

Michigan Department
of Community Health



Jennifer M. Granholm, Governor
Janet Olszewski, Director



REQUESTS FOR PROPOSALS
for
SCHOOL-BASED AND SCHOOL-LINKED
CHILD AND ADOLESCENT HEALTH
CENTERS

Issued Collaboratively By:
Michigan Department of Community Health
&
Michigan Department of Education

Issued October 29, 2010
Required Intent to Apply Form Due November 19, 2010
Proposals Due January 14, 2011

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH AND
MICHIGAN DEPARTMENT OF EDUCATION

October 29, 2010

**ANNOUNCEMENT FOR REQUESTS FOR PROPOSALS FOR SCHOOL-BASED
OR SCHOOL-LINKED CHILD AND ADOLESCENT HEALTH CENTER
FUNDING**

This packet includes:

- Grant Announcement
- Part I: General Information
- Part II: Additional Information
- Part III: Review Process and Information
- Part IV: Application Information, Instructions and Review Criteria for Clinical SB/SL CAHCs and Alternative Clinical CAHCs.
- Part V: Application Information, Instructions and Review Criteria for School Wellness Programs.
- Attachments

NATURE OF ACTION REQUESTED: X VOLUNTARY

The Michigan Departments of Community Health and Education are pleased to announce the availability of funding for School-Based and School-Linked Child and Adolescent Health Centers (SBSL-CAHC) and School Wellness Programs (SWP). Starting October 1, 2011, approximately **\$9,000,000** is available for funding both School-Based and School-Linked Child & Adolescent Health Centers, Alternative Clinical Health Centers and School Wellness Programs. The grants will be awarded through a competitive process.

The grant application for Child & Adolescent Health Centers, including all required forms, is available on the Child and Adolescent Health Center website (www.michigan.gov/cahc). **Completed applications must arrive on or before January 14, 2011.**

To be eligible to apply for funding, an Intent to Apply form must be submitted for each application by November 19, 2010. If an Intent to Apply form is not received by that time, the application will not be accepted.

An ORIGINAL and FOUR (4) copies (for a total of five) of the completed application must be submitted at that time. No electronic copies will be accepted. The application and a *Frequently Asked Questions* webpage will be available December 1 through December 17, 2010 for public use throughout the application-writing period at www.michigan.gov/cahc. **Questions will not be accepted after December 17, 2010.** The application, related forms and frequently asked questions can be found at that site. Any questions regarding the application **must** be submitted to Taggart Doll, Child and Adolescent Health Center Program Coordinator at dollt@michigan.gov. Questions will be responded to and posted solely using this webpage. The questions and responses will be available for public access within two business days of receipt of the original question. It is up to each applicant to regularly check the *FAQ* webpage. General questions regarding the Child and Adolescent Health Center grant application process may also be directed to Taggart Doll.

The website is the only opportunity that grantees will have to ask questions regarding the proposals.

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**MICHIGAN DEPARTMENTS OF COMMUNITY HEALTH AND EDUCATION
OCTOBER 29, 2010**

**APPLICATION FOR CHILD & ADOLESCENT HEALTH CENTER
PROGRAMS**

PART I: GENERAL INFORMATION

INTRODUCTION:

The Michigan Departments of Community Health and Education are pleased to announce the availability of approximately \$9 million in funds for the Child & Adolescent Health Center Program, to fund grants to local communities to support clinical and alternative clinical Child & Adolescent Health Centers (CAHCs) and School Wellness Programs (SWPs). Section 31a, Subsection 6 of the State School Aid Act of 2010-2011 (*Attachment A*) provides state funding for the Child and Adolescent Health Center Program. Federal Medicaid Outreach dollars are leveraged with this state funding.

School-based and school-linked health center services have been provided in Michigan since the 1980's. State funding for such services began in 1987 through the Michigan Department of Public Health (now the Michigan Department of Community Health) and focused exclusively on the adolescent population. Leveraged federal funding in 2004 allowed for the expansion of clinical services to the elementary age population (youth 5-10). The CAHC program is jointly managed by the Michigan Department of Community Health and Michigan Department of Education.

With this RFP, the Departments are seeking applications for:

1. School Based and/or School Linked Clinical Child and Adolescent Health Centers.
2. School Based and/or School Linked Alternative Clinical Child and Adolescent Health Centers.
3. School Wellness Programs (**school based only**).

For the purpose of this application guidance, **school-based health centers** are primary care centers that are LOCATED ON SCHOOL PROPERTY. Centers operating on school property must follow School Code regulations. **School-linked health centers** are primary care centers that have strong ties to surrounding schools or school districts but are NOT LOCATED ON SCHOOL PROPERTY. Both clinical and alternative clinical centers can be either School Based or School Linked. **School Wellness Programs** can only be located ON SCHOOL PROPERTY.

Many children and adolescents in Michigan communities confront serious health concerns: unintentional injuries; child abuse and other interpersonal violence; alcohol, tobacco and other drug use; overweight and unhealthy food choices; early pregnancy and childbearing; family conflict; depression and teen suicide. These problems have a direct, negative impact on school attendance, academic achievement and school completion.

Many children and adolescents in Michigan lack adequate access to the health services needed to prevent and intervene in these health problems. Increasingly, families cannot afford time away from school and work to seek needed health services. Many live in areas with limited healthcare providers, and lack health insurance, money, transportation and knowledge of how to use local health care systems. A major emphasis of this program is to ensure that eligible children and adolescents within or linked to targeted schools are insured and have access to a range of preventive, support, referral, and coordination services.

The period of adolescent growth and development is filled with risks and opportunities. These years mark the formation of health behavior patterns that have lifelong ramifications. Most young people, ages 10-21, growing up in the United States have the potential of maturing into responsible, healthy adults. However, certain groups of young people are limited because of their health status, the economic condition of their families/communities, and their involvement in many high-risk behaviors, which include: school drop-out; use of alcohol, tobacco or other drugs; unsafe driving; early and/or unprotected sexual activity; fathering a child or becoming pregnant; poor nutrition; lack of exercise; and involvement in violent behavior. Adolescence is a time of change physically, emotionally and cognitively. While risk-taking behaviors are normal in the movement through this life cycle, adult and health-related intervention is often necessary to assure that these youth emerge safe and healthy. In the United States, the adolescent population is the least likely age group to receive needed and appropriate health care services. Adolescent-specific school-based and school-linked health center models are designed to address this unmet need and provide services unique to the adolescent population in a “teen friendly” environment.

The MDCH and MDE embrace the notion that “healthy kids learn better”. Moving primary care services into or close to schools with significant numbers of uninsured and underinsured children and families that have problems accessing adequate health services, gives children and adolescents access to care in an environment that is tailored to their unique needs and conveniently located. Through the establishment of this program, interventions can be provided to the five to 21-year-old population with the aim of achieving the best possible physical, intellectual, and emotional health status. Funding of these programs, and ensuring on-going support for program growth that meets the needs of the community and the target population, requires collaboration with the state, local community organizations, youth, parents, and schools.

