

## Frequently Asked Questions about the Michigan Child and Adolescent Needs and Strengths (MichiCANS) Tool for Community Mental Health Service Programs (CMHSPs) and Prepaid Inpatient Health Plans (PIHPs)

The Michigan Department of Health and Human Services (MDHHS) created this frequently asked questions (FAQ) document to help partners better understand the Michigan Child and Adolescent Needs and Strengths (MichiCANS) tool and answer common questions related to the tool. This document will continue to evolve during the implementation process.

### 1. What is the Child and Adolescent Needs and Strengths (CANS) and MichiCANS?

The CANS is a multipurpose information integration tool designed to summarize information gathered from multiple sources and the assessment process. It is not a standalone clinical assessment or evaluation. Rather, it is a multipurpose information integration tool meant to be used as the comprehensive summary of information gathered from a variety of sources, including assessment results. The CANS is comprised of a core set of 50 items and is customizable based on the needs of the state/agency that is utilizing the tool. The version of the tool that MDHHS has developed is called the MichiCANS. This tool is used to support *Family Driven, Youth Guided* care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services.

### 2. Why was the MichiCANS chosen and what does the Department hope to accomplish by using this tool?

The MichiCANS is being used to enhance Michigan's ability to provide structured decision-making support across the state as well as align ACCESS strategies and data collection. Data collected from the MichiCANS Screener and Comprehensive will allow the state to better understand service provision and subsequently meet the needs of those requesting services while using data to drive capacity building efforts.

### 3. What does the MichiCANS include?

The MichiCANS has two components – the Screener and Comprehensive. MDHHS uses both tools in conjunction with each other, as the information collected through the Screener is used to inform the completion of the Comprehensive. The Comprehensive includes all the information obtained from the Screener plus additional domains, modules, and submodules. Both tools gather information on the child/youth's and parents/caregivers' needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. Strengths and needs are organized through the use of ratings. These ratings help the provider, child/youth, and family, understand where intensive or immediate action is needed.

- **The MichiCANS Screener** gathers limited information on the child/youth's and parents/caregivers' needs and strengths.

- Prepaid Inpatient Health Plans (PIHP)/Community Mental Health Service Programs (CMHSP) will use the Screener at the initial access point (before the intake assessment). Based on the results of the Screener, the PIHP/CMHSP will either initiate a crisis response, refer the child for an intake assessment at the PIHP/CMHSP, or refer the child for services outside of the PIHP/CMHSP.
  - Children’s Services Administration (CSA) staff will collect information through the Screener on all youth entering foster care. CSA staff will not complete the Comprehensive at this time. If information gathered via the Screener indicates the youth should be referred to the CMHSP for services, the MichiCANS Screener results will be provided to the local CMHSP Access Center to inform immediate decisions.
  - CMHSP Access staff will review the MichiCANS Screener results from CSA and update the results if new information is available. CMHSP Access staff will not administer a duplicative Screener if CSA has already completed a Screener unless a circumstance warranting an additional Screener is identified.
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- **The MichiCANS Comprehensive is only completed at the CMHSP** after the Screener is completed. The MichiCANS Comprehensive gathers additional information on the child/youth’s and parents/caregivers’ needs and strengths to directly inform the service plan and treatment.

**4. If your organization completes same day access (all individuals requesting service move forward to MichiCANS Comprehensive), do you have to complete a separate MichiCANS Screener and MichiCANS Comprehensive?**

No, if your organization utilizes same day access, the MichiCANS Screener and Comprehensive items are completed at the same time. The Decision Support Model (DSM) used to provide the level of need information (associated with the screener items), and DSMs used to provide MICAS and SEDW recommendations (associated with the comprehensive items) run at the same time. Given this, if your organization has same day access, the screener does not need to be completed as a standalone entity since all screener items are included in the comprehensive. For CMHSPs that provide same day access, it would be beneficial for your organization to work directly with your EHR vendor to ensure the level of need DSM results (associated with the screener) are provided first while concealing or hiding MICAS DSM recommendations when the level of need is mild/moderate.

Most organizations do not provide same day access. Given this, most organizations will complete a MichiCANS Screener first and receive level of need recommendations from the screener results prior to moving on to intake.

**5. Is there guidance about minimum information needed within a MichiCANS screener and/or MichiCANS Comprehensive prior to a clinical decision being made?**

Clinicians typically gather information until they have enough evidence to indicate the clinical decision/referral for care. Ongoing assessment, testing and information gathering continues throughout care and the MichiCANS will be updated as needed. This means, at times, some

items and/or modules would be rated as '0' for no evidence when the clinician does not have an indication of need. As such, some items on the MichiCANS may be scored as 0 during the initial intake. As aligned with best practice, when additional information is identified or referrals are made for further testing/assessment, etc., the MichiCANS will need to be updated to include the additional information gathered and action levels/ratings may change.

