

# CareConnect360 MichiCANS Tool

## CARECONNECT360 MICHICANS USER GUIDE



State of Michigan  
Department of Health and Human Services

*Last Updated: October 2024*

## ***Table of Contents***

<b><i>1 About the MichiCANS Tool.....</i></b>	<b><i>1</i></b>
<b><i>2 Understanding MichiCANS Security Roles .....</i></b>	<b><i>2</i></b>
<b><i>3 Accessing the MichiCANS in CareConnect360 .....</i></b>	<b><i>5</i></b>
<b><i>4 Assessor: Using the MichiCANS Lookup.....</i></b>	<b><i>8</i></b>
4.1 Search and Add an Individual to the MichiCANS .....	8
4.2 Edit Non-Medicaid Client Details.....	13
4.3 Create and Complete a New MichiCANS Screener .....	17
4.4 Create and Complete a New MichiCANS Comprehensive .....	26
4.5 Using My Work Tab.....	60
4.6 Return to a Partially Completed MichiCANS.....	64
4.7 Resubmit a Supervisor Returned MichiCANS .....	67
4.8 View a Completed MichiCANS.....	72
<b><i>5 Supervisor: Using Admin Functions .....</i></b>	<b><i>77</i></b>
5.1 Review the Completed MichiCANS.....	77
5.2 Track All MichiCANS .....	82
<b><i>6 Admin: Handling Duplicates .....</i></b>	<b><i>83</i></b>

# 1 About the MichiCANS Tool

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The Michigan Child and Adolescent Needs and Strengths (MichiCANS) is a multipurpose information integration tool housed within CareConnect360. It is used to support family driven, youth guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor service outcomes. The MichiCANS is also used to support identification of functional limitation for individuals with Serious Emotional Disturbances (SED) and Intellectual/Developmental Disabilities (IDD).

The *MichiCANS Screener* and *MichiCANS Comprehensive* are both used for infants, toddlers, children, youth, and young adults ages birth through twenty (20). Upon collection, the automated decision support model (DSM) organizes and summarizes the MichiCANS information. This allows for a consensus-based process of determining action levels and prioritizing relevant needs and strengths, ensuring the same models are used throughout Michigan while supporting data driven decisions.

The *MichiCANS Screener*, used at point of access, includes the following four (4) domains: Life Functioning, Behavioral/Emotional Needs, Risk Factors and Behaviors, and Cultural Factors and Caregiver Resources and Needs. The completed *MichiCANS Screener* provides a recommendation for potential eligibility of services, aids with initial determination of needs and strengths, and guides appropriate referrals for behavioral health services.

The *MichiCANS Comprehensive* is used by clinical and care coordination service providers to guide initial and ongoing treatment service planning. It includes the following seven (7) domains, which contain multiple modules and submodules dependent upon need and age: Life Functioning, Strengths, Cultural Factors, Behavioral/Emotional Needs, Risk Factors and Behaviors, Transition Age Youth, and Caregiver Resources and Needs. The completed *MichiCANS Comprehensive* identifies areas of need to focus each individual's coordinated care plan.

## 2 Understanding MichiCANS Security Roles

During the process of requesting access, each user is approved for at least one MichiCANS security role: **MichiCANS Assessor**, **MichiCANS Supervisor**, and/or **MichiCANS Admin**.

*Note:* For detailed instruction about requesting access to CareConnect360, please reference **Gaining Access: CareConnect360 (for SOM Users)** -or- **Gaining Access: CareConnect360 (for Non-SOM Users)**.

The **MichiCANS Assessor** role has access to the MichiCANS Lookup page (*Figure 2.1*). The lookup page allows users to search for and add individuals using Medicaid ID or demographic details (*MichiCANS Search tab*), complete the MichiCANS (*MichiCANS Assessment tab*), and review the user's current list of MichiCANS requiring attention or awaiting approval (*My Work tab*).

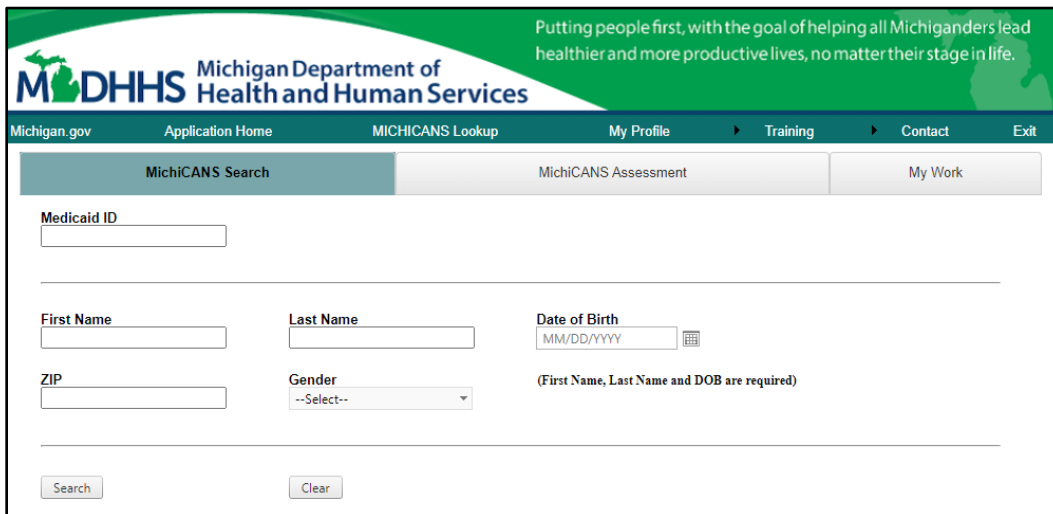


Figure 2.1: MichiCANS Lookup

The **MichiCANS Supervisor** role has access to the MichiCANS All Client Summary page and the MichiCANS Supervisor Review List page. The MichiCANS All Client Summary page (*Figure 2.2, next page*) allows the supervisor to view all individuals for which a MichiCANS has been started, completed, returned, or approved.



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Michigan.gov Application Home MICHICANS Lookup Admin My Profile Training Contact Exit

**MichiCANS All Clients Summary**

Export to Excel

BeneficiaryId	Created By	Organization	FullName	DOB	Total Assessments	LastAssessmentDate	AssessmentStatus
XXXXXX	XXXX	MICHICANS - Genesee	XXXX,XXX	(XX-XX-XXXX)	1	06/26/2024	Approved
XXXXXX	XXXX	MICHICANS - Genesee	XXXX,XXX	(XX-XX-XXXX)	1	06/17/2024	Approved
XXXXXX	XXXX	MICHICANS - Genesee	XXXX,XXX	(XX-XX-XXXX)	1	06/17/2024	Approved
XXXXXX	XXXX	MICHICANS - Genesee	XXXX,XXX	(XX-XX-XXXX)	1	06/17/2024	Approved
XXXXXX	XXXX	MICHICANS - Genesee	XXXX,XXX	(XX-XX-XXXX)	1	06/17/2024	Approved
XXXXXX	XXXX	MICHICANS - Genesee	XXXX,XXX	(XX-XX-XXXX)	1	06/11/2024	Approved
XXXXXX	XXXX	MICHICANS - Genesee	XXXX,XXX	(XX-XX-XXXX)	1	05/09/2024	Approved
XXXXXX	XXXX	MICHICANS - Genesee	XXXX,XXX	(XX-XX-XXXX)	1	05/09/2024	Approved

Page size: 20 189 items in 10 pages

Figure 2.2: MichiCANS All Client Summary

The MichiCANS Supervisor Review List page (Figure 2.3) allows the supervisor to review each completed MichiCANS. The supervisor then either approves the MichiCANS, or returns it to the submitter for additional clarification prior to final approval.

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Michigan.gov Application Home Admin My Profile Training Contact Exit

**COMPLETED assesment ready for supervisor review**

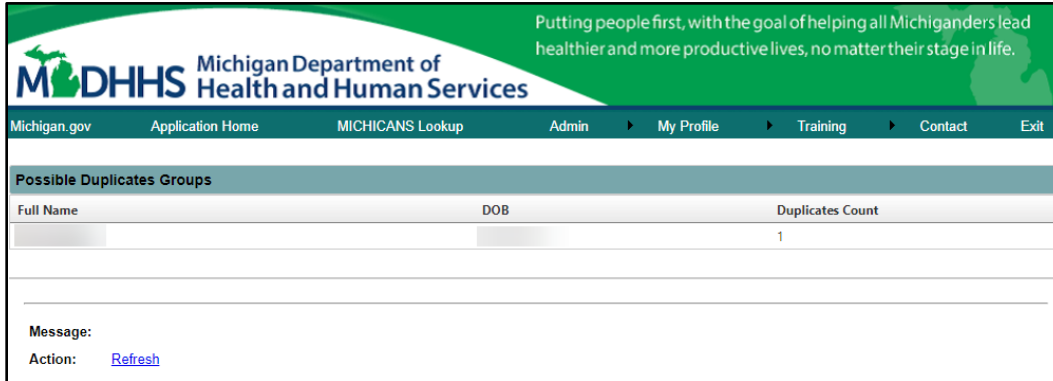
Export to Excel

Assessment CompletedOn	Assessment Type	Beneficiary Id	Client Full Name	Evaluated Condition	Assessor Full Name	OrgName	Assessor Phone	Assessor Email	Action
04/15/2024	Screener	XXXXXXXXXX	XXXX,XXX	NE-Serious		MICHICANS - Genesee			<a href="#">ReviewAssesment</a>
05/01/2024	Screener	XXXXXXXXXX	XXXX,XXX	NE-Serious		MICHICANS - Ingham			<a href="#">ReviewAssesment</a>
04/10/2024	Screener	XXXXXXXXXX	XXXX,XXX	NE-Mild		MICHICANS - Muskegon			<a href="#">ReviewAssesment</a>

Page size: 10 24 items in 3 pages

Figure 2.3: MichiCANS Supervisor Review List

The **MichiCANS Admin** role has access to the MichiCANS Duplicate Handling page (*Figure 2.4*). The MichiCANS Duplicate Handling page allows administrators to identify potential duplicate individuals who are indeed unique individuals, or to merge multiple duplicate individuals into one record.



Possible Duplicates Groups		
Full Name	DOB	Duplicates Count
		1

Message:

Action: [Refresh](#)

Figure 2.4: MichiCANS Duplicate Handling

### 3 Accessing the MichiCANS in CareConnect360

All users access CareConnect360 through MILogin, the State of Michigan (SOM) single sign-on portal. Users access MILogin one of two ways:

- ★ MDHHS users/contractors with a michigan.gov email use <https://miloginworker.michigan.gov>
- ★ All others use <https://milogintp.michigan.gov>

**Note:** For detailed instruction about requesting access to CareConnect360, please reference **Gaining Access: CareConnect360 (for SOM Users)** -or- **Gaining Access: CareConnect360 (for Non-SOM Users)**.

Complete the following steps to access the MichiCANS in CareConnect360:

1. Log into MILogin. The MILogin Home page displays.
2. Click **CareConnect360** (*Figure 3.1*).

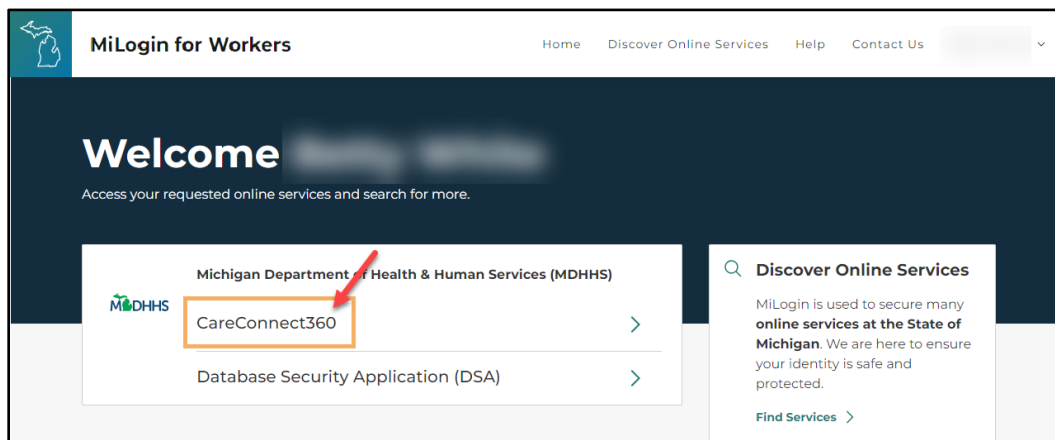


Figure 3.1: MILogin Home

3. Review the CareConnect360 Terms & Conditions (*Figure 3.2, next page*).
4. Select ***I agree to the Terms & Conditions.***
5. Click **Launch service.**

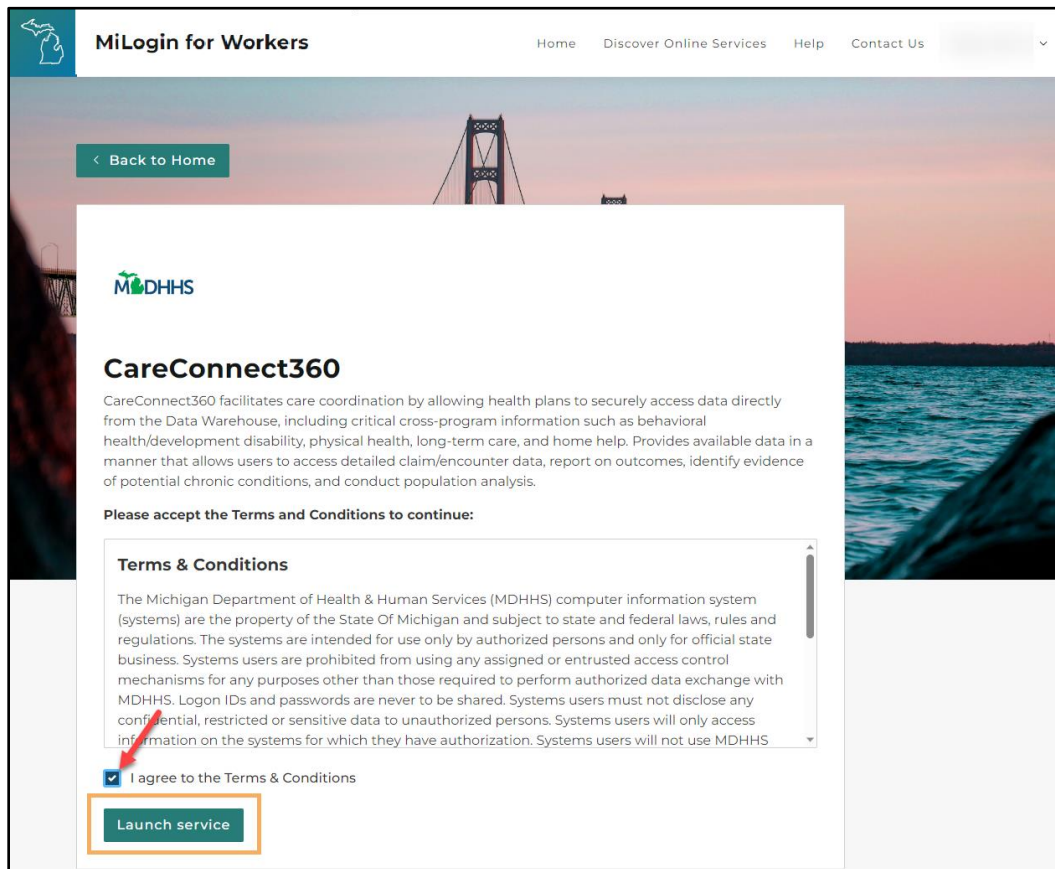


Figure 3.2: CareConnect360 Terms & Conditions

6. As necessary, select a verification method on the Multifactor authentication page (Figure 3.3, next page) to obtain and enter the passcode required to continue.

*Note:* Every 24 hours, users outside the SOM network are required to perform an additional security measure called multifactor authentication (MFA).

If a user logs into CareConnect360 at 9am on a Tuesday, MFA will last until 8:59am Wednesday. If the user logs out or “times out” of CareConnect360 and logs back in prior to the end of that 24-hour period, MFA will not need to be performed again.

However, if the user logs out or “times out” of CareConnect360 and does not log back in prior to the end of that 24-hour period, MFA will need to be performed again.

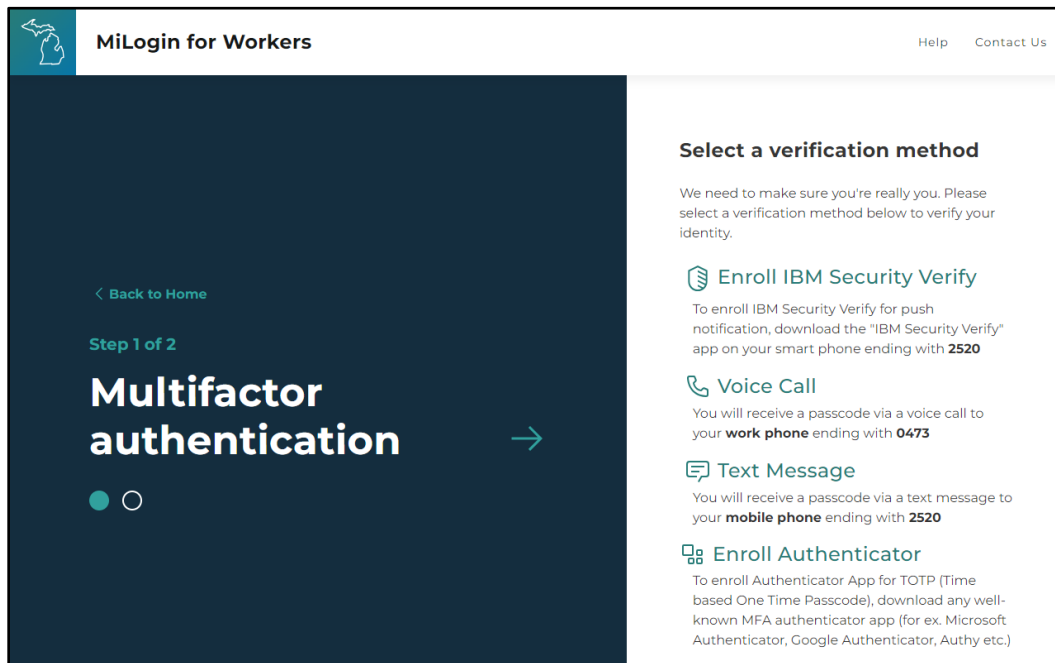


Figure 3.3: Multifactor Authentication

- Upon MFA completion, MiLogin automatically continues logging you in and the CareConnect360 MichiCANS Home page displays (Figure 3.4).

**Note:** If you have dual roles within your organization (i.e., you have access to CareConnect360 data and access to the MichiCANS), a pop-up selection window displays. Select the MichiCANS option.



Figure 3.4: CareConnect360 MichiCANS Home – Assessor view

## 4 Assessor: Using the MichiCANS Lookup

The MichiCANS Lookup page allows users to search for and add individuals using Medicaid ID or demographic details (*MichiCANS Search tab*), complete a MichiCANS (*MichiCANS Assessment tab*), and review their current list of MichiCANS requiring attention or awaiting approval (*My Work tab*).

**IMPORTANT:** If attempting to access CareConnect360 prior to your ‘MichiCANS Assessor’ security role being assigned, you will not have the **MICHICANS Lookup** menu option. Appropriate system functionality is not enabled until approved security roles are manually assigned.

### 4.1 Search and Add an Individual to the MichiCANS

Complete the following steps to search and add an individual using Medicaid ID or demographic details:

1. Perform the steps in [3 Accessing the MichiCANS in CareConnect360](#).
2. Select **MICHICANS Lookup** in the main menu (*Figure 4.1.1*). The MichiCANS Lookup page displays.



Figure 4.1.1: CareConnect360 – MichiCANS Lookup

3. To search and add using Medicaid ID (Figure 4.1.2):

a. Enter the individual's **Medicaid ID**.

*Note:* The remaining fields become disabled. Click **Clear** to reset the MichiCANS Search page as needed.

b. Click **Search**. Matching results display in the **Medicaid Demographics** grid.

The screenshot shows the MichiCANS Lookup interface. At the top is the MDHHS logo and navigation links: Michigan.gov, Application Home, MICHICANS Lookup, My Profile, Training, Contact, and Exit. Below the navigation bar are three tabs: MichiCANS Search (active), MichiCANS Assessment, and My Work. The search form includes a 'Medicaid ID' field (highlighted with a red arrow), 'First Name', 'Last Name', 'Date of Birth' (MM/DD/YYYY), 'ZIP', and 'Gender' (a dropdown menu). A note states '(First Name, Last Name and DOB are required)'. At the bottom, the 'Search' button is highlighted with a yellow box, and a 'Clear' button is also present.

Figure 4.1.2: MichiCANS Lookup

c. Confirm the results (Figure 4.1.3) and click **Add To MichiCANS**.

The screenshot shows the MichiCANS Lookup interface with search results displayed. The 'Medicaid ID' field is filled with '\*\*\*\*\*'. Below the search form, the 'Medicaid Demographics' section is visible. It contains fields for 'FirstName' (XXXX), 'LastName' (XXXX), 'DOB' (XXXX), 'Gender' (Female), 'Ethnicity' (Non Hispanic), and 'ZIP Code' (48911). The 'Add To MichiCANS' button is highlighted with a yellow box, and a 'Cancel' button is also present. A red arrow points to the 'DOB' field.

Figure 4.1.3: MichiCANS Lookup

d. The “New client added to MichiCANS system” message displays (Figure 4.1.4, next page).

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

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

MichiCANS Search MichiCANS Assessment My Work

Medicaid ID

First Name Last Name Date of Birth  
MM/DD/YYYY

ZIP Gender (First Name, Last Name and DOB are required)

Search Clear

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	0		<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

Message: New client added to MichiCANS system

Figure 4.1.4: MichiCANS Lookup

4. To search and add using demographic details (Figure 4.1.5):
  - a. Enter the individual's **First Name**, **Last Name**, and **Date of Birth** (required).
  - b. Enter the individual's **ZIP** code and select the **Gender** (if known).
  - c. Click **Search**.
  - d. If matching results are found, they display in the **Medicaid Demographics** grid. Confirm the results and click **Add To MichiCANS** as appropriate (see [Steps 3c and 3d](#) above).

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

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

MichiCANS Search MichiCANS Assessment My Work

Medicaid ID

First Name Last Name Date of Birth  
MM/DD/YYYY

ZIP Gender (First Name, Last Name and DOB are required)

Search Clear

Figure 4.1.5: MichiCANS Lookup



- e. If no matching results are found, the “No results found in MichiCANS system” message displays. Click Add Non-Medicaid Client (Figure 4.1.6). The Additional Demographics Information pop-up window displays.

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Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

MichiCANS Search MichiCANS Assessment My Work

Medicaid ID

First Name Last Name Date of Birth

ZIP Gender (First Name, Last Name and DOB are required)

Search Clear

**MichiCANS Search Results**

Beneficiary	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
No records to display.									

Page size: 10 0 items in 1 pages

Message: No results found in MichiCANS system

Action: [Add Non-Medicaid Client](#)

Figure 4.1.6: MichiCANS Lookup

- f. Enter the individual’s **ZIP Code**, and select **Gender** and **Ethnicity** if known (Figure 4.1.7).
- g. Click **Add**.

Non-Medicaid Additional Demographics Information

**Additional Demographic Data**

ZIP Code 48911

Gender Male

Ethnicity Other

Add Clear Cancel

Message:

Figure 4.1.7: Additional Demographics Information

- h. The individual displays in the **Medicaid Demographics** grid and the “New client added to MichiCANS system” message displays (*Figure 4.1.8*).

The screenshot shows the MichiCANS Lookup interface. At the top, there's a header with the MDHHS logo and the text "Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life." Below the header is a navigation bar with links: Michigan.gov, Application Home, MICHICANS Lookup, My Profile, Training, Contact, and Exit. The main content area has three tabs: MichiCANS Search (selected), MichiCANS Assessment, and My Work. Under the MichiCANS Search tab, there are input fields for Medicaid ID, First Name, Last Name, Date of Birth, ZIP, and Gender. Below these fields are Search and Clear buttons. The search results section, titled "MichiCANS Search Results", contains a table with columns: BeneficiaryId, First Name, Last Name, DOB, Ethnicity, Gender, ZIP, Existing Assessments, Last Assessment Date, and Action. The table shows one result with the following data: BeneficiaryId: FirstName, Last Name: LastName, DOB: (XX-XX-XXXX), Ethnicity: Other, Gender: Male, ZIP: 48911, Existing Assessments: 0, Last Assessment Date: (blank), and Action: NewAssessment, EditClient. Below the table is a pagination bar with "Page size: 10" and "1 items in 1 pages". At the bottom, there is a message: "Message: New client added to MichiCANS system" and an action: "Add Non-Medicaid Client". Two red arrows point to the "NewAssessment" link in the Action column and the "Add Non-Medicaid Client" link.