MDCH and MDE embrace the CAHC and SWP models as effective means for increasing access to basic health care for children and teens in under-served communities. There is a growing body of evidence that access to primary health care in schools can improve health status and learning readiness.

The Michigan Evaluation of School Health (MESH) evaluation demonstrated the presence of CAHCs in schools was associated with health benefits for the entire student population, such as less physical discomfort, less emotional discomfort, higher self-

esteem, engaging in fewer individual risks, fewer threats to achievement, and fewer negative peer influences.

In addition, the MESH study showed the use of CAHC services was associated with health benefits such as greater satisfaction with health, greater self-esteem, less physical discomfort, engaging in more physical activity, eating more healthy foods, greater family involvement, and more active social problem-solving skills.

Services offered by Clinical and Alternative Clinical Health Centers must include at a minimum: 1) comprehensive primary medical care including preventive services, 2) chronic disease management, 3) Medicaid outreach and enrollment, 4) access to Medicaid preventive services, 5) early intervention and other support services including psychosocial services, 6) health education and promotion; and 7) referral services.

Services offered by the School Wellness Program must include at a minimum: 1) limited clinical (nursing) services, 2) individual and group health education using evidence-based curricula and interventions, 3) school staff training and professional development relevant to these areas; and 4) mental health services.

For a list of key terms and definitions for this competitive process, please refer to *Attachment B*.

GRANT PURPOSE

A major role of the CAHC program is to provide a safe and caring place for children and adolescents to learn positive health behaviors, prevent diseases, and receive needed medical care and support, thereby resulting in healthy youth who are ready and able to learn and become educated, productive adults. CAHCs assist eligible children and youth with enrollment in Medicaid and provide access to Medicaid preventive services. CAHCs are required to collaborate with Medicaid Health Plans as necessary to ensure that children and youth are receiving needed health services. It is crucial to have community acceptance and support for these child and adolescent health service models.

These grant application instructions are provided to interested and eligible parties to enable them to prepare and submit competitive proposals for the following:

1. **Clinical Child & Adolescent Health Center Grants**– designed to provide primary care (including well care and diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid outreach activities and access to Medicaid preventive services in a “consumer” friendly manner and atmosphere to eligible children and youth. Clinical centers are required to be open a minimum of 30 hours, 5 days a week and serve a minimum of 500 unduplicated youth for adolescent sites; 350 unduplicated children for elementary sites.
2. **Alternative Clinical Health Center Grants** – designed to provide primary care (including well care and diagnosis and treatment for both acute and chronic illness), psychosocial and health promotion/disease prevention services, Medicaid

- outreach activities and access to Medicaid preventive services in a “consumer” friendly manner and atmosphere to eligible children and youth. Alternative Clinical Health Centers (ACHC) differ from Clinical centers only in the number of hours they are required to be open and the number of youth required to be reached. ACHCs are required to be open a minimum of 24 hours, 3 consistent days per week and serve a minimum of 200 unduplicated youth.
3. **School Wellness Programs** - School Wellness Program services (individual health services, individual and group health education and training and professional development to school staff) must be provided a minimum of 30 hours per week. Each applicant will propose the specific services to be provided, based on the documented needs of students in the school. A minimum of 16 hours per week of mental health counseling and/or services must be provided as part of this program in addition to the 30 hours of other SWP services.

Communities applying for Clinical, Alternative Clinical or School Wellness Program sites MUST be operational, including the ability to meet the State’s minimum program requirements, by October 1, 2011.

ELIGIBLE APPLICANTS

Eligible applicants include public and non-profit entities (e.g., local health departments, community health centers, Community Mental Health agencies, Federally Qualified Health Centers, non-profit hospitals/health systems, school districts and other health care or social service organizations qualified to provide school-based or school-linked health care services). Documentation of incorporation as a non-profit agency or other legal status or evidence of application must be included with this application. Applicants **must demonstrate** collaboration between the local school district and health care providers in the proposal.

Applicants **MUST SUBMIT AN INTENT TO APPLY FORM BY NOVEMBER 19, 2010. IF AN INTENT TO APPLY FORM IS NOT RECEIVED THE APPLICATION WILL NOT BE ACCEPTED.** See the attached intent to apply form (*Attachment C*).

ASSURANCES

To be eligible for funding, all applicants must provide written assurance that abortion services, counseling and referrals for abortion services will not be provided as part of the services offered. For programs providing services on school property, written assurance will be required that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in Michigan School Code. Proposals must include a statement of assurance of compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the Michigan Department of Education and Michigan Department of Community Health. **These assurances must be included in the application cover letter.**

TARGET POPULATIONS TO BE SERVED

This request seeks proposals for the delivery of health services to the 5-21 year old population in geographic areas where it can be documented that health care services accessible and acceptable to children and youth require enhancement or do not currently exist. The infants and young children of the adolescent target population may also be served where appropriate.

FUNDING LIMIT AND DURATION OF FUNDING

This grant will provide base funding for Clinical Health Centers, Alternative Clinical Health Centers and School Wellness Programs starting October 1, 2011 through September 30, 2016 based on availability of funding. Funding recommendations for Child and Adolescent Health Centers suggest for program sustainability, a formula exist with equal partnership between state, school and local community. *The intent of this RFP is to provide base funding support to operate Child & Adolescent Health Centers.*

Base grants (Clinical, Alternative Clinical, School Wellness Programs) will vary due to unique differences in program operations, e.g., cost-based reimbursements and types of services provided.

- **Clinical Child & Adolescent Health Centers** –37-42 awards will be available.
 - ✓ School-Based Health Centers, which are located on school property, will receive base funding of **\$175,000** per year.
 - ✓ Community-Based or School-Linked centers will receive base funding of **\$225,000** per year.
 - ✓ Federally Qualified Health Centers (FQHC) that are Community-Based/School-Linked or School-Based will be eligible for the **\$175,000** base funding allocation due to their unique ability to secure full cost-based reimbursement for services.

- **Alternative Clinical Health Centers** –5-9 awards will be available.
 - ✓ Alternative Clinical School-Based Health Centers, which are located on school property, will receive base funding of **\$120,000** per year including those that are sponsored by Federally Qualified Health Centers.
 - ✓ Community-Based or School-Linked Alternative Clinical centers will receive base funding of **\$170,000** per year.
 - ✓ Federally Qualified Health Centers (FQHC) that are School-Linked Alternative Clinical will be eligible for **\$150,000** base funding allocation due to their unique ability to secure full cost-based reimbursement for services.

- **School Wellness Programs** –10 awards will be available.
 - ✓ School Wellness Programs must be located on school property and will receive base funding of **\$100,000** per year.

Type of Center	School-based	School-linked
Clinical	\$175,000	\$225,000
FQHC Clinical	\$175,000	\$175,000
Alternative Clinical	\$120,000	\$170,000
FQHC Alternative Clinical	\$120,000	\$150,000
School Wellness Program	\$100,000	<i>(SWP is school based only)</i>

Awards will begin October 1, 2011 and end September 30, 2016, based on the availability of funding.