**6. What is the intent of the modules in the MichiCANS Comprehensive? Why were they added? What is the expectation of module completion, if any, at the time of intake?**

The intent of the MichiCANS Comprehensive is to communicate all information gathered during the intake assessment resulting in effective treatment planning. The MichiCANS Comprehensive must be completed within assessment timeframes identified by current Access Standards and Medicaid Provider Manual. Modules are included to further identify areas of need, dysfunction, and strengths to assist with treatment planning. Modules are completed as information is shared by youth/family and/or gathered by assessor. If no evidence of a need exists, the item is scored as 0. Assessment is an ongoing activity and as more information is collected to better understand the needs and strengths, or as major life events occur, the MichiCANS ratings will need to be updated.

**7. Are CMHSPs and PIHPs required to complete the MichiCANS with infants, toddlers, children, youth, young adults, and families in order to access services?**

Yes, the MichiCANS Screener and Comprehensive must be completed in order for infants, toddlers, children, youth, and young adults to access services.

**8. What age demographic will PIHPs and CMHSPs use MichiCANS with?**

The MichiCANS Screener is used with all infants, toddlers, children, youth, and young adults ages birth through age 20 (until the day prior to 21).

Based on the results of the Screener, the MichiCANS Comprehensive is used with all infants, toddlers, children, youth, and young adults ages birth through age 20 with Serious Emotional Disturbance and/or Intellectual and Developmental Disability.

**9. In addition, based on the results of the Screener, the Devereux Early Childhood Assessment (DECA) is used for intake and treatment planning with infants, toddlers, and children ages one month through age five who are suspected of having (1) SED or (2) SED and IDD. Is the LOCUS still required for the Transition Age Youth (TAY) population (specifically ages 18 through age 20)?**

A MichiCANS Screener is required for all youth birth through age 20. If moving to initial assessment, a MichiCANS Comprehensive is required for all youth birth through age 20 who will be accessing youth services. If a young adult, age 18-20, going through intake will not be accessing youth services and is only accessing adult services, a MichiCANS Comprehensive is not required. The decision to access children or adult services for those in the transition age youth population age range (18 through 20), belongs to the individual. The requirements for LOCUS have not changed.

**10. Is the MichiCANS used with children diagnosed with Autism Spectrum Disorder (ASD)?**

Yes, this tool is used with all children, youth, and young adults from birth through age 20, including those presenting with SED and/or IDD, including ASD. Additional assessment will be required if an indication of ASD is present.

**11. Is the Autism module in the MichiCANS Comprehensive used as an Autism evaluation/diagnostic screener?**

The MichiCANS is not a diagnostic tool; however, it can be used to determine additional needs such as the need for ASD assessment and diagnosis. The MichiCANS Autism item is intended to communicate information gathered regarding any needs related to Autism. If there is any evidence or suspicion of Autism, the Autism module will populate in order to collect additional information. The module will assist in further exploring the areas of specific need and possible treatment planning. MichiCANS Autism module information may be rated based on Autism specific screening tools that have already been completed by a provider (i.e., previous treatment documentation, referral documentation, MCHAT and/or SEQ results, etc.). This information can be used to inform treatment planning decisions and to refer for further Autism specific evaluation

**12. Does the MichiCANS replace the Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment (PECFAS)?**

PIHPs and CMHSPs should use the Child and Adolescent Functional Assessment Scale (CAFAS), Preschool and Early Childhood Functional Assessment Scale (PECFAS), and Devereaux Early Childhood Assessment (DECA) to support eligibility determinations for the SEDW until the new policy bulletin is effective. PIHPs and CMHSPs must follow current policy in the Medicaid Provider Manual for the use of the CAFAS, PECFAS, and DECA until the new policy bulletin is effective. These requirements for the SEDW only apply to the initial assessment and annual re-evaluation/certification. PIHPs are not required and should not complete quarterly assessments for SEDW enrollees. PIHPs are also not required or should not complete the MichiCANS, CAFAS, PECFAS, or DECA when disenrollment for the SEDW occurs outside of the annual recertification.

