
**DIVISION OF FAMILY AND COMMUNITY HEALTH
CAHC ELEMENTARY CLINICAL HEALTH CENTER REVIEW TOOL**

DATE: _____

ELEMENTARY HEALTH CENTER: _____

ADDRESS: _____

ADDRESS #2: _____

SPONSORING AGENCY: _____

CEO, HEALTH OFFICER OR MEDICAL DIRECTOR: _____

COORDINATOR: _____

CLINICAL PROVIDER: _____

MENTAL HEALTH PROVIDER: _____

MDCH ADMINISTRATIVE REVIEWER: _____

MDCH CLINICAL REVIEWER: _____

MENTAL HEALTH REVIEWER: _____

| GENERAL INFORMATION | DOCUMENT PREPARATION PRIOR TO REVIEW |
|---|--|
| <p><u>PURPOSE OF THE REVIEW:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To assure the health center is meeting or exceeding the Michigan Department of Community Health Minimum Program Requirements for Child and Adolescent Health Centers, Request for Proposal and contract requirements, and providing quality services <input type="checkbox"/> To assist in resolving any problems associated with administering the program <input type="checkbox"/> To review and respond to agency concerns and questions <p><u>PURPOSE OF THE PROGRAM:</u></p> <p>The CAHC goal is to achieve the best possible physical, intellectual and emotional status of school-aged children 5 to 10 by providing services that are high quality, accessible and acceptable to children and their families. The elementary health center model, through school-based health centers, provide on-site primary health care, psycho-social services, health promotion/disease prevention and outreach to youth ages 5 to 10 years of age with emphasis on the uninsured, under-insured and publicly insured.</p> <p><u>CODING KEY:</u></p> <p>C = COMPLIANT N = NON-COMPLIANT TA = TECHNICAL ASSISTANCE NEEDED NR = NOT REVIEWED OR NOT APPLICABLE</p> | <p>The following items must be submitted to the respective MDCH reviewers one month prior to review:</p> <p><u>Administrative Reviewer:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Personnel roster <input type="checkbox"/> Current organizational chart for health center staff <input type="checkbox"/> Community advisory council membership that identifies role and representation (e.g., parent, youth, medical provider, etc.) and voting designations <input type="checkbox"/> Minutes from the last three community advisory council meetings <p><u>Clinical Reviewer:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Personnel roster <input type="checkbox"/> Job descriptions for each clinical staff <input type="checkbox"/> Copy of specialty certification documents (Nurse Practitioner) <input type="checkbox"/> Copy of current licensure (Nurse Practitioner/Physician Assistant) <input type="checkbox"/> Current collaborative practice agreement (Nurse Practitioner) <input type="checkbox"/> Current supervision plan (Physician Assistant) <input type="checkbox"/> Sample client chart (medical record) with all forms used <p><u>Mental Health Reviewer:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Job description for mental health provider(s) <input type="checkbox"/> Copy of current licensure and certification documents <input type="checkbox"/> Sample mental health client chart with all forms used <p><i>Please note that your reviewer contact information was included in this mailing in a separate letter. If you can not locate this information, please contact Taggart Doll, Child and Adolescent Health Program Coordinator at 517-335-9720 or dollt@michigan.gov .</i></p> |

| STRUCTURE OF THE ON-SITE REVIEW | DOCUMENT PREPARATION FOR ON-SITE REVIEW |
|---|--|
| <p>The site review will begin with an entrance interview with the assigned reviewers, the clinic coordinator, mid-level provider(s), mental health provider, and other pertinent clinic staff and sponsoring agency staff. The entrance interview is typically quite brief, allowing time for reviewers to provide an overview of the site review process and for the health center and sponsoring agency staff to ask any last questions.</p> <p>The reviewers work independently over the course of the review. Typically, reviewers will request a brief meeting (15 minutes) with the coordinator, mid-level provider or other staff mid-morning on the first and second days of the review to ask questions to verify findings or observations and to request any missing documentation. The reviewers will need a small, private space to review documents and to intermittently discuss findings. Reviewers tour the clinic space to make environmental observations, observe clinic flow, and examine waiting, reception, bathroom, examination, lab, education and storage areas.</p> <p>The clinical reviewer will review a random selection of at least 20 charts that contain a mix of well and sick visits, charts from frequent clients, and a variety of services (immunizations, asthma care, etc.). The mental health reviewer will review a random selection of at least 10 charts. The administrative reviewer will cross-check three to five random charts against the encounter forms and billing records. The clinical reviewer will shadow each provider during a minimum of two to three visits upon verbal consent of the client. Ideally, the clinical reviewer observes both a well and sick visit with each provider. This allows an opportunity to assess comprehensiveness and quality of service delivery and provide feedback to providers. Both the chart review and client observation are allowable under HIPAA and MDCH regulations.</p> <p>By late morning of the last day, the reviewers meet independently to discuss findings to be presented at the exit interview. The exit interview will start by 2:00 p.m. on the last day of the review and should include all staff present at the interview and the Medical Director. The exit interviews typically last one hour. A written report of findings, required actions to bring the center into compliance and suggestions for improvement will be issued to the sponsoring agency after the review.</p> | <p>The following items must be available on-site at the review; Other items may be requested at discretion of the reviewers:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current work plan, implementation evidence and evaluation results <input type="checkbox"/> Current budget and most recent Financial Status Report <input type="checkbox"/> Most recent quarterly reporting elements (data) report <input type="checkbox"/> Two most recent Medicaid outreach reports <input type="checkbox"/> Policy and procedures manual specific to the health center <input type="checkbox"/> Current interagency agreement <input type="checkbox"/> School administration and board approvals <input type="checkbox"/> Current health needs assessment survey / data <input type="checkbox"/> Case-finding/recruitment and Medicaid outreach materials <input type="checkbox"/> Center brochure AND forms e.g., enrollment, consent, referral, etc. <input type="checkbox"/> Staff schedule and after-hours and weekend care plan <input type="checkbox"/> Summer care plan and summer plans notification <input type="checkbox"/> Appointment schedule <input type="checkbox"/> Client education materials <input type="checkbox"/> Lab documentation <input type="checkbox"/> Current referral agreements and list of referral sources <input type="checkbox"/> Client encounter and billing forms <input type="checkbox"/> Fee schedule and sliding fee scale <input type="checkbox"/> Remittance advice/accounting reports or ledger for health center <input type="checkbox"/> Billing records for previous three months; most recent billing report <input type="checkbox"/> Financial policies and procedures relevant to health center <input type="checkbox"/> Client satisfaction survey and results of surveys for last two years <input type="checkbox"/> Quality improvement plan and documentation <input type="checkbox"/> Clinical guidelines (references) <input type="checkbox"/> Clinical procedures manual <input type="checkbox"/> Standing orders, if applicable <input type="checkbox"/> CLIA certificate or waiver <input type="checkbox"/> Exposure control plan; waste disposal plan AND license <input type="checkbox"/> MSDS: materials safety data sheets <input type="checkbox"/> Personnel training log (CEU's) <input type="checkbox"/> Access to medical records, supply, and medical storage areas |