Figure 4.1.8: MichiCANS Lookup

5. To edit a non-Medicaid client's details, complete the steps in [4.2 Edit Non-Medicaid Client Details](#).
6. To create a new MichiCANS Screener, continue with the steps in [4.3 Create and Complete a New MichiCANS Screener](#).
7. To create a new MichiCANS Comprehensive, continue with the steps in [4.4 Create and Complete a New MichiCANS Comprehensive](#).
8. To access your current list of MichiCANS requiring attention or awaiting approval, complete the steps in [4.5 Using My Work Tab](#).
9. To complete an incomplete MichiCANS, complete the steps in [4.6 Return to a Partially Completed MichiCANS](#).
10. To update and resubmit a supervisor returned MichiCANS, complete the steps in [4.7 Resubmit a Supervisor Returned MichiCANS](#).
11. To review a completed MichiCANS, complete the steps in [4.8 View a Completed MichiCANS](#).

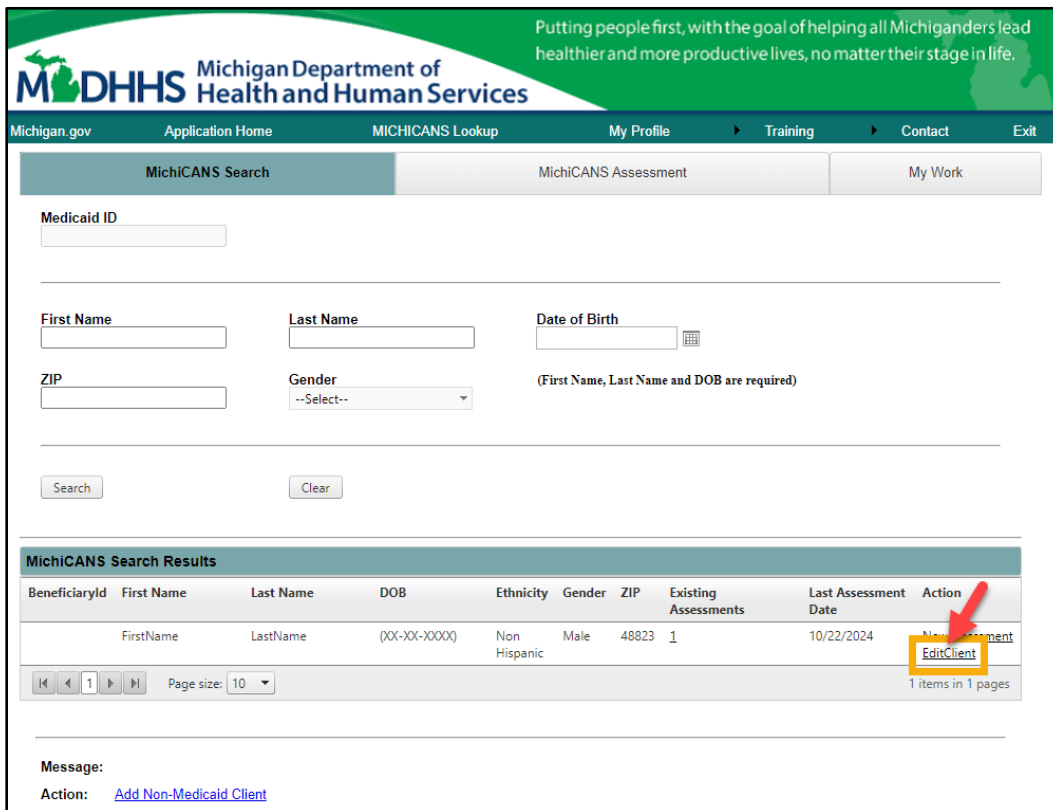
**TIP:** When performing additional actions, then returning to the MichiCANS Lookup, the page retains your previous search results. Click **Clear** to begin a new search.

## 4.2 Edit Non-Medicaid Client Details

Individuals can be added to the MichiCANS regardless of current Medicaid eligibility. Once added users can edit the demographic details as needed, or associate the non-Medicaid-identified client with a Medicaid record upon discovery of an assigned Medicaid ID.

Complete the following steps to edit a non-Medicaid individual:

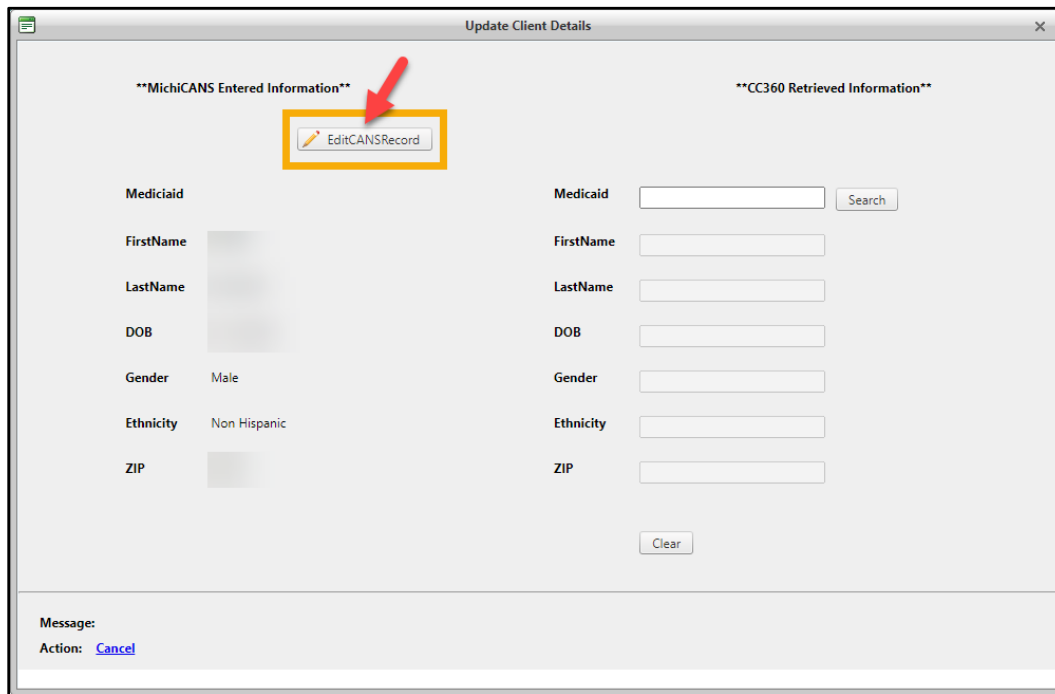
1. Perform the steps in [4.1 Search and Add an Individual to the MichiCANS](#).
2. Click Edit Client beside the individual (*Figure 4.2.1*). The Update Client Details window displays.



The screenshot shows the MichiCANS Lookup interface. At the top, there's a header with the MDHHS logo and the text "Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life." Below this is a navigation bar with links: Michigan.gov, Application Home, MICHICANS Lookup, My Profile, Training, Contact, and Exit. The main content area has three tabs: MichiCANS Search (selected), MichiCANS Assessment, and My Work. Under the MichiCANS Search tab, there are input fields for Medicaid ID, First Name, Last Name, Date of Birth, ZIP, and Gender. Below these fields are Search and Clear buttons. The search results section, titled "MichiCANS Search Results", displays a table with columns: BeneficiaryId, First Name, Last Name, DOB, Ethnicity, Gender, ZIP, Existing Assessments, Last Assessment Date, and Action. A single record is shown with the following details: BeneficiaryId (blank), First Name (FirstName), Last Name (LastName), DOB ((XX-XX-XXXX)), Ethnicity (Non Hispanic), Gender (Male), ZIP (48823), Existing Assessments (1), Last Assessment Date (10/22/2024), and Action (New Assessment). The "Edit Client" link in the Action column is highlighted with a red arrow. At the bottom, there's a Message section with an Action link: [Add Non-Medicaid Client](#).

Figure 4.2.1: MichiCANS Lookup

3. To edit the existing MichiCANS record:
  - a. Using the **\*\*MichiCANS Entered Information\*\*** section on the left (*Figure 4.2.2, next page*), click **Edit CANS Record**. The demographic details become enabled.



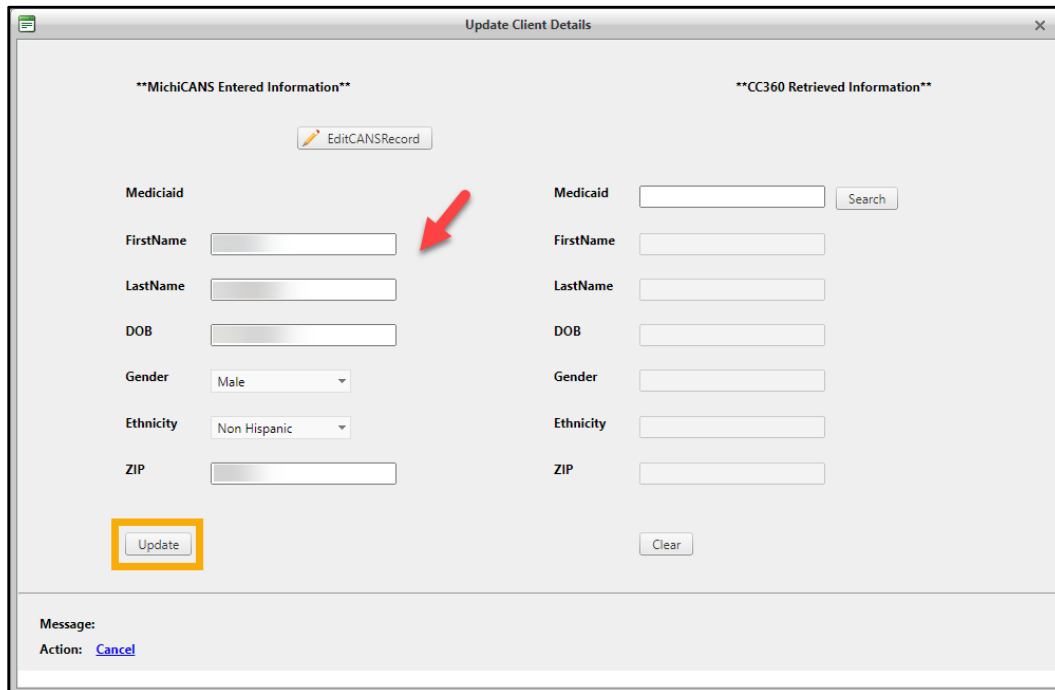
The screenshot shows the 'Update Client Details' window. It is divided into two main sections: '\*\*MichiCANS Entered Information\*\*' on the left and '\*\*CC360 Retrieved Information\*\*' on the right. In the left section, there are fields for Medicaid, FirstName, LastName, DOB, Gender (set to Male), Ethnicity (set to Non Hispanic), and ZIP. A red arrow points to the 'EditCANSRecord' button, which is highlighted with an orange box. In the right section, there are corresponding empty input fields for Medicaid, FirstName, LastName, DOB, Gender, Ethnicity, and ZIP, along with a 'Search' button. A 'Clear' button is located at the bottom right of the form area. At the bottom of the window, there is a 'Message:' section with an 'Action:' label and a 'Cancel' link.

Figure 4.2.2: Update Client Details

- b. Update the **First Name**, **Last Name**, **DOB** (date of birth), **Gender**, **Ethnicity**, or postal **ZIP** code as needed (Figure 4.2.3).

*Note:* When updating **DOB**, the **Reason** field displays and is required.

- c. Click **Update**. The “Successfully updated client details” message displays.



This screenshot shows the 'Update Client Details' window after the 'EditCANSRecord' button was clicked. The 'EditCANSRecord' button is still visible at the top. The input fields in the '\*\*MichiCANS Entered Information\*\*' section are now active and contain data: FirstName, LastName, DOB, Gender (set to Male), Ethnicity (set to Non Hispanic), and ZIP. A red arrow points to the 'Update' button, which is highlighted with an orange box. The '\*\*CC360 Retrieved Information\*\*' section remains empty. The 'Clear' button is still present at the bottom right. The 'Message:' section at the bottom shows an 'Action:' label with a 'Cancel' link.

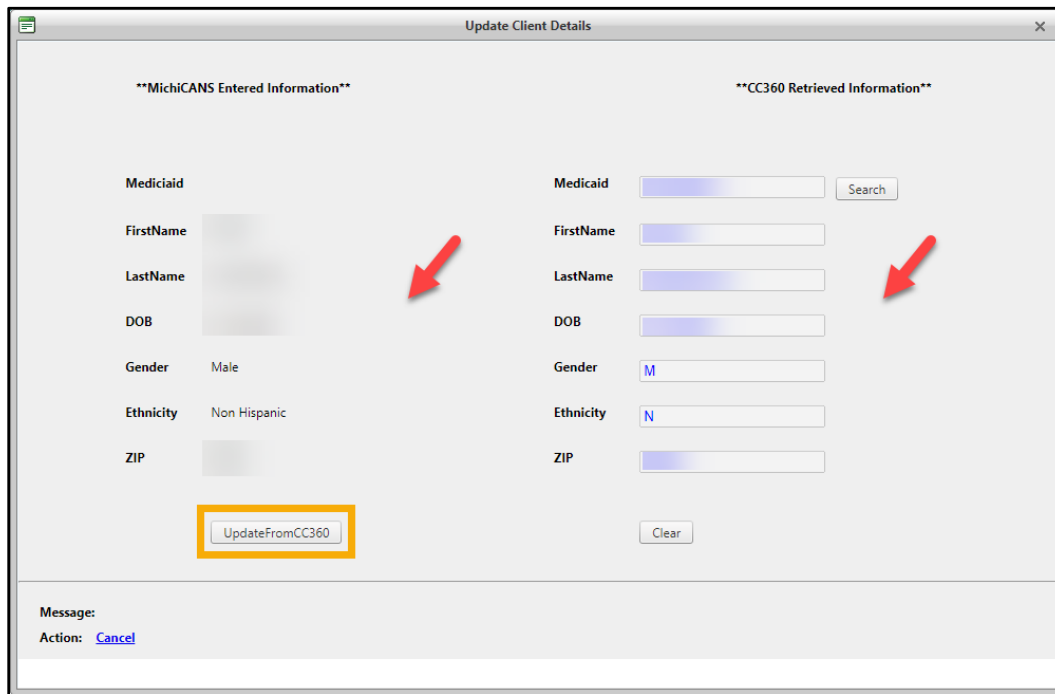
Figure 4.2.3: Update Client Details

4. To add a Medicaid ID to an existing non-Medicaid MichiCANS record:
  - a. Using the **\*\*CC360 Retrieved Information\*\*** section on the right, enter the individual's **Medicaid** ID (Figure 4.2.4).
  - b. Click **Search**. CareConnect360 displays the record matching the Medicaid ID entered.

Figure 4.2.4: Update Client Details

- c. Confirm the **\*\*CC360 Retrieved Information\*\*** (i.e., Medicaid search result) and the **\*\*MichiCANS Entered Information\*\*** are the same person (Figure 4.2.5, next page).
- d. To proceed, click **Update From CC360**. The “Successfully updated the client information” message displays.

**CAUTION:** When clicking **Update From CC360**, the **\*\*MichiCANS Entered Information\*\*** on the left is overwritten with the **\*\*CC360 Retrieved Information\*\*** from the right.



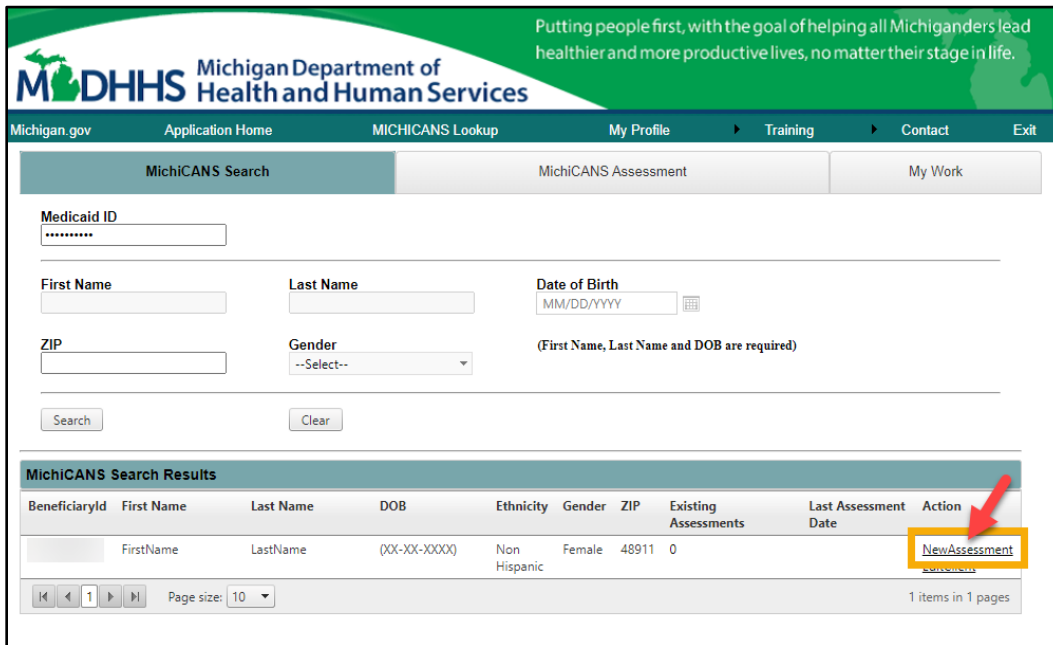
The screenshot shows a window titled "Update Client Details" with a close button (X) in the top right corner. The window is divided into two main sections: "\*\*MichiCANS Entered Information\*\*" on the left and "\*\*CC360 Retrieved Information\*\*" on the right. Both sections contain fields for Medicaid, FirstName, LastName, DOB, Gender, Ethnicity, and ZIP. In the MichiCANS section, the Gender field is set to "Male" and Ethnicity to "Non Hispanic". In the CC360 section, the Gender field has "M" and Ethnicity has "N". A red arrow points from the MichiCANS LastName field to the CC360 LastName field. Another red arrow points from the CC360 LastName field to the CC360 Gender field. At the bottom of the MichiCANS section, there is a button labeled "UpdateFromCC360" which is highlighted with a yellow border. At the bottom of the CC360 section, there is a "Clear" button. At the bottom of the window, there is a "Message:" label and an "Action:" label with a blue "Cancel" link.

Figure 4.2.5: Update Client Details

## 4.3 Create and Complete a New MichiCANS Screener

Complete the following steps to create and complete a new MichiCANS Screener:

- Perform the steps in [4.1 Search and Add an Individual to the MichiCANS](#).
- Click **New Assessment** beside the individual (*Figure 4.3.1*). The MichiCANS Assessment tab displays.



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MDHHS Michigan Department of Health and Human Services

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

MichiCANS Search MichiCANS Assessment My Work

Medicaid ID \*\*\*\*\*

First Name Last Name Date of Birth MM/DD/YYYY

ZIP Gender --Select-- (First Name, Last Name and DOB are required)

Search Clear

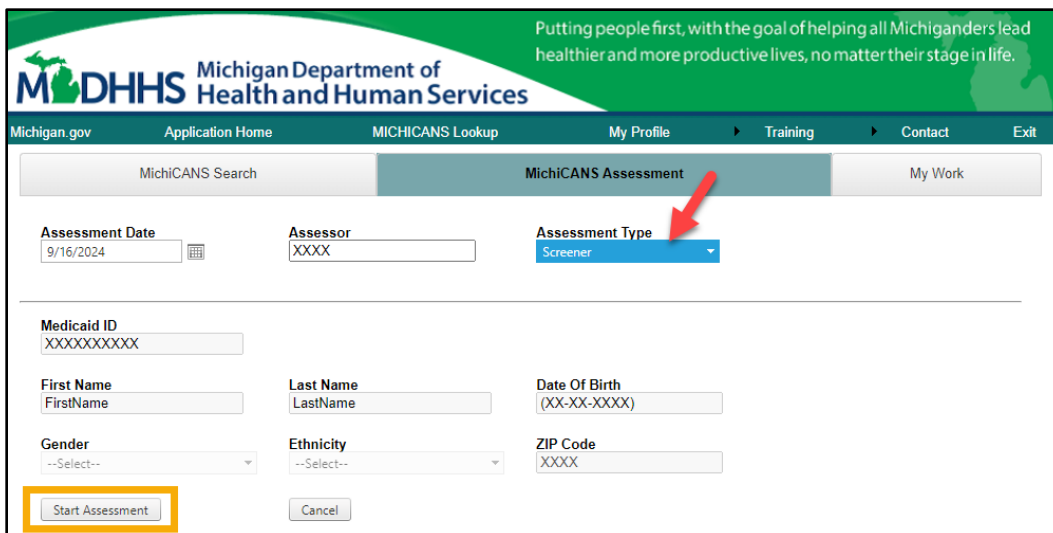
**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	0		<b>New Assessment</b>

Page size: 10 1 items in 1 pages

Figure 4.3.1: MichiCANS Lookup

- Select 'Screener' as the **Assessment Type** (*Figure 4.3.2*).
- Click **Start Assessment**. The MichiCANS Screener Assessment displays the **Life Functioning** domain.



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MDHHS Michigan Department of Health and Human Services

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

MichiCANS Search MichiCANS Assessment My Work

Assessment Date 9/16/2024 Assessor XXXX Assessment Type Screener

Medicaid ID XXXXXXXXXX

First Name Last Name Date Of Birth (XX-XX-XXXX)

Gender --Select-- Ethnicity --Select-- ZIP Code XXXX

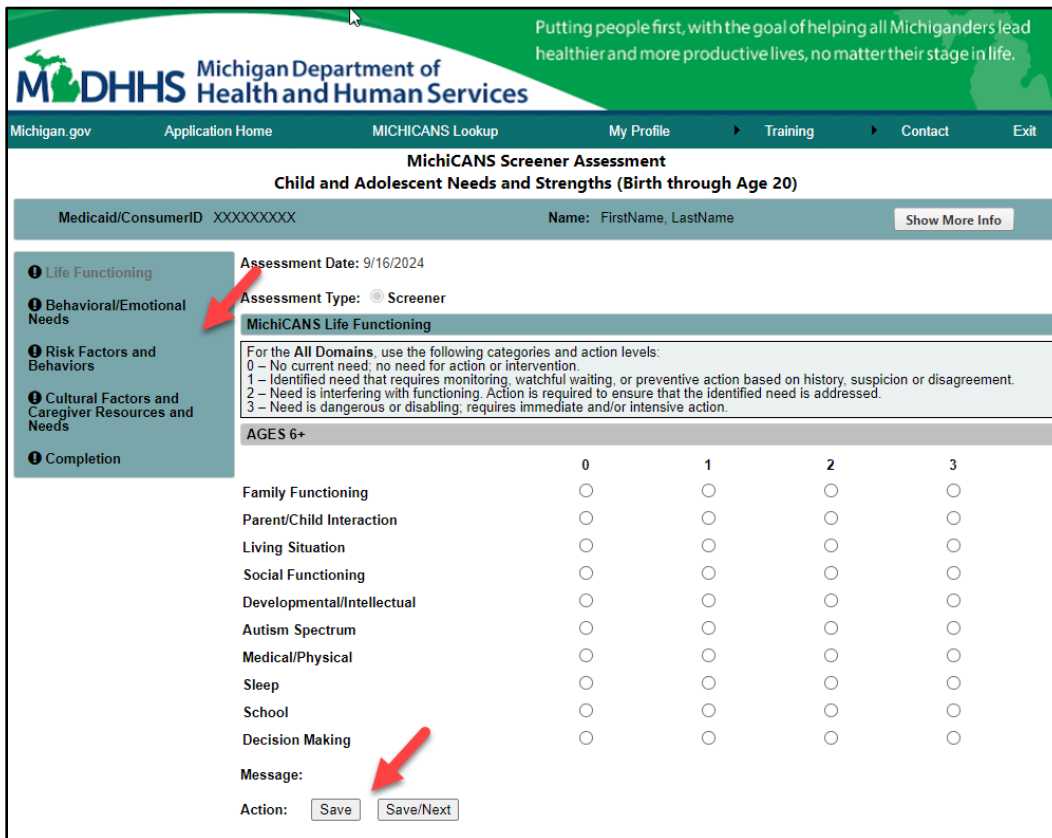
Start Assessment Cancel

Figure 4.3.2: MichiCANS Assessment

**IMPORTANT:** All *MichiCANS Screener* questions must be answered, all domains must be completed.

Regardless of the linear descriptions that follow, questions can be answered in any order. Users can switch between domains using the left navigation pane or by clicking **Save/Next** (Figure 4.3.3).

