

The Right Door for Hope, Recovery and Wellness

Chapter Title	Section #		Subject #
Clinical	C		310.10
Subject Title	Adopted	Last Revised	Reviewed
MichiCANS	9/27/24	NEW	NEW

PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

1. PURPOSE

- 1.1. To provide guidelines for the completion and utilization of the MichiCANS in assessments and treatment planning, assuring services are delivered as appropriate to the needs of children referred for services delivered through The Right Door for Hope, Recovery and Wellness.
- 1.2. The MichiCANS will be incorporated into the initial assessment process, and all treatment planning for all individuals up to their 21st birthday who are receiving children's services supports.
- 1.3. The MichiCANS screener will be done at request for services. The comprehensive MichiCANS will be done for those receiving children's services supports up to their 21st birthday.

2. Implementation of the MichiCANS

- 2.1. Every individual up to their 21st birthday who are receiving children's services supports shall have a MichiCANS assessment incorporated into the initial assessment, as a part of any re-assessment process, and at the time of discharge from services. Such re-assessments include routine periodic assessments, and assessments due to, or preceding, significant changes in status, such as increase in stressors and symptoms leading to an increased level of care or a decrease in stressors and symptoms leading to a decrease in level of care.

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2.2. Clinicians employed by The Right Door for Hope, Recovery and Wellness attend the TCOM training for the MichiCANS within 30 days of hire and maintain certification annually. Training records will be available to reviewers.

2.3. The Right Door for Hope, Recovery and Wellness will participate in ongoing fidelity monitoring on the use of the tool.

2.4. The Right Door for Hope, Recovery and Wellness will ensure that MichiCANS scores are provided to Mid-State Health Network and MDHHS in accordance with established reporting guidelines.

2.5. The MichiCANS evaluates persons served along two domains and defines four levels of resource intensity.

2.6. The MichiCANS is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the MichiCANS is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. It enables rapid and consistent level of care assessment recommendations. The MichiCANS is a part of the assessment process, which contributes to the individualized treatment planning process, but is not used exclusively to approve or deny service.

3. Utilization of the tool

3.1. Each evaluation parameter is defined along a scale of zero to three. Each score in the scale is defined by one or more criteria. This process should be done collaboratively with the child/youth, family and other stakeholders. The evaluator should select the highest score or rating in which the criteria is met.

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- 3.2. There will, on occasion, be instances where there will be some ambiguity about whether a subject has met criteria for a score on the scale within one of the parameters. This may be due to inadequate information, conflicting information, or simply to difficulty in making a judgment about whether the available information is consistent with any of the criteria for that score. Clinical experience must be applied judiciously in making determinations in this regard, and the rating or criterion that provides the closest approximation to the actual circumstance should be selected. The result will be that any errors will be made on the side of caution.
- 3.3. Since the MichiCANS is designed as a information integrated tool with the primary purpose of communication, scores should be expected to change over time. Scores are generally assigned on a here and now basis, representing the clinical picture at the time of the evaluation to three months prior to the time of evaluation. In some instances, historical information is considered, but it should not be considered unless it is a clear part of the defined criteria.
- 3.4. In certain crisis situations, the score may change rapidly as interventions are implemented. In other situations, where a subject may be living under very stable circumstances, scores may not change for extended periods of time. Clinical judgment should prevail in the determination of how frequently scores should be reassessed. As a general rule, they will be reassessed more frequently at higher levels of acuity and at the higher levels of care or resource intensity.
- 3.5. Once scores have been assigned in the two domains and defined by the four levels of resource intensity, they should be recorded in the electronic health record and summed to obtain the level of care recommendation.

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Kerry Possehn, Chief Executive Officer	Date		