

# **Michigan's Comprehensive Health Care Program (CHCP): Standardized Assessment of Mental Health Need Guide**

**Michigan Department of Health and Human Services (MDHHS)**

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## I. Introduction

The Michigan Department of Health and Human Services (MDHHS) is shifting to a **more person-centered approach to serving Michiganders with mental health needs**. As part of [MIHealthyLife](#), an initiative that began in 2022 to strengthen the Comprehensive Health Care Program (CHCP), MDHHS is partnering with Medicaid Health Plans (MHPs), Prepaid Inpatient Health Plans (PIHPs), and providers to improve accountability for and coordination of mental health care across the Medicaid program.

Under the Mental Health Framework, an enrollee's level of mental health need, as determined through a State-identified standardized assessment tool, will more clearly determine which plan—the enrollee's MHP or PIHP—is responsible for their mental health coverage and care. Also, MHPs will begin covering some additional mental health services for enrollees with lower levels of mental health need, so MHPs are accountable for more of these enrollees' continuum of care. Beginning in October 2026:

- MHPs will cover most mental health services for CHCP enrollees with lower levels of mental health need, and
- PIHPs will cover all mental health services for CHCP enrollees with higher levels of mental health need.

Referrals for mental health care, including those across MHP and PIHP systems, will be standardized to facilitate enrollee access to needed care.

Beginning in October 2025, MHPs and PIHPs will need to ensure that **all Qualified Mental Health Providers** with whom they contract will need to incorporate into their practice:

- **Use of standardized tools for assessing the level of mental health need of CHCP enrollees seeking mental health care**—the State's designated assessment tools are the Michigan Child and Adolescent Needs and Strengths (MichiCANS) Screener for children and youth (under 21) and the Level of Care Utilization System (LOCUS) for adults (21 and older);<sup>1</sup> and
- **Adoption of a standardized referral process for mental health services**, including use of a new referral platform accessible to Community Mental Health Services Programs (CMHSPs), MHPs and PIHPs.

MDHHS is providing more information on these FY26 requirements—standardizing assessment of mental health need and standardizing referrals for mental health care—through Guides and a forthcoming Policy Bulletin. **The purpose of this Guide is to outline the requirements that plans and providers must meet regarding the assessment of mental health need of CHCP enrollees seeking mental health care.**

Historically, there has been inconsistency and variation in how enrollees' level of mental health need is determined, which has contributed to confusion about where/how enrollees should access mental health care and which payer is responsible for covering such care. Today, plans and providers use different tools and definitions and apply different protocols for when and where to refer an individual. Standardizing and strengthening this process will provide clarity to

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<sup>1</sup> The MichiCANS Screener must be completed for Transition Age Youths/young adults under 21 who request access to mental health or intellectual and/or developmental disabilities services; however, if the Transition Age youth/young adult potentially has a severe mental illness and is referred to a provider of adult services, the LOCUS may also be completed.

plans, providers and enrollees alike and bring much-needed consistency, ensuring CHCP enrollees receive similar support and direction and helping facilitate access to care. Further, in FY27, this assessment process will determine payer responsibility, making it ever more important for the process to be standardized and strengthened.

## II. Definitions

- **Michigan Child and Adolescent Needs and Strengths (MichiCANS):** The State-designated tool for assessing the level of mental health need for individuals under 21; a Michigan-specific version of the Child and Adolescent Needs and Strengths (CANS) that is a comprehensive information integration tool for use with infants, toddlers, children, youth and young adults, designed to summarize and organize information gathered from assessments and other sources. It is comprised of two components: the Screener and Comprehensive.
- **Level of Care Utilization System (LOCUS):** The State-designated tool for assessing the level of mental health need for individuals aged 21 and older<sup>2</sup>; a multi-dimensional assessment instrument used to determine the appropriate level of care for adults with mental health needs or co-occurring mental health and substance use disorder-related needs.
- **Qualified Mental Health Provider:** A Child Mental Health Professional (CMHP), Qualified Mental Health Professional (QMHP), or Qualified Intellectual Disability Professional (QIDP), as defined in the Medicaid Provider Manual, whose scope of practice includes assessment of mental health need. CMHP, QMHP and QIDPs whose scope of practice includes assessment of mental health within the context of this Guide include:
  - Physician
  - Psychiatrist
  - Nurse Practitioner
  - Physician's Assistant
  - Psychologist or Limited Licensed Psychologist
  - Licensed or Limited Licensed Professional Counselor
  - Licensed or Limited Licensed Marriage and Family Therapist
  - Licensed or Limited Licensed Master's Social Worker