MichiCANS details are saved when switching between domains using the left navigation pane (and) by clicking **Save** or **Save/Next**.



The screenshot shows the MichiCANS Screener Assessment interface. The header includes the MDHHS logo and the text "Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life." The navigation bar includes links for Michigan.gov, Application Home, MICHICANS Lookup, My Profile, Training, Contact, and Exit. The main title is "MichiCANS Screener Assessment" and the subtitle is "Child and Adolescent Needs and Strengths (Birth through Age 20)". The form includes fields for Medicaid/ConsumerID, Name, and Assessment Date. The left navigation pane lists domains: Life Functioning, Behavioral/Emotional Needs, Risk Factors and Behaviors, Cultural Factors and Caregiver Resources and Needs, and Completion. The Life Functioning domain is selected, and the assessment type is set to Screener. The form displays a table for "AGES 6+" with columns for ratings 0, 1, 2, and 3. The table lists various functional areas: Family Functioning, Parent/Child Interaction, Living Situation, Social Functioning, Developmental/Intellectual, Autism Spectrum, Medical/Physical, Sleep, School, and Decision Making. At the bottom, there is a Message field and Action buttons for Save and Save/Next. Red arrows point to the "Life Functioning" domain in the left navigation pane and the "Save/Next" button.

Figure 4.3.3: MichiCANS Screener – Life Functioning

**IMPORTANT: For Needs Domains** – A rationale for any module items rated actionable is required (rated '2' or '3').

**For Strengths Domains:** Please write a rationale for useful Strengths items (rated '0' or '1') and Strengths to build items (rated '2' or '3').



**TIP:** Each MichiCANS Screener question (e.g., **Family Functioning**, **Parent/Child Interaction**) is a link which, when clicked, opens the MichiCANS Reference Guide at the appropriate page for that specific question (*Figure 4.3.4*).

The Reference Guide opens in a separate window and each question opens in its own tab, so multiple questions can be referenced concurrently.

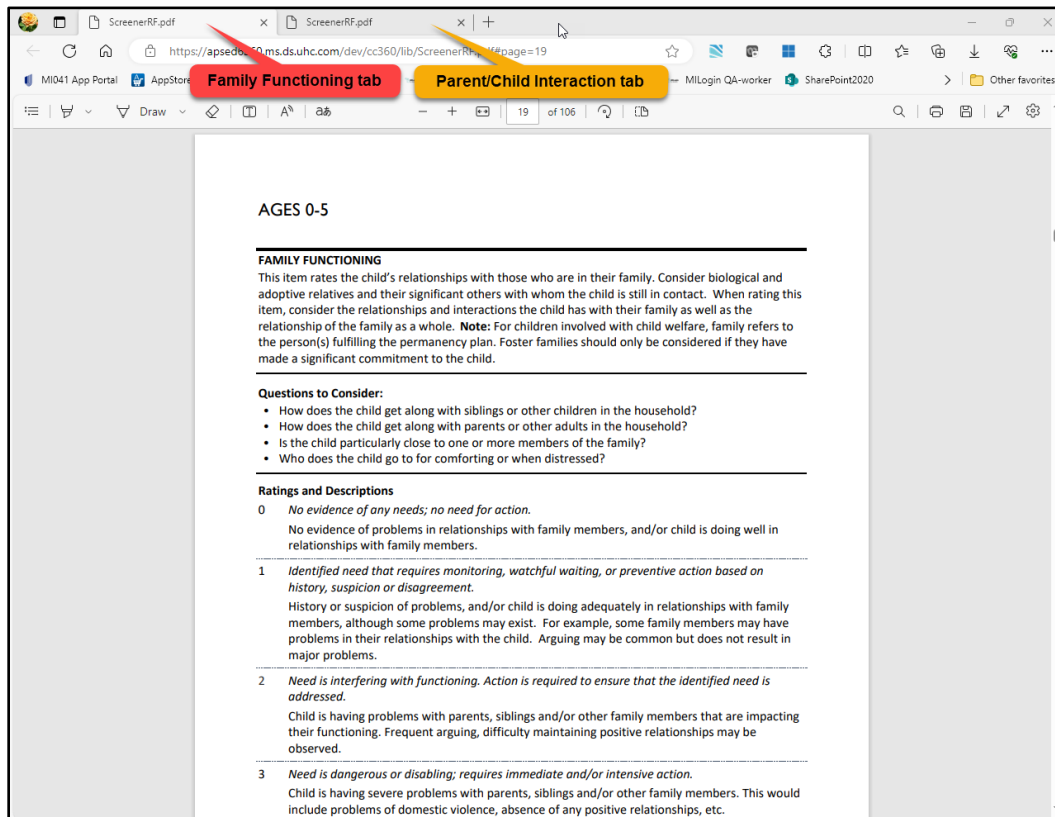


Figure 4.3.4: MichiCANS Reference Guide

9. Use the following categories and action levels to complete all MichiCANS Screener domains:
  - 0 – No current need; no need for action or intervention.
  - 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
  - 2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
  - 3 – Need is dangerous or disabling; requires immediate and/or intensive action.
10. Complete the **MichiCANS Life Functioning** domain (*Figure 4.3.5, next page*).
11. Select the appropriate category for each item.
12. Enter rationale for any item in the ***Please write a rationale for any item rated actionable ('2' or '3')*** text box. Rationale for **Life Functioning** items rated actionable is required ('2' or '3').

**TIP:** Click **Save** at any time to save your work, however, clicking between domains using the left navigation pane also saves. Feel free to continue the MichiCANS as your natural conversation leads.

If you are interrupted during entry, please see [4.6 Return to a Partially Completed MichiCANS](#).

13. Click **Save/Next** to save and automatically advance to the **Behavioral/Emotional Needs** domain.

**-or-**

Select the next appropriate domain using the left navigation pane.

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

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

**MichiCANS Screener Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/16/2024  
Assessment Type: ☒ Screener

**MichiCANS Life Functioning**

For the All Domains, use the following categories and action levels:  
0 – No current need, no need for action or intervention.  
1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed.  
3 – Need is dangerous or disabling; requires immediate and/or intensive action.

**AGES 6+**

	0	1	2	3
Family Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental/Intellectual	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medical/Physical	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Decision Making	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please write a rationale for any item rated actionable ('2' or '3').

[Enter rationale for any item, however rationale for any Life Functioning items rated actionable ('2' or '3') is required]

Message:

Action:

Figure 4.3.5: MichiCANS Screener – Life Functioning

**Note:** Upon completion, the black exclamation point beside **Life Functioning** updates to a black check mark in the left navigation pane.

14. Use the [same categories and action levels](#) to complete the **MichiCANS Behavioral/Emotional Needs** domain (Figure 4.3.6).
  15. Select the appropriate category for each item.
  16. Enter rationale for any item in the ***Please write a rationale for any item rated actionable ('2' or '3')*** text box. Rationale for **Behavioral/Emotional Needs** items rated actionable is required ('2' or '3').
  17. Click **Save/Next** to save and automatically advance to the **Risk Factors and Behaviors** domain.
- or-**
- Select the next appropriate domain using the left navigation pane.

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

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

**MichiCANS Screener Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/16/2024  
Assessment Type: ☒ Screener ☐ Screener V2

**MichiCANS Behavioral/Emotional Needs**

For the Needs Domains, use the following categories and action levels:  
0 – No current need; no need for action or intervention.  
1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed.  
3 – Need is dangerous or disabling; requires immediate and/or intensive action.

**AGES 6+**

	0	1	2	3
Psychosis (Thought Disorder)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Oppositional Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct (Antisocial Behavior)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please write a rationale for any item rated actionable ('2' or '3').**

[Enter rationale for any item, however, rationale for any Behavioral/Emotional Needs items rated actionable ('2' or '3') is required]

Message:

Action:

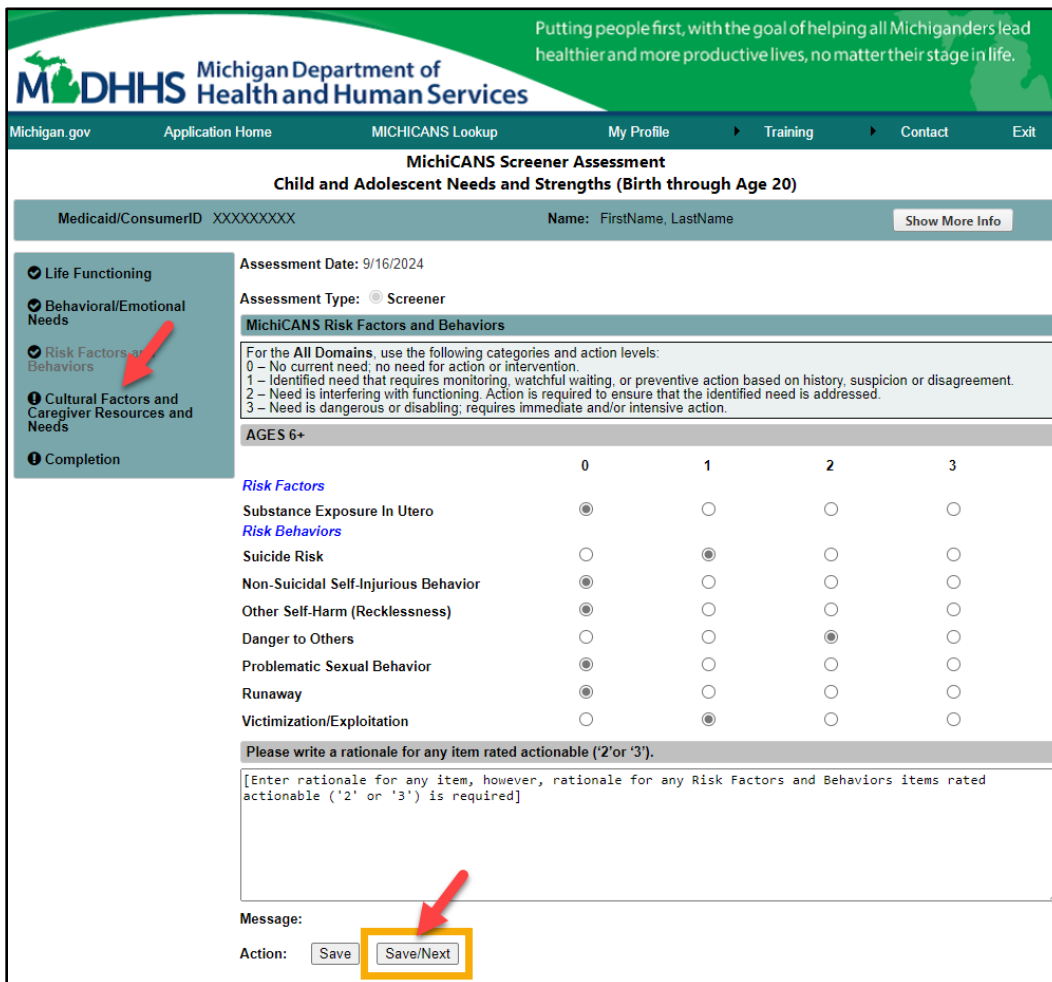
Figure 4.3.6: MichiCANS Screener – Behavioral/Emotional Needs

**Note:** Upon completion, the black exclamation point beside **Behavioral/Emotional Needs** updates to a black check mark in the left navigation pane.

18. Use the [same categories and action levels](#) to complete the **MichiCANS Risk Factors and Behaviors** domain (Figure 4.3.7).
19. Select the appropriate category for each item.
20. Enter rationale for any item in the ***Please write a rationale for any item rated actionable ('2' or '3')*** text box. Rationale for **Risk Factors and Behaviors** items rated actionable is required ('2' or '3').
21. Click **Save/Next** to save and automatically advance to the **Cultural Factors and Caregiver Resources and Needs** domain.

**-or-**

Select the next appropriate domain using the left navigation pane.



Michigan Department of Health and Human Services

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

**MichiCANS Screener Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/16/2024  
Assessment Type: ☒ Screener

**MichiCANS Risk Factors and Behaviors**

For the All Domains, use the following categories and action levels:  
0 – No current need; no need for action or intervention.  
1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed.  
3 – Need is dangerous or disabling, requires immediate and/or intensive action.

AGES 6+	0	1	2	3
<b>Risk Factors</b>				
Substance Exposure In Utero	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Risk Behaviors</b>				
Suicide Risk	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm (Recklessness)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Problematic Sexual Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization/Exploitation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item rated actionable ('2' or '3').

[Enter rationale for any item, however, rationale for any Risk Factors and Behaviors items rated actionable ('2' or '3') is required]

Message:

Action:

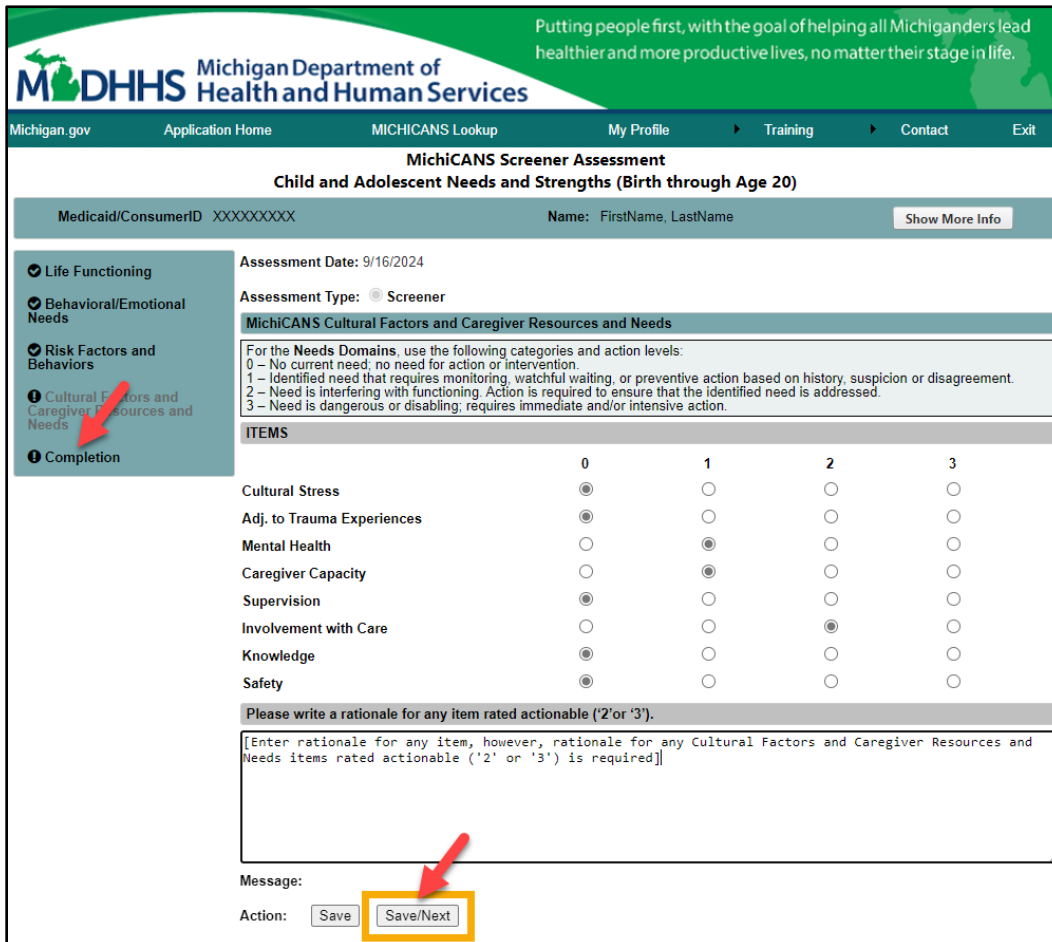
Figure 4.3.7: MichiCANS Screener – Risk Factors and Behaviors

**Note:** Upon completion, the black exclamation point beside **Risk Factors and Behaviors** updates to a black check mark in the left navigation pane.

22. Use the [same categories and action levels](#) to complete the **MichiCANS Cultural Factors and Caregiver Resources and Needs** domain (Figure 4.3.8).
23. Select the appropriate category for each item.
24. Enter rationale for any item in the ***Please write a rationale for any item rated actionable ('2' or '3')*** text box. Rationale for **Cultural Factors and Caregiver Resources and Needs** items rated actionable is required ('2' or '3').
25. Click **Save/Next** to save and automatically advance to the **Completion** page.

**-or-**

Select **Completion** using the left navigation pane.



The screenshot shows the MichiCANS Screener Assessment interface. The header includes the MDHHS logo and the text "Michigan Department of Health and Human Services". The navigation bar includes links for Michigan.gov, Application Home, MICHICANS Lookup, My Profile, Training, Contact, and Exit. The main title is "MichiCANS Screener Assessment" with the subtitle "Child and Adolescent Needs and Strengths (Birth through Age 20)". The user information section shows "Medicaid/ConsumerID: XXXXXXXX" and "Name: FirstName, LastName" with a "Show More Info" button. The left navigation pane has five items: Life Functioning, Behavioral/Emotional Needs, Risk Factors and Behaviors, Cultural Factors and Caregiver Resources and Needs (highlighted with a red arrow), and Completion. The main content area shows the "Assessment Date: 9/16/2024" and "Assessment Type: Screener". Below this is the "MichiCANS Cultural Factors and Caregiver Resources and Needs" section. It includes a table with items and action levels (0, 1, 2, 3). The items are Cultural Stress, Adj. to Trauma Experiences, Mental Health, Caregiver Capacity, Supervision, Involvement with Care, Knowledge, and Safety. The table shows the following ratings: Cultural Stress (0), Adj. to Trauma Experiences (0), Mental Health (1), Caregiver Capacity (1), Supervision (0), Involvement with Care (2), Knowledge (0), and Safety (0). Below the table is a text box for "Please write a rationale for any item rated actionable ('2' or '3')." with a red arrow pointing to it. At the bottom, there is a "Message:" section and an "Action:" section with "Save" and "Save/Next" buttons. The "Save/Next" button is highlighted with a red arrow.

ITEMS	0	1	2	3
Cultural Stress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adj. to Trauma Experiences	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiver Capacity	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Knowledge	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 4.3.8: MichiCANS Screener – Cultural Factors and Caregiver Resources and Needs

**Note:** Upon completion, the black exclamation point beside **Cultural Factors and Caregiver Resources and Needs** updates to a black check mark in the left navigation pane.

**IMPORTANT:** To finalize the MichiCANS Screener, all domains must be completed (i.e., a black check mark must display beside each domain, other than **Completion**, in the left navigation pane).

If not, upon clicking **Complete** in [Step 29](#) the Incomplete Domains pop-up window displays listing the domain(s) still requiring completion (*Figure 4.2.9*). Click **Return** to return to the MichiCANS Screener and complete the incomplete domain(s).

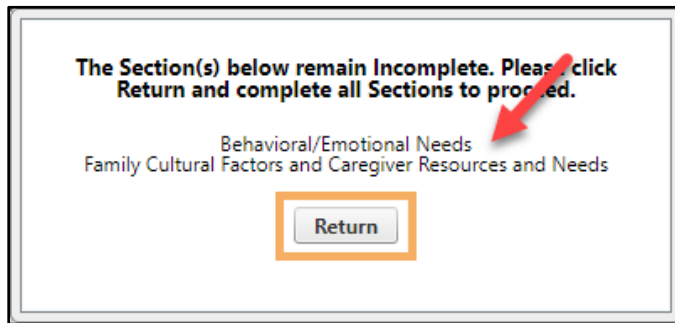


Figure 4.3.9: Incomplete Domains

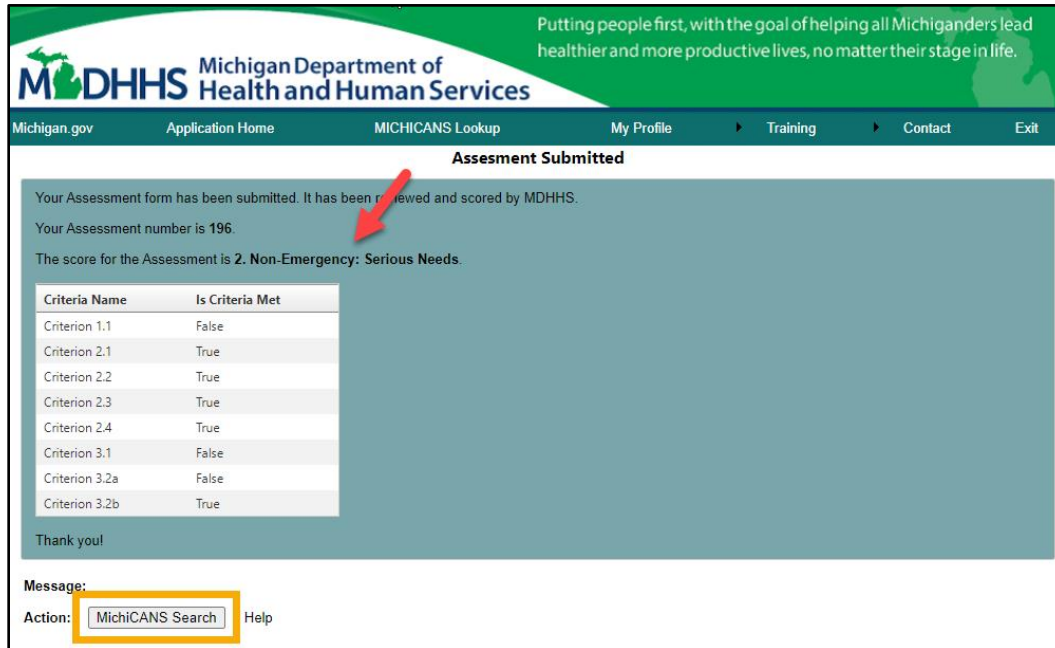
26. Once all domains are complete, review the attestation displayed in the **Completion** section (*Figure 4.3.10*).
27. Select the supervisor to review the MichiCANS Screener in the **Send Notification To** list.
28. Select the **I agree to the rules specified above** check box to indicate your agreement.
29. Click **Complete**.

Figure 4.3.10: MichiCANS Screener – Completion

**Note:** The individual selected in the **Send Notification To** field receives email notification and a message within CareConnect360 indicating they have a MichiCANS Screener to review. Please reference [5.1 Review the MichiCANS](#) for additional information.

30. The Assessment Submitted page displays the submission success message along with the MichiCANS Screener score (*Figure 4.3.11*).

31. Click **MichiCANS Search** to return to the MichiCANS Lookup page.



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

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

### Assesment Submitted

Your Assessment form has been submitted. It has been reviewed and scored by MDHHS.

Your Assessment number is 196.

The score for the Assessment is 2. Non-Emergency: Serious Needs.

Criteria Name	Is Criteria Met
Criterion 1.1	False
Criterion 2.1	True
Criterion 2.2	True
Criterion 2.3	True
Criterion 2.4	True
Criterion 3.1	False
Criterion 3.2a	False
Criterion 3.2b	True

Thank you!