| PROGRAM STRENGTHS | AREAS REQUIRING CHANGE |
|-----------------------------|---|
| | <p data-bbox="1060 232 1346 261"><u>Page</u> <u>MPR</u> <u>Citation</u></p> |
| SUGGESTIONS FOR IMPROVEMENT | CONSULTANT FOLLOW-UP NOTES |
| | |

| Availability and Access to Services Review | | | | |
|---|-------------|-------------|-------------|------------|
| CENTER LOCATION | | 1. | 2. | |
| Date health center originally opened | | | | |
| Total student population | | | | |
| Total student enrollment in health center | | | | |
| Percent enrolled in health center | | | | |
| Days open (circle all that apply) | | M T W T F S | M T W T F S | |
| Number of hours open per week | | | | |
| Summer hours | | | | |
| Capacity: Walk-ins | | | | |
| Capacity: Appointments | | | | |
| PROVIDER TYPE | Name | FTE | Name | FTE |
| Coordinator | | | | |
| Clerical/Reception | | | | |
| Medical Assistant | | | | |
| LPN/RN – Clinic Nurse | | | | |
| Nurse Practitioner/Physician Assistant (circle/indicate one) | | | | |
| Physician/Medical Director | | | | |
| Mental Health Provider | | | | |
| Dental Hygienist/Dentist (circle/indicate one) | | | | |
| Other: (Health Educator/Substance Abuse Counselor, etc.) | | | | |

| Section I: Administrative Review | | | |
|--|--|--|----------|
| A. Eligibility | Code | Indicators | Comments |
| 1. Services are offered to school children of the target age group (ages 5 to 10 years). <i>(Element definition of MPR)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Brochure ✓ Consent Form | |
| 2. If services are offered to adult population, (a) standards of care for adults exist and are followed in the clinic and (b) do not breach the confidentiality of youth e.g., are offered at hours separate from hours when children are served and with separate funding <i>(MDE RFP and Element definition of MPR)</i> | C N TA NR | ✓ Clinical references: adults ✓ Policy & Procedure Manual ✓ Brochure ✓ Evidence of separate hours e.g., appointment times ✓ Budget/FSR | |
| 3. The program has a non-discrimination policy: services are rendered without regard to sex, race, religion or sexual orientation. <i>(Best Practice)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Brochure ✓ Consent Form | |
| B. Objectives and Evaluation | Code | Indicators | Comments |
| 1. A minimum of two evidence-based programs and/or clinical interventions, in each of two focus areas in addition to/other than Mental Health, are being implemented and evaluated per the MDCH-approved work plan. <i>(MPR #1, MDE RFP and MDCH-approved Work Plan)</i> | C N TA NR | ✓ Copy of current work plan ✓ Evidence of implementation of evidence-based activities ✓ Evaluation tools and results | |
| 2. Evidence-based programs used to fulfill the work plan requirements are high quality, accessible and acceptable to target population. <i>(MPR #1, MDE RFP and MDCH-approved Work Plan)</i> | C N TA NR | ✓ Evaluation tools and results ✓ Client satisfaction surveys ✓ Comment cards ✓ Focus group reports ✓ Other evaluation methods | |

| C. Access to Care; 1 of 2 | Code | Indicators | Comments |
|---|----------------------------|--|-----------------|
| 1. The health center shall be open during hours accessible to the target population, and provision must be in place for the same services to be delivered during times when school is not in session. "Not in session" refers to times of the year when schools are closed for extended periods, such as holiday, spring break and summer vacation. (MPR #7) | C N TA NR | <ul style="list-style-type: none"> ✓ Schedule of hours ✓ Evidence of service provision when school not in session e.g., charts/visits during summer, p.m. hours ✓ Brochures, signage, etc. advertising summer hours ✓ Coverage plan ✓ *If summer hours differ, MDCH approval exists e.g., annual plan/approval letter | |
| 2. The health center shall provide clinical services staffed by a primary care provider a minimum of five days per week. Total provider clinical time shall be at least 30 hours / week. (Alternative: 3 days/24 hrs per week.) (MPR #7) | C N TA NR | <ul style="list-style-type: none"> ✓ Staff schedule ✓ Appointment schedule | |
| 3. Hours of operation must be posted in areas frequented by the target population. (MPR #7) | C N TA NR | <ul style="list-style-type: none"> ✓ Posted schedule of hours ✓ Center space clearly marked | |
| 4. The health center shall have a written plan for after-hours and weekend care which shall be posted (including external doors), explained to clients and instructions are provided via answering service or answering machine. (MPR #7) | C N TA NR | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Document is posted ✓ Voicemail message ✓ Enrollment packet/brochure | |
| 5. Walk-in services are available. (Best Practice) | C N TA NR | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Appointment schedule ✓ Observation | |
| 6. A follow-up mechanism in place for missed appointments. (Best Practice) | C N TA NR | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Follow-up forms/methods | |

| C. Access to Care; 2 of 2 | Code | Indicators | Comments |
|---|--------------|--|-----------------|
| 7. Bilingual staff/interpreters are available when appropriate/necessary. <i>(Best Practice)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Observation | |
| D. Facility Environment | Code | Indicators | Comments |
| 1. A Patient Bill of Rights is posted and distributed. <i>(Federal Patient Self-Determination Act of 1990)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Observation of posting in center; distribution to clients and/or parents | |
| 2. The physical facility must be barrier-free, clean and safe. <i>(MPR #14)</i> | C N TA NR | ✓ Observation ✓ Handicapped parking ✓ Wheelchair ramps ✓ Handicapped accessible halls, toilets, sinks | |
| 3. Passages, corridors, doorways and other means of exit are kept clear and unobstructed. <i>(MPR #14)</i> | C N TA NR | ✓ Observation | |
| 4. Exits are clearly marked, with escape routes posted. <i>(Best Practice)</i> | C N TA NR | ✓ Observation | |
| 5. The waiting area and exam rooms are comfortable, well-lighted, well-ventilated and age appropriate. <i>(Best Practice)</i> | C N TA NR | ✓ Observation | |
| 6. Site-specific building emergency instructions, including telephone numbers, are posted. A plan for emergency situations is readily accessible, reviewed and updated regularly for emergencies such as power failure, fire, natural disaster and robbery. <i>(Best Practice)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Observation of posting in center | |

