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 23rd 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