Annual non-competitive applications will be due for all funded grantees in future years through September 30, 2016. Awards are contingent upon the availability of funds as well as the performance of the grantee in previous years. MDCH and MDE reserve the right to terminate any contract due to failure to meet established minimum program and reporting requirements and/or failure to meet annual negotiated performance numbers.

A local match of 30 percent of the amount requested is required. Any match provided by a collaborative partner must be documented in writing by that organization and included as part of this proposal. **If one organization is applying for more than one grant in different geographic locations or more than one model of funding, separate applications and budgets must be submitted. Neither MDCH nor MDE are liable for any costs incurred by applicants prior to the execution of a contract.**

REJECTION OF PROPOSALS

MDE and MDCH reserve the right to reject any and all proposals received as a result of this announcement and will do so if the proposal does not adhere to funding specifications, preparation instructions, or if no intent to apply form was submitted.

INTENT TO APPLY FORM

All applicants are required to **submit the attached Intent to Apply Form** (Attachment C) for **EACH** application. The form must be received by November 19, 2010, **by 5:00 p.m.** The form must be submitted via fax (517-335-8697) or by e-mail to dollt@michigan.gov.

A confirmation fax will be sent once the Intent to Apply Form is received. If no confirmation is received by November 23, please contact Taggert Doll at 517-335-9720.

CLOSING DATE AND DELIVERY ADDRESS

Proposals are due on or before 5:00 p.m., Friday, January 14, 2011. If a proposal arrives after this due date or is submitted by fax or e-mail, it will not be considered or reviewed. Proposals submitted, but not in accordance with the proposal preparation instructions (below), will not be accepted and will be returned to the applicant *without review*.

The ORIGINAL proposal, bearing ORIGINAL signatures and FOUR (4) COPIES (for a total of five) of the completed proposal must be documented by delivery agent for delivery on or before **Friday, January 14, 2011**. Proposals should be mailed via U.S.

mail, U.P.S. or Federal Express or other similar courier in sufficient time as to arrive on or before the due date.

Proposals should be mailed to the attention of:

Michigan Department of Community Health
Child and Adolescent Health Center Program Coordinator
ATTN: Taggert Doll
109 Michigan Ave, 4th Floor
Lansing, MI 48913

Complete Attachment D: Application Fax-Back Form and Checklist and include it as the cover page of your proposal. This will be faxed back to you within three business days from the date of arrival at MDCH. If you do not receive this confirmation notice by fax within three days of arrival at MDCH, call Taggert Doll, Child and Adolescent Health Center Program Coordinator at MDCH at (517) 335-9720.

Acceptable packaging and mailing procedures

- The postmark or other mailing validation must be documented by delivery agent for delivery **on or before January 14, 2011**. The original proposal and all required copies should be enclosed in a sealed envelope within the mailing packet. If the applicant used a delivery service, the dated receipt for delivery service must be available to validate the **January 14, 2011**, postmark requirement.
- When the proposal is received, the Application Fax-Back Form: Confirmation of Receipt on the front of the application package will be signed by the appropriate personnel and then faxed to the applicant to verify receipt of proposal and participation in the grant process. **The applicant is responsible for contacting Taggert Doll at (517) 335-9720 or dollt@michigan.gov by January 19, 2011 if the applicant does not receive a faxed copy of the signed form.**
- In case of late delivery of the proposal, verification of appropriate delivery efforts will be required to participate in this grant process.

Review Process

The Departments will appoint an objective review committee to review and prioritize proposals for funding. Notification of award or rejection is expected by April 2011.

PROPOSAL PREPARATION, PAGE LIMIT AND FONT SIZE

Proposals should be prepared simply and economically, providing a concise description of the requirements of the proposal with a narrative **no longer than 30 pages** in length for Clinical and Alternative Clinical CAHCs and **no longer than 20 pages** in length for School Wellness Programs. Proposals should be typed with a font no smaller than Times New Roman 12 point font, double-spaced, single-sided, and using standard one-inch margins. Applicants must number all pages sequentially, including attachments.

Proposals should not be stapled together but rather sent in unbound. Individual binder clips should be used to bind each copy of the proposal(s). Special bindings and binders should not be used. Required forms and support documents (title page, table of contents, certifications and assurances, list of advisory council members, copies of policies and procedures, interagency agreements, budget forms, budget narrative, work plan, and letters of commitment/support and need) are not counted in the narrative page limit. Supplementary materials will not be reviewed and will be discarded.

ACKNOWLEDGEMENT

All publications, including: reports, films, brochures, and/or any project materials developed with funding from this program, must contain the following statement: **“These materials were developed with state funds allocated by the Michigan Department of Education and Michigan Department of Community Health.”**

AMERICANS WITH DISABILITIES ACT

MDE and MDCH are committed to providing equal access to all persons in admission to, or operation of its programs or services. Individuals with disabilities needing accommodations for effective participation in this program are invited to contact either of the two State Departments for assistance.

AVAILABILITY OF APPLICATION

The application packet is available from the Child and Adolescent Health Center website at www.michigan.gov/cahc.

WHERE TO OBTAIN ASSISTANCE

MDCH and MDE issues the instructions contained in these materials, and are the sole points of contact in the State for this program.

A *Frequently Asked Questions* webpage will be available for public use December 1 through December 17, 2010 at www.michigan.gov/cahc. The application, related forms, and frequently asked questions can be found at this site. Any questions regarding the application **must** be submitted to Taggart Doll, Child and Adolescent Health Center Program Coordinator at dollt@michigan.gov. Questions will be responded to and posted solely using this webpage. The questions and responses will be available for public access within two business days of receipt of the original question. It is up to each applicant to regularly check the *FAQ* webpage. **The website is the only opportunity that grantees will have to ask questions regarding the proposals.**

PART II: ADDITIONAL INFORMATION

FUNDING PROCESS

The Departments will make the Clinical, Alternative Clinical and School Wellness Program grants available through a competitive process for fiscal year 2012 (October 1, 2011-September 30, 2012). Applicants receiving FY 12 funding will be invited to apply for continuation funds to operate the CAHC and/or SWP throughout the entire funding cycle (ending September 30, 2016) only after demonstrating satisfactory progress achieving performance measures. Progress will be measured through both performance measure reports and financial reports.

PAYMENT SCHEDULE

Michigan Primary Care Association (MPCA) will issue contracts to all grantees on behalf of the two Departments. Grantees will receive quarterly payments from MPCA. Expenditures must be reported quarterly and year-end in accordance with the terms and conditions of this agreement and outlined in the CAHC contract issued by MPCA.

FINANCIAL REPORTING

Quarterly and year-end expenditure reports will be required annually of all grant recipients. The final expenditure report is due within 60 days of the end of each of the project years (i.e. the 1st year of funding the final report will be due by November 30, 2012). All financial reporting requirements are detailed in required documents and forms found at www.michigan.gov/cahc.