This requirement will remain in place until (a) the Maintenance of Effort requirement for Home and Community-Based Services (HCBS) Medicaid funding under the American Rescue Plan Act (ARPA) expires or (b) MDHHS provides updated guidance. States must comply with certain conditions called “Maintenance of Effort” (MOE) requirements to receive the enhanced Federal funding. This means that state Medicaid agencies cannot make certain changes to their Medicaid or HCBS programs until 2026, or until the state expends the enhanced Federal funds.

More information was provided in numbered letter [L 25-13](#) that MDHHS issued on March 14, 2025. The L letter can also be accessed at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >>Policy, Letters and Forms.

**13. When will the MichiCANS become a requirement?**

The MichiCANS went into effect October 1, 2024.

**14. When will infants, toddlers, children, youth, and young adults already receiving services prior to October 1, 2024, receive the MichiCANS?**

For children, youth, and young adults already receiving services on October 1, 2024, a MichiCANS will need to be completed at the time of annual assessment due date or sooner if warranted due to needs.

**15. When is the MichiCANS completed? At intake and then how often?**

The Screener is used at the point of access to determine if children/youth may require CMHSP services. Information from the screening process helps to determine the child/youth's needs and strengths which may result in a crisis response, intake, or referral for services. The Comprehensive version is completed at intake to help guide treatment service planning. A MichiCANS Comprehensive is required to be completed at intake, annually, and at exit. A MichiCANS Comprehensive will also be updated when new information is learned about the child, youth, and/or family that would impact/change the clinical interpretation of needs and strengths, or if the new information would impact/change the treatment plan. The MichiCANS is expected to be completed at exit from services. In the event of an unplanned exit from services, information from the most recently completed MichiCANS will pull forward and populate. The appropriate staff member will update any items if there is knowledge of any changes in functioning (e.g. if primary care has sent updated information, if the youth/family has called providing updated information, etc.). If there is no new information to update, items will remain as listed from last assessment. The appropriate staff member will document information in the proper text/data fields related to the unplanned discharge.

**16. Can this document be shared with families?**

Your agency may choose to have a document created to share with families and/or additional professionals and natural supports. Each agency will work with their electronic health record provider to determine what information will be included on the printed document that will be disclosed.

**17. How do mobile crisis teams use the MichiCANS during the initial crisis contact?**

The MichiCANS Screener is not required to be completed during the emergent situation unless onsite staff determine it is appropriate.

**18. Is the MichiCANS Comprehensive Trauma Module approved as a trauma screener?**

Yes. Your organization may choose to use the MichiCANS Comprehensive Trauma Module to screen for trauma as it is recognized as an approved tool by the State of Michigan.

**19. What data exists on the reliability and validity of this tool, and its effectiveness in achieving positive outcomes?**

Please refer to The Praed Foundation's "CANS Reliability and Validity: Executive Summary." <https://praedfoundation.files.wordpress.com/2018/03/cans-reliability-and-validity-exec-summ.pdf>

**20. Does the MichiCANS identify the need for additional assessments?**

Yes, the MichiCANS may identify the need for additional assessments. In addition, information from outside assessment tools also informs the MichiCANS ratings and level of care decisions.

**21. Does the MichiCANS determine level of care decisions?**

Yes, the MichiCANS Screener provides an indication of appropriate level of care. A logic model, called a Decision Support Model (DSM) will run in the background of the Electronic Health Record (EHR) to provide recommendations for related levels of need and services. **If you do not use an EHR to complete the MichiCANS, and instead use the CareConnect360 (CC360) application, the DSM will also be active in the background and provide the necessary recommendations.** These DSMs help ensure statewide standardization of initial recommendations related to level of care.

**22. How will end users increase their skill level in using the MichiCANS?**

MichiCANS Certification Training is required for all MichiCANS users. MDHHS has developed Supervisor Community of Practice learning collaboratives to support continued learning in the use of the MichiCANS. These meetings are for clinical supervisors and provide opportunities to come together in a learning community with a focus on building practical skills to support meaningful use of the MichiCANS across the state and at the organizational level. In addition, technical assistance is available to provide end users with additional information related to the MichiCANS and can be requested by emailing [MDHHS-MichiCANS@michigan.gov](mailto:MDHHS-MichiCANS@michigan.gov).

**23. What specific MichiCANS training is needed for end users?**

All staff completing the MichiCANS Screener and/or Comprehensive, and the supervisors who oversee these staff members, are required to complete specific training, and pass an initial certification assessment.

