



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

September 4, 2025

TO: Interested Party

RE: Consultation Summary Project Number 2526-BCCHPS - Revision to Requirements for the Use of the Michigan Child and Adolescent Needs and Strengths (MichiCANS) Screener and Comprehensive

Thank you for your comment(s) to the Health Services Administration related to Project Number 2526-BCCHPS. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Comment: Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs) are required to utilize the MichiCANS Screener and Comprehensive but there is nothing in the memo that indicates that the Health Liaison Workers, State Hospital Administration, Psychiatric Residential Treatment Facilities (PRTFs) or other Michigan Department of Health and Human Services (MDHHS)-designated child-serving systems must do the same.

Response: State hospital operations and child welfare operations are outside of the scope of Medicaid policy. MDHHS will work to encourage reciprocity in sharing and use of previously completed assessments across child-serving systems. This specific bulletin applies to Medicaid providers and managed care entities.

Comment: Why is there not additional funding offered to systems to pull the Screener/Comprehensive from CareConnect 360 back to the Electronic Health Records systems and have that data pull forward?

Response: Thank you for this comment. MDHHS has provided technical assistance to the PIHPs and CMHSPs on the integration of the MichiCANS tool and related information into the information technology systems of the PIHPs and CMHSPs. PIHPs and CMHSPs can contact MDHHS to learn more about opportunities to support data sharing between MDHHS and the PIHPs and CMHSPs.

Comment: When individuals and families are seeking rapid access to care (such as Same Day Access), we want to ensure that there are no delays in care. A family might unexpectedly arrive for an intake using walk-in hours and not have a copy of the MichiCANS, nor would we have the ability to obtain it instantly from the medical records of the initial provider organization.

Response: CMHSPs currently have the ability to access CareConnect360 to determine if there are any person-specific MichiCANS records. MDHHS encourages each PIHP and CMHSP to work with their Electronic Health Record vendor to determine how to best integrate previous MichiCANS data located in CareConnect360 into their systems.

Comment: In a Same Day Access (SDA) system, if a caregiver/child brings in a comprehensive at time of assessment, then the process for the clinician to both score the comprehensive along with try to enter in previous comprehensive information will take additional time for both the clinician and the caregiver/child. If our organization is required to obtain previous comprehensives from previous providers or to download from Care Connect 360, it will delay the admission into services for the child.

Response: Previous MichiCANS ratings need to be reviewed and updated as needed. MDHHS encourages each PIHP and CMHSP to work with their Electronic Health Record vendor to determine how to best integrate previous MichiCANS data located in CareConnect360 into their systems.

Comment: Many of the services that are suggested upon completion of the MichiCANS are those the CMHSPs have difficulty delivering (Respite, CLS).

Response: Thank you for your input. This policy is related to acceptance of the use of MichiCANS results.

Comment: We have never received a MichiCANS Comprehensive from another agency. Is it our responsibility to seek out former agencies to retrieve completed assessments?

Response: All PIHP and CMHSP organizations have the ability to search for MichiCANS information via CareConnect360. MDHHS encourages each PIHP and CMHSP to work with their Electronic Health Record vendor to determine how to best integrate previous MichiCANS data located in CareConnect360 into their systems. PIHPs and CMHSPs must accept and utilize MichiCANS Screener and Comprehensive ratings that have been

completed by certified raters from other Michigan child-serving systems once the ratings have been obtained by the PIHP/CMHSP.

Comment: Does MDHHS intend to have a centralized electronic data warehouse or system that houses the MichiCANS results that have been completed by all the qualified screeners? If so, there would need to be sufficient time to ensure that this database can exchange MichiCANS results safely and securely. If all certified screeners have access, any system or database must recognize that health plans, clinicians, Medicaid Health Plans (MHPs), PIHPs, Certified Community Behavioral Health Clinics (CCBHCs), and other stakeholders use different electronic health records.

Response: All MichiCANS data is housed in a State warehouse and accessible via CareConnect360 for certified users.

Comment: Suggestion to clarify what constitutes “significant changes” and “circumstances” since mental health acuity can change significantly and rapidly. Additional suggestion is to clarify how often a reevaluation would allow for benefit and payment responsibilities to change between a PIHP and an MHP. MDHHS should address scenarios where a MHP receives a request for an inpatient mental health authorization, but the inpatient provider completes a reassessment resulting in a higher acuity rating such as serious mental illness. In such cases, MDHHS must clarify if the payor responsibility will change, particularly if there is a need for inpatient confinement. This situation would have significant impact on the authorization process for both the PIHPs and MHPs.

Response: Thank you for the comment. MDHHS will take this issue under advisement and explore opportunities to provide training and technical assistance on this issue.

Comment: The proposal would limit MHPs from the screening process if the child or youth “has been discharged from outpatient services” within a year and is requesting services. Such a proposal poses several challenges. MHPs do not authorize all outpatient services such as outpatient therapy. Outpatient providers do not send discharge notifications for outpatient treatment services received by beneficiaries. Consequently, MHP may not know if the child has appointments, when they are, or who they are scheduled with because not all services require prior authorization. The MHP would only know of such outpatient services after they occurred because such services would generate a claim after they were provided. MDHHS should also provide greater clarity around what constitutes a “discharge,” including what outpatient services are in scope for this requirement. A

patient could be discharged simply because outpatient treatment is completed but also could be discharged because a higher level of care is needed.

Response: The purpose of accepting and utilizing MichiCANS Screener ratings and eligibility determinations is to ensure that families are not subjected to duplicative screening processes. When a child or youth is discharged from outpatient services and is requesting services from a PIHP, CMHSP, CCBHC or MHP within one year, they will not be required to repeat the screening process, and the MichiCANS should only be updated as appropriate based upon the previously completed MichiCANS Screener.

Comment: The proposed policy does not address whether a MHP can request rescreening, and we would ask that MDHHS includes when MHP can request rescreening and under what circumstances. In the interim period while a rescreening is pending, the final policy should address which entity is responsible for covering services and the length of time between the reassessment and changes in payer responsibility go into effect.

Response: All MichiCANS data is housed in a State warehouse and accessible via CareConnect360. If there is a significant change in circumstances in the life of the child/youth, the MichiCANS Screener would be updated. This policy does not address coverage responsibilities between the MHPs and PIHPs.

Comment: MDHHS should review whether these requirements conflict with confidentiality requirements in 42 CFR Part 2. These federal confidentiality requirements may present barriers to seamless access to care.

Response: Individual provider organizations and MHPs should evaluate the application of state and federal confidentiality laws and regulations to their operations. In general, the entities that are completing the MichiCANS are generally not Part 2 programs as defined under 42 CFR Part 2 and are therefore not subject to the 42 CFR Part 2 requirements.

Comment: The proposal requires MHPs and other entities to inform a child's parent, caregiver, or foster care worker regarding mental health service appointments once a Health Liaison Officer (HLO) has sent a completed MichiCANS Screener to MHP. As aforementioned, MHPs do not necessarily know if the child may have future appointments, when they are, or who they are scheduled with because not all services require prior authorization. Again, the MHP would only know of such outpatient

services after they occurred because such services would generate a claim after they were provided.

Response: The requirements under the policy apply when the HLO sends a completed MichiCANS Screener to the MHP. Based upon this information, the HLO should provide appropriate support to the parent, caregiver, or foster care worker as outlined in the policy bulletin and the MHP contract.

Thank you for your comments. We trust that responses have addressed the concerns and questions noted. If you wish to comment further, send your comments to Megan Belonga at MDHHS-MichiCANS@michigan.gov.

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

Meghan E. Groen, Chief Deputy Director
Health Services