Message:

Action: MichiCANS Search Help

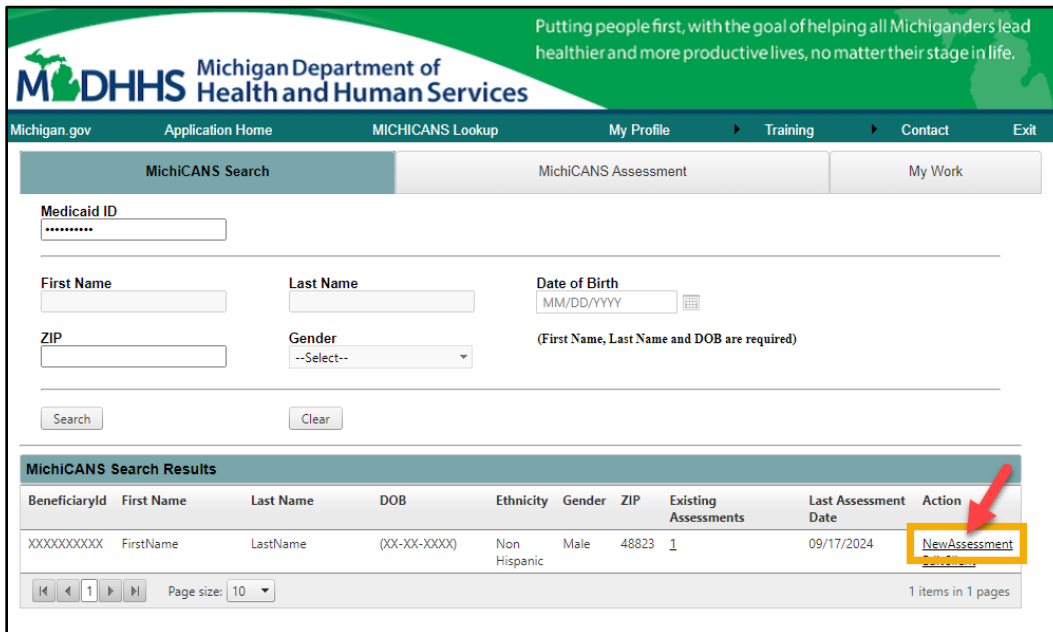
**Figure 4.3.10: Assessment Submitted**



## 4.4 Create and Complete a New MichiCANS Comprehensive

Complete the following steps to create and complete a new MichiCANS Comprehensive:

1. Perform the steps in [4.1 Search and Add an Individual to the MichiCANS](#).
2. Click New Assessment beside the individual (*Figure 4.4.1*). The MichiCANS Assessment tab displays.



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MDHHS Michigan Department of Health and Human Services

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

MichiCANS Search MichiCANS Assessment My Work

Medicaid ID \*\*\*\*\*

First Name Last Name Date of Birth MM/DD/YYYY

ZIP Gender --Select-- (First Name, Last Name and DOB are required)

Search Clear

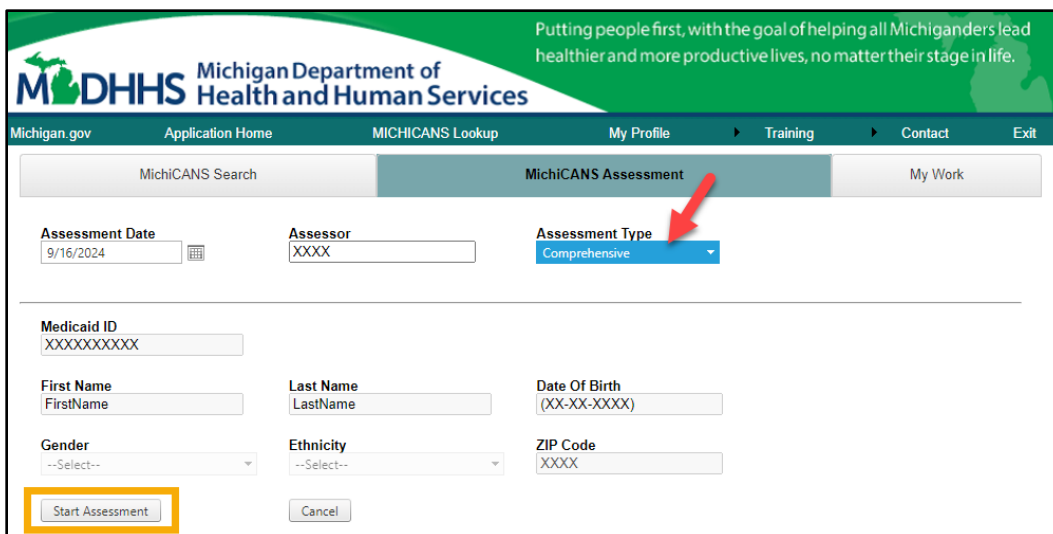
**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Male	48823	1	09/17/2024	<a href="#">NewAssessment</a>

Page size: 10 1 items in 1 pages

Figure 4.4.1: MichiCANS Lookup

3. Select 'Comprehensive' as the **Assessment Type** (*Figure 4.4.2*).
4. Click **Start Assessment**. The MichiCANS Comprehensive Assessment displays the **Life Functioning** domain.



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MDHHS Michigan Department of Health and Human Services

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

MichiCANS Search MichiCANS Assessment My Work

Assessment Date 9/16/2024 Assessor XXXX Assessment Type Comprehensive

Medicaid ID XXXXXXXXXXXX

First Name Last Name Date Of Birth (XX-XX-XXXX)

Gender --Select-- Ethnicity --Select-- ZIP Code XXXX

Start Assessment Cancel

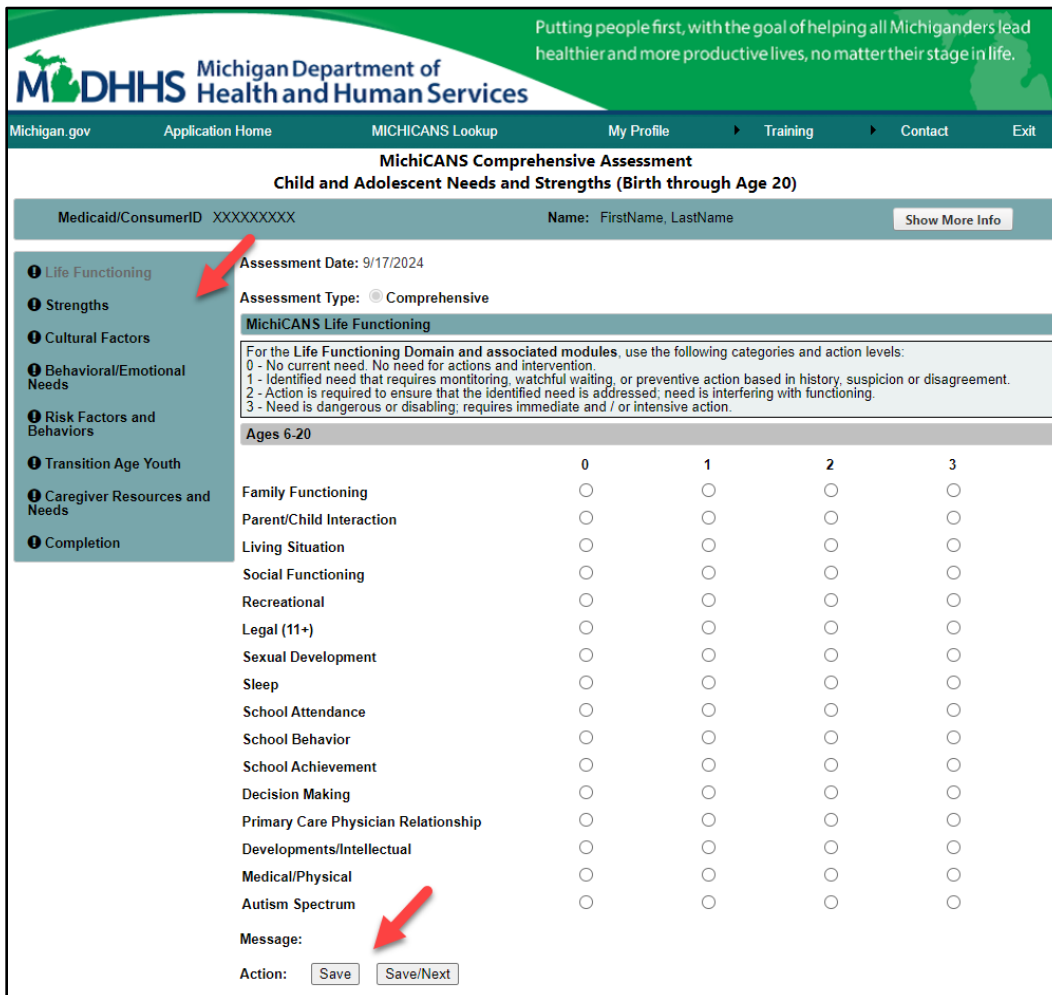
Figure 4.4.2: MichiCANS Assessment



**IMPORTANT:** All *MichiCANS Comprehensive* questions must be answered, all domains must be completed.

Regardless of the linear descriptions that follow, questions can be answered in any order. Users can switch between domains using the left navigation pane or by clicking **Save/Next** (Figure 4.4.3).

MichiCANS details are saved when switching between domains using the left navigation pane (and) by clicking **Save** or **Save/Next**.



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Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Life Functioning**

For the Life Functioning Domain and associated modules, use the following categories and action levels:  
0 - No current need. No need for actions and intervention.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

Ages 6-20	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal (11+)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Physician Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developments/Intellectual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Message:

Action: [Save](#) [Save/Next](#)

Figure 4.4.3: MichiCANS Comprehensive – Life Functioning

**Quick access to the *Comprehensive Domain* details:** [Life Functioning](#), [Strengths](#), [Cultural Factors](#), [Behavioral/Emotional Needs](#), [Risk Factors and Behaviors](#), [Transition Age Youth](#), [Caregiver Resources and Needs](#), [Completion](#)

**TIP:** Each MichiCANS Comprehensive question (e.g., **Family Functioning**, **Parent/Child Interaction**) is a link which, when clicked, opens the MichiCANS Reference Guide at the appropriate page for that specific question (*Figure 4.4.4*).

The Reference Guide opens in a separate window and each question opens in its own tab, so multiple questions can be referenced concurrently.

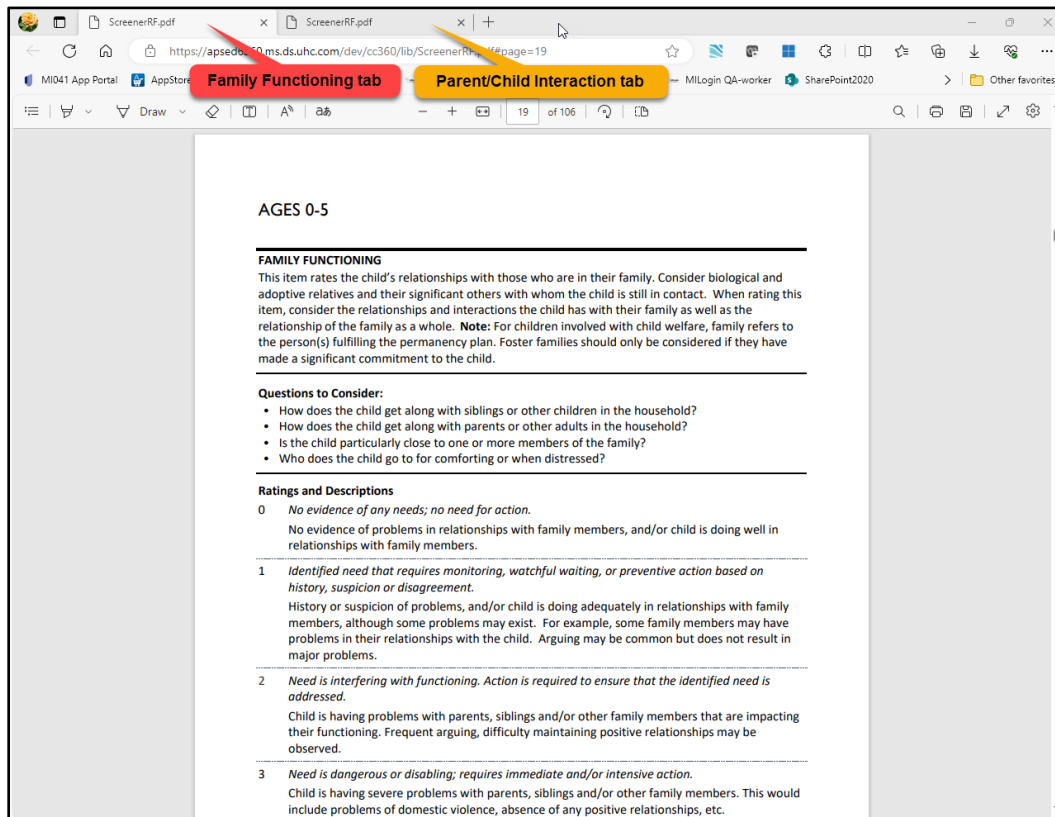


Figure 4.4.4: MichiCANS Reference Guide

**IMPORTANT: For Needs Domains** – A rationale for any module items rated actionable is required (rated '2' or '3').

**For Strengths Domains:** Please write a rationale for useful Strengths items (rated '0' or '1') and Strengths to build items (rated '2' or '3').

5. Use the following categories and action levels to complete the **MichiCANS Life Functioning** domain:
  - 0 – No current need. No need for actions and intervention.
  - 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
  - 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
  - 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

6. Select the appropriate category for each item (Figure 4.4.5).
7. Enter rationale for any item in the ***Please write a rationale for any item rated actionable ('2' or '3')*** text box. Rationale for **Life Functioning** items rated actionable is required ('2' or '3').

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

Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID XXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Life Functioning**

For the Life Functioning Domain and associated modules, use the following categories and action levels:  
 0 - No current need. No need for actions and intervention.  
 1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
 2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
 3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 6-20**

	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal (11+)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Physician Relationship	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developments/Intellectual	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in the Life Functioning Domain or associated modules rated actionable ('2' or '3').

[Enter rationale for any item, however, rationale for Life Functioning items rated actionable is required]

Message:

Action:

Figure 4.4.5: MichiCANS Comprehensive – Life Functioning

8. If selecting '1', '2', or '3' for **Development/Intellectual**:
  - a. The section expands and is required (Figure 4.4.6, next page).
  - b. Select the appropriate category for each additional **Developmental Needs** item.

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### MichiCANS Comprehensive Assessment

#### Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

#### MichiCANS Life Functioning

For the Life Functioning Domain and associated modules, use the following categories and action levels:  
 0 - No current need. No need for actions and intervention.  
 1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
 2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
 3 - Need is dangerous or disabling; requires immediate and / or intensive action.

#### Ages 6-20

	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal (11+)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Physician Relationship	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developments/Intellectual	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Developmental Needs

Complete when Development/Intellectual item is rated "1", "2" or "3"

	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication (Expressive/Receptive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care/Daily Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 4.4.6: MichiCANS Comprehensive – Life Functioning – Development/Intellectual

9. If selecting '1', '2', or '3' for **Medical/Physical**:
  - a. The section expands and is required (Figure 4.4.7, next page).
  - b. Select the appropriate category for each additional **Medical Health** item.

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**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID: XXXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Life Functioning**

For the Life Functioning Domain and associated modules, use the following categories and action levels:  
 0 - No current need. No need for actions and intervention.  
 1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
 2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
 3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 6-20**

	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal (11+)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Physician Relationship	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developments/Intellectual	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Medical Health**

Complete when Medical/Physical item is rated "1", "2" or "3"

	0	1	2	3
Organizational Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensity of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life Threatening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impairment in Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child/Youth's Emotional Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 4.4.7: MichiCANS Comprehensive – Life Functioning – Medical/Physical

10. If selecting '1', '2', or '3' for **Autism Spectrum**:

- The section expands and is required (Figure 4.4.8, next page).
- Select the appropriate category for each **Sensory/Motor Functioning** item.

Michigan Department of Health and Human Services

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### MichiCANS Comprehensive Assessment

#### Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXX
Name: FirstName, LastName
[Show More Info](#)

1 Life Functioning
2 Strengths
3 Cultural Factors
4 Behavioral/Emotional Needs
5 Risk Factors and Behaviors
6 Transition Age Youth
7 Caregiver Resources and Needs
8 Completion

Assessment Date: 9/17/2024

Assessment Type: ☒ Comprehensive

**MichiCANS Life Functioning**

For the Life Functioning Domain and associated modules, use the following categories and action levels:  
0 - No current need. No need for actions and intervention.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 6-20**

	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal (11+)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Physician Relationship	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developments/Intellectual	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Sensory/Motor Functioning**

Complete when Autism Spectrum item is rated "1", "2" or "3"

	0	1	2	3
<i>Functioning</i>				
Temperament/Emotional Responsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptation to Change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Sensory/Motor Functioning</i>				
Gross Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision and Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensory Responsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Communication</i>				
Augmented Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receptive Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressive Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech-Sound Production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social/Pragmatic Use of Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stereotyped Sound Output	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gestures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Maladaptive Behaviors</i>				
Repetitive Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restricted Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flight Risk/Bolting (6+)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 4.4.8: MichiCANS Comprehensive – Life Functioning – Autism Spectrum

11. Click **Save/Next** (Figure 4.4.9) to save and automatically advance to the **Strengths** domain.

**-or-**

Select the next appropriate domain using the left navigation pane.

**TIP:** Click **Save** any time to save your work. Clicking between domains using the left navigation pane also saves.

Feel free to continue the MichiCANS as your natural conversation leads. If interrupted during entry, please see [4.6 Return to a Partially Completed MichiCANS](#).

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**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID XXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Life Functioning**

For the Life Functioning Domain and associated modules, use the following categories and action levels:  
0 - No current need. No need for actions and intervention.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 6-20**

	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal (11+)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Physician Relationship	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developments/Intellectual	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in the Life Functioning Domain or associated modules rated actionable ('2' or '3').

[Enter rationale for any item, however, rationale for Life Functioning items rated actionable is required]

Message:

Action:

Figure 4.4.9: MichiCANS Comprehensive – Life Functioning

**Note:** Upon completion, the black exclamation point beside **Life Functioning** updates to a black check mark in the left navigation pane.

12. Use the following categories and action levels to complete the **MichiCANS Strengths** domain (Figure 4.4.10):

- 0 – Well-developed centerpiece strength; may be used as a centerpiece in an intervention/action plan.
- 1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

13. Select the appropriate category for each item.

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**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID: XXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Strengths**

For the Individual Strengths Domain, use the following categories and action levels:  
 0 – Well-developed centerpiece strength; may be used as a centerpiece in an intervention/action plan  
 1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength  
 2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.  
 3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

**Ages 6-20**

	0	1	2	3
Family Strengths	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Setting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Talents & Interests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Resilience	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Self-Advocacy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for Centerpiece ('0') and Useful ('1') Strengths, as well as Strengths to Build ('2' or '3').

[Enter rationale for each Strength item]

Message:

Action: [Save](#) [Save/Next](#)

Figure 4.4.10: MichiCANS Comprehensive – Strengths



14. Enter rationale for any item in the ***Please write a rationale for any item rated actionable ('2' or '3')*** text box (Figure 4.4.11). Rationale for **Strengths** items is required.

15. Click **Save/Next** to save and automatically advance to the **Cultural Factors** domain.

**-or-**

Select the next appropriate domain using the left navigation pane.



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**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID: XXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Strengths**

For the **Individual Strengths Domain**, use the following categories and action levels:  
 0 – Well-developed centerpiece strength; may be used as a centerpiece in an intervention/action plan  
 1 – Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength  
 2 – Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.  
 3 – An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

**Ages 6-20**

	0	1	2	3
Family Strengths	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Setting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Talents & Interests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Resilience	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Self-Advocacy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for Centerpiece ("0") and Useful ("1") Strengths, as well as Strengths to Build ("2" or "3").

[Enter rationale for each Strength item]

Message:

Action: [Save](#) [Save/Next](#)

Figure 4.4.11: MichiCANS Comprehensive – Strengths

**Note:** Upon completion, the black exclamation point beside **Strengths** updates to a black check mark in the left navigation pane.

16. Use the following categories and action levels to complete the **MichiCANS Cultural Factors** domain (Figure 4.4.12):

- 0 – No current need; no need for action or intervention.
- 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

17. Select the appropriate category for each item.

18. Enter rationale for any item in the ***Please write a rationale for any item rated actionable ('2' or '3')*** text box. Rationale for **Cultural Factors** items rated actionable is required ('2' or '3').

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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Cultural Factors**

For the Cultural Factors Domain, use the following categories and action levels:  
 0 – No current need; no need for action or intervention.  
 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

Ages 0-20	0	1	2	3
Language & Literacy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditions & Cultural Literacy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Approp. of Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in the Cultural Factors Domain rated actionable ('2' or '3').

[Enter rationale for any item, however, rationale for Cultural Factors items rated actionable is required]

Message:

Action:

Figure 4.4.12: MichiCANS Comprehensive – Cultural Factors

19. Click **Save/Next** (Figure 4.4.13) to save and automatically advance to the **Behavioral/Emotional Needs** domain.

-or-

Select the next appropriate domain using the left navigation pane.

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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Cultural Factors**

For the Cultural Factors Domain, use the following categories and action levels:  
 0 – No current need; no need for action or intervention.  
 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

Ages 0-20	0	1	2	3
Language & Literacy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditions & Cultural Literacy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Approp. of Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in the Cultural Factors Domain rated actionable ('2' or '3').

[Enter rationale for any item, however, rationale for Cultural Factors items rated actionable is required]

Message:

Action:

Figure 4.4.13: MichiCANS Comprehensive – Cultural Factors

**Note:** Upon completion, the black exclamation point beside **Cultural Factors** updates to a black check mark in the left navigation pane.

20. Use the following categories and action levels to complete the **MichiCANS Behavioral/Emotional Needs** domain (Figure 4.4.14, next page):

- 0 – No current need. No need for actions and intervention.
- 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

21. Select the appropriate category for each item.

22. Enter rationale for any item in the **Please write a rationale for any item rated actionable ('2' or '3')** text box. Rationale for **Behavioral/Emotional Needs** items rated actionable is required ('2' or '3').

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**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID: XXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Behavioral/Emotional Needs**

For the Behavioral/Emotional Needs Domain and associated modules, use the following categories and action levels:  
0 - No current need. No need for actions and intervention.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 6-20**

	0	1	2	3
Psychosis (Thought Disorder)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct (Antisocial Behavior)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Behavioral/Emotional Needs Domain or associated modules rated actionable ('2' or '3').

[Enter rationale for any item, however, rationale for Behavioral/Emotional Needs items rated actionable is required]

Message:

Action: [Save](#) [Save/Next](#)

Figure 4.4.14: MichiCANS Comprehensive – Behavioral/Emotional Needs

23. If selecting '1', '2', or '3' for **Adjustment to Trauma**:

- The section expands and is required (Figure 4.4.15, next page).
- Select **No** (No evidence of any trauma of this type) or **Yes** (Child has had experience, or there is suspicion that the child has experienced this type of trauma – one incident, multiple incidents, or chronic, on-going experiences) for each **Potentially Traumatic/Adverse Childhood Experiences** item.
- Select the appropriate category, as outlined in [Step 20 above](#), for each **Traumatic Stress Symptoms** item.

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### MichiCANS Comprehensive Assessment

#### Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXX   Name: FirstName, LastName   [Show More Info](#)

Assessment Date: 9/17/2024

Assessment Type: ☒ Comprehensive

#### MichiCANS Behavioral/Emotional Needs

For the Behavioral/Emotional Needs Domain and associated modules, use the following categories and action levels:  
0 - No current need. No need for actions and intervention.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

#### Ages 6-20

	0	1	2	3
Psychosis (Thought Disorder)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct (Antisocial Behavior)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

#### Trauma

TRAUMA MODULE (Complete when the Adjustment to Trauma item is rated '1', '2' or '3')  
For the Potentially Traumatic/Adverse Childhood Experiences items use the following categories and action levels:  
No – No evidence of any trauma of this type  
Yes – Child has had experience, or there is suspicion that the child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

#### Potentially Traumatic/Adverse Childhood Experiences

Module Header: Potentially Traumatic/Adverse Childhood Experiences

	No	Yes
Sexual Abuse	<input type="radio"/> No	<input type="radio"/> Yes
Physical Abuse	<input type="radio"/> No	<input type="radio"/> Yes
Neglect	<input type="radio"/> No	<input type="radio"/> Yes
Emotional Abuse	<input type="radio"/> No	<input type="radio"/> Yes
Medical Trauma	<input type="radio"/> No	<input type="radio"/> Yes
Natural or Manmade Disaster	<input type="radio"/> No	<input type="radio"/> Yes
Family Violence	<input type="radio"/> No	<input type="radio"/> Yes
Community/School Violence	<input type="radio"/> No	<input type="radio"/> Yes
War/Terrorism Affected	<input type="radio"/> No	<input type="radio"/> Yes
Criminal Activity	<input type="radio"/> No	<input type="radio"/> Yes
Parental Criminal Behavior	<input type="radio"/> No	<input type="radio"/> Yes
Disruption in Caregiving/Attachment Loss	<input type="radio"/> No	<input type="radio"/> Yes

#### Traumatic Stress Symptoms

Module Header: Traumatic Stress Symptoms

	0	1	2	3
Emotional and/or Physical Dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions/Re-experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Grief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperarousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 4.4.15: MichiCANS Comprehensive – Behavioral/Emotional Needs – Adjustment to Trauma

24. If selecting '1', '2', or '3' for **Substance Use**:

- The section expands and is required (Figure 4.4.16).
- Select the appropriate category for each **Substance Use Disorder** item.