PERFORMANCE REPORTING AND MONITORING RESPONSIBILITIES

After grants are awarded, the grantee will carry out the proposed programming under the general direction of MDCH and MDE. Program oversight, including technical assistance and consultation will be provided by MDCH. For Clinical, Alternative Clinical and School Wellness Programs, the services and activities described in the Minimum Program Requirements, *Attachments E and F*, at a minimum, must be addressed in the proposal and implemented throughout the funding cycle.

Quarterly and year-end reports will be required of all grant recipients including data and billing collection, financial reporting and program objective outcomes. A final year-end narrative report must describe how well the agency met the goals, objectives and service/work plan outlined in the proposal. The reports are subject to be used by both MDE and MDCH to assist in evaluating the effectiveness of programs funded under the state grants program and to report to the legislature.

TECHNOLOGY REQUIREMENTS

Each funded applicant is **required** to have an accessible electronic mail account (email) to facilitate ongoing communication between MDE, MDCH and grantees. All funded grantees will be added to the State-funded list serve, which is the primary vehicle for communication between the State Departments and grantees.

Clinical and Alternative Clinical applicants must have the necessary technology and equipment to support billing and reimbursement from third party payers. Minimum Program Requirements (*Attachment E*) for both elementary and adolescent health centers describe the billing and reimbursement requirements for all grantees.

TECHNICAL ASSISTANCE AND TRAINING

MDCH has a team of consultants to provide technical assistance to successful grantees. Within the first two to three years, each grantee will have a comprehensive site review scheduled to ensure that all minimum program requirements are being met and to provide technical assistance and follow-up as needed. After this initial site review, subsequent reviews will occur at least once every three years or more frequently if deemed necessary.

In addition, the CAHC program provides training opportunities for program staff throughout the year. The annual coordinator meeting, typically held in the fall, is a required training for all grantees.

PART III: REVIEW PROCESS AND INFORMATION

PROPOSAL REVIEW PROCESS AND APPROVAL

All proposals will be reviewed jointly by MDCH and MDE and evaluated using a peer review system. Proposals must address all of the identified criteria and contain all requested information in the format laid out in this guidance. Rubrics will be used as a rating instrument in the review process and can be obtained from Taggart Doll at dollt@michigan.gov. Award selections will be based on merit and quality as determined by points awarded from the Review Criteria Section and all relevant information. Each applicant can request feedback including specific strengths, weaknesses and recommendations based on their proposal. Successful applicants must respond to any conditions of funding within 30 days of receiving written notice of award. All funding will be subject to approval by the Superintendent of Public Instruction at the Michigan Department of Education and Director of the Michigan Department of Community Health.

ADDITIONAL REVIEW FACTORS

In addition to the review criteria in Part IV and Part V, MDE and MDCH may apply other factors in making funding decisions, such as: 1) geographical distribution; 2) gaps in services; 3) duplication of effort; 4) duplication of funding; 5) agency capacity; 6) evidence that an applicant has performed satisfactorily on previous state grants; and 7) other factors relevant to addressing changing needs and populations.

GRANT REVIEWERS

MDE and MDCH will designate a panel of peer reviewers with extensive knowledge of the Child & Adolescent Health Center Program Requirements. This review panel will receive training prior to reviewing proposals and will use a consensus process to enhance reviewer reliability of the final score. **Persons involved in the development of a proposal, associated with an organization or district submitting a proposal, or having any other real or perceived conflict of interest may not serve as reviewers.**

APPLICATION INSTRUCTIONS

- Application information, instructions and review criteria for **Clinical and Alternative Clinical Child & Adolescent Health Center Grants** are detailed in **Part IV** of this application guidance.
- Application information, instructions and review criteria for **School Wellness Program Grants** are detailed in **Part V** of this application guidance.

If one organization is applying for more than one grant in different geographic locations or more than one model of funding, separate applications and budgets must be submitted.

PART IV: APPLICATION INFORMATION, INSTRUCTIONS, AND REVIEW CRITERIA FOR CLINICAL AND ALTERNATIVE CLINICAL CHILD & ADOLESCENT HEALTH CENTER GRANTS

REVIEW CRITERIA

All applicants will be evaluated on the basis of the criteria described in this section. Narrative sections of the applications should address each criterion. Applications are not to include pamphlets, handbooks, reports, brochures, news articles, folders, binders, dividers, etc. **Three hundred and twenty** is the maximum score that can be obtained for this application, and the value assigned for each section is indicated. Proposals exceeding a 30 page written narrative will not be accepted. Required forms and support documents (title page, table of contents, certifications and assurances, list of advisory council members, budget forms, budget narrative, work plan, interagency agreement with school, and letters of commitment and need) are not counted in the narrative page limit.

PART A – APPLICATION COVER SHEET/APPLICATION (Page 1 of the Application)

The agency or organization submitting the application must be fully identified, as well as the direct contact person for this program. All boxes are to be accurately completed. The application requires an original signature from the person with binding authority from the applicant agency. *Rubber stamps and copies are unacceptable.*

1. Funding Strategy. Identify the type of program the applicant proposes:

Clinical Child & Adolescent Health Center Model*:

- School Based Health Center Model - \$175,000
- School Linked Health Center Model - \$225,000
- Federally Qualified Health Center (School Based or School Linked) - \$175,000

***Clinical CAHCs must reach a minimum of 500 unduplicated children or youth annually for adolescent (10-21 years old) sites and 350 for elementary (5-10 years old) sites.** Applicants must also identify the total number of children and/or youth in the service area including school enrollment numbers for school based sites. This information will be used to determine a **minimum** number of users to be served by each applicant. This number will vary depending on the grantee and the unique geographic characteristics of the service area.

Alternative Clinical Child & Adolescent Health Center:**

- School Based Alternative Health Center Model - \$120,000
- School Linked Alternative Health Center Model - \$170,000
- Federally Qualified Alternative Health Center School Based - \$120,000
- Federally Qualified Alternative Health Center School Linked - \$150,000

****Alternative Clinical CAHCs must reach a minimum of 200 unduplicated children or youth annually.** Applicants must also identify the total number of children and/or youth in

the service area including school enrollment numbers for school based sites. This information will be used to determine a **minimum** number of users to be served by each applicant. This number will vary depending on the grantee and the unique geographic characteristics of the service area.

2. **Service Area.** Identify the service/target area the requested funds will service (school district, county, city, metropolitan area etc.).
3. **Target Population.** Identify the age group of the target population that will be served by the proposed project. **Please identify the primary age group that will be served.**
 - Children ages 5-10 (Elementary Age Population)
 - Youth ages 10-21 (Middle and High School Age Population and Young Adults)

Applicants are strongly encouraged to **choose one** of the age groups listed above. Please note that if the majority of clients served fit in one of the two age groups, please only check the age group that encompasses the majority of the population that will be accessing this center. If both populations are proposed to be served equally, the applicant must provide a detailed description of how they will ensure that the teen population will view this clinic as accessible and acceptable. *The applicant must describe in the narrative how serving young children will not pose a barrier to the teen population accessing this center.* Please note that there are separate Minimum Program Requirements (MPRs) for clinical centers serving the 5-10 year old population versus centers serving the 10-21 year old population. If the grantee plans on serving both age groups, they must adhere to both MPRs, which are included in *Attachment E*.

