- a. No comments from the public

**VII. Next Steps**

**VIII. Adjournment**