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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID XXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Behavioral/Emotional Needs**

For the Behavioral/Emotional Needs Domain and associated modules, use the following categories and action levels:  
0 - No current need. No need for actions and intervention.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 6-20**

	0	1	2	3
Psychosis (Thought Disorder)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct (Antisocial Behavior)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Substance Use Disorder**

Module Header: Substance Use Disorder

	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental/Caregiver Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery Support in Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Behavioral/Emotional Needs Domain or associated modules rated actionable ('2' or '3').

Message:

Action: Save Save/Next

Figure 4.4.16: MichiCANS Comprehensive – Behavioral/Emotional Needs – Substance Use

25. Click **Save/Next** (Figure 4.4.17) to save and automatically advance to the **Risk Factors and Behaviors** domain.

**-or-**

Select the next appropriate domain using the left navigation pane.

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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID XXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Behavioral/Emotional Needs**

For the Behavioral/Emotional Needs Domain and associated modules, use the following categories and action levels:  
 0 - No current need. No need for actions and intervention.  
 1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
 2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
 3 - Need is dangerous or disabling; requires immediate and / or intensive action.

Ages 6-20	0	1	2	3
Psychosis (Thought Disorder)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct (Antisocial Behavior)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Behavioral/Emotional Needs Domain or associated modules rated actionable ('2' or '3').

[Enter rationale for any item, however, rationale for Behavioral/Emotional Needs items rated actionable is required]

Message:

Action:

Figure 4.4.17: MichiCANS Comprehensive – Behavioral/Emotional Needs

**Note:** Upon completion, the black exclamation point beside **Behavioral/Emotional Needs** updates to a black check mark in the left navigation pane.

26. Use the following categories and action levels to complete the **MichiCANS Risk Factors and Behaviors** domain (Figure 4.4.18, next page):

- 0 – No evidence of any needs; no need for action.
- 1 – Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 – Action is required to ensure that the identified need or risk behavior is addressed.
- 3 – Intensive and/or immediate action is required to address the need or risk behavior.

27. Select the appropriate category for each item.
28. Enter rationale for any item in the ***Please write a rationale for any item rated actionable ('2' or '3')*** text box. Rationale for **Risk Factors and Behaviors** items rated actionable is required ('2' or '3').

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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Risk Factors and Behaviors**

For the Risk Factors & Behaviors Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs, no need for action.  
1 - Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need or risk behavior is addressed.  
3 - Intensive and/or immediate action is required to address the need or risk behavior.

**Ages 6-20**

	0	1	2	3
<b>Risk Factors</b>				
Substance Exposure in Utero	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Environmental Toxin Exposure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Risk Behaviors</b>				
Suicide Risk	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm (Recklessness)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization/Exploitation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problematic Sexual Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please write a rationale for any item in Risk Factor or Behavior item and associated modules rated actionable ('2' or '3').**

[Enter rationale for any item, however, rationale for Risk Factors and Behaviors items rated actionable is required]

Message:

Action: Save Save/Next

Figure 4.4.18: MichiCANS Comprehensive – Risk Factors and Behaviors

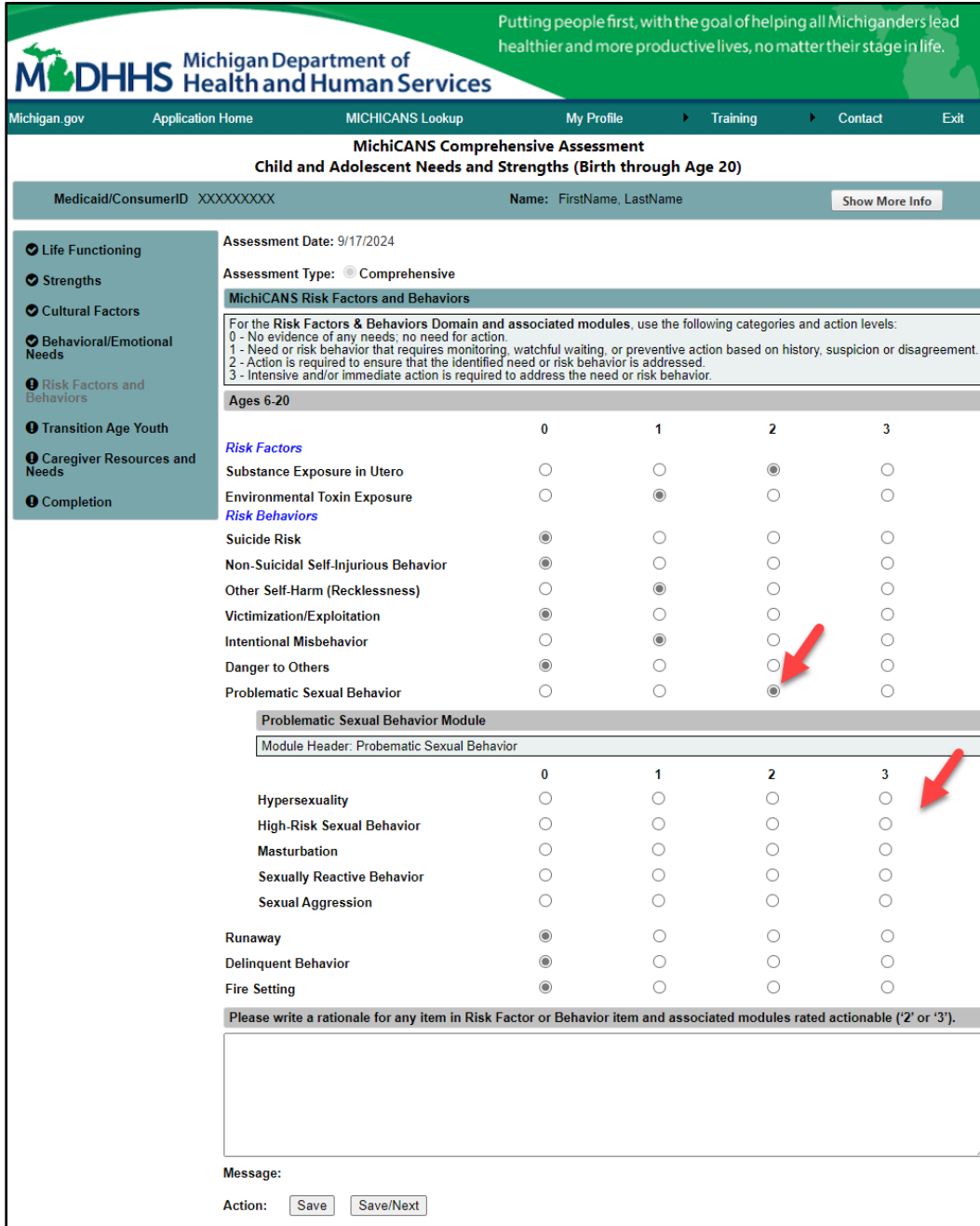
29. If selecting '1', '2', or '3' for **Danger to Others**:
  - a. The section expands and is required (Figure 4.4.19, next page).
  - b. Select the appropriate category for each **Resiliency Factors – Dangerousness/Violence** item.



**Figure 4.4.19: MichiCANS Comprehensive – Risk Factors and Behaviors – Danger to Others**

30. If selecting '1', '2', or '3' for **Problematic Sexual Behavior**:

- The section expands and is required (Figure 4.4.20).
- Select the appropriate category for each **Problematic Sexual Behavior** item.



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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Risk Factors and Behaviors**

For the Risk Factors & Behaviors Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs; no need for action.  
1 - Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need or risk behavior is addressed.  
3 - Intensive and/or immediate action is required to address the need or risk behavior.

**Ages 6-20**

	0	1	2	3
<b>Risk Factors</b>				
Substance Exposure in Utero	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Environmental Toxin Exposure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Risk Behaviors</b>				
Suicide Risk	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm (Recklessness)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization/Exploitation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problematic Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Problematic Sexual Behavior Module**

Module Header: Problematic Sexual Behavior

	0	1	2	3
Hypersexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High-Risk Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masturbation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Reactive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Risk Factor or Behavior item and associated modules rated actionable ('2' or '3').

Message:

Action:

Figure 4.4.20: MichiCANS Comprehensive – Risk Factors and Behaviors – Problematic Sexual Behavior

c. If selecting '2' or '3' for **Sexual Aggression**:

- The section expands and is required (Figure 4.4.21, next page).
- Select the appropriate category for each **Sexually Aggressive Behavior** item.

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### MichiCANS Comprehensive Assessment

#### Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXX
Name: FirstName, LastName
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Life Functioning

Strengths

Cultural Factors

Behavioral/Emotional Needs

Risk Factors and Behaviors

Caregiver Resources and Needs

Completion

Assessment Date: 9/17/2024

Assessment Type: ☒ Comprehensive

**MichiCANS Risk Factors and Behaviors**

For the Risk Factors & Behaviors Domain and associated modules, use the following categories and action levels:

0 - No evidence of any needs: no need for action.

1 - Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2 - Action is required to ensure that the identified need or risk behavior is addressed.

3 - Intensive and/or immediate action is required to address the need or risk behavior.

**Ages 6-20**

	0	1	2	3
<b>Risk Factors</b>				
Substance Exposure in Utero	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Environmental Toxin Exposure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Risk Behaviors</b>				
Suicide Risk	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm (Recklessness)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization/Exploitation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problematic Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Problematic Sexual Behavior Module**

Module Header: Problematic Sexual Behavior

	0	1	2	3
Hypersexuality	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
High-Risk Sexual Behavior	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Masturbation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Reactive Behavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Sexually Aggressive Behavior**

Sub Module Header: Sexually Aggressive Behavior

	0	1	2	3
<b>Sexually Aggressive Behavior</b>				
Physical Force/Threat/Coercion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexually Aggressive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

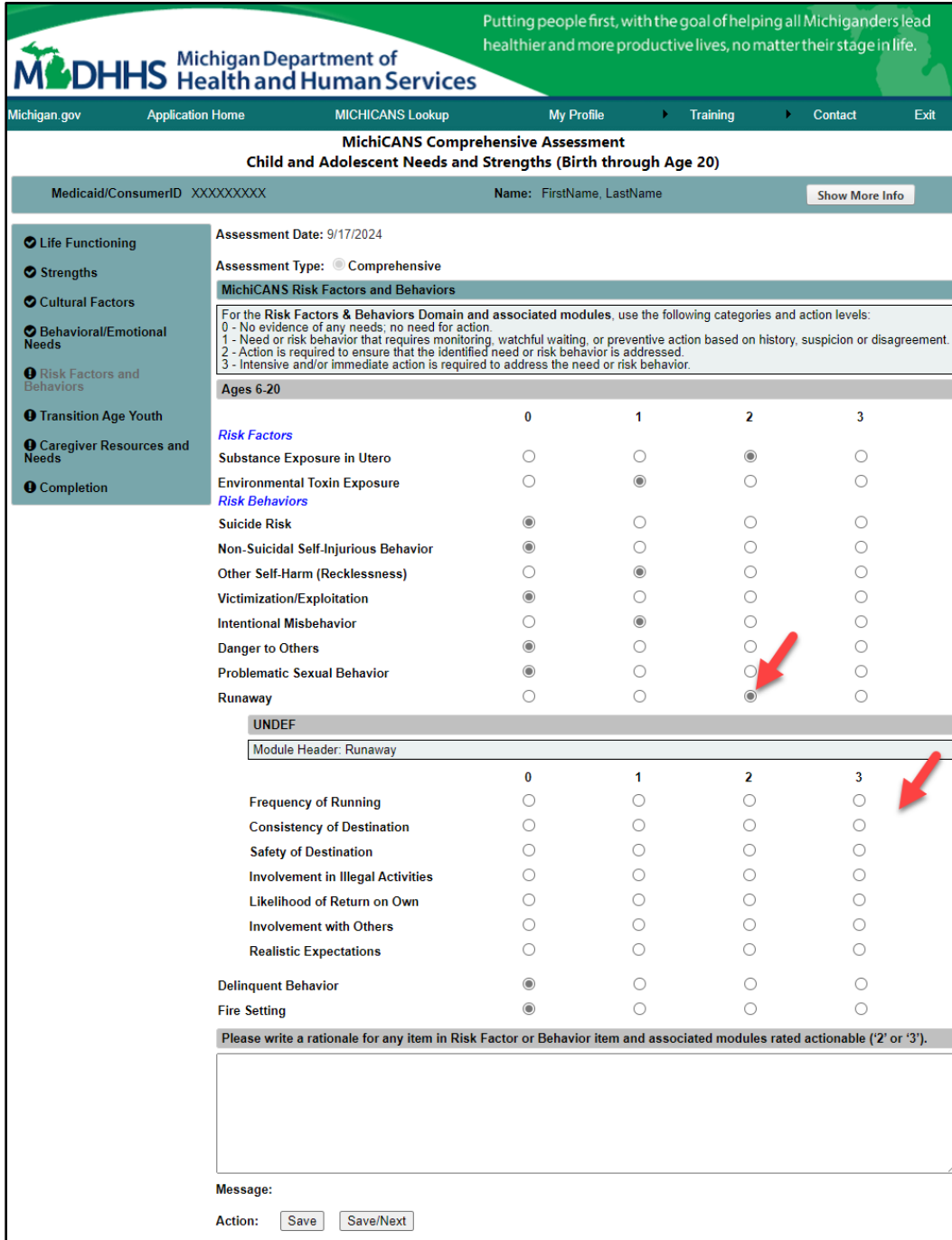
Please write a rationale for any item in Risk Factor or Behavior item and associated modules rated actionable ('2' or '3').

Message:

Action: [Save](#) [Save/Next](#)

Figure 4.4.21: MichiCANS Comprehensive – Risk Factors and Behaviors – Problematic Sexual Behavior – Sexual Aggression

31. If selecting '1', '2', or '3' for **Runaway**:
- The section expands and is required (Figure 4.4.22).
  - Select the appropriate category for each **Runaway** item.



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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Risk Factors and Behaviors**

For the Risk Factors & Behaviors Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs; no need for action.  
1 - Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need or risk behavior is addressed.  
3 - Intensive and/or immediate action is required to address the need or risk behavior.

**Ages 6-20**

	0	1	2	3
<b>Risk Factors</b>				
Substance Exposure in Utero	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Environmental Toxin Exposure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Risk Behaviors</b>				
Suicide Risk	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm (Recklessness)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization/Exploitation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problematic Sexual Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**UNDEF**

Module Header: Runaway

	0	1	2	3
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Illegal Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Risk Factor or Behavior item and associated modules rated actionable ('2' or '3').

Message:

Action:

Figure 4.4.22: MichiCANS Comprehensive – Risk Factors and Behaviors – Runaway

32. If selecting '1', '2', or '3' for **Delinquent Behavior**:

- The section expands and is required (Figure 4.4.23).
- Select the appropriate category for each **Juvenile Justice** item.

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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID XXXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Risk Factors and Behaviors**

For the Risk Factors & Behaviors Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs; no need for action.  
1 - Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need or risk behavior is addressed.  
3 - Intensive and/or immediate action is required to address the need or risk behavior.

**Ages 6-20**

	0	1	2	3
<b>Risk Factors</b>				
Substance Exposure in Utero	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Environmental Toxin Exposure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Risk Behaviors</b>				
Suicide Risk	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm (Recklessness)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization/Exploitation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problematic Sexual Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Juvenile Justice</b>				
Module Header: Juvenile Justice				
	0	1	2	3
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Risk Factor or Behavior item and associated modules rated actionable ('2' or '3').

Message:

Action:

Figure 4.4.23: MichiCANS Comprehensive – Risk Factors and Behaviors – Delinquent Behavior

33. If selecting '1', '2', or '3' for **Fire Setting**:

- The section expands and is required (Figure 4.4.24).
- Select the appropriate category for each **Fire Setting** item.

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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID XXXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Risk Factors and Behaviors**

For the Risk Factors & Behaviors Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs; no need for action.  
1 - Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need or risk behavior is addressed.  
3 - Intensive and/or immediate action is required to address the need or risk behavior.

**Ages 6-20**

	0	1	2	3
<b>Risk Factors</b>				
Substance Exposure in Utero	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Environmental Toxin Exposure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Risk Behaviors</b>				
Suicide Risk	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm (Recklessness)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization/Exploitation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problematic Sexual Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fire Setting</b>				
Module Header: Fire Setting				
	0	1	2	3
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Future Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 4.4.24: MichiCANS Comprehensive – Risk Factors and Behaviors – Fire Setting

34. Click **Save/Next** (Figure 4.4.25, next page) to save and automatically advance to the **Transition Age Youth** domain (if individual is aged 16-20) or the **Caregiver Resources and Needs** domain.

-or-

Select the next appropriate domain using the left navigation pane.

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**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID: XXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Risk Factors and Behaviors**

For the Risk Factors & Behaviors Domain and associated modules, use the following categories and action levels:  
 0 - No evidence of any needs; no need for action.  
 1 - Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
 2 - Action is required to ensure that the identified need or risk behavior is addressed.  
 3 - Intensive and/or immediate action is required to address the need or risk behavior.

**Ages 6-20**

	0	1	2	3
<b>Risk Factors</b>				
Substance Exposure in Utero	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Environmental Toxin Exposure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Risk Behaviors</b>				
Suicide Risk	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Suicidal Self-Injurious Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm (Recklessness)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization/Exploitation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problematic Sexual Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Risk Factor or Behavior item and associated modules rated actionable ('2' or '3').  
 [Enter rationale for any item, however, rationale for Risk Factors and Behaviors items rated actionable is required]

Message:  
 Action:

Figure 4.4.25: MichiCANS Comprehensive – Risk Factors and Behaviors

**Note:** Upon completion, the black exclamation point beside **Risk Factors and Behaviors** updates to a black check mark in the left navigation pane.

35. If the individual is aged 16-20 the **Transition Age Youth** domain displays. Use the following categories and action levels to complete the **MichiCANS Transition Age Youth** domain (Figure 4.4.26, next page):

- 0 – No evidence of any needs; no need for action.
- 1 – Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.
- 2 – Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

36. Select the appropriate category for each item.
37. Enter rationale for any item in the ***Please write a rationale for any item rated actionable ('2' or '3')*** text box. Rationale for **Transition Age Youth** items rated actionable is required ('2' or '3').

Michigan Department of Health and Human Services

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### MichiCANS Comprehensive Assessment

#### Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXX      Name: FirstName, LastName      [Show More Info](#)

- Life Functioning
- Strengths
- Cultural Factors
- Behavioral/Emotional Needs
- Risk Factors and Behaviors
- Transition Age Youth**
- Caregiver Resources and Needs
- Completion

Assessment Date: 9/17/2024

Assessment Type: ☒ Comprehensive

**MichiCANS Transition Age Youth**

For the Transition Age Youth Needs Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs; no need for action.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 16-20**

Domain header undefined

	0	1	2	3
<b>Behavioral/Emotional Needs</b>				
Interpersonal Problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Functioning</b>				
Medication Adherence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intimate Relationships	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental/Caregiving Roles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Strengths</b>				
Involvement in Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Please write a rationale for any item in Transition Youth and associated modules rated actionable (0, 1, '2' or '3').**

[Enter rationale for any item, however, rationale for Transition Age Youth items rated actionable is required]

Message:

Action:

Figure 4.4.26: MichiCANS Comprehensive – Transition Age Youth



38. If selecting '1', '2', or '3' for **Independent Living Skills**:

- The section expands and is required (Figure 4.4.27).
- Select the appropriate category for each **Independent Activities of Daily Living** item.

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**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID XXXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Transition Age Youth**

For the Transition Age Youth Needs Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs; no need for action.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 16-20**

Domain header undefined

	0	1	2	3
<b>Behavioral/Emotional Needs</b>				
Interpersonal Problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Functioning</b>				
Medication Adherence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intimate Relationships	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Skills	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Independent Activities of Daily Living</b>				
Module Header: Independent Activities of Daily Living				
	0	1	2	3
Meal Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Device Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental/Caregiving Roles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Strengths</b>				
Involvement in Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Transition Youth and associated modules rated actionable (0, 1, '2' or '3').

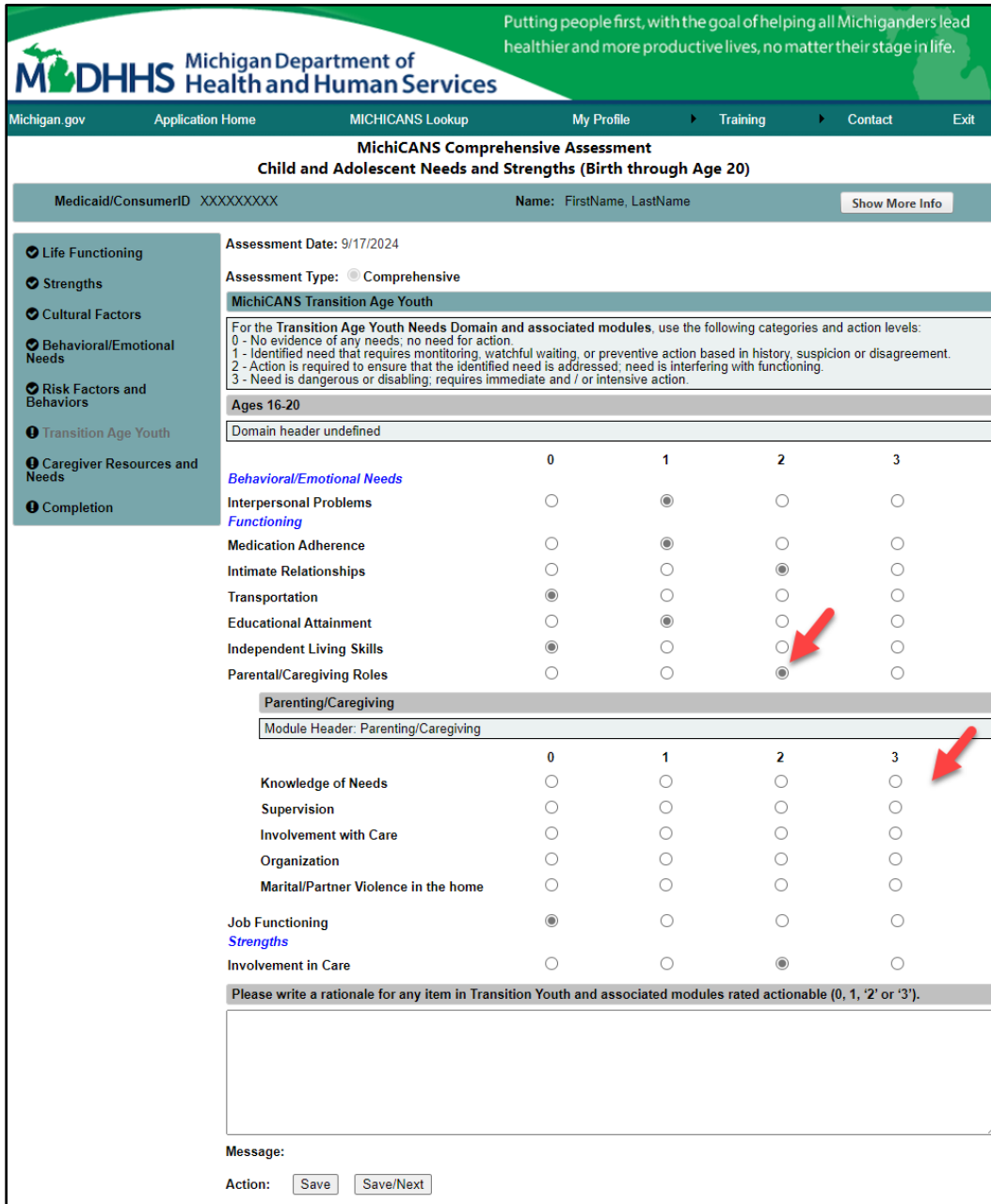
Message:

Action: Save Save/Next

Figure 4.4.27: MichiCANS Comprehensive – Transition Age Youth – Independent Living Skills

39. If selecting '1', '2', or '3' for **Parental/Caregiving Roles**:

- The section expands and is required (Figure 4.4.28).
- Select the appropriate category for each **Parenting/Caregiving** item.