| E. Publicity and General Outreach | Code | Indicators | Comments |
|---|----------------------------|--|-----------------|
| 1. There is a case-finding/recruitment plan in place to attract student users to the center. <i>(MDE RFP)</i> | C N TA NR | ✓ Annual work plan ✓ Evidence of recruitment methods (flyers, etc.) | |
| 2. Recruitment methods are adequate and include: <ul style="list-style-type: none"> ✓ Contacts at school orientation ✓ PTA meeting attendance ✓ Mailings/letters home ✓ Bulletin boards/posters ✓ Student newspapers ✓ Staff meeting attendance/presentations ✓ Teacher/staff referrals ✓ Community education campaigns/PSA <i>(Best Practice)</i> | C N TA NR | ✓ Examples of methods used | |
| 3. The services are publicized to the entire student body, school staff and parents/guardians at least twice a year. <i>(Best Practice)</i> | C N TA NR | ✓ Copies of documents, other evidence showing frequency | |
| F. Needs Assessment & Client Satisfaction | Code | Indicators | Comments |
| 1. The sponsoring agency has completed, updated or has access to a needs assessment process, including an age-appropriate health risk behavior survey at a minimum, conducted within the last three years to determine the health needs of the target population. <i>(MPR #1 and MPR #12)</i> | C N TA NR | ✓ Copy of survey/assessment conducted within last three years that documents array of health needs (tool and tabulated results) ✓ Adequate number surveyed based on population size ✓ Comprehensive indicators of need are assessed ✓ Services based on needs | |
| 2. Age-appropriate client satisfaction surveys, and/or satisfaction surveys with parents and/or school staff, shall be conducted periodically, but no less than once per year. <i>(MPR #12)</i> <i>(Note: Client satisfaction surveys include medical and mental health client surveys.)</i> | C N TA NR | ✓ Copy of survey or assessment tool ✓ Age appropriate tool ✓ 10% of clients seen in review period surveyed ✓ Review tabulated results ✓ Plans for corrective action, if applicable | |

| G. Organization and Function; 1 of 2 | Code | Indicators | Comments |
|---|------------------------------------|---|-----------------|
| <p>1. There is a current interagency agreement defining roles and responsibilities between the contracting provider and school district. (MPR #6)</p> <p><i>(Note: May include mental health roles also; if not see Section III, C.2)</i></p> | <p>C N TA NR</p> | <p>✓ Agreement defines roles and responsibilities of each party ✓ Reviewed and updated on regular intervals ✓ Date signed: _____ ✓ Appropriate signatories</p> | |
| <p>2. Written approval by the school administration AND the local school board exists for the following:</p> <ul style="list-style-type: none"> ✓ Location of health center ✓ Administration of needs assessment to students ✓ Parental consent policy ✓ Services rendered in the health center ✓ Policy/procedures on how children will access center during school hours <p>(MPR #6)</p> | <p>C N TA NR</p> | <p>✓ Evidence of approval that is dated and signed by appropriate agent e.g., letter, minutes; interagency agreement includes necessary approvals ✓ Policies comply with minor consent laws; Services consistent with MPR's</p> | |
| <p>3. A community advisory council shall be established and operated in a manner consistent with all mandated legislative language. (MPR #13)</p> | <p>C N TA NR</p> | <p>✓ Roster of advisory council ✓ 1/3 parent membership ✓ School staff membership ✓ Agenda and minutes of last three meetings ✓ Minimum 2 meetings / year</p> | |
| <p>4. Advisory council has written bylaws or operating procedures for governance which includes:</p> <ul style="list-style-type: none"> ✓ Duties and responsibilities ✓ Terms of office ✓ Method of member selection ✓ Composition/constituency represented ✓ Indication of voting members <p><i>(Best Practice)</i></p> | <p>C N TA NR</p> | <p>✓ Copy of bylaws or operating procedures ✓ Roster of advisory council</p> | |

| G. Organization and Function; 2 of 2 | Code | | Indicators | Comments |
|---|-------------|----|--|-----------------|
| 5. Advisory council members are oriented to the health center. <i>(Best Practice)</i> | C | N | ✓ Interview question: describe orientation efforts | |
| | TA | NR | ✓ Notebooks, other orientation materials | |
| 6. Organizational chart reflects clear lines of authority and includes all staff. Chart is reviewed periodically and updated as needed. <i>(Best Practice)</i> | C | N | ✓ Copy or organizational chart including placement of health center and date | |
| | TA | NR | | |
| 7. Staff meetings occur regularly as a mechanism for coordinating care. Social Worker and/or other mental health clinician is included in staff meetings. <i>(Best Practice)</i> | C | N | ✓ Meeting agendas | |
| | TA | NR | ✓ Meeting minutes ✓ Schedule of meetings | |

| H. Policies and Procedures | Code | Indicators | Comments |
|--|---------------------------------------|---|-----------------|
| <p>1. There are adequate procedures for the follow-up of internal and off-site referrals. (MPR #1)</p> <p><i>(Include mental health follow-up and referrals)</i></p> | <p>C N</p> <p>TA NR</p> | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Referral forms and log ✓ Follow-up documentation ✓ Referral agreements | |
| <p>2. The health center shall not, as part of the services offered, provide abortion counseling, services or make referrals for abortion services. (MPR #3)</p> | <p>C N</p> <p>TA NR</p> | <ul style="list-style-type: none"> ✓ Policy and procedures exist prohibiting abortion counseling, services and referral ✓ Client charts reflect compliance with policy | |
| <p>3. The health center shall not prescribe, dispense or otherwise distribute family planning drugs or devices. (MPR #4)</p> | <p>C N</p> <p>TA NR</p> | <ul style="list-style-type: none"> ✓ Policy and procedures exist prohibiting prescription, dispensation or distribution of family planning drugs or devices on school property ✓ Client charts reflect compliance with policy | |
| <p>4. The health center shall have a policy and procedure approved by the advisory council for the following areas at a minimum:</p> <ul style="list-style-type: none"> ✓ Parental consent in accordance with Michigan law ✓ Requests for records and release of information that include the role of the non-custodial parent and parents with joint custody ✓ Confidential services as allowed by state and/or federal law ✓ Reporting of child abuse and neglect <p>(MPR #13)</p> | <p>C N</p> <p>TA NR</p> | <ul style="list-style-type: none"> ✓ Evidence of policy and procedure approved by the advisory council ✓ Policies comply with Michigan minor consent and other corresponding laws | |