If the Adolescent (10-21 year old) population is being served, the applicant **must provide** a teen-friendly clinic atmosphere that is both acceptable and accessible to this population.

State funding for CAHCs can NOT be used to serve the adult population.

PART B - ASSURANCES

To be eligible for funding, all applicants must provide written assurance that abortion services, counseling and referrals for abortion services will not be provided as part of the services offered. For programs providing services on school property, written assurance will be required that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in Michigan School Code. Proposals must include a statement of assurance of compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the Michigan Department of Education and Michigan Department of Community Health. **These assurances must be included in the application cover letter.**

PART C – GRANT PROGRAM DETAILS (320 POINTS)

- 1. Table of Contents.** Provide a table of contents with corresponding page numbers on each page of the application. Attachments should be paginated and listed in the table of contents.

- 2. Project Abstract/Summary (10 points).** Provide **no more than a two-page, single-spaced** summary of the proposal. Explain briefly:
 - A. Organization’s history of administering programming for which this application requests funds;
 - B. Statement of need for the proposed program, the target area and population the program will serve, and the number of unduplicated children and/or youth expected to be reached in the first year of funding;
 - C. A summary of the major program goals and expected outcomes;
 - D. A brief description of the proposed programming including a description of where services will be provided (include a brief description of the clinic space);
 - E. Total amount of local resources which will be applied to the project and how they will be used (30% local match requirement); and
 - F. Highlight key people who will be involved with the project.

- 3. Assessment of Need (60 points).** The proposal must include documentation from multiple sources on the lack of accessible and child or youth-acceptable services in the geographic area proposed to be served. The need/demand for services must be well documented.
 - A. Provide descriptive and demographic information of the service area including:
 1. Service area geographical description;
 2. Other agencies providing similar services as those proposed;
 3. Data on estimated need/demand for the proposed services;
 4. Description of other unusual factors affecting the need for the proposed services.

 - B. Describe the characteristics of the target population including:
 1. Size of the target population;
 2. Age of the target population (applicants are strongly encouraged to select either the 5-10 year old population or the 10-21 year old population; if both populations will be equally served, please provide a detailed explanation for how teen-friendly services will be provided that are both accessible and acceptable to this 10-21 year old age group);
 3. Economic status of the target population (at a minimum, include number of children or youth in the target population that receive free or reduced price school lunch);
 4. Gender and race/ethnicity of the target population;

- C. Identify and include the results of a health survey that has been conducted in the previous three years to assess the target population's health needs and which identify health status and level of risk-taking behaviors among the target population.
- D. Current letters of need documenting the lack of services must be obtained from at least three of the following agencies: community mental health, local office of substance abuse services, federally qualified health centers (FQHCs), local Department of Human Services (DHS), local hospital, Mayor's office, local health department board of health, school district superintendent or school board, intermediate school district and/or local public health department.

4. Sponsoring Agency Experience (30 points). Briefly describe the community's historical commitment to initiatives similar to the proposed program as well as its support for school-based/school-linked health services for the adolescent population (if adolescents are proposed to be served) or young children (if the 5-10 year old age group is to be served). Include a description of services provided by the applicant organization, which are similar to or which compliment the proposed services. Provide evidence of the applicant organization's ability to accomplish the proposed service/work plan and manage a grant program of similar size and complexity. Finally, briefly summarize the applicant's present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission.

5. Community Collaboration/Support (30 points). The proposal should demonstrate the support of other related service providers and the general community. Provide a description of the available community resources, which will help sustain the proposed program (both hard match and/or in-kind services).

Provide a listing of collaborative and referral arrangements which will be utilized for the proposed programming. The listing should include, at a minimum, other programs that provide similar or related services to the target population and how the proposed program will interact with (i.e. refer to and/or accept referrals from) these organizations but not duplicate efforts.

6. Advisory Committee Structure, Membership and Activity (15 points). Describe the current or proposed structure of the committee including membership, leadership, sub-committees, activities, procedures for developing/approving policy and frequency of meetings. See *Attachment E--Minimum Program Requirement #13* for both Elementary and Adolescent Clinical and Alternative Health Centers for specific regulations regarding the composition of the membership, frequency of meetings and policy requirements and address each of these elements in this section. *Please note that parents of school-aged children and youth must be included on the advisory committee.* Provide a copy of the advisory committee membership list in the attachments. **Outline the plan to recruit and maintain diverse members that are**

representative of the racial, ethnic, economic and philosophical diversity of the target area.

If policies and procedures on the following topics already exist and have been approved by the advisory committee, include them as attachments to the proposal:

- ✓ Parental consent.
- ✓ Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody.
- ✓ Confidential services e.g. services that minors can consent to by federal and/or state law (*adolescent centers only*).
- ✓ Disclosure by clients or evidence of child physical or sexual abuse and/or neglect.

If providing services to the adolescent population, describe how youth input will occur. For elementary centers, describe how the health needs of children in the service area will be integrated into the center's service delivery plan and describe how parents will be involved at the center.

- 7. Organizational Structure (25 points).** Describe the administrative and organizational structure within which the program and the advisory committee will function. Submit an organizational chart depicting the program, including the advisory committee, the fiduciary agency, program coordinator, Medical Director, proposed subcontractors (if applicable) and all related program personnel, as an attachment.

Describe the number of staff and/or volunteers who will provide the proposed services including a description of the skills/qualifications necessary. In the attachments, include job descriptions or vitae (if available) of the personnel who will play key roles in the administration of the project and the delivery of services. See *Attachment E--Minimum Program Requirements* for a description of required providers and clinical hours of operation (MPR #8, #9 and #10 for Adolescent Health Centers and MPR #7, #8, #9 and #10 for Elementary Centers). Provide a description of how program coordination will occur, including any full-time equivalents (FTEs) dedicated to overseeing and coordinating administrative functions. Briefly describe the staff development opportunities that will be made available to the staff or required of them.

- 8. Service Plan Narrative (45 points).** Services proposed to be provided should be fully and clearly described for the period October 1, 2011 through September 30, 2012. Please note that you will also provide a separate work plan (#9, below) for this time period as well.

The services as described in this proposal must be operational and accessible to the described target population by October 1, 2011.