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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID XXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: Comprehensive

**MichiCANS Transition Age Youth**

For the Transition Age Youth Needs Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs; no need for action.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 16-20**

Domain header undefined

	0	1	2	3
<b>Behavioral/Emotional Needs</b>				
Interpersonal Problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Functioning</b>				
Medication Adherence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intimate Relationships	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental/Caregiving Roles	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Parenting/Caregiving</b>				
Module Header: Parenting/Caregiving				
Knowledge of Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital/Partner Violence in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Strengths</b>				
Involvement in Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Transition Youth and associated modules rated actionable (0, 1, '2' or '3').

Message:

Action:

Figure 4.4.28: MichiCANS Comprehensive – Transition Age Youth – Parental/Caregiving Roles

40. If selecting '1', '2', or '3' for **Job Functioning**:

- The section expands and is required (Figure 4.4.29, next page).
- Select the appropriate category for each **Work Experience – Readiness Inventory for Successful Employment** item.

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MICHICANS Lookup
My Profile
Training
Contact
Exit

MichiCANS Comprehensive Assessment

Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID XXXXXXXXX
Name: FirstName, LastName
Show More Info

Life Functioning

Strengths

Cultural Factors

Behavioral/Emotional Needs

Risk Factors and Behaviors

Transition Age Youth

Caregiver Resources and Needs

Completion

Assessment Date: 9/17/2024

Assessment Type: Comprehensive

MichiCANS Transition Age Youth

For the Transition Age Youth Needs Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs; no need for action.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

Ages 16-20

Domain header undefined

	0	1	2	3
<b>Behavioral/Emotional Needs</b>				
Interpersonal Problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Functioning</b>				
Medication Adherence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intimate Relationships	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental/Caregiving Roles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work Experience

Module Header: Readiness Inventory for Successful Employment

	0	1	2	3
<b>Work Orientation</b>				
Career Aspirations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirational Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Market Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Work Experience</b>				
Work History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Since Last Job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Turnover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Work Performance</b>				
Job Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Enjoyment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumer Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Work Readiness</b>				
Routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills Relevant to Aspirations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resume/Cover Letter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interview Clothes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Strengths</b>				
Involvement in Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Transition Youth and associated modules rated actionable (0, 1, '2' or '3').

Message:

Action:

Save

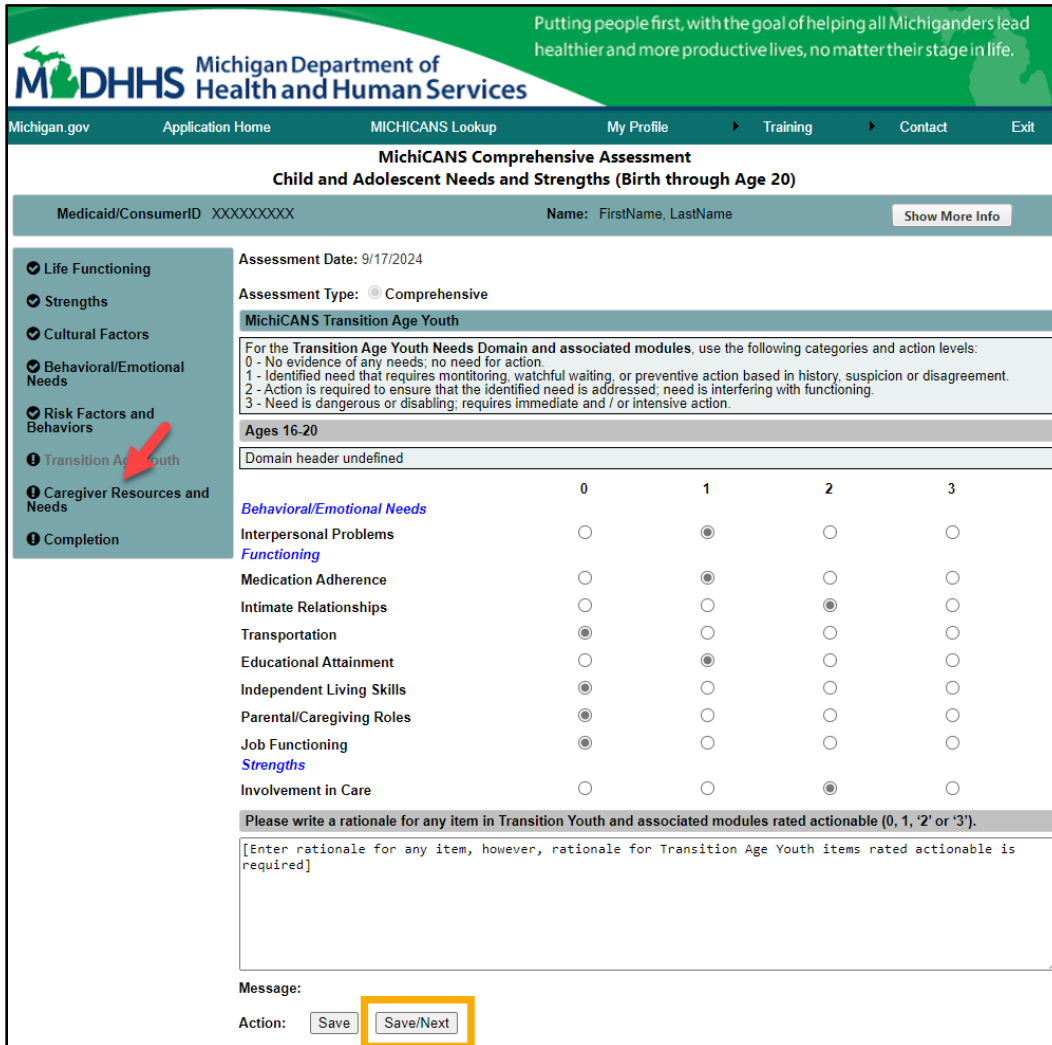
Save/Next

Figure 4.4.29: MichiCANS Comprehensive – Transition Age Youth – Job Functioning

41. Click **Save/Next** (Figure 4.4.30) to save and automatically advance to the **Caregiver Resources and Needs** domain.

**-or-**

Select the next appropriate domain using the left navigation pane.



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**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID XXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Transition Age Youth**

For the Transition Age Youth Needs Domain and associated modules, use the following categories and action levels:  
0 - No evidence of any needs; no need for action.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

**Ages 16-20**

Domain header undefined

	0	1	2	3
<b>Behavioral/Emotional Needs</b>				
Interpersonal Problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Functioning</b>				
Medication Adherence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intimate Relationships	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental/Caregiving Roles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Strengths</b>				
Involvement in Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please write a rationale for any item in Transition Youth and associated modules rated actionable (0, 1, '2' or '3').

[Enter rationale for any item, however, rationale for Transition Age Youth items rated actionable is required]

Message:

Action:

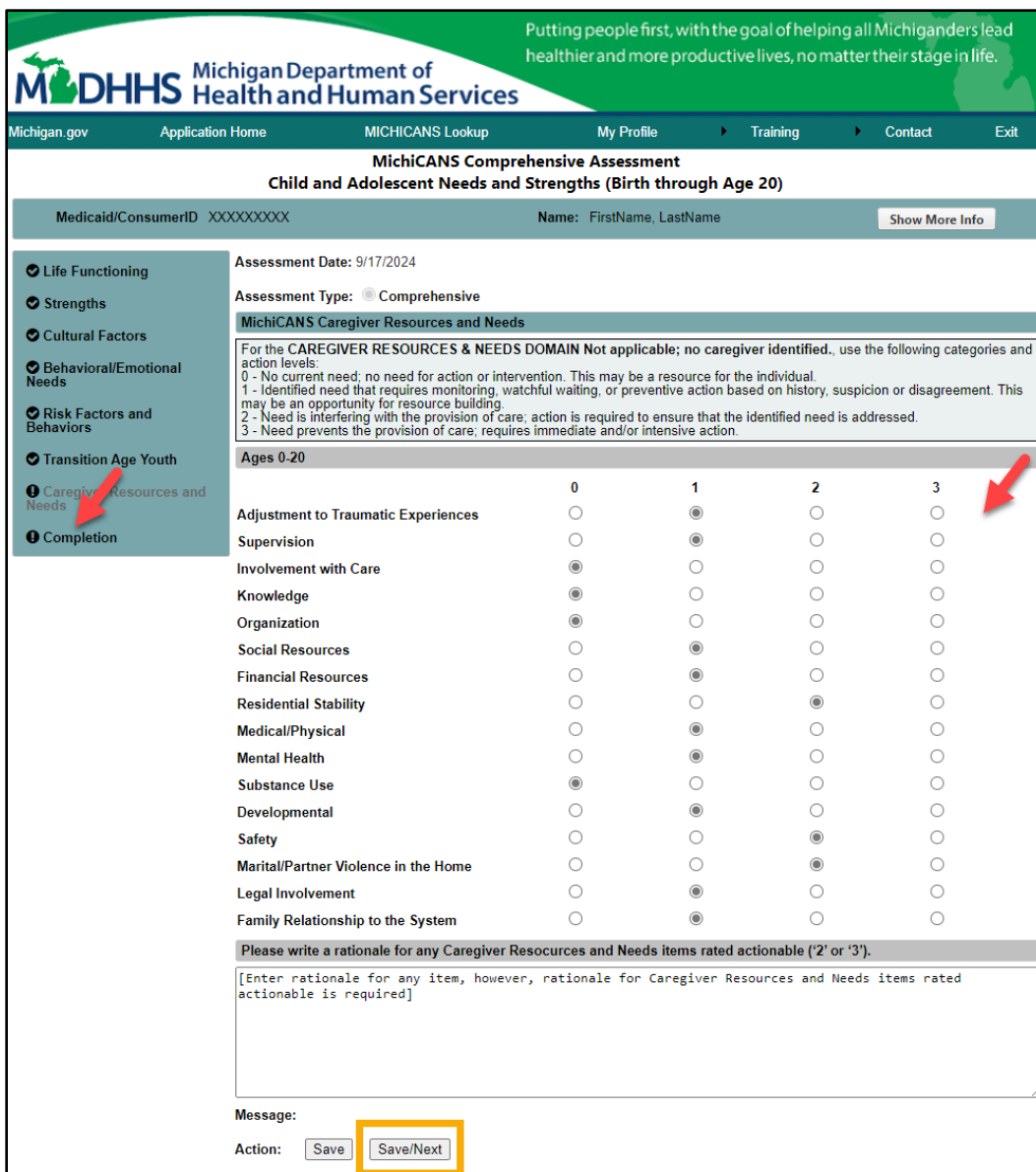
Figure 4.4.30: MichiCANS Comprehensive – Transition Age Youth

**Note:** Upon completion, the black exclamation point beside **Transition Age Youth** updates to a black check mark in the left navigation pane.

42. Use the following categories and action levels to complete the **MichiCANS Caregiver Resources and Needs** domain (Figure 4.4.31):

- 0 – No current need; no need for action or intervention. This may be a resource for the individual.
- 1 – Identified need that needs monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- 2 – Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 – Need prevents the provision of care; requires immediate and/or intensive action.

43. Select the appropriate category for each item.



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**MichiCANS Comprehensive Assessment**  
**Child and Adolescent Needs and Strengths (Birth through Age 20)**

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Caregiver Resources and Needs**

For the CAREGIVER RESOURCES & NEEDS DOMAIN Not applicable; no caregiver identified., use the following categories and action levels:  
 0 - No current need; no need for action or intervention. This may be a resource for the individual.  
 1 - Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.  
 2 - Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.  
 3 - Need prevents the provision of care; requires immediate and/or intensive action.

**Ages 0-20**

	0	1	2	3
Adjustment to Traumatic Experiences	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medical/Physical	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Marital/Partner Violence in the Home	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Legal Involvement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Relationship to the System	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any Caregiver Resources and Needs items rated actionable ('2' or '3').

[Enter rationale for any item, however, rationale for Caregiver Resources and Needs items rated actionable is required]

Message:

Action:

Figure 4.4.31: MichiCANS Comprehensive – Caregiver Resources and Needs

44. Enter rationale for any item in the **Please write a rationale for any item rated actionable ('2' or '3')** text box (Figure 4.4.31, previous page) . Rationale for **Caregiver Resources and Needs** items rated actionable is required ('2' or '3').

45. Click **Save/Next** to save and automatically advance to the **Completion** page.

**-or-**

Select **Completion** using the left navigation pane.

**Note:** Upon completion, the black exclamation point beside **Caregiver Resources and Needs** updates to a black check mark in the left navigation pane.

46. Once all domains are complete, review the attestation displayed in the **Completion** section (Figure 4.4.32).

Figure 4.4.32: MichiCANS Comprehensive – Completion

**IMPORTANT:** To finalize the MichiCANS Comprehensive, all domains must be completed (i.e., a black check mark must display beside each domain, other than **Completion**).

If not, upon clicking **Complete** in [Step 49 below](#) the Incomplete Domains pop-up window displays listing the domain(s) still requiring completion (Figure 4.4.33). Click **Return** to return to the MichiCANS Comprehensive and complete the incomplete domain(s).

Figure 4.4.33: Incomplete Domains

47. Select the supervisor to review the MichiCANS Comprehensive in the **Send Notification To** list (Figure 4.4.34).
48. Select the **I agree to the rules specified above** check box to indicate your agreement.
49. Click **Complete**.

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**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**Completion**

I certify that the above information is presently correct and that any relevant changes in the child's status or child's family status will be reported to the participating CMHSP by the foster care case manager. A copy of this prescreen will be maintained in the child's record.

Send Notification To:

☒ I agree to the rules specified above

Message:

Action: [Complete](#)

Figure 4.4.34: MichiCANS Comprehensive – Completion

**Note:** The individual selected in the **Send Notification To** field receives an email notification and a message within CareConnect360 indicating they have a MichiCANS Comprehensive to review. Please reference [5.1 Review the MichiCANS](#) for additional information.

50. The Assessment Submitted page displays the submission success message along with the MichiCANS Comprehensive disposition (Figure 4.4.35, next page).
51. Review the disposition conditions and whether the condition was met or not. If 'True' an **Edit** button displays.
52. To update a 'True' condition's disposition, if appropriate:
  - a. Click **Edit** beside the condition. The condition expands.
  - b. Select the **Disposition Reason** (e.g., Clinician Disagrees, Family Preference) (Figure 4.4.36, next page).
  - c. Enter detailed **Disposition Notes** explaining the update.
  - d. Click Update.
  - e. Repeat Steps [52a-52d](#) for other 'True' dispositions as needed.

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**Assesment Submitted**

Your Assessment form has been submitted. It has been reviewed and scored by MDHHS.  
Your Assessment number is 208.

Condition Name	Condition Met	Action	Disposition Reason	Disposition Notes
Serious Emotional Disturbances	False			
Intensive Crisis Stabilization	False			
Home-Based Services	False			
Wraparound	False			
Respite Care	True	<b>Edit</b>		
Parent Support Partner	True	<b>Edit</b>		
Youth Peer Support	True	<b>Edit</b>		

Thank you!

**Message:**  
Action: [MichiCANS Search](#) [Finalize Disposition](#) [Help](#)

Figure 4.4.35: MichiCANS Comprehensive – Assessment Submitted

Condition Name	Condition Met	Action	Disposition Reason	Disposition Notes
Serious Emotional Disturbances	False			
Intensive Crisis Stabilization	False			
Home-Based Services	False			
Wraparound	False			
Respite Care	True	<b>Edit</b>		

Condition Name: Respite Care  
Condition Met: True  
Disposition Reason: **Family Declined Service**  
[detailed disposition notes]

**Disposition Notes:**  
**Update** Cancel

Parent Support Partner	True	<b>Edit</b>		
Youth Peer Support	True	<b>Edit</b>		

Figure 4.4.36: MichiCANS Comprehensive – Assessment Submitted



53. To finalize the MichiCANS Comprehensive disposition, click **Finalize Disposition** (Figure 4.4.37). The confirmation message displays.

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**Assessment Submitted**

Your Assessment form has been submitted. It has been reviewed and scored by MDHHS.  
Your Assessment number is 208.

Condition Name	Condition Met	Action	Disposition Reason	Disposition Notes
Serious Emotional Disturbances	False			
Intensive Crisis Stabilization	False			
Home-Based Services	False			
Wraparound	False			
Respite Care	True	<a href="#">Edit</a>	Family Declined Service	[detailed disposition notes]
Parent Support Partner	True	<a href="#">Edit</a>		
Youth Peer Support	True	<a href="#">Edit</a>		

Thank you!

Message:

Action: [MichiCANS Search](#) [Finalize Disposition](#) [Help](#)

Figure 4.4.37: MichiCANS Comprehensive – Assessment Submitted

54. Click **Finalize** (Figure 4.4.38). The MichiCANS Comprehensive disposition is finalized.

**You are about to finalize the assessment and it will not be available for any further tweaks. Once this action is performed it will only be the assessment read only.**

[Finalize](#) [Cancel](#)

Figure 4.4.38: MichiCANS Comprehensive – Assessment Submitted

## 4.5 Using My Work Tab

The **My Work** tab displays all your ‘Started’, ‘Completed’, and ‘Returned’ MichiCANS. The MichiCANS in these statuses either require additional attention or are awaiting approval. This chapter includes the following tasks:

- [Set My Work Tab as Default](#)
- [Access a Beneficiary’s Full MichiCANS History](#)
- [Access an Individual MichiCANS](#)

Complete the following steps to use the My Work tab to access your current list of MichiCANS requiring attention or awaiting approval:

1. Perform the steps in [3 Accessing the MichiCANS in CareConnect360](#).
2. Select **MICHICANS Lookup** in the main menu (*Figure 4.5.1*). The MichiCANS Lookup page displays.

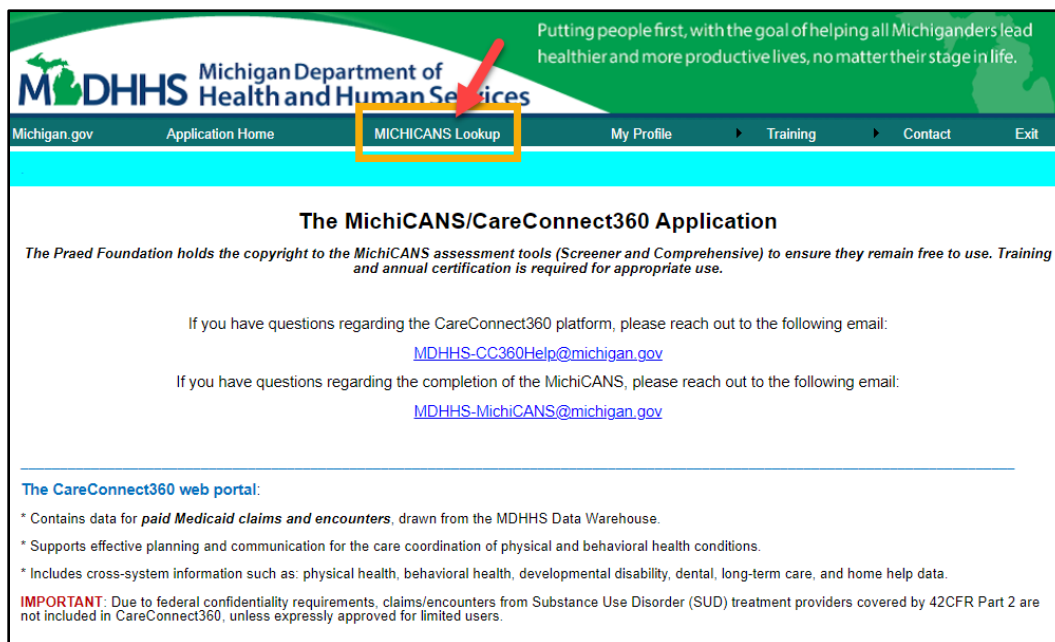


Figure 4.5.1: CareConnect360 – MichiCANS Lookup

3. Click the **My Work** tab (*Figure 4.5.2, next page*). Your ‘Started’, ‘Completed’, and ‘Returned’ MichiCANS display.

4. To set the **My Work** tab to be your default view every time you access the **MICHICANS Lookup**:
  - a. click Make Default Tab (Figure 4.5.2).
  - b. The “Successfully added as default tab” message displays.

**Note:** Now, every time you access the **MichiCANS Lookup** the **My Work** tab will automatically display.

In addition, the **MichiCANS Search** tab updated to include a Make As Default Tab link if you ever decide to revert to using the **MichiCANS Search** tab as your default display.

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MichiCANS Search MichiCANS Assessment **My Work**

ClientName	Dob	AssessmentId	AssessmentType	StartDate	Status
> First Name LastName	(XX-XX-XXXX)	196	SCREENER	(XX-XX-XXXX)	COMPLETED
> First Name LastName	(XX-XX-XXXX)	206	COMPREHENSIVE	(XX-XX-XXXX)	STARTED
> First Name LastName	(XX-XX-XXXX)	207	SCREENER	(XX-XX-XXXX)	COMPLETED

Message:

Action: [Make Default Tab](#) [Application Home](#)

Figure 4.5.2: MichiCANS Lookup – My Work

5. To access a beneficiary’s full MichiCANS history:
  - a. On the **My Work** tab, click the **Client Name** link (Figure 4.5.3). The **MichiCANS Search** tab displays the individual’s MichiCANS record.

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MichiCANS Search MichiCANS Assessment **My Work**

ClientName	Dob	AssessmentId	AssessmentType	StartDate	Status
> First Name LastName	(XX-XX-XXXX)	196	SCREENER	(XX-XX-XXXX)	COMPLETED
> First Name LastName	(XX-XX-XXXX)	206	COMPREHENSIVE	(XX-XX-XXXX)	STARTED
> First Name LastName	(XX-XX-XXXX)	207	SCREENER	(XX-XX-XXXX)	COMPLETED

Message: **Successfully added as default tab**

Action: [Application Home](#)

Figure 4.5.3: MichiCANS Lookup – My Work

b. Click the **Existing Assessments** number (Figure 4.5.4).

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MichiCANS Search MichiCANS Assessment My Work

Medicaid ID \*\*\*\*\*

First Name Last Name Date of Birth MM/DD/YYYY

ZIP Gender --Select-- (First Name, Last Name and DOB are required)

Search Clear

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

Figure 4.5.4: MichiCANS Lookup – MichiCANS Search

c. The individual's assessment(s) display (Figure 4.5.5).

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MichiCANS Search MichiCANS Assessment My Work

Medicaid ID \*\*\*\*\*

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

**Assessments**

AssessmentID	AssessmentType	StartDate	Assessor	Status	Treatment Need	CompletedDate	Action
> 196	SCREENER	09/16/2024	Name	RETURNED	2. Non-Emergency, Serious Ne	09/17/2024	<a href="#">View PDF</a>
> 206	COMPREHENSIVE	09/17/2024	Name	STARTED	None		<a href="#">View PDF</a>

Page size: 10 2 items in 1 pages

Figure 4.5.5: MichiCANS Lookup – MichiCANS Search

d. Continue with the steps in [4.6 Return to a Partially Completed MichiCANS](#), [4.7 Resubmit a Supervisor Returned MichiCANS](#), or [4.8 View a Completed MichiCANS](#) as appropriate.

6. To access an individual MichiCANS:

- a. On the **My Work** tab, click the **Assessment ID** number associated to the MichiCANS you want to access (Figure 4.5.6).

ClientName	Dob	AssessmentId	AssessmentType	StartDate	Status
> FirstName LastName	(XX-XX-XXXX)	196	SCREENER	(XX-XX-XXXX)	COMPLETED
> FirstName LastName	(XX-XX-XXXX)	206	COMPREHENSIVE	(XX-XX-XXXX)	STARTED
> FirstName LastName	(XX-XX-XXXX)	207	SCREENER	(XX-XX-XXXX)	COMPLETED

Message: Successfully added as default tab  
Action: [Application Home](#)

Figure 4.5.6: MichiCANS Lookup – My Work

- b. The MichiCANS opens to the **Life Functioning** domain (Figure 4.5.7).

- c. Review the MichiCANS Screener or Comprehensive as needed.

-or-

Navigate to the appropriate domain and continue as outlined in [4.3 Create and Complete a MichiCANS Screener](#) or [4.4 Create and Complete a New MichiCANS Comprehensive](#).