| I. Fiscal Operations; 1 of 2 | Code | Indicators | Comments |
|--|--|--|--|
| 1. There is a method for determining and obtaining information on Medicaid eligibility. (MPR #5) | C N TA NR | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Registration forms ✓ Verification on-site staff have received Medicaid online enrollment training ✓ Netwerkes, WebDenis participation, etc. ✓ Interview question | |
| 2. The health center shall establish and implement a sliding fee scale, which is not a barrier to health care to children. Children must not be denied service based on their inability to pay (e.g., including family income, insurance status, outstanding balances). CAHC funding is used to offset outstanding balances. (MPR #17) | C N TA NR | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Financial procedures ✓ Brochure ✓ Sliding fee scale ✓ Billing system documentation | *Minor Medicaid clients can not be charged co-pays a/o deductibles for Medicaid covered services |
| 3. Encounter forms are generated for all visits. (MPR # 18) | C N TA NR | <ul style="list-style-type: none"> ✓ Encounter form ~ chart documentation | |
| 4. A process is in place for billing Medicaid, Medicaid Health Plans and other third party payers. (MPR #18) | C N TA NR | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Financial procedures describe which payers are billed and billing is consistent with procedures ✓ Billing record in the past three months ✓ Billing reports | |
| 5. Medicaid managed care and third party revenues are readily identifiable and are returned to the center to support health center operations and programming. (MPR #20) | C N TA NR | <ul style="list-style-type: none"> ✓ Financial procedures ✓ Budget/FSR ✓ Billing reports ✓ Remittance advice ✓ Accounting reports/ledger | |
| 6. The most recent Financial Status Report (FSR) follows the approved budget and does not exceed the allowable cost deviation allowance. (MDE RFP and Contractual Requirement) | C N TA NR | <ul style="list-style-type: none"> ✓ Budget ✓ Financial Status Report | |

| I. Fiscal Operations; 2 of 2 | Code | | Indicators | Comments |
|--|-------------|----------|---|-----------------|
| 7. The approved budget and the most recent Financial Status Report (FSR) show at least 30% local match. <i>(MDE RFP and Contractual Requirement)</i> | C | N | <ul style="list-style-type: none"> ✓ Budget ✓ Financial Status Report ✓ Evidence of match | |
| 8. If services are offered to adults or children younger than age 5, services are provided through funds other than MDE-MDCH grant. <i>(MDE RFP and Element Definition of MPR and Budget)</i> | C | N | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Budget ✓ Financial Status Report | |
| 9. Fees are based on cost analysis. <i>(Best Practice)</i> | C | N | <ul style="list-style-type: none"> ✓ Charges based on cost analysis of services provided ✓ Procedures for cost analysis ✓ Fee schedule development guidelines/procedures | |
| 10. Written procedures exist for financial record keeping including billing and collection of client fees. <i>(Best Practice)</i> | C | N | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Financial procedures | |
| 11. Procedures adequately address rejected insurance claims. <i>(Best Practice)</i> | C | N | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Financial procedures ✓ Interview question | |

| J. Data Management | Code | Indicators | Comments |
|---|--------------------------------|--|-----------------|
| 1. The health center has secure storage for supplies and equipment, and security of paper and electronic records. <i>(MPR #14 and HIPAA Regulations)</i> | C N TA NR | Policy & Procedures re: ✓ Confidentiality of data ✓ Access to computer files/logs ✓ Access to schedule and appointment books ✓ Observation | |
| 2. Quarterly reports are submitted to the State office within 30 days of the end of the reporting period. <i>(MDE RFP and Contractual Requirement)</i> | C N TA NR | ✓ Local agency files ✓ MDCH files | |
| 3. A designated individual is responsible for preparation of quarterly data reports. <i>(Best Practice)</i> | C N TA NR | ✓ Reports are signed by designated person | |
| 4. Data system matches the charts (medical and mental health records). <i>(Best Practice)</i> | C N TA NR | ✓ Appropriate charting information is reflected on the encounter form and in the data/billing system | |

| K. Medicaid Outreach | Code | Indicators | Comments |
|---|---------------------------------------|---|-----------------|
| <p>1. Medicaid outreach services provided to youth and families adhere to CAHCP outreach activities 1 through 5:</p> <ol style="list-style-type: none"> 1. Public awareness 2. Facilitating Medicaid eligibility determination 3. Program planning, policy development and interagency coordination related to Medicaid services 4. Referral, coordination and monitoring of Medicaid services 5. Medicaid specific training on outreach and eligibility of services <p><i>(MPR #5 and MSA Bulletin 04-13)</i></p> | <p>C N</p> <p>TA NR</p> | <ul style="list-style-type: none"> ✓ Documentation of public awareness campaigns, media releases, etc. ✓ Records showing number assisted in eligibility determination ✓ Documentation of eligible planning activities e.g., meeting minutes, policies, agreements, etc. ✓ Documentation of eligible referral activities e.g., chart audits, quality assurance, etc. ✓ Documentation of coordinating, conducting or participating in training events on outreach eligibility and services | |

| Section II: Clinical Services Review | | | | |
|--|----------|----------|--|----------|
| A. Clinical Organization; 1 of 2 | Code | | Indicators | Comments |
| 1. The health center shall have a licensed physician as a medical director who supervises the medical services provided. (MPR #8) | C | N | <ul style="list-style-type: none"> ✓ License: MD/DO ✓ DEA Registration Number for physician ✓ Evidence of case consultation, chart audit | |
| 2. The health center shall be staffed by a Nurse Practitioner (PNP, FNP, SNP), licensed physician, or a licensed Physician Assistant with pediatric experience working under the supervision of a physician during all hours of center operation. (MPR #9) | C | N | <ul style="list-style-type: none"> ✓ Licenses ✓ Staff schedule ✓ Job descriptions ✓ Staff resumes/vitas | |
| 3. The Nurse Practitioner must have specialty certification or be eligible for certification from the state of Michigan as a Nurse Practitioner and accredited by an appropriate national certification association or board. The physician and Physician Assistant must be currently licensed to practice in Michigan. (MPR #9) | C | N | <ul style="list-style-type: none"> ✓ Licenses ✓ Specialty certification ✓ New graduates (CNS) should be certified within one year of employment | |
| 4. A collaborative practice agreement between Nurse Practitioner and medical director shall be available, reviewed and signed annually by both parties. The agreement shall cover: a brief description of services to be provided, criteria for referrals and consultations, acceptable references for clinical guidelines, process for record review and physician consultation, delegated authority for prescribing medications and agreement to individual accountability according to scope of practice defined by the Michigan Public Health Code (MPR #9 and CMS requirement) | C | N | <ul style="list-style-type: none"> ✓ Collaborative practice agreement <p style="text-align: right; font-size: small;"><i>Source: Nurse Practitioner Resource Document, MNA, August 2000</i></p> | |