- A. Provide a description of the services that will be provided at the center. Carefully review the Minimum Program Requirements included in

- Attachment E.* It is imperative that the required services in MPR #1 and #2 for both adolescent and elementary CAHCs are specifically addressed.
- B. Describe the case finding system that will be used to identify and recruit clients.
- C. Describe the referral process for services not provided by the health center, including follow-up procedures.
- D. Describe the actual hours of operation and arrangements for 24/7 after-hours coverage. Clinical services must be provided to the population served through the center for a minimum of 30 hours per week for full clinical and 24 hours per week for alternative clinical. *Services must be provided year round, including times when school is not in session.*
- E. Indicate the number of unduplicated children and/or youth to be served in the course of the fiscal year. **A minimum of 500 unduplicated users must be proposed and served for Adolescent Clinical Centers, a minimum of 350 for Elementary Clinical Centers, and a minimum of 200 unduplicated users for Alternative Clinical Centers.** Please note that a minimum number of users will be negotiated with MDCH for FY 12 and subsequent years for each grantee and will take into account a number of factors including the proposed number of users included in the work plan, size of service area and historical utilization numbers.
- F. Describe where and how services will be provided. If the selected site is a location other than on school property, justify the accessibility of the site for the target population. **If the selected site is on school property, a copy of an interagency agreement between the sponsoring agency and the local school district must be included with the proposal, which defines roles and responsibilities of each.**
- G. Describe the layout of the clinical space including dimensions, handicapped accessibility and how services will be provided in a confidential manner, including records.
- H. Briefly describe the organization's plan to comply with Occupational Safety and Health Act (OSHA) guidelines regarding transmission of blood borne pathogens, and with Clinical laboratory Improvement Amendments (CLIA) guidelines.
- I. If services will be provided on school property, written approval by the school administration and the local school board **must be submitted** with the proposal for the following items:
- ✓ Location of the health center.
 - ✓ Administration of a health survey to students enrolled in the school.
 - ✓ Parental consent policy.
 - ✓ Services rendered in the health center program.

J. Describe the applicant organization's plans to assure that quality services are provided through this program. See *Attachment E*, Minimum Program Requirements, for a description of the required components of a continuous quality improvement program.

9. **Work Plan (50 points).** A work plan must be included for the time period of October 1, 2011 through September 30, 2012. The work plan should include distinct sections for clinical services/primary care, a minimum of two mandatory focus areas and Medicaid outreach. Each section must include measurable, time-framed objectives using the required formats included in *Attachment G (and the accompanying documents Attachments H and I)*. Objectives should be SMART (Specific, Measurable, Appropriate, Realistic and Time-phased) and that address the identified needs of the target population.

Clinical Services/Primary Care – Each center must provide a full range of primary care services in a clinical setting for the target population as outlined in *Attachment E*. Objectives should include the number of unduplicated clients served and other measures of clinical and health center performance based on continuous quality improvement, specific populations issues, and client satisfaction.

Mandatory Focus Areas – Each center must provide full implementation of **at least two** of the following mandatory focus areas. Each focus area should have a section in the work plan, with appropriate outcome objectives and activities that outline the center's plan for addressing the focus area using two evidenced based programs/interventions. When determining focus areas, the needs of the target population as outlined in the narrative of this proposal must be addressed. Focus areas must include evidence based programs and/or clinical strategies that go above and beyond comprehensive primary care services.

FY 12 Mandatory Focus Areas (select at least two):

1. **Pregnancy Prevention*** – efforts the center will undertake to reduce risk behaviors that lead to pregnancy and/or impact teen pregnancy prevention and/or efforts to enhance risk reduction skills at the program (via group or classroom education) and/or individual level (via clinical services).among the target population.
2. **Physical Activity and Nutrition** – efforts to address the prevention and management of childhood overweight through promoting nutrition and physical activity for the target population.
3. **HIV/AIDS/STI Prevention*** – efforts to provide either education on STIs including HIV/AIDS; increased outreach, referral, and/or access to confidential counseling and testing; and/or efforts to enhance risk

reduction skills at the program (via group or classroom education) and/or individual level (via clinical services).

4. **Alcohol/Tobacco/Other Drugs Cessation**– efforts the center will undertake to impact ATOD use among youth.
5. **Chronic Disease Management**-- efforts the center will undertake to impact chronic diseases such as asthma, diabetes, or others in an effort to improve specific medical outcomes among children and youth.
6. **Mental Health**— efforts the center will take to meet the emotional (depression, anger, anxiety) and psycho/social (trauma, bullying, violence) needs of youth. *Note:* Mental health is a program requirement for elementary centers, therefore is not an option for fulfilling the focus area requirement.

*** For Pregnancy Prevention and HIV/AIDS/STI focus areas, provide evidence of the school district’s Sexual Education Advisory Committee approval of in-school curriculum. This can be provided in the work plan or as an attachment to the work plan.**

10. In the work plan, include a section with measurable objectives and activities related to each of the Medicaid Outreach Activities 1 through 5 as outlined in **Medicaid Bulletin 04-13**, which is included in *Attachment J*.
11. **Michigan State Board of Education Strategic Goal (10 points).**
The State Board of Education has adopted as its Strategic Goal “Significant and meaningful improvement in the academic performance of all students/children with major emphasis on the persistently lowest achieving schools and students.

Explain how the Michigan State Board of Education and Michigan Department of Education's 2010-2011 goal will be addressed through the Child and Adolescent Health Center Grant. Please limit the response to no more than ONE typed sheet. To learn more about the goal and priorities go to http://www.michigan.gov/documents/mde/FINAL_Posting_2010_SBE_Goal_and_Priorities_333347_7.pdf

12. **Financial Plan (25 points).** The financial plan should be sufficient to achieve the proposed project, but not be excessive. **A minimum local match of 30% of the amount requested is required.** The match can be reached either through cash contributions (hard match) or in-kind resources such as donated space or time (soft-match). The financial plan should also address the following:
 - A. Briefly describe all funding sources that will help support the center, the amount of support and clearly identify the distribution of these funds;

- B. **For existing centers that are not currently funded by MDCH/MDE CAHC funds**, this funding must not be used to supplant current funding supporting clinic services. Please detail how this funding will be used to **expand on** the existing financial support of the center and not supplant current funding streams;
- C. Describe the proposed fee schedule and how it will be applied.
- D. Describe the billing system that will be used to recover appropriate revenues from third-party payers and provide assurances that revenue collected will be utilized for center operations. (See *Attachment E--Minimum Program Requirements for CAHCs*, which states that services cannot be denied because of inability to pay);
- E. Describe how the billing and fee collection processes protect client confidentiality.

PART D: BUDGET

1. **Budget Forms (10 points):** Prepare a line-item budget for the period of October 1, 2011 through September 30, 2012 on the **Budget Summary and Cost Detail Forms** for the amount requested (*forms and instructions can be found at www.michigan.gov/cahc*). All in-kind resources and hard match must also be included on the budget. **The budget and budget narrative should clearly delineate specific staff and staff costs, percentage of fringe benefits, travel and purchases supported with state dollars.**
2. **Budget Narrative (10 points):** Budget narratives must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative (*Guidelines for the Budget Narrative are found in Attachment K*).

If your agency is currently funded to provide services similar or related to those proposed in this application, provide a list of the funding source(s), amount of award, contract period and services supported.