**MichiCANS Comprehensive Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 9/17/2024  
Assessment Type: ☒ Comprehensive

**MichiCANS Life Functioning**

For the Life Functioning Domain and associated modules, use the following categories and action levels:  
0 - No current need. No need for actions and intervention.  
1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.  
2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
3 - Need is dangerous or disabling; requires immediate and / or intensive action.

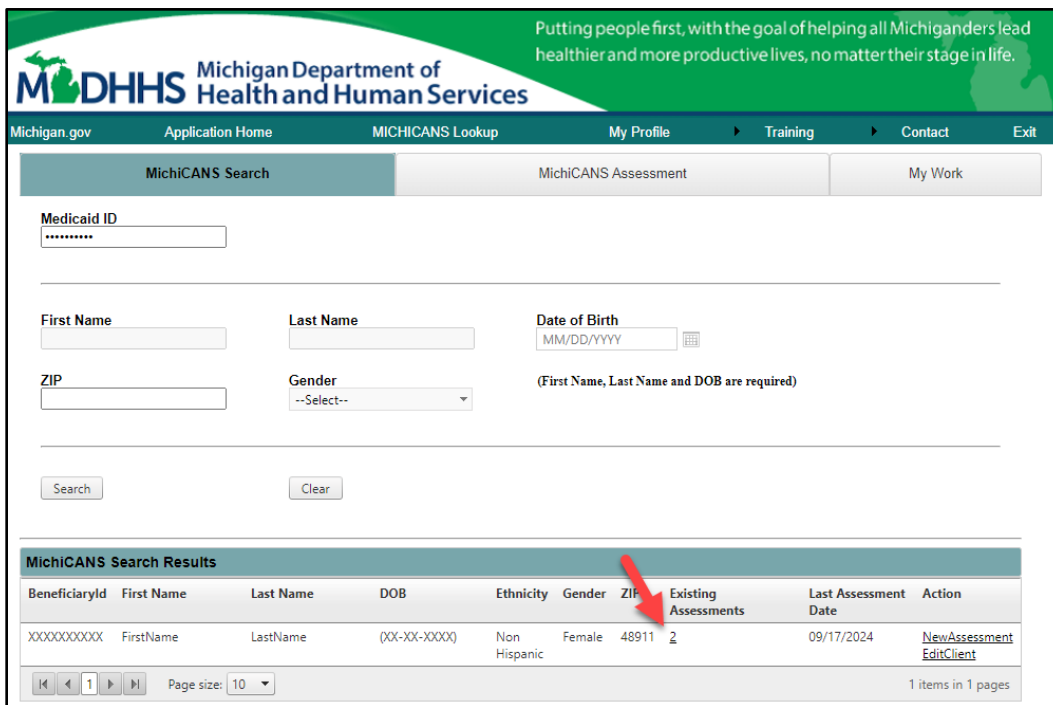
Ages 6-20	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 4.5.7: MichiCANS Comprehensive example

## 4.6 Return to a Partially Completed MichiCANS

Complete the following steps to return to and complete an incomplete MichiCANS:

1. Perform the appropriate steps in [4.5 Using My Work Tab](#) to access the 'STARTED' MichiCANS. Then complete the remaining steps in [4.3 Create and Complete a MichiCANS Screener](#) or [4.4 Create and Complete a New MichiCANS Comprehensive](#).
- or-
2. Perform the steps in [4.1 Search and Add an Individual to the MichiCANS](#) to locate the individual, then continue with [Steps 2a-2d](#) below.
  - a. Click the **Existing Assessments** number (Figure 4.6.1). The individual's assessment(s) display.



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MichiCANS Search MichiCANS Assessment My Work

Medicaid ID \*\*\*\*\*

First Name Last Name Date of Birth MM/DD/YYYY

ZIP Gender --Select-- (First Name, Last Name and DOB are required)

Search Clear

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

Figure 4.6.1: MichiCANS Lookup

- b. Click the **Assessment ID** number associated to the 'STARTED' MichiCANS (Figure 4.6.2, next page).

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**MichiCANS Search** MichiCANS Assessment My Work

Medicaid ID  
\*\*\*\*\*

First Name Last Name Date of Birth  
MM/DD/YYYY

ZIP Gender (First Name, Last Name and DOB are required)  
--Select--

Search Clear

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

**Assessments**

AssessmentID	AssessmentType	StartDate	Assessor	Status	Treatment Need	CompletedDate	Action
18	SCREENER	09/16/2024	Name	COMPLETED	2. Non-Emergency: Serious Ne	09/17/2024	<a href="#">View PDF</a>
206	COMPREHENSIVE	09/17/2024	Name	STARTED	None		<a href="#">View PDF</a>

Page size: 10 2 items in 1 pages

Figure 4.6.2: MichiCANS Lookup

- The partially completed MichiCANS displays the **Life Functioning** domain (Figure 4.6.3, next page).
- Navigate to the appropriate domain and complete the steps in [4.3 Create and Complete a MichiCANS Screener](#) or [4.4 Create and Complete a New MichiCANS Comprehensive](#).

Michigan Department of Health and Human Services

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[My Profile](#)
[Training](#)
[Contact](#)
[Exit](#)

### MichiCANS Comprehensive Assessment

#### Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXX
Name: FirstName, LastName
[Show More Info](#)

☒ Life Functioning
☒ Strengths
☒ Cultural Factors
☒ Behavioral/Emotional Needs
☐ Risk Factors and Behaviors
☐ Caregiver Resources and Needs
☐ Completion

Assessment Date: 9/17/2024

Assessment Type: ☒ Comprehensive

**MichiCANS Life Functioning**

For the Life Functioning Domain and associated modules, use the following categories and action levels:

- 0 - No current need. No need for actions and intervention.
- 1 - Identified need that requires monitoring, watchful waiting, or preventive action based in history, suspicion or disagreement.
- 2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 - Need is dangerous or disabling; requires immediate and / or intensive action.

Ages 6-20	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
School Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Physician Relationship	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developments/Intellectual	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write a rationale for any item in the Life Functioning Domain or associated modules rated actionable ('2' or '3').

[Enter rationale for any item, however, rationale for Life Functioning items rated actionable is required]

Message:

Action: [Save](#) [Save/Next](#)

Figure 4.6.3: MichiCANS Comprehensive example



## 4.7 Resubmit a Supervisor Returned MichiCANS

When a supervisor returns a MichiCANS to the submitter: a **New Message** indicator displays on the submitter's Home page (Figure 4.7.1). Clicking **New Message** automatically navigates to the user's My Messages page (Figure 4.7.2), and opening the message displays additional details (Figure 4.7.3, next page).

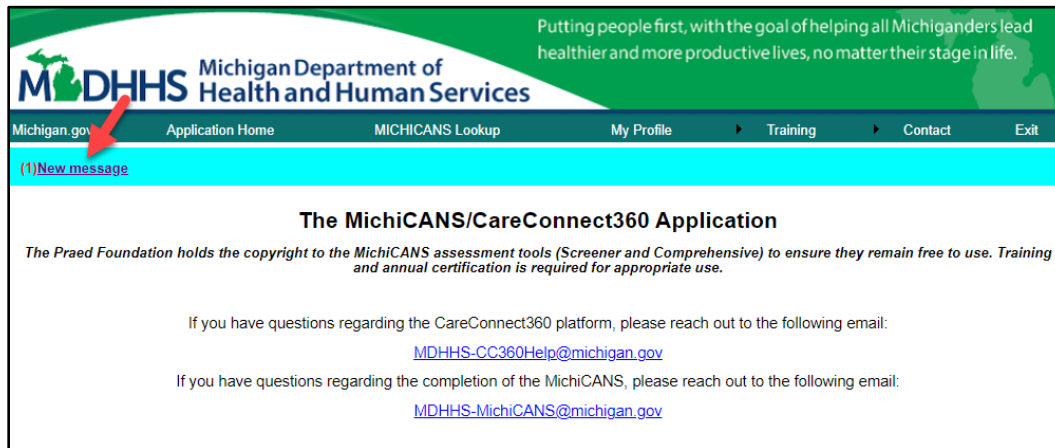


Figure 4.7.1: CareConnect360 Home

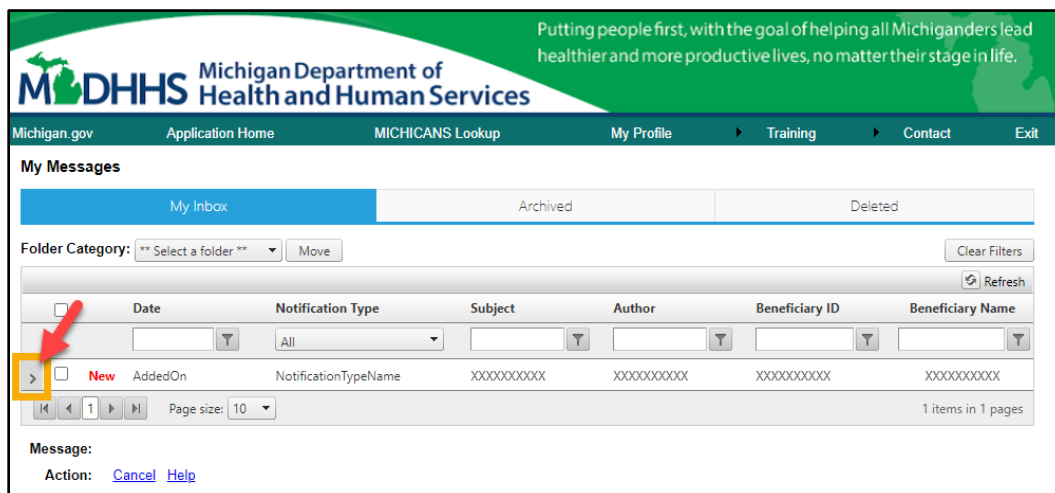


Figure 4.7.2: My Messages

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**My Messages**

My Inbox Archived Deleted

Folder Category: \*\* Select a folder \*\* Move Clear Filters Refresh

Date	Notification Type	Subject	Author	Beneficiary ID	Beneficiary Name
AddedOn	NotificationTypeName	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

**Detail Notification Message Information:**

Message Date: XXXXXXXXXX Type: Assessment Review  
 Medicaid ID: XXXXXXXXXX Beneficiary Name: XXXXXXXXXX  
 Author Phone No: XXXXXXXXXX Author Email: XXXXXXXXXX  
 Detail: Assessment for [redacted] has been reviewed by the supervisor and has been **Returned**

Page size: 10 1 items in 1 pages

Message: Action: [Cancel](#) [Help](#)

Figure 4.7.3: My Messages

Complete the following steps to update and resubmit a 'RETURNED' MichiCANS:

1. Perform the steps in [4.1 Search and Add an Individual to the MichiCANS](#) to locate the individual.
2. Click the **Existing Assessments** number (Figure 4.7.4). The individual's assessment(s) display.

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**MichiCANS Search** MichiCANS Assessment My Work

Medicaid ID: [redacted]

First Name: [redacted] Last Name: [redacted] Date of Birth: MM/DD/YYYY [redacted]

ZIP: [redacted] Gender: --Select-- (First Name, Last Name and DOB are required)

Search Clear

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

Figure 4.7.4: MichiCANS Lookup

- Click the left arrow associated to the 'RETURNED' MichiCANS (Figure 4.7.5).

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Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

MichiCANS Search MichiCANS Assessment My Work

Medicaid ID \*\*\*\*\*

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

**Assessments**

AssessmentID	AssessmentType	StartDate	Assessor	Status	Treatment Need	CompletedDate	Action
196	SCREENER	09/16/2024	Name	RETURNED	2. Non-Emergency: Serious Ne	09/17/2024	<a href="#">View PDF</a>
206	COMPREHENSIVE	09/17/2024	Name	STARTED	None		<a href="#">View PDF</a>

Page size: 10 2 items in 1 pages

Figure 4.7.5: MichiCANS Lookup

- The supervisor's **Reviewer Notes** display (Figure 4.7.6). Review the comments and proceed accordingly.

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MichiCANS Search MichiCANS Assessment My Work

Medicaid ID \*\*\*\*\*

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

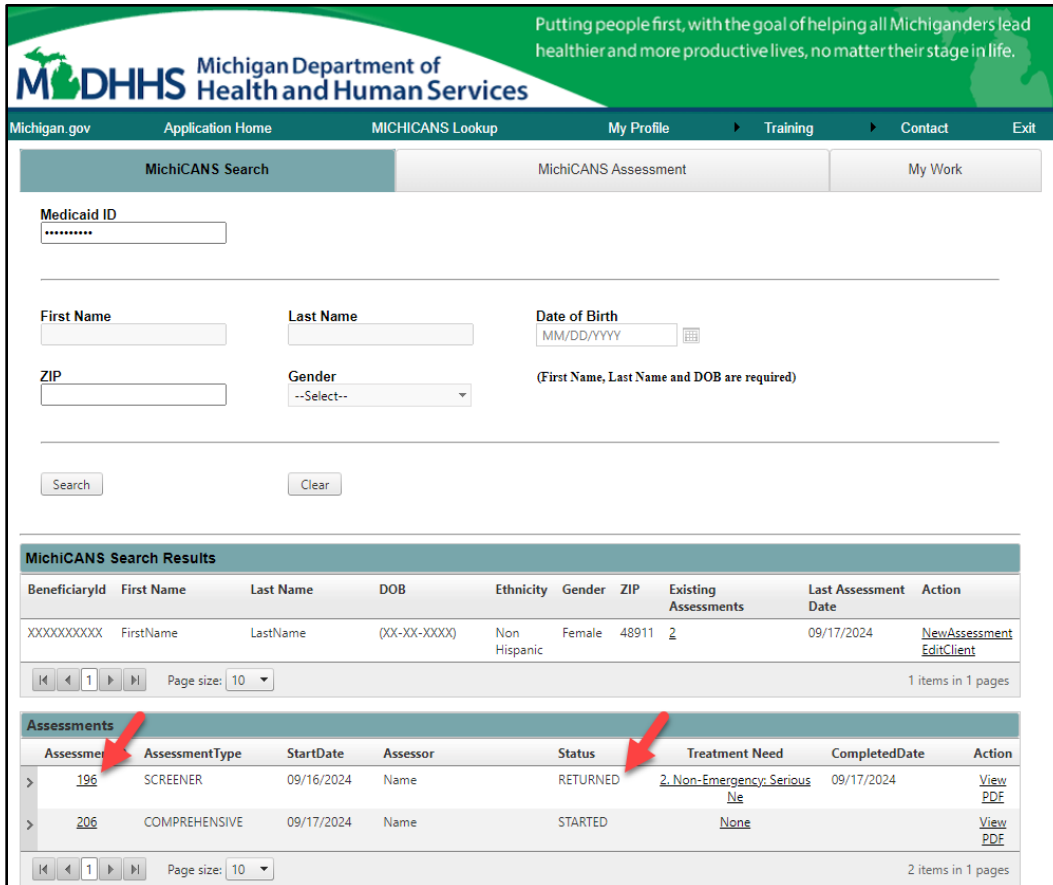
**Assessments**

AssessmentID	AssessmentType	StartDate	Assessor	Status	Treatment Need	CompletedDate	Action
196	SCREENER	09/16/2024	Name	RETURNED	2. Non-Emergency: Serious Ne	09/17/2024	<a href="#">View PDF</a>
<b>Reviewer Notes</b> [returned because needs...]							
206	COMPREHENSIVE	09/17/2024	Name	STARTED	None		<a href="#">View PDF</a>

Page size: 10 2 items in 1 pages

Figure 4.7.6: MichiCANS Lookup

- Click the **Assessment ID** number associated to the 'RETURNED' MichiCANS to update per the supervisor's review notes (*Figure 4.7.7*).



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MichiCANS Search MichiCANS Assessment My Work

Medicaid ID

First Name Last Name Date of Birth MM/DD/YYYY

ZIP Gender --Select-- (First Name, Last Name and DOB are required)

Search Clear

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

**Assessments**


AssessmentId	AssessmentType	StartDate	Assessor	Status	Treatment Need	CompletedDate	Action
196	SCREENER	09/16/2024	Name	RETURNED	2. Non-Emergency: Serious Ne	09/17/2024	<a href="#">View PDF</a>
206	COMPREHENSIVE	09/17/2024	Name	STARTED	None		<a href="#">View PDF</a>

Page size: 10 2 items in 1 pages

Figure 4.7.7: MichiCANS Lookup

- The returned MichiCANS displays the **Life Functioning** domain (*Figure 4.7.8, next page*).
- Make the appropriate updates using the steps in [4.3 Create and Complete a MichiCANS Screener](#) or [4.4 Create and Complete a New MichiCANS Comprehensive](#).

**IMPORTANT:** Be certain to repeat the steps in the **Completion** section **to resubmit the MichiCANS**.



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### MichiCANS Screener Assessment

#### Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXXX
Name: FirstName, LastName
[Show More Info](#)

☒ Life Functioning
☒ Behavioral/Emotional Needs
☒ Risk Factors and Behaviors
☒ Cultural Factors and Caregiver Resources and Needs
☐ Completion

Assessment Date: 9/16/2024

Assessment Type: ☒ Screener

**MichiCANS Life Functioning**

For the All Domains, use the following categories and action levels:  
0 – No current need; no need for action or intervention.  
1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed.  
3 – Need is dangerous or disabling; requires immediate and/or intensive action.

**AGES 6+**

	0	1	2	3
Family Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental/Intellectual	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medical/Physical	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Decision Making	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please write a rationale for any item rated actionable ('2' or '3').

[Enter rationale for any item, however rationale for any Life Functioning items rated actionable ('2' or '3') is required]

Message:

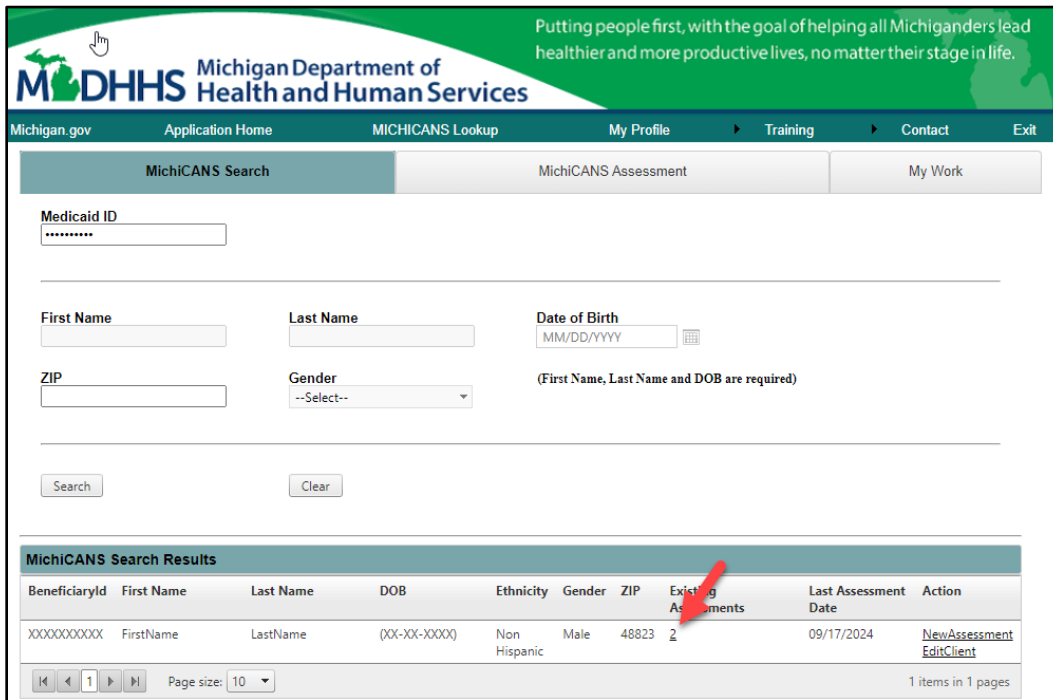
Action: [Save](#) [Save/Next](#)

Figure 4.7.8: MichiCANS Screener example

## 4.8 View a Completed MichiCANS

Complete the following steps to view a 'COMPLETED' MichiCANS:

1. Perform the steps in [4.1 Search and Add an Individual to the MichiCANS](#) to locate the individual.
2. Click the **Existing Assessments** number (Figure 4.8.1). The individual's assessment(s) display.



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MichiCANS Search MichiCANS Assessment My Work

Medicaid ID  
\*\*\*\*\*

First Name Last Name Date of Birth  
MM/DD/YYYY

ZIP Gender (First Name, Last Name and DOB are required)  
--Select--

Search Clear

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Male	48823	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

Figure 4.8.1: MichiCANS Lookup

3. To review the completed MichiCANS domains:
  - a. Click the **Assessment ID** number associated to the 'COMPLETED' MichiCANS (Figure 4.8.2, next page).
  - b. The MichiCANS displays the Screener or Comprehensive MichiCANS in read-only format.

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**MichiCANS Search** MichiCANS Assessment My Work

Medicaid ID  
\*\*\*\*\*

First Name Last Name Date of Birth  
MM/DD/YYYY

ZIP Gender  
--Select-- (First Name, Last Name and DOB are required)

Search Clear

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Male	48823	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

**Assessments**

AssessmentId	AssessmentType	StartDate	Assessor	Status	Treatment Need	CompletedDate	Action
207	SCREENER	09/17/2024	Name	COMPLETED	2 Non-Emergency, Serious	09/17/2024	<a href="#">View PDF</a>
208	COMPREHENSIVE	09/17/2024	Name	APPROVED	None	10/18/2024	<a href="#">View PDF</a>

Page size: 10 2 items in 1 pages

Figure 4.8.2: MichiCANS Lookup

c. Use the left navigation pane to review the details of each completed domain (Figure 4.8.3).

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**MichiCANS Screener Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID XXXXXXXXXX Name: FirstName, LastName Show More Info

Assessment Date: 9/17/2024  
Assessment Type: ☒ Screener

**MichiCANS Life Functioning**

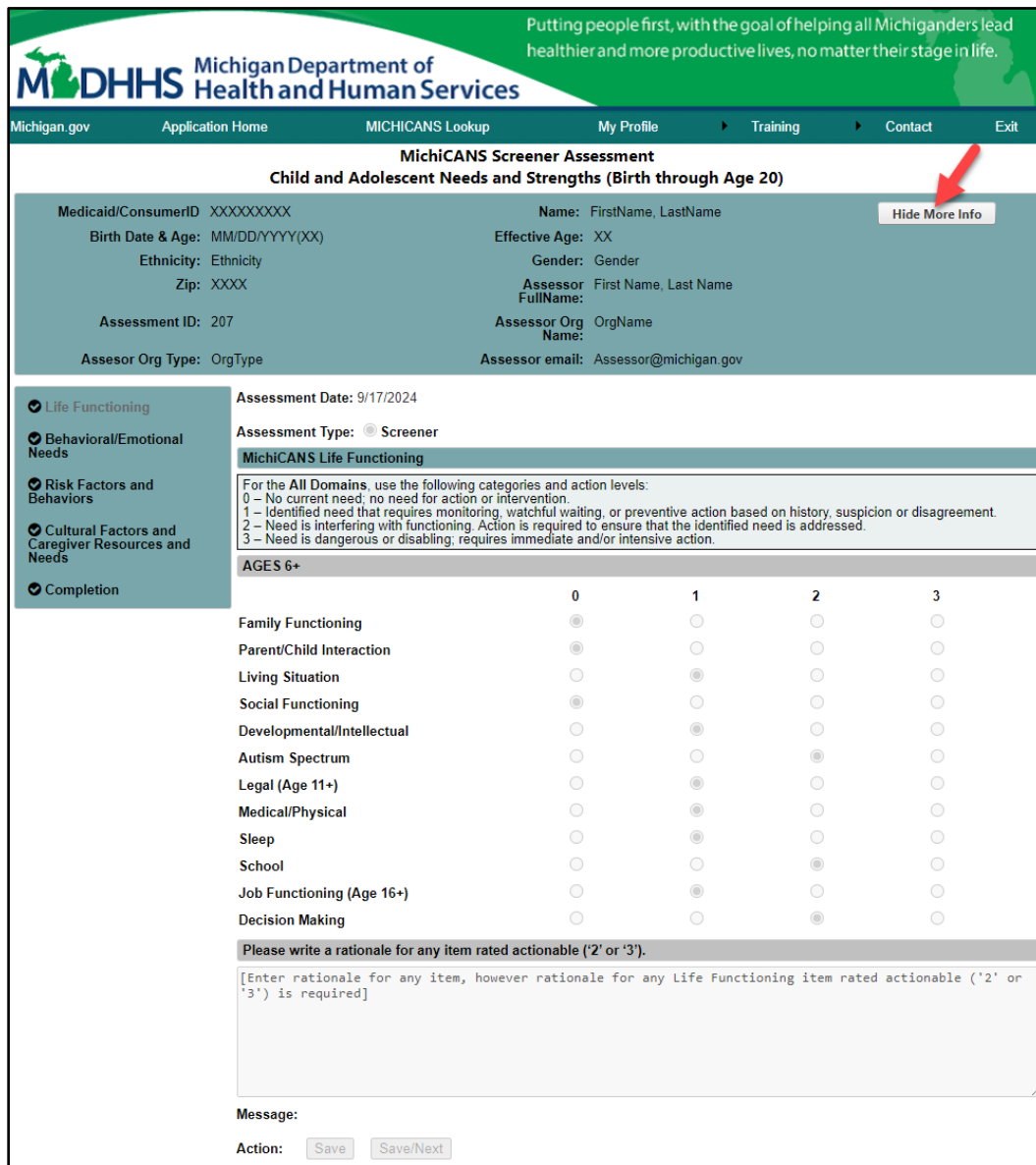
For the All Domains, use the following categories and action levels:  
0 – No current need; no need for action or intervention.  
1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed.  
3 – Need is dangerous or disabling; requires immediate and/or intensive action.