| A. Clinical Organization; 2 of 2 | Code | Indicators | Comments |
|---|------------------------------------|--|-----------------|
| <p>5. The Physician Assistant (PA) must be supervised by a licensed physician during all hours of center operation. The physician must: be available to the PA at all times via direct in-person or telecommunication; must monitor and regularly review the practice of the PA; evaluate the PA's performance and conform to other supervisory requirements of the Public Health Code. <i>(MPR #9, MPR #12 and Public Health Code: Act 368 of 1978 as amended)</i></p> | <p>C N TA NR</p> | <p>✓ Licenses ✓ Current plan of supervision ✓ Evidence of supervision and quality assurance e.g., meeting notes, case consultation, chart review, etc.</p> | |
| <p>6. Current licenses for all professional staff shall be publicly displayed in the health center so as to be visible to clients. A permanent record containing respective license numbers of the physician and Physician Assistant shall be maintained on-site. <i>(Public Health Code: Act 368 of 1978 as amended)</i></p> | <p>C N TA NR</p> | <p>✓ Licenses displayed in public work area ✓ Permanent record with license numbers of physician and Physician Assistant</p> | |
| <p>7. Each clinical staff (NP, PA, and Physician) must have, or have applied for, a National Provider Identification number for use in filing and processing health care claims and other transactions. <i>(CMS Regulations)</i></p> | <p>C N TA NR</p> | <p>✓ NPI number; application</p> | |
| <p>8. If clinical procedures are provided by staff other than main clinical provider, standing orders for medications or treatments and/or clinical procedures to be provided by staff other than Nurse Practitioner or Physician Assistant shall be available. Orders shall be reviewed, renewed and signed by the physician at least annually. <i>(MPR #8)</i></p> | <p>C N TA NR</p> | <p>✓ Written standing orders ✓ Clinical procedures manual</p> | |
| <p>9. There is a policy on informed consent. <i>(MPR #2 and Patient Bill of Rights)</i></p> | <p>C N TA NR</p> | <p>✓ Policy & Procedure Manual ✓ Parental Consent Form ✓ Mature Minor Consent ✓ HIV Test Consent Form</p> | |

| B. Continuous Quality Improvement | Code | Indicators | Comments |
|--|------------------------------------|--|-----------------|
| <p>1. The health center shall implement a quality assurance (continuous quality improvement) plan. The plan shall include quarterly medical records reviews by peers to determine that conformity with standards and current acceptable clinical practices that are conducted on an ongoing basis. A system shall also be in place to implement corrective actions when deficiencies are noted. The plan incorporates the completion or access to a needs assessment every three years to determine health needs of the target population; and implementation of a satisfaction survey at least annually. <i>(MPR #12)</i></p> | <p>C N TA NR</p> | <ul style="list-style-type: none"> ✓ Evidence of a continuous quality improvement plan and results of recent quality improvement review ✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Corrective actions taken as appropriate ✓ CQI plan includes plans to complete or access a health survey or assessment every three years ✓ CQI plan includes plans to implement a satisfaction survey annually at a minimum | |
| <p>2. There are written quality assurance (continuous quality improvement) policies and procedures which include at a minimum: peer review of charting, chart review criteria, complaint and incident review, corrective action and time frame. <i>(Best Practice)</i></p> | <p>C N TA NR</p> | <ul style="list-style-type: none"> ✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Complaint/incident review ✓ Corrective actions and time frame ✓ An individual is designated as CQI Coordinator ✓ CQI committee meeting minutes ✓ The CQI committee meets quarterly | |

| C. Health Services; 1 of 2 | Code | Indicators | Comments |
|---|----------------------------|---|-----------------|
| 1. The clinical services provided shall meet the recognized, current standards of practice for care and treatment of children. (MPR #1 and MPR #2) | C N TA NR | <ul style="list-style-type: none"> ✓ Chart review ✓ Clinical observation ✓ Clinical guidelines / references | |
| 2. Physical exams (well-child exams) are consistent with Medicaid Early Periodic Screening, Testing and Diagnosis guidelines. (MPR #1, MPR #2 and CMS Guidelines) | C N TA NR | <ul style="list-style-type: none"> ✓ Chart review ✓ Clinical observation ✓ Clinical guidelines / references | |
| 3. Education, screening and provision of immunizations is consistent with CDC guidelines and is administered with the Michigan Care Improvement Registry (MCIR). (MPR #1 and MPR #2) <input type="checkbox"/> If center has VFC provider status, center follows VFC guidelines (VFC provider status – Best Practice) | C N TA NR | <ul style="list-style-type: none"> ✓ Immunization record present and/or request documented in chart ✓ Reminder/recall notices ✓ Emergency treatment orders for adverse reaction ✓ MCIR utilization reports (upon request) | |
| 4. Education, counseling, testing and referral for HIV is consistent with CDC guidelines. (MPR #1 and MPR #2) <input type="checkbox"/> MDCH CAHC - HAPIS Certified Site | C N TA NR | <ul style="list-style-type: none"> ✓ Chart review/progress note ✓ Referral logs ✓ Certification obtained or in progress as CAHC designated C&T site or as HAPIS designate C&T site | |
| 5. Education, testing, treatment and/or referral for STI's is consistent with CDC guidelines. (MPR #1 and MPR #2) | C N TA NR | <ul style="list-style-type: none"> ✓ Chart review/progress note ✓ Referral logs | |
| 6. Education and pregnancy testing is consistent with ACOG guidelines. Referral to high risk services and to FIA/DHS is provided per Michigan law. (MPR #1, MPR #2 and Public Health Code: Act 368 of 1978 as amended) | C N TA NR | <ul style="list-style-type: none"> ✓ Chart review/progress note ✓ Referral logs | |

| C. Health Services; 2 of 2 | Code | Indicators | Comments |
|--|--------------------------------|---|-----------------|
| 7. Dental services are accessible to health center clients or referrals to dental services are made as appropriate. <i>(MPR #1)</i> | C N TA NR | ✓ Chart review/progress note ✓ Tracking mechanism e.g., log | |
| 8. Health promotion and risk reduction services are consistent with recognized preventive services guidelines. <i>(MPR #1 and MPR #2)</i> <i>Assessment used:</i> <input type="checkbox"/> GAPS <input type="checkbox"/> Other: <input type="checkbox"/> RAAPS <input type="checkbox"/> Bright Futures | C N TA NR | ✓ Chart review/progress note ✓ GAPS, Bright Futures or other forms | |
| 9. Education, assessment, treatment and/or referral is consistent with GAPS, Bright Futures or other preventive services guidelines. <i>(Best Practice)</i> <input type="checkbox"/> Eating Disorders / Obesity <input type="checkbox"/> Tobacco, Alcohol, Other Drugs <input type="checkbox"/> Sexual Behaviors <input type="checkbox"/> Sexually Transmitted Infections / Risk for HIV <input type="checkbox"/> Depression / Suicide Risk <input type="checkbox"/> History of Abuse / Violence <input type="checkbox"/> Learning/School Problems <i>(Best Practice)</i> | C N TA NR | ✓ Chart review/progress note ✓ Referral logs | |