PART V: APPLICATION INFORMATION, INSTRUCTIONS, AND REVIEW CRITERIA FOR SCHOOL WELLNESS PROGRAM GRANTS

REVIEW CRITERIA

All applicants will be evaluated on the basis of the criteria described in this section. Narrative sections of the applications should address each criterion. Applications are not to include pamphlets, handbooks, reports, brochures, news articles, folders, binders, dividers, etc. **Three hundred and twenty** is the maximum score that can be obtained for this application, and the value assigned for each section is indicated. Proposals will be rejected if the narrative exceeds 20 written pages. Required forms and support documents (title page, table of contents, certifications and assurances, list of advisory council members, budget forms, budget narrative, work plan, interagency agreement with school, and letters of commitment and need) are not counted in the narrative page limit.

PART A – APPLICATION COVER SHEET/APPLICATION (Page 1 of the Application)

The agency or organization submitting the application must be fully identified, as well as the direct contact person for this program. All boxes are to be accurately completed. The application requires an original signature from the person with binding authority from the applicant agency. ***Rubber stamps and copies are unacceptable.***

- 1. Funding Strategy.** Identify the type of program the applicant proposes:

School Wellness Program Model*:

- School Based - \$100,000

* Applicants must also identify the total number of children and/or youth in the service area including the number of students enrolled in the school. This information will be used to determine a **minimum** number of users to be served by each applicant. This number will vary depending on the grantee and the unique geographic characteristics of the service area. A minimum of 350 unduplicated users must be reached each year.

- 2. Service Area.** Identify the service/target area the requested funds will service (school building, school district, county, city, metropolitan area etc.). **Note: School buildings with existing clinical or alternative clinical health centers are not eligible for the SWP model.**
- 3. Target Population.** Identify the age group of the target population that will be served by the proposed project. **Please identify the primary age group that will be served.**
 - Children ages 5-10 (Elementary Age Population)
 - Youth ages 10-21 (Middle and High School Age Population and Young Adults)

PART B - ASSURANCES

To be eligible for funding, all applicants must provide written assurance that abortion services, counseling and referrals for abortion services will not be provided as part of the services offered. Written assurance will be required that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property as mandated in Michigan School Code. Proposals must include a statement of assurance of compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the Michigan Department of Education and Michigan Department of Community Health. **These assurances must be included in the application cover letter.**

PART C – GRANT PROGRAM DETAILS (320 POINTS)

- 1. Table of Contents.** Provide a table of contents with corresponding page numbers on each page of the application. Attachments should be paginated and listed in the table of contents.

- 2. Project Abstract/Summary (10 points).** Provide **no more than a two-page, single-spaced summary** of the proposal. Explain briefly:
 - A. Organization’s history of administering similar programming for which this application requests funds;
 - B. Statement of need for the proposed program, the target area and population the program will serve, and the number of unduplicated children and/or youth expected to be reached in the first year of funding;
 - C. A summary of the major program goals and expected outcomes;
 - D. A brief description of the proposed programming including a description of where services will be provided (include a brief description of the clinic space);
 - E. Total amount of local resources which will be applied to the project and how they will be used (30% local match requirement); and
 - F. Highlight key people who will be involved with the project.

- 3. Assessment of Need (60 points).** The proposal must include documentation from multiple sources on the lack of accessible and child or youth-acceptable services in the geographic area proposed to be served. The need/demand for services must be well documented. Proposed school buildings must have at least **50% of the student population qualify for free and reduced lunch. Proposals failing to meet these criteria will not be considered for funding.**
 - A. Provide descriptive and demographic information of the service area including:
 1. Service area description, including proposed school building(s) and district;
 2. Other agencies providing similar services as those proposed;
 3. Data on estimated need/demand for the proposed services;
 4. Description of other unusual factors affecting the need for the proposed services.

- B. Describe the characteristics of the target population including:
1. Size of the target population;
 2. Age of the target population (applicants are encouraged to select either the 5-10 year old population or the 10-21 year old population; if both populations will be equally served, please provide a detailed explanation for how teen-friendly services will be provided that are both accessible and acceptable to this 10-21 year old age group); **CAHC-SWP funds can NOT be used to serve the adult population.**
 3. Economic status of the target population (at a minimum, include number of children or youth in the target population that receive free or reduced price school lunch); Schools must have at least 50% free and reduced lunch rate to be eligible for SWP programs.
 4. Gender, race and ethnic make-up of the target population;
- C. Identify and include the results of a health survey that has been conducted in the previous three years to assess the target population's health needs and which identify health status and level of risk-taking behaviors among the target population.
- D. Current letters documenting the lack of services must be obtained from at least three of the following agencies: community mental health, local office of substance abuse services, federally qualified health centers (FQHCs), local Department of Human Services (DHS), local hospital, Mayor's office, county health department board of commissioners, school district superintendent or school board, intermediate school district and/or local public health department.

- 4. Sponsoring Agency Experience (30 points).** Briefly describe the community's historical commitment to initiatives similar to the proposed program as well as its support for health and mental health services for the adolescent population (if adolescents are proposed to be served) or young children (if the 5-10 year old age group is to be served). Include a description of services provided by the applicant organization, which are similar to or which compliment the proposed services. Provide evidence of the applicant organization's ability to accomplish the proposed service/work plan and manage a grant program of similar size and complexity. Finally, briefly summarize the applicant's present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission.
- 5. Community Collaboration/Support (30 points).** The proposal should demonstrate the support of other related service providers and the general community. Provide a description of the available community resources, which will help sustain the proposed program (both hard match and/or in-kind services).

Provide a listing of collaborative and referral arrangements which will be utilized for the proposed programming. The listing should include, at a minimum, other

programs that provide similar or related services to the target population and how the proposed program will interact with (i.e. refer to and/or accept referrals from) these organizations but not duplicate efforts.

- 6. Advisory Committee Structure, Membership and Activity (15 points).** Describe the current or proposed structure of the committee including membership, leadership, sub-committees, activities, procedures for developing/approving policy and frequency of meetings. See *Attachment F--Minimum Program Requirements for School Wellness Programs* for specific regulations regarding the composition of the membership, frequency of meetings and policy requirements. *Please note that parents of school-aged children and youth must be included on the advisory committee.* Provide a copy of the existing or the potential advisory committee membership list in the attachments. **Outline the plan to recruit and maintain diverse members that are representative of the racial, ethnic, economic and philosophical diversity of the target area.**

If policies and procedures on the following topics already exist and have been approved by the advisory committee, include them as attachments to the proposal:

- ✓ Parental consent.
- ✓ Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody.
- ✓ Confidential services e.g. services that minors can consent to by federal and/or state law (*adolescent centers only*).
- ✓ Disclosure by clients or evidence of child physical or sexual abuse and/or neglect.

If providing services to the adolescent population, describe how youth input will occur. For elementary centers, describe how the health needs of children in the service area will be integrated into the center's service delivery plan and describe how parents will be involved at the center.

- 7. Organizational Structure (25 points).** Describe the administrative and organizational structure within which the program and the advisory committee will function. Submit as an attachment an organizational chart depicting the program, including the advisory committee, the fiduciary agency, program coordinator, medical director, proposed subcontractors (if applicable) and all related program personnel.