## III. MHP Role

**Effective October 1, 2025:** MHPs will be required to ensure that Qualified Mental Health Providers in their Provider Networks whose scope of practice includes conducting mental health care assessments, utilize the State's designated tool for assessing the level of mental health needs of enrollees seeking mental health services. Per CHCP Contract Section 1.1.VIII.A.3, MHPs must:

- Help Qualified Mental Health Providers in their network understand and comply with MDHHS' assessment requirements.
- Ensure that Qualified Mental Health Providers in their network:
  - Complete initial and ongoing training required to administer the State-designated assessment tools;
  - Administer the MichiCANS Screener and LOCUS in accordance with MDHHS policy; and

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<sup>2</sup> See footnote 1, above, regarding assessment for Transition Age Youths/young adults, 18-21.

- Submit assessment information using the State-designated systems for MichiCANS and LOCUS in accordance with MDHHS policy.
- Support MDHHS in ongoing fidelity monitoring of the use of the State-designated tools.

**Effective October 1, 2026:** MHPs and PIHPs will cover mental health services for enrollees based on the outcome of provider assessments. When a Qualified Mental Health Provider conducts the MichiCANS Screener or LOCUS, they will produce a result, which will be used to determine whether the MHP or PIHP is responsible for that individual’s mental health care. Effective FY27:

- MHPs will be responsible for covering mental health services<sup>3</sup> for CHCP enrollees who are **not** enrolled in a 1915(c) Home and Community-Based Services waiver<sup>4</sup> or 1915(i) State Plan Behavioral Health benefit and meet any of the following criteria:
  - Infant, toddler, child or adolescent enrollee who received a result indicating that they have a Mild/Moderate Level of Need on the MichiCANS Screener;
  - Adult enrollee who receives a result below 17 ( $\leq 16$ ) on the LOCUS; or
  - Enrollee whose level of mental health need has not yet been assessed/who does not have a MichiCANS or LOCUS result on file.
- PIHPs will be responsible for covering mental health services<sup>5</sup> for:
  - Enrollees in a 1915(c) Home and Community-Based Services waiver (CWP, HSW, SED) or 1915(i) State Plan Behavioral Health benefit;
  - Infant, toddler, child or adolescent enrollee who received a result indicating that they have Severe/Serious Level of Need or Crisis Continuum of Care Services need on the MichiCANS Screener; or
  - Adult enrollees who receive a result of 17 or higher on the LOCUS.

To identify which payer—the MHP or PIHP—will be responsible for covering mental health services based on the criteria listed above, a benefit plan called “BH-COVER” will be listed for the enrollee in CHAMPS.

It is critical for MHPs to both understand and convey to provider partners, MDHHS’ requirements relating to the standardized assessment of enrollees’ mental health needs and timely submission of assessment data to MDHHS. In partnership with MDHHS, MHPs will need to complete certain activities to make all Qualified Mental Health Providers participating in their networks aware of these new requirements.<sup>6</sup> MHPs will also need to support MDHHS efforts to get all applicable providers trained on the tools and processes and work with MDHHS to oversee compliance with these new requirements and fidelity to the MichiCANS and LOCUS tools. This will involve, among other things, submitting information to MDHHS, upon MDHHS

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<sup>3</sup> In FY27, MHPs will begin to cover an expanded array of mental health services for enrollees with a lower level of mental health need, including inpatient psychiatric care, crisis residential services, partial hospitalization services, and targeted case management—in addition to the routine outpatient mental health care they cover today. MDHHS expects MHPs to contract with Community Mental Health Services Programs (CMHSPs) and other providers of these services to ensure their enrollees have sufficient access to needed care.

<sup>4</sup> Includes the following 1915(c) waivers: Children’s Waiver Program (CWP), Habilitation Supports Waiver (HSW), and Serious Emotional Disturbance (SED) Waiver.

<sup>5</sup> PIHPs will be expected to pay for *all* mental health services that enrollees with higher levels of mental health need require, regardless of service location. This may require PIHPs to expand their mental health networks to include additional providers beyond CMHSPs and historical CMHSP downstream providers.