| D. Process for a Clinical Visit; 1 of 2 | Code | Indicators | Comments |
|---|----------------------------|--|--|
| 1. Client confidentiality is maintained. (MPR #2 and HIPAA) | C N TA NR | ✓ Observation ✓ Policy & Procedure Manual | |
| 2. Confidentiality of the client is maintained by physical and verbal privacy in the exam room, counseling area and lab area. (MPR #14) | C N TA NR | ✓ Observation ✓ White noise machines, sound proof walls/doors ✓ Forms/logs are secured | |
| 3. Assessment of clients is consistent with clinical guidelines approved by the medical director and Nurse Practitioner/Physician Assistant. (MPR #2and MPR #8) | C N TA NR | ✓ Observation ✓ Chart review/progress note ✓ Clinical guidelines / references | |
| 4. Education about health and self-care is consistent with established preventive services guidelines. (MPR #2) | C N TA NR | ✓ Observation ✓ Chart review/progress note | |
| 5. Referrals for diagnostic testing are consistent with clinical guidelines approved by the medical director and Nurse Practitioner/Physician Assistant and results are included in treatment plan. Follow-up on pertinent negatives is documented. (MPR #2and MPR #8) | C N TA NR | ✓ Observation ✓ Chart review/progress note ✓ Clinical guidelines / references | ADD: Mechanism for follow-up on pertinent negatives with client at visit, follow-up noted on chart, log/file etc.? |
| 6. Case coordination of treatment or counseling is consistent with clinical guidelines approved by the medical director and Nurse Practitioner/Physician Assistant and results are included in treatment plan. (MPR #2and MPR #8) | C N TA NR | ✓ Observation ✓ Chart review/progress note ✓ Clinical guidelines / references | |
| 7. The client has the right to refuse or defer treatment. Refusal or deferral of treatment is documented. (MPR #2 and Patient Bill of Rights) | C N TA NR | ✓ Observation ✓ Chart review/progress note ✓ Policy & Procedure Manual | |

| D. Process for a Clinical Visit; 2 of 2 | Code | | Indicators | |
|---|-------------|-----------|--|--|
| 8. The health center has established and implemented a process for communicating with the assigned primary care provider, based on criteria established by the provider and Medical Director, that doesn't violate confidentiality. <i>(MPR #11)</i> | C | N | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Communication documentation ✓ Chart review | |
| 9. Findings and treatment plan are reviewed with parents, consistent with Michigan minor consent laws. <i>(Best Practice)</i> | C | N | <ul style="list-style-type: none"> ✓ Observation ✓ Chart review/progress note ✓ Policy & Procedure Manual | |
| 10. Findings are shared with the client in an age-appropriate manner and questions and concerns are encouraged. <i>(Best Practice)</i> | C | N | <ul style="list-style-type: none"> ✓ Observation | |
| 11. Provider approach to clients is age-appropriate and friendly. <i>(Best Practice)</i> | C | N | <ul style="list-style-type: none"> ✓ Observation | |
| | TA | NR | | |

| E. Clinical Environment; 1 of 2 | Code | Indicators | Comments |
|--|----------------------------|---|-----------------|
| 1. The clinic has a reception area, exam room(s), laboratory, rest room and counseling area that are equipped adequately. (MPR #14, MPR #15 and MPR #16) | C N TA NR | ✓ Observation | |
| 2. Supplies, equipment and client records are stored in secure spaces to maintain client confidentiality. (MPR #14) | C N TA NR | ✓ Observation | |
| 3. The handling of medical waste is consistent with MI-OSHA guidelines. (MPR #15) | C N TA NR | ✓ Medical waste disposal license ✓ Medical waste disposal plan specific to center | |
| 4. A written plan for control of hazardous environmental exposures is consistent with Michigan OSHA standards. (MPR #15) | C N TA NR | ✓ Policy & Procedure Manual ✓ Medical waste disposal license ✓ Written exposure & waste disposal plans specific to the center ✓ MSDS location posted | |
| 5. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards. CLIA certification is documented. (MPR #16) | C N TA NR | ✓ Policy & Procedure Manual ✓ Current CLIA certificate / waiver posted ✓ Lab documentation ✓ Evidence of competency testing | |
| 6. Equipment is labeled, in working order and calibrated in accordance with CLIA standards. (MPR #16) | C N TA NR | ✓ Observation ✓ Calibration tags ✓ Calibration logs ✓ Refrigerator / freezer temperature monitoring devices and alarm ✓ Plug guards | |

| E. Clinical Environment; 2 of 2 | Code | Indicators | Comments |
|--|----------------------------|--|-----------------|
| 7. All medications are checked in compliance with safety use guidelines. <i>(MPR #2)</i> | C N TA NR | ✓ Observation ✓ Policy & Procedure Manual | |
| 8. A policy for handling medical emergencies exists that defines what, if any, emergencies will be responded to and what care will be provided. IF emergencies are managed by center staff, emergency kit minimally contains: <input type="checkbox"/> Stethoscope <input type="checkbox"/> Ambu bag with appropriately-sized masks <input type="checkbox"/> Oxygen <input type="checkbox"/> Sphygmomanometer with appropriate cuff(s) <input type="checkbox"/> Gloves <input type="checkbox"/> Gauze pads <input type="checkbox"/> Syringes for injectables <input type="checkbox"/> Epi-pen (developmentally appropriate) <input type="checkbox"/> Benadryl (po and injectable) <input type="checkbox"/> Glucose tablets <input type="checkbox"/> Spill kit <i>(Best Practice)</i> | C N TA NR | ✓ Observation ✓ Policy & Procedure Manual | |