**AGES 6+**

	0	1	2	3
Family Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental/Intellectual	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Figure 4.8.3: MichiCANS Screener

4. To view additional demographics and assessor details:
  - a. Click **Show More Info** (Figure 4.8.3, previous page).
  - b. Review the additional details.
  - c. Click **Hide More Info** to collapse the additional details (Figure 4.8.4).



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### MichiCANS Screener Assessment

#### Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXX      Name: FirstName, LastName      **Hide More Info**  
 Birth Date & Age: MM/DD/YYYY(XX)      Effective Age: XX  
 Ethnicity: Ethnicity      Gender: Gender  
 Zip: XXXX      Assessor Full Name: First Name, Last Name  
 Assessment ID: 207      Assessor Org Name: OrgName  
 Assessor Org Type: OrgType      Assessor email: Assessor@michigan.gov

Assessment Date: 9/17/2024

Assessment Type: ☒ Screener

**MichiCANS Life Functioning**

For the All Domains, use the following categories and action levels:  
 0 – No current need; no need for action or intervention.  
 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
 2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed.  
 3 – Need is dangerous or disabling, requires immediate and/or intensive action.

AGES 6+	0	1	2	3
Family Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental/Intellectual	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Legal (Age 11+)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/Physical	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Job Functioning (Age 16+)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please write a rationale for any item rated actionable ('2' or '3').

[Enter rationale for any item, however rationale for any Life Functioning item rated actionable ('2' or '3') is required]

Message:

Action:

Figure 4.8.4: MichiCANS Screener example



5. To directly access the MichiCANS scoring details:
  - a. Click the **Treatment Need** associated to the MichiCANS (Figure 4.8.5).

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MichiCANS Search MichiCANS Assessment My Work

Medicaid ID \*\*\*\*\*

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

**Assessments**

AssessmentID	AssessmentType	StartDate	Assessor	Status	Treatment Need	CompletedDate	Action
196	SCREENER	09/16/2024	Name	COMPLETED	2. Non-Emergency: Serious Needs	09/17/2024	<a href="#">View PDF</a>
206	COMPREHENSIVE	09/17/2024	Name	STARTED	None		<a href="#">View PDF</a>

Page size: 10 2 items in 1 pages

Figure 4.8.5: MichiCANS Lookup – MichiCANS Search

- b. The MichiCANS scoring results display (Figure 4.8.6).

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Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

**Assesment Submitted**

Your Assessment form has been submitted. It has been reviewed and scored by MDHHS.

Your Assessment number is 196.

The score for the Assessment is 2. Non-Emergency: Serious Needs.

Criteria Name	Is Criteria Met
Criterion 1.1	False
Criterion 2.1	True
Criterion 2.2	True
Criterion 2.3	True
Criterion 2.4	True
Criterion 3.1	False
Criterion 3.2a	False
Criterion 3.2b	True

Thank you!

Message:

Action: [MichiCANS Search](#) [Help](#)

Figure 4.8.6: MichiCANS Results – Screener example

5. To access a PDF version of the completed MichiCANS:
  - a. Click View PDF associated to the MichiCANS (Figure 4.8.7).

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Michigan.gov Application Home MICHICANS Lookup My Profile Training Contact Exit

MichiCANS Search MichiCANS Assessment My Work

Medicaid ID  
\*\*\*\*\*

**MichiCANS Search Results**

BeneficiaryId	First Name	Last Name	DOB	Ethnicity	Gender	ZIP	Existing Assessments	Last Assessment Date	Action
XXXXXXXXXX	FirstName	LastName	(XX-XX-XXXX)	Non Hispanic	Female	48911	2	09/17/2024	<a href="#">NewAssessment</a> <a href="#">EditClient</a>

Page size: 10 1 items in 1 pages

**Assessments**

AssessmentID	AssessmentType	StartDate	Assessor	Status	Treatment Need	CompletedDate	Action
196	SCREENER	09/16/2024	Name	COMPLETED	2. Non-Emergency: Serious Needs	09/17/2024	<a href="#">View PDF</a>
206	COMPREHENSIVE	09/17/2024	Name	STARTED	None		<a href="#">View PDF</a>

Page size: 10 2 items in 1 pages

Figure 4.8.7: MichiCANS Lookup – MichiCANS Search

- b. A PDF version of the MichiCANS displays in a separate window (Figure 4.8.8).

CRReportViewer.aspx - Work - Microsoft Edge

https://apsd6260.ms.ds.uhc.com/test/cc360\_training/CRReportViewer.aspx

1 of 4

**MichiCANS Screener**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Assessment Date: 09/16/2024 Assessor: [Redacted] Assessor Org Type: MICHICANS  
Assessor Email: [Redacted] Ethnicity: [Redacted] AssessmentID: 196  
Client Name: [Redacted] DOB: [Redacted] ZipCode: [Redacted]  
Gender: [Redacted] Reviewed On: [Redacted] Assessment Score: 2. Non-Emergency: Serious Needs  
Supervisor: [Redacted] Assessment Status: Completed

**Life Functioning**

For the **All Domains**, use the following categories and action levels: 0 – No current need; no need for action or intervention. 1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. 2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed. 3 – Need is dangerous or disabling; requires immediate and/or intensive action.

	0	1	2	3
Family Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Child Interaction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Situation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental/Intellectual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal (Age 11+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 4.8.8: MichiCANS PDF – Screener example

## 5 Supervisor: Using Admin Functions

Users with the **MichiCANS Supervisor** role have access to the MichiCANS Supervisor Review List page and the MichiCANS All Client Summary page. These administrative (Admin) functions allow the supervisor to review each ‘Completed’ MichiCANS, and to track all individuals for which a MichiCANS has been ‘Started’, ‘Completed’, ‘Returned’, or ‘Approved’.

### 5.1 Review the Completed MichiCANS

The MichiCANS Supervisor Review List page allows supervisors to review each ‘COMPLETED’ MichiCANS. The supervisor either approves the MichiCANS, or returns it to the submitter for additional clarification prior to final approval.

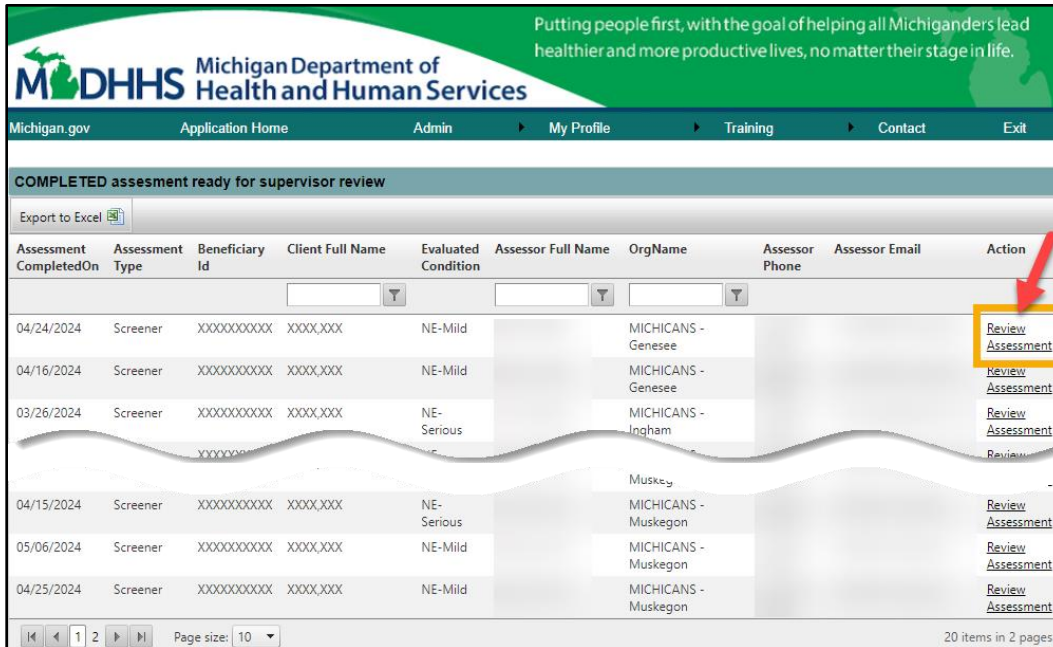
Complete the following steps to review and approve or return a completed MichiCANS:

1. Perform the steps in [3 Accessing the MichiCANS in CareConnect360](#).
2. Select **MICHICANS Supervisor Review List** in the **Admin** menu (*Figure 5.1.1*). The MichiCANS Supervisor Review List page displays.



Figure 5.1.1: Admin – MichiCANS Supervisor Review List

- Click Review Assessment beside the MichiCANS to be reviewed (*Figure 5.1.2*). The completed MichiCANS displays in read-only supervisor review mode.



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COMPLETED assesment ready for supervisor review

Export to Excel

Assessment CompletedOn	Assessment Type	Beneficiary Id	Client Full Name	Evaluated Condition	Assessor Full Name	OrgName	Assessor Phone	Assessor Email	Action
04/24/2024	Screener	XXXXXXXXXX	XXXX,XXX	NE-Mild		MICHICANS - Genesee			<a href="#">Review Assessment</a>
04/16/2024	Screener	XXXXXXXXXX	XXXX,XXX	NE-Mild		MICHICANS - Genesee			<a href="#">Review Assessment</a>
03/26/2024	Screener	XXXXXXXXXX	XXXX,XXX	NE-Serious		MICHICANS - Ingham			<a href="#">Review Assessment</a>
04/15/2024	Screener	XXXXXXXXXX	XXXX,XXX	NE-Serious		MICHICANS - Muskegon			<a href="#">Review Assessment</a>
05/06/2024	Screener	XXXXXXXXXX	XXXX,XXX	NE-Mild		MICHICANS - Muskegon			<a href="#">Review Assessment</a>
04/25/2024	Screener	XXXXXXXXXX	XXXX,XXX	NE-Mild		MICHICANS - Muskegon			<a href="#">Review Assessment</a>

Page size: 10 20 items in 2 pages

Figure 5.1.2: MichiCANS Supervisor Review List

- Access each domain by clicking the domain name in the left navigation pane (*Figure 5.1.3, next page*).
- Review the selection made for each item and all rationale entered.

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**MichiCANS Screener Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 4/12/2024  
Assessment Type: ☒ Screener

**MichiCANS Life Functioning**

For the All Domains, use the following categories and action levels:  
0 – No current need; no need for action or intervention.  
1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed.  
3 – Need is dangerous or disabling; requires immediate and/or intensive action.

AGES 6+	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Social Functioning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental/Intellectual	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal (Age 11+)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Job Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please write a rationale for any item rated actionable ('2' or '3').

Family brother a relat is curr her Unc suspend does no followi

Message:

Action: [Save](#) [Save/Next](#)

Figure 5.1.3: MichiCANS Supervisor Review – Screener example

6. After reviewing all domains, click **Review** in the left navigation pane (Figure 5.1.4).

**MichiCANS Screener Assessment**  
Child and Adolescent Needs and Strengths (Birth through Age 20)

Medicaid/ConsumerID: XXXXXXXX Name: FirstName, LastName [Show More Info](#)

Assessment Date: 4/12/2024  
Assessment Type: ☒ Screener

**MichiCANS Life Functioning**

For the All Domains, use the following categories and action levels:  
0 – No current need; no need for action or intervention.  
1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.  
2 – Need is interfering with functioning. Action is required to ensure that the identified need is addressed.  
3 – Need is dangerous or disabling; requires immediate and/or intensive action.

AGES 6+	0	1	2	3
Family Functioning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent/Child Interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**Review**

Figure 5.1.4: MichiCANS Supervisor Review – Screener example

7. Enter comments in the **Assessment review** field as needed (Figure 5.1.5).

**Note:** If returning the MichiCANS, **Assessment review** comments are required.

Figure 5.1.5: MichiCANS Screener – Review

8. To record final approval, click **Approve** (Figure 5.1.5, above). The approval message displays (Figure 5.1.6) and the submitter receives email notification of the approval.

Figure 5.1.6: MichiCANS Screener – Approved

9. To return the MichiCANS to the submitter for additional clarification, click **Return** (Figure 5.1.5, above). The returned message displays (Figure 5.1.7, next page) and the submitter receives email notification of the return.

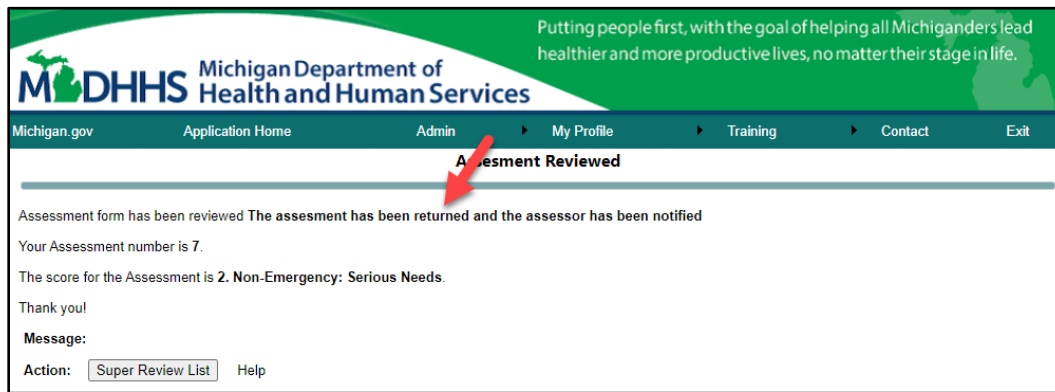


Figure 5.1.7: MichiCANS Screener – Returned

## 5.2 Track All MichiCANS

The MichiCANS All Clients Summary allows the supervisor to view individuals for which a MichiCANS has been 'Started', 'Completed', 'Returned', or 'Approved'.

Complete the following steps to track all MichiCANS:

1. Perform the steps in [3 Accessing the MichiCANS in CareConnect360](#).
2. Select **MICHICANS All Clients Summary** in the **Admin** menu (*Figure 5.2.1*). The MichiCANS All Clients Summary page displays.

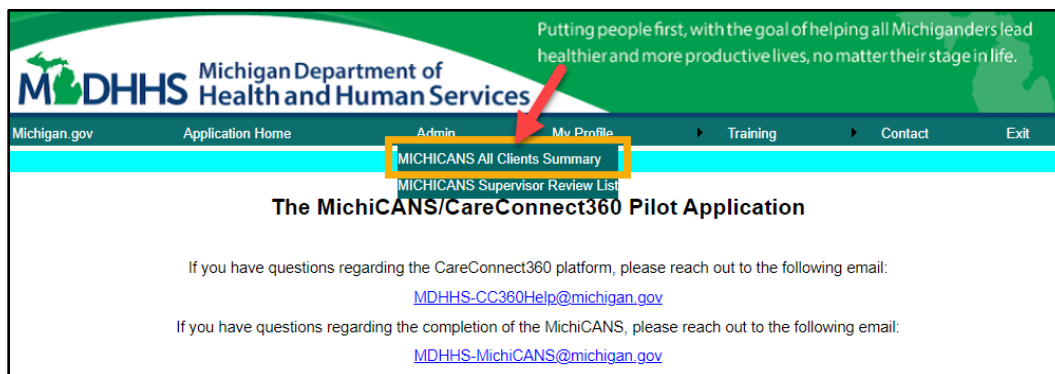
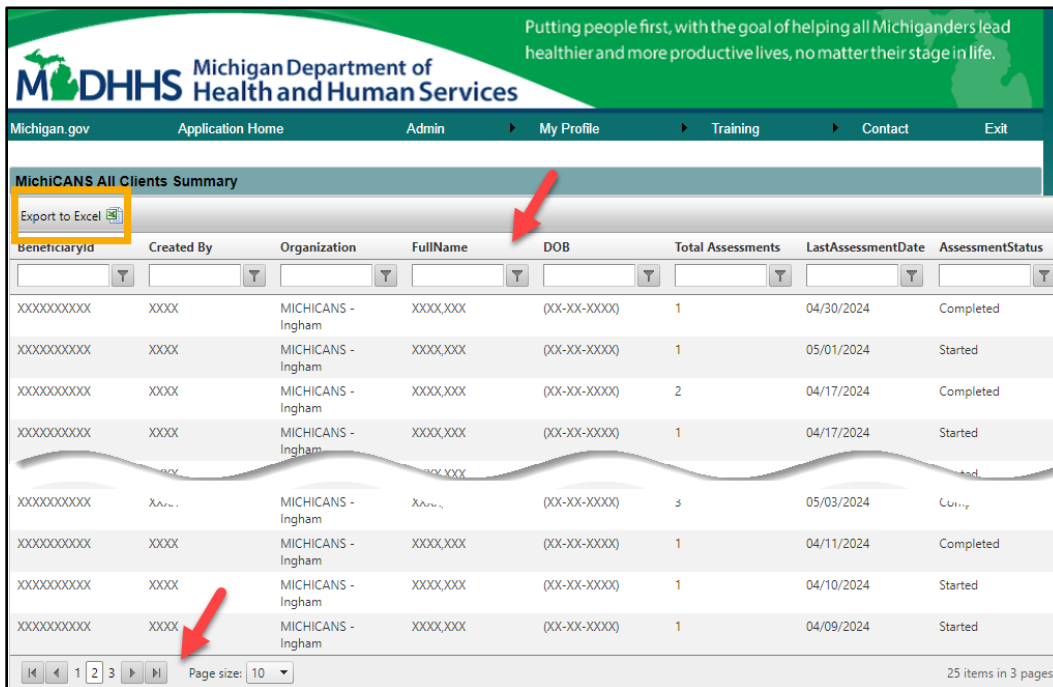


Figure 5.2.1: Admin – MichiCANS All Clients Summary

3. Use the filter and navigation tools to search/review the MichiCANS records (*Figure 5.2.2*).
4. Click **Export to Excel** to export the list.



BeneficiaryId	Created By	Organization	FullName	DOB	Total Assessments	LastAssessmentDate	AssessmentStatus
XXXXXXXXXX	XXXX	MICHICANS - Ingham	XXXX,XXX	(XX-XX-XXXX)	1	04/30/2024	Completed
XXXXXXXXXX	XXXX	MICHICANS - Ingham	XXXX,XXX	(XX-XX-XXXX)	1	05/01/2024	Started
XXXXXXXXXX	XXXX	MICHICANS - Ingham	XXXX,XXX	(XX-XX-XXXX)	2	04/17/2024	Completed
XXXXXXXXXX	XXXX	MICHICANS - Ingham	XXXX,XXX	(XX-XX-XXXX)	1	04/17/2024	Started
XXXXXXXXXX	XXXX	MICHICANS - Ingham	XXXX,XXX	(XX-XX-XXXX)	3	05/03/2024	Completed
XXXXXXXXXX	XXXX	MICHICANS - Ingham	XXXX,XXX	(XX-XX-XXXX)	1	04/11/2024	Completed
XXXXXXXXXX	XXXX	MICHICANS - Ingham	XXXX,XXX	(XX-XX-XXXX)	1	04/10/2024	Started
XXXXXXXXXX	XXXX	MICHICANS - Ingham	XXXX,XXX	(XX-XX-XXXX)	1	04/09/2024	Started

Figure 5.2.2: MichiCANS All Clients Summary



## 6 Admin: Handling Duplicates

Since individuals can be added to the MichiCANS using only first name, last name, and date of birth, it is quite possible for one individual to erroneously be added multiple times. Users with the **MichiCANS Admin** role access the MichiCANS Duplicate Handling page to identify potential duplicate individuals who are indeed unique individuals, or to merge multiple duplicate individuals into one record.

Complete the following steps to manage potential duplicate individuals within the MichiCANS database:

1. Perform the steps in [3 Accessing the MichiCANS in CareConnect360](#).
2. Select **MICHICANS Duplicate Handling** in the **Admin** menu (*Figure 5.2.1*). The MichiCANS Duplicate Handling page displays.



Figure 6.1: Admin – MichiCANS Duplicate Handling

3. Click the **Full Name** link to investigate the possible duplicate group (*Figure 6.2*). The group expands.

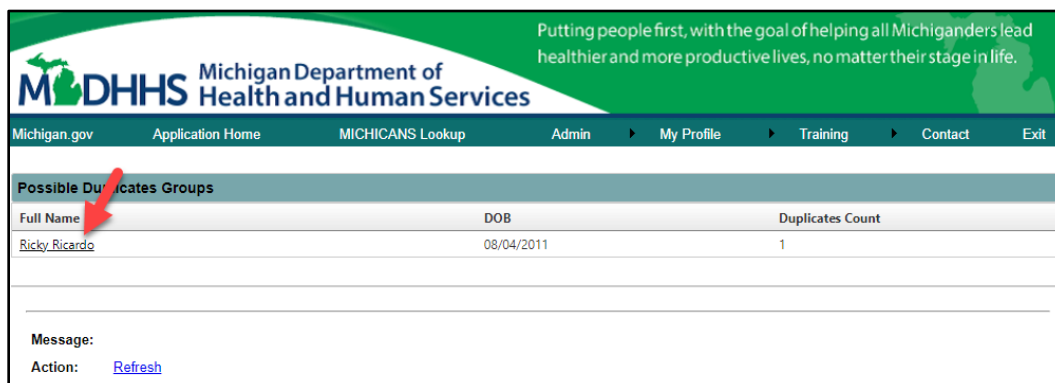


Figure 6.2: MichiCANS Duplicate Handling

4. When determining the possible duplicate listed is indeed a unique individual:
  - a. Click Mark Unique beside the non-duplicate individual (*Figure 6.3*). The Mark a Client Record as Unique window displays.

Figure 6.3: MichiCANS Duplicate Handling

- b. Review the details to confirm the unique determination (*Figure 6.4*).
  - c. Click **Confirm Unique**. The “Possible duplicate flag removed from <individual name>” message displays.

Figure 6.4: MichiCANS Duplicate Handling

- d. Click Refresh on the MichiCANS Duplicate Handling page to update the **Possible Duplicates Groups**.

5. When determining multiple individuals listed are the same person:
  - a. Select the check boxes beside the individuals to be merged (*Figure 6.5*).
  - b. Click Merge.


Figure 6.5: MichiCANS Duplicate Handling

- c. Select the **Client ID To Keep** indicating which record to keep (*Figure 6.6*).
- d. Click **Merge**.

**IMPORTANT:** Merging is a non-reversible action.

Figure 6.6: MichiCANS Duplicate Handling – Merge Client Records

- e. The “Merged the selected records” message displays (*Figure 6.7, next page*).
- f. Click Refresh to update the **Possible Duplicates Groups**.



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Possible Duplicates Groups		
Full Name	DOB	Duplicates Count
RICKY RICARDO	08/04/2011	1

Possible Duplicates for : RICKY RICARDO 08/04/2011

ClientID	Medicaid ID	Gender	ZIP	IsPossibleDupe	FirstAssessmentId	Action
<input type="checkbox"/> 2232		Male	48911	False	2216	

Message: Merged the selected records

Action: [Merge](#) [Refresh](#)

Figure 6.7: MichiCANS Duplicate Handling