<sup>6</sup> This may include, but is not limited to, updating or amending agreements with network providers, as needed.

request. MHPs may also pursue strategies to encourage their providers to comply with these new requirements, consistent with federal and state requirements.

#### **IV. Who Should be Assessed and When**

Qualified Mental Health Providers should administer the MichiCANS Screener or LOCUS to all CHCP enrollees seeking or receiving mental health care services, at the time of presenting for such care, *unless* the enrollee has a MichiCANS or LOCUS result that was received within the past 12 months, as reflected in CHAMPS, and is not exhibiting a change in condition that merits reassessment.

MDHHS recognizes that Qualified Mental Health Providers have existing assessment practices that may involve other assessment tools or protocols; providers may continue existing assessment practices, however, effective October 2025, they must incorporate the completion of the MichiCANS Screener and LOCUS into those practices, in line with MDHHS requirements. Providers can choose whether to replace their current assessment processes with administration of the MichiCANS Screener and LOCUS or add the tools as a supplement to their current process, as clinically indicated for a given enrollee. Providers will need to update their policies and procedures to ensure that both new and current patients are assessed with the appropriate State-designated tool, in accordance with the requirements described in this Guide and other applicable MDHHS policy.

##### ***Enrollees Newly Seeking Mental Health Services***

When an enrollee initially presents to a provider for mental health care (via telehealth or in-person encounter), the provider should assess the enrollee's mental health needs and collect information necessary to complete the MichiCANS Screener or LOCUS and determine a MichiCANS Screener/LOCUS result. MDHHS recognizes that the length of time/number of visits needed to obtain sufficient information to complete the age-appropriate assessment can vary—for example, for some patients, providers may be able to complete the MichiCANS Screener or LOCUS within one visit, while for others, it may take multiple visits to obtain the information needed to complete the assessment.

##### ***Enrollees Engaged in Mental Health Services***

For enrollees in ongoing mental health treatment, providers will need to determine if they already have a MichiCANS or LOCUS result on file (see *How to Access Assessment Tools and View Assessment Information*, below). If the enrollee has a MichiCANS Screener or LOCUS result on file that they received within the preceding 12 months, then the provider should *not* submit another MichiCANS or LOCUS assessment unless the enrollee appears to have experienced a change in condition that merits reassessment. If the enrollee presents for care at 11 months post assessment, a reassessment may be conducted at that time to meet the 12-month annual reassessment requirement. If the enrollee does not have a MichiCANS Screener or LOCUS result on file, the provider should complete whichever tool is most appropriate based on the enrollee's age. MDHHS aims to have all CHCP enrollees who are actively engaged in mental health care to have a MichiCANS Screener or LOCUS result on file no later than October 1, 2026 (see *How to Access Assessment Tools and View Assessment Information*, below).

## **Reassessment**

*Every 12 months or upon change in condition*, Qualified Mental Health Providers should reassess their patients' level of mental health need using the MichiCANS Screener<sup>7</sup> or LOCUS and submit assessment data to MDHHS in accordance with MDHHS requirements. Beginning in FY27, MichiCANS Screener and LOCUS results will inform mental health coverage responsibility. MDHHS expects providers to accept and utilize assessments that are completed by other providers—providers should not redo the MichiCANS or LOCUS assessment simply because a different provider completed their prior MichiCANS/LOCUS assessment.<sup>8</sup> Should a provider believe there has been a change in the patient's condition that merits reassessment via MichiCANS or LOCUS, however, the provider may complete a new MichiCANS Screener or LOCUS assessment within the 12-month period.

As is noted above, MDHHS understands that providers may complete additional (i.e., non-MichiCANS, non-LOCUS) assessments or reassessments as part of their care for an enrollee. This policy does not restrict providers' use of other tools—it merely requires providers to submit the age-appropriate State-designated tool, *at a minimum*, when serving CHCP enrollees and to do so in accordance with the timeline set out by the State (i.e., annually or upon change in condition).

MDHHS further understands that it is part of routine clinical practice for providers to reflect on and notate where their patients are in their ongoing mental health treatment. As part of this responsibility, each year, providers should be sure to complete and document an updated MichiCANS Screener or LOCUS for their patients in ongoing treatment, to ensure their assessment data are kept up to date in MDHHS systems.