| F. Provider Education | Code | | Indicators | Comments |
|---|-----------------------|-----------------------|---|-----------------|
| 1. The most current clinical guidelines (references) approved by the medical director and Nurse Practitioner/Physician Assistant and other medical references are available to professional staff. <i>(MPR #8)</i> | C TA | N NR | <ul style="list-style-type: none"> ✓ Observation ✓ Clinical guidelines / references | |
| 2. Clinic staff participates in required MDCH trainings and meetings. <i>(MDCH Requirement)</i> | C TA | N NR | <ul style="list-style-type: none"> ✓ Observation / Interview ✓ Training log / file ✓ Copy of attendance certificates | |
| 3. Continuing education for licensed staff is documented. <i>(Best Practice)</i> | C TA | N NR | <ul style="list-style-type: none"> ✓ Log / file of attendance ✓ Copy of attendance certificates | |
| 4. Evaluation of staff occurs at least annually with clear performance measures. <i>(Best Practice)</i> | C TA | N NR | <ul style="list-style-type: none"> ✓ Interview | |
| 5. CPR training is documented every two years for licensed staff. <i>(Best Practice)</i> | C TA | N NR | <ul style="list-style-type: none"> ✓ Observation ✓ Training log / file ✓ Copy of certificate | |
| 6. Child abuse education and reporting requirements are updated every two years for licensed staff. <i>(Best Practice)</i> | C TA | N NR | <ul style="list-style-type: none"> ✓ Observation ✓ Training log / file ✓ Copy of certificate | |

| Section III: Mental Health Services Review | | | | |
|---|-----------|-----------|---|--|
| A. Clinical Organization | Code | | Indicators | Comments |
| 1. The health center shall have a minimum .50 FTE Social Worker or other mental health clinician that shall currently be licensed to practice in Michigan and shall have the appropriate certification to provide mental health services in accordance with current mental health practice guidelines. <i>(Public Health Code: Act 368 of 1978 as amended)</i> | C | N | <ul style="list-style-type: none"> ✓ License ✓ Certification | |
| | TA | NR | | |
| 2. The Social Worker or other mental health clinician shall receive regular, consistent supervision as appropriate for years of clinical experience. <i>(MPR#10 and Public Health Code: Act 368 of 1978 as amended; NASW Standards for Clinical Social Work)</i> | C | N | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Licenses ✓ Staff schedule ✓ Job descriptions ✓ Staff resumes/vitas ✓ MOU/LOA for supervision | <i>e.g., Minimum 1 hr supervision for @ 15 hrs face-to-face client contact during first 2 yrs of professional experience; Minimum 1 hr supervision for @ 30 hrs of face-to-face client contact for those with 2-5 yrs experience</i> |
| | TA | NR | | |
| 3. The Social Worker or other mental health clinician must be supervised by a licensed provider during all hours of center operation. The supervisor must: be available at all times via direct in-person or telecommunication; must monitor and regularly review the practice of the clinician; evaluate the clinician's performance and conform to other supervisory requirements of the Public Health Code. <i>(MPR #10 and Public Health Code: Act 368 of 1978 as amended)</i> | C | N | <ul style="list-style-type: none"> ✓ Policy & Procedure Manual ✓ Licenses ✓ MOU/LOA for supervision ✓ Current plan of supervision ✓ Evidence of supervision and quality assurance e.g., meeting notes, case consultation, chart review, etc. | |
| | TA | NR | | |
| 4. Current licenses for all professional staff shall be publicly displayed in the health center so as to be visible to clients. A permanent record containing respective license number(s) of the mental health clinician(s) shall be maintained on-site. <i>(Public Health Code: Act 368 of 1978 as amended)</i> | C | N | <ul style="list-style-type: none"> ✓ Licenses displayed in public work area ✓ Permanent record with license number(s) of mental health clinician(s) | |
| | TA | NR | | |

| B. Continuous Quality Improvement | Code | Indicators | Comments |
|--|------------------------------------|--|-----------------|
| <p>1. The health center shall implement a quality assurance (continuous quality improvement) plan. The plan shall include quarterly mental health clinical records reviews by peers to determine that conformity with standards and current acceptable clinical practices that are conducted on an ongoing basis. A system shall also be in place to implement corrective actions when deficiencies are noted. The plan incorporates the implementation of a satisfaction survey at least annually. <i>(MPR #12)</i></p> | <p>C N TA NR</p> | <ul style="list-style-type: none"> ✓ Evidence of a continuous quality improvement plan and results of recent quality improvement review ✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Corrective actions taken as appropriate ✓ CQI plan includes plans to implement satisfaction surveys annually at a minimum | |
| <p>2. There are written quality assurance (continuous quality improvement) policies and procedures which include at a minimum: peer review of charting, chart review criteria, complaint and incident review, corrective action and time frame. <i>(Best Practice)</i></p> | <p>C N TA NR</p> | <ul style="list-style-type: none"> ✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Complaint/incident review ✓ Corrective actions and time frame ✓ An individual is designated as CQI Coordinator ✓ CQI committee meeting minutes ✓ The CQI committee meets quarterly | |

| C. Mental Health Services | Code | Indicators | Comments |
|---|--------------------------------|--|-----------------|
| 1. The mental health services provided shall meet the recognized, current standards of practice for care and treatment for elementary school-aged children (ages 5-10). <i>(MPR #2)</i> | C N TA NR | ✓ Chart review ✓ Clinical observation ✓ Clinical references | |
| 2. The health center shall have a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district mental health providers, if health center is located on school property. <i>(MPR #6)</i> <i>(Note: If not included in overall interagency agreement between health center and school district/Section I, G.1)</i> | C N TA NR | ✓ Agreement defines roles and responsibilities of each party ✓ Reviewed and updated on regular intervals ✓ Date signed: _____ ✓ Appropriate signatories | |
| 3. A current listing of community resources available for immediate and long-term support and referral exists. <i>(Best Practice)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Listing of referral resources ✓ Referral agreements | |

| D. Process for a Mental Health Visit; 1 of 3 | Code | Indicators | Comments |
|---|----------------------------|--|-----------------|
| 1. Client confidentiality is maintained. (MPR #2, Mental Health Code: Act 258 of 1974 and HIPAA) | C N TA NR | ✓ Observation ✓ Policy & Procedure Manual | |
| 2. Confidentiality of the client is maintained by physical and verbal privacy in the counseling area. (MPR #14) | C N TA NR | ✓ Observation ✓ White noise machines, sound proof walls/doors ✓ Forms/logs are secured | |
| 3. Intake or assessment of clients is completed to indicate and/or identify mental health conditions and to assist in development of an individual treatment plan. (MPR #2 and Mental Health Code: Act 258 of 1974) | C N TA NR | ✓ Chart review/progress note ✓ Clinical guidelines / references | |
| 4. Intake/assessment of clients is consistent with mental health standards approved by the health center and/or the sponsoring agency. (MPR #2) | C N TA NR | ✓ Chart review/progress note ✓ Clinical guidelines / references | |
| 5. Mental health clinician develops an individualized and comprehensive treatment plan for each established client seen for mental health services. The treatment plan shall establish meaningful and measurable goals with the client and shall address client needs. (Mental Health Code: Act 258 of 1974) | C N TA NR | ✓ Chart review/progress note ✓ Clinical guidelines / references | |
| 6. Treatment plans are kept current and are modified when indicated. (Mental Health Code: Act 258 of 1974) | C N TA NR | ✓ Chart review/progress note ✓ Clinical guidelines / references | |
| 7. Findings, treatment plan and progress are reviewed at reasonable intervals with client and with parents. (Mental Health Code: Act 258 of 1974) | C N TA NR | ✓ Policy & Procedure Manual ✓ Chart review/progress note | |
| 8. The client's family has the right to refuse or defer treatment unless suicidal or homicidal. Refusal or deferral of treatment is documented in the client record. (MPR #2 and Patient Bill of Rights) | C N TA NR | ✓ Chart review/progress note ✓ Policy & Procedure Manual | |