- To become a certified user of the MichiCANS, clinician/raters who administer the MichiCANS, and their supervisors, are **required** to complete initial training, which includes two sessions: **TCOM Orientation** (3.5 hours) and **MichiCANS Overview** (3.5 hours).
- Individuals are required to pass a vignette-based assessment following training to be considered certified in the use of the tool. Clinicians/raters must also complete and receive a passing assessment score annually for re-certification purposes.
- **MichiCANS Action Planning** training is required for all certified MichiCANS staff who participate in any component of a planning process, and their supervisors. This training will assist users with the overall use and understanding of the tool and its role in service planning. This training is also required for all supervisors regardless of who they supervise.
- Supervisors are also required to attend **Supervisor Training**.

**Please see the chart at the end of this document for training details.**

**24. Does all staff, including those who only complete the MichiCANS Screener, need to be certified in the use of the tool?**

Yes, all staff completing the MichiCANS, and the supervisors who oversee these staff members, are required to complete the full training, and achieve successful certification even if they are only administering the Screener.

**25. Who conducts MichiCANS training?**

All training for MichiCANS is now conducted by certified state trainers. PIHPs and CMHSPs will not need to develop trainers. In addition, the cost associated with training is covered by the State.

**26. Can training be completed by watching recorded training sessions?**

No, training must be completed via live virtual training.

**27. When will training take place?**

Statewide training of the MichiCANS started in April and continued through September 2024 to prepare for the October 1, 2024, implementation of the tool. Regular training sessions are now available via the Capacity Building Center which can be access at micbc.org. All training for the MichiCANS is provided by certified state trainers. PIHPs and CMHSPs will not need to develop trainers. In addition, the cost associated with training is covered by the State.

**28. Who has access to the MichiCANS Screener and/or Comprehensive data?**

All data from the MichiCANS tools is sent to Care Connect 360 (CC360) electronically. This data is available to CC360 users who have rights/permissions to the data.

**29. If a MichiCANS Screener or Comprehensive was completed elsewhere in the state of Michigan, how can that data be accessed?**

All information is accessible via CareConnect360 and EHR vendors are working to create an interchange to share information from CC360 to each EHR.

**30. If a MichiCANS Screener or Comprehensive was completed elsewhere in the state of Michigan, what should be done with that data?**

As with any previous assessment completed outside of your organization, you should recognize, value, and accept that information. We suggest you review previous MichiCANS scores and information with the youth/family and update as needed to ensure the new MichiCANS document in your clinical workflow represents the child and family's current strengths and needs.

**31. How will progress be monitored through the use of the MichiCANS?**

Each PIHP, CMHSP and provider using MichiCANS can use data from the tool to monitor progress at an individual, program, or system level. The State of Michigan has not implemented a monitoring system for statewide progress monitoring at this time.

**32. How will the MichiCANS be used by child protective services and foster care?**

Beginning October 1, 2024, designated CSA staff members complete a MichiCANS Screener for all youth entering foster care. MichiCANS Screener results provided by CSA will be used at the point of ACCESS when a referral is made as a result of the Screener recommendations.

**33. Is there a plan for this to be applicable to adult services?**

The adult equivalent of the MichiCANS tool is known as the Adult Needs and Strengths Assessment (ANSA) tool. The use of the ANSA is not required. Providers can choose to implement the use of the ANSA for their adult population if they desire; however, this is not a current or pending requirement.

**34. If duplicate paperwork/assessments exist, will agencies be encouraged to change previous paperwork to help streamline processes?**

Reducing duplication of paperwork processes is a priority and is supported and encouraged. Below are some examples of how you might reduce duplication:

- The MichiCANS Comprehensive Trauma Module does meet requirements for Trauma Screening. Sites can choose to replace current Trauma Screeners with the MichiCANS Comprehensive Trauma Module.
- The MichiCANS Comprehensive is able to communicate assessment in multiple areas of presenting problems, leaving the biopsychosocial essential for collecting history of treatment, diagnosis, and demographic information.
- Other jurisdictions have embedded the scoring of their tool into their biopsychosocial assessment process. Agencies can choose to work with their electronic health vendors if they want to make these enhancements. Please follow the link included for this example: <https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/IMCANSCoreLifespanVersion04012024.docx>

**35. How can I find more information related to the CANS?**

More information related to the CANS can be located at <https://praedfoundation.org/> or [www.iph.uky.edu](http://www.iph.uky.edu)

**36. How can I find more information about the MichiCANS? More information about MichiCANS can be located at [Michigan Child and Adolescent Needs and Strengths - MichiCANS](#)**

Please email any questions about MichiCANS to [MDHHS-MichiCANS@michigan.gov](mailto:MDHHS-MichiCANS@michigan.gov)



# MichiCANS Training Process