For enrollees who are *not* in ongoing treatment, providers do not need to conduct outreach for the sake of reassessment. Should such an enrollee present for mental health care in the future and be due for a reassessment, the provider should complete a new MichiCANS Screener or LOCUS, in line with MDHHS requirements.

## **Children in Foster Care**

This Guide makes no changes to existing assessment policies for children/youth in foster care. MichiCANS Health Liaison Officers (HLOs) are [required](#) to administer the MichiCANS Screener for children in foster care.<sup>9</sup> Qualified Mental Health Providers should determine if enrollees have a result on file to minimize the risk of duplicative assessments (see *How to Access Assessment Tools and View Assessment Information*, below).

## **Assessments following Behavioral Health Inpatient Admission and Crisis Services**

Standardized assessments generally should not be conducted during an inpatient psychiatric admission or crisis-related emergency intervention service. However, functional impairment assessment on the basis of a change in condition may be appropriate following crisis stabilization and/or discharge.

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<sup>7</sup> Some organizations use the MichiCANS Comprehensive to conduct reassessments; this meets MDHHS' reassessment requirement.

<sup>8</sup> This is consistent with [MMP 25-36](#) which requires certified raters—individuals who have been trained and certified in the use of the MichiCANS—to accept and utilize MichiCANS Screener ratings that have been completed by certified raters from other Michigan child serving systems.

<sup>9</sup> See [FOM 802-2](#) for more details on requirements for HLOs to administer the MichiCANS Screener.

## V. How to Access Assessment Tools and View Assessment Information

### **Accessing MichiCANS**

Qualified Mental Health Providers who have completed required MichiCANS training (see *Provider Training and Technical Assistance*, below) will access the MichiCANS Screener tool through **CareConnect360 (CC360)**, an application accessible through the **MiLogin** web portal, <https://milogintp.michigan.gov>. Providers must have access to MiLogin in order to access CC360.

The PowerPoint presentation available at the link below includes information on how new providers or new users can register for MiLogin, update account settings, and complete other MiLogin activities.

#### [PowerPoint Presentation with MiLogin Instructions](#)

*Hyperlink to copy and paste, if needed:* <https://www.michigan.gov/-/media/Project/Websites/mdhhs/Medicaid-Provider-Assets/CHAMPS/MiLogin-Instructions.pdf?rev=5da08be26e364495be0802127177961c>

MDHHS will update this Guide with more information on accessing the MichiCANS Screener via CC360 once such information is available.

### **Accessing LOCUS**

Qualified Mental Health Providers who have completed required LOCUS training (see *Provider Training and Technical Assistance*, below) and have access to an electronic health record (EHR) through a CMHSP or CCBHC will conduct and submit the LOCUS through their EHR. All designated fields will need to be completed to submit an assessment to MDHHS. Assessments submitted through CMHSP or CCBHC EHRs will be transferred to MDHHS once a day through a pathway established by MDHHS' vendor supporting LOCUS administration. If the CMHSP or CCBHC is not fully integrated, the result will need to be directly entered into BHTEDS.

Qualified Mental Health Providers who have completed required LOCUS training and who are not connected to a CMHSP or CCBHC EHR will access the LOCUS tool through an external web-based platform. All designated fields in the platform will need to be completed to submit an assessment to MDHHS. The platform is entry only; once a Qualified Mental Health Provider submits an assessment to MDHHS, they will no longer be able to view the assessment data. Providers have the option to save a PDF copy of the assessment upon submission for their internal records. Assessments submitted will be transferred to MDHHS once a day through a pathway established by MDHHS' vendor supporting LOCUS administration.

MDHHS will update this Guide with more information on accessing and completing the LOCUS once such information is available.

### **Viewing Assessment-Related Information**

Beginning December 2025, Qualified Mental Health Providers as well as certain Physician Specialties will be able to view an enrollee's recent MichiCANS Screener or LOCUS assessment result and date the assessment was conducted by selecting Eligibility Inquiry within the Member Tab in CHAMPS. The system will pull all of the assessment results and dates within the previous 14 months, regardless of the search date.

Providers must have access to CHAMPS to view an enrollee assessment result and date. CHAMPS can be accessed through the MiLogin web portal at <https://milogintp.michigan.gov>. The PowerPoint presentation available at the link below includes information on how new providers or new users can register for MiLogin, update account settings, and complete other MiLogin activities.