| D. Process for a Mental Health Visit; 2 of 3 | Code | Indicators | Comments |
|---|--------------------------------|---|-----------------|
| 9. Case coordination of treatment or counseling is consistent with mental health standards approved for use by the health center and/or the sponsoring agency. <i>(MPR #2)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Chart review/progress note ✓ Clinical guidelines / references | |
| 10. If the mental health assessment indicates a pharmacological intervention may be needed, the provider refers to a clinical provider who can prescribe appropriate medications, when needed. <i>(Public Health Code: Act 368 of 1978, as amended)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Chart review/progress note ✓ Clinical guidelines / references ✓ MOU/LOA with consulting clinical providers | |
| 11. Before health center staff or contractor provides psychotropic medications or medications used for psychotropic purposes, the following shall be in place: <i>(Mental Health Code: Act 258 of 1974)</i> <input type="checkbox"/> Parental/Guardian Consent signed prior to prescribing the drug to any minor <input type="checkbox"/> Provision of verbal and written explanation of specific risks and most common adverse side effects associated with the drug <input type="checkbox"/> Coordination/communication plan among prescribing provider, primary care provider and treating mental health clinician as needed | C N TA NR | ✓ Policy & Procedure Manual ✓ Chart review ✓ Communication documentation ✓ MOU/LOA with consulting clinical providers | |
| 12. Intake/assessment is completed by the third visit. <i>(Best Practice)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Chart review/progress note | |
| 13. A screening tool may be administered at the initial visit or during the assessment process. Follow-up appropriate to the findings is documented. <i>(Best Practice)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Chart review/progress note | |

| D. Process for a Mental Health Visit; 3 of 3 | Code | Indicators | Comments |
|--|--------------|---|-----------------|
| 14. A crisis response plan and communication plan exists where appropriate between the health center and the client's school. <i>(Best Practice)</i> | C N TA NR | ✓ Policy & Procedure Manual ✓ Letters of Agreement | |
| E. Process for Treatment and Intervention Groups, when provided | Code | Indicators | Comments |
| 1. Each treatment group has an established number of structured sessions with at least one documented topic, with defined goals and outcomes for the treatment group. <i>(Best Practice)</i> | C N TA NR | ✓ Scheduled groups including topics ✓ Sign-in sheets/encounter forms/progress notes in charts of group participants ✓ Notes from group activities | |
| 2. An encounter form is completed for each individual for each session. <i>(Best Practice)</i> | C N TA NR | ✓ Encounter form ✓ Chart review/progress note | |
| 3. Each group participant has a mental health record that contains: a signed consent, a signed agreement/contract to participate and an understanding of confidentiality guidelines, diagnostic assessment, and individual treatment plan reflecting the group topic, current charting completed after each session. <i>(Best Practice)</i> | C N TA NR | ✓ Chart review/progress note | |

| F. Provider Education | Code | | Indicators | Comments |
|---|-------------|-----------|---|-----------------|
| 1. The most current mental health guideline references are available to professional staff. <i>(MPR #2)</i> | C | N | ✓ Observation ✓ Clinical guidelines / references | |
| | TA | NR | | |
| 2. Continuing education for licensed mental health clinician is current and documented, including child abuse education and reporting requirements. <i>(Mental Health Code: Act 258 of 1974)</i> | C | N | ✓ Log / file of attendance ✓ Copy of attendance certificates | |
| | TA | NR | | |
| 3. Mental health clinical staff participates in MDCH trainings and meetings. <i>(Best Practice)</i> | C | N | ✓ Observation / Interview ✓ Training log / file ✓ Copy of attendance certificates | |
| | TA | NR | | |
| 4. Evaluation of staff occurs at least annually with clear performance measures. <i>(Best Practice)</i> | C | N | ✓ Interview | |
| | TA | NR | | |

DEFINITION OF TERMS:

Standards of Practice: Standards are authoritative statements by which the nursing profession describes the responsibilities for which its members are accountable, and reflect the values and priorities of the profession. Standards provide direction for professional nursing practices and a framework for evaluation of practice. (MNA 2000. *Nurse Practitioner Resource Document*, page 6)

Clinical Guidelines are agreements on best practice or treatment for specific conditions and are available nationally. A university professional program or a professional organization may determine acceptable guidelines. Guidelines may also be written by a facility and define how a particular health problem will be handled in that place. Clinical protocols are not recommended because of medical liability issues.

Collaborative Practice Agreement: A collaborative practice agreement is required in order for Michigan Nurse Practitioners to receive direct Medicaid reimbursement. This agreement defines the working relationship between a Nurse Practitioner and a physician to deliver health care services. It should be carefully written to reflect the agreement regarding services that must be delegated from the physician to the Nurse Practitioner, particularly the authority to prescribe medications. (MNA 2000. *Nurse Practitioner Resource Document*)

Physician Assistant Supervision Plan: A physician assistant supervision plan is required under the Michigan Public Health Code. This supervision plan must ensure that the physician: is available at all times of center operation to the physician assistant via direct, in-person or telecommunication; regularly monitors and reviews the practice of the physician assistant including evaluating the physician assistant's performance. Evidence of supervision and quality assurance e.g., meeting notes, case consultation, chart review must exist. Physicians and physician assistant should be familiar and comply with other requirements of the code including, but not limited to, the supervisory parameters e.g., number and location of physician assistants that a physician may supervise.

Standing Orders: Nurse Practitioners and physicians may write orders that explain how someone else is to provide a health care service to a client. Nurse Practitioners are limited in what they can order based on the rules of the facility in which they practice. HCFA specifically states that Nurse Practitioners may order labs and x-rays but may not order home health care services. Michigan law also prohibits Nurse Practitioners from ordering physical therapy. "Standing" refers to an order that is the same for everyone needing the service, such as "Tylenol, two tablets for headache every four hours as needed." Licensed health professionals may accept the delegated responsibility of administering medications, or treatments from a standing order, as his/her scope of practice allows.

Mental Health Treatment Plan: A written plan that specifies the goal-oriented treatment services that are to be developed with and provided for a client.

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