[PowerPoint Presentation with MiLogin Instructions](#)

*Hyperlink to copy and paste, if needed:* <https://www.michigan.gov/-/media/Project/Websites/mdhhs/Medicaid-Provider-Assets/CHAMPS/MiLogin-Instructions.pdf?rev=5da08be26e364495be0802127177961c>

**VI. Billing and Payment**

Payment responsibility for conducting the MichiCANS Screener and LOCUS is aligned with the Medicaid Mental Health and Substance Use Disorder Payment Responsibility Grid (Payment Responsibility Grid) in fiscal year 2026, with MHPs responsible for outpatient mental health services provided in other office- or clinic-based settings to individuals with mild to moderate mental illness or whose severity has not yet been determined.<sup>10</sup> This includes necessary screening.

Qualified Mental Health Providers must submit claims to MHPs documenting delivery of the MichiCANS Screener or LOCUS using the billing code and modifier combinations listed in Table 1. These procedure code and modifier combinations have been established by Medicaid to represent the LOCUS/MichiCANS Screener completion. All qualified provider types should report these HCPCS codes regardless of the procedure code’s national description. Clinical evaluation or other services provided to the enrollee in addition to the LOCUS/MichiCANS Screener completion may be reported and reimbursed separately. The billing code and modifier combinations may be used for assessments conducted via telehealth.

MHPs and Qualified Mental Health Providers may negotiate the rate paid for completion of the MichiCANS Screener or LOCUS. With an Actuary, MDHHS developed comparison rates for both assessment tools to support contracting; use of these rates is not required.<sup>11</sup>

**Table 1. MichiCANS Screener and LOCUS Billing Codes and Modifiers**

Assessment Type	Procedure Code	Modifier
MichiCANS Screener	H0002	7Y
LOCUS	H0031	WX

**VII. Provider Training and Technical Assistance**

***MichiCANS Required Training***

<sup>10</sup> The Medicaid Mental Health and Substance Use Disorder Payment Responsibility Grid can be accessed [here](#).

<sup>11</sup> Once available, comparison rates can be accessed [here](#).

In order to conduct the MichiCANS Screener and submit MichiCANS Screener data to MDHHS, Qualified Mental Health Providers must complete both initial and ongoing training:

- MDHHS requires providers to complete the following *initial* training sessions:
  - Transformational Collaborative Outcomes Management (TCOM)
  - MichiCANS Overview

Both TCOM Orientation and MichiCANS Overview trainings are **live virtual sessions** administered by the Praed Foundation and hosted via their training platform. Qualified Mental Health Providers who need to complete these training courses should follow the [instructions](#) listed on the [Mental Health Framework website](#) to sign up for the training sessions.

- To help ensure fidelity to the tool and provide ongoing support to assessors, MDHHS requires providers to complete vignette-based assessment training at least annually, *in addition to* the initial training listed above. The annual vignette-based assessment must be completed to stay active as a provider that can utilize the MichiCANS Screener tool. The annual vignette-based assessment can be accessed through the same Praed Foundation account used to complete the initial trainings, and ad providers will receive reminder emails to complete the assessment the week before it is due.
- Any questions about MichiCANS training requirements should be directed to MDHSMentalHlthFramework@michigan.gov

### ***LOCUS Required Training***

In order to complete the LOCUS, Qualified Mental Health Providers must complete an initial, Michigan-specific LOCUS training course, “LOCUS Basic Training,” that is self-paced and available online through a Michigan-specific website. Once available, the training website will be shared with Qualified Mental Health Providers that responded to the [survey](#) located on the [Mental Health Framework website](#), indicating need for LOCUS training, as well as posted to the Mental Health Framework webpage. The training website will be updated periodically to include Michigan-specific LOCUS information and resources, in addition to the MDHHS-required training.

### ***Coverage of Training and Licensing Costs***

MDHHS will cover the cost of all required trainings (described above) for Qualified Mental Health Providers to access tools necessary to submit the MichiCANS Screener and LOCUS to MDHHS during FY2026.

### ***Continuing Education Credits***

The MichiCANS Screener training is eligible for 3.5 continuing education units, and the LOCUS training is eligible for 5 continuing medical education credits.

## Appendix: Change Log

Version	Date Published	Description of Change
1.0	September 25, 2025	<ul style="list-style-type: none"><li>• N/A</li></ul>