Describe the number of staff and/or volunteers who will provide the proposed services including a description of the skills/qualifications necessary. In the attachments, include job descriptions or vitae (if available) of the personnel who will play key roles in the administration of the project and the delivery of services. See *Attachment F—Minimum Program Requirements for School Wellness Programs* for a description of required providers and hours of operation. Provide a description of how program coordination will occur, including any full-time equivalents (FTEs) dedicated to overseeing and coordinating administrative functions. Briefly describe

the staff development opportunities that will be made available to the staff or required of them.

- 8. Service Plan Narrative (45 points).** Services proposed to be provided should be fully and clearly described for the period October 1, 2011 through September 30, 2012. Please note that you will also provide a separate work plan (#9, below) for this time period as well.

The services as described in this proposal must be operational and accessible to the described target population by October 1, 2011.

- A. Provide a description of the services that will be provided at the SWP. Carefully review the Minimum Program Requirements included in *Attachment F*. It is imperative that all required services are specifically addressed.
- B. Describe the case finding system that will be used to identify and recruit students.
- C. Describe the referral system, including the follow-up procedures.
- D. Describe the actual hours of operation. Limited clinical services must be provided to the population served through the School Wellness Program for a minimum of 30 hours per week. A minimum of 16 hours of mental health services must be provided by a masters level licensed mental health provider in addition to the 30 hours of limited clinical services.
- E. Indicate the number of unduplicated children and/or youth to be served in the course of the fiscal year. **A minimum of 350 users must be reached each fiscal year.** Please note that a minimum number of users will be negotiated with MDCH for FY 12 and for subsequent years for each grantee and will take into account a number of factors including the proposed number of users included in the work plan, size of service area and historical utilization numbers.
- F. Describe where and how services will be provided. **A copy of an interagency agreement between the sponsoring agency and the local school district must be included with the proposal, which defines roles and responsibilities of each.**
- G. Describe the layout of the SWP space including dimensions, handicapped accessibility and how services will be provided in a confidential manner, including records maintenance.
- H. Briefly describe the organization's plan to comply with Occupational Safety and Health Act (OSHA) guidelines regarding transmission of blood borne pathogens, and with Clinical laboratory Improvement Amendments (CLIA) guidelines.

I. Written approval by the school administration and the local school board must be submitted with the proposal for the following items:

- ✓ Location of the SWP including office space.
- ✓ Administration of a health survey to students enrolled in the school.
- ✓ Parental consent policy.
- ✓ Services rendered within the School Wellness Program.

J. Describe the applicant organization's plans to assure that quality services are provided through this program. See *Attachment F*, Minimum Program Requirements, for a description of the required components of a continuous quality improvement program.

9. Work Plan (50 points). A work plan must be included for the time period of October 1, 2011 through September 30, 2012. List measurable, time-framed objectives using the required format included in *Attachment G (and the accompanying Attachments H and I)*. Objectives should be SMART (Specific, Measurable, Appropriate, Realistic and Time-phased) and address the identified needs of the target population. If providing services to the adolescent population, describe how youth input will occur and how services will be youth-friendly and acceptable to youth. When completing this section, **carefully review the SWP Minimum Program Requirements included in Attachment F**. It is imperative that the required services addressed in the attached Minimum Program Requirements are specifically addressed.

Limited Clinical Services – Provide appropriate outcome objectives and activities that describe the limited clinical services and how they will be provided as part of SWP programming. Include additional objectives to measure key clinical and program performance indicators based on quality criteria, specific population issues, and client satisfaction.

Mental Health Services - Provide appropriate outcome objectives and activities that describe the mental health services and how they will be provided as part of SWP programming. In this section of the work plan, activities should meet the emotional (depression, anger, anxiety) and/or psychosocial (trauma, bullying, violence) needs of youth.

School Staff Training - The SWP shall develop a plan, in conjunction with appropriate school administration and personnel, to provide training and professional development to teachers and school staff in areas relevant to the SWP and school-specific needs. Provide a plan for how this will be accomplished.

Mandatory Focus Areas – Each center must provide full implementation of **at least one** of the following mandatory focus areas. Each focus area should have a section in the work plan, with appropriate outcome objectives and activities that outline the

center's plan for addressing the focus area using two research based programs/interventions. When determining the focus area(s), the needs of the target population as outlined in the narrative of this proposal must be addressed.

FY 12 Mandatory Focus Areas (*select at least one*):

1. **Pregnancy Prevention*** – efforts the SWP will undertake to reduce risk behaviors that lead to pregnancy and/or impact teen pregnancy prevention and/or efforts to enhance risk reduction skills at the program (via group or classroom education) and/or individual level (via limited clinical services) among the target population.
2. **Physical Activity and Nutrition** – efforts to address the prevention and management of childhood overweight through promoting nutrition and physical activity for the target population.
3. **HIV/AIDS/STI Prevention*** – efforts to provide either education on STIs including HIV/AIDS; increased outreach, referral, and/or access to confidential counseling and testing; and/or efforts to enhance risk reduction skills at the program (via group or classroom education) and/or individual level (via limited clinical services).
4. **Alcohol/Tobacco/Other Drugs Cessation**– efforts the center will undertake to impact ATOD use among youth.
5. **Chronic Disease Management--** efforts the center will undertake to impact chronic diseases such as asthma, diabetes, or others in an effort to improve specific medical outcomes among children and youth.

*** For Pregnancy Prevention and HIV/AIDS/STI focus areas, provide evidence of the school district's Sexual Education Advisory Committee approval of in-school curriculum. This can be provided in the work plan or as an attachment to the work plan.**

10. In the work plan, include a section with measurable objectives and activities related to Medicaid Outreach Activities 1 and 2as outlined in **Medicaid Bulletin 04-13**, which is included in *Attachment J*.
11. **Michigan State Board of Education Grant Strategic Goal (10 points).**
The State Board of Education has adopted as its Strategic Goal "Significant and meaningful improvement in the academic performance of all students/children with major emphasis on the persistently lowest achieving schools and students.

Explain how the Michigan State Board of Education and Michigan Department of Education's 2010-2011 goal will be addressed through the Child and Adolescent Health Center Grant. Please limit the response to no more than ONE typed sheet.

To learn more about the goal and priorities go to http://www.michigan.gov/documents/mde/FINAL_Posting_2010_SBE_Goal_and_Priorities_333347_7.pdf

- 12. Financial Plan (25 points).** The financial plan should be sufficient to achieve the proposed project, but not be excessive. **A minimum local match of 30% of the amount requested is required.** The match can be reached either through cash contributions (hard match) or in-kind resources such as donated space or time (soft-match). The financial plan should also address the following:

Briefly describe all funding sources that help support the SWP, including the amount of each funding source.

Please note that this funding must not be used to supplant current funding supporting SWP related services within the school building. Please detail how this funding will be used to **expand on** the existing financial support for these services and not supplant current funding streams.

PART D: BUDGET

- 1. Budget Forms (10 points):** Prepare a line-item budget for the period of October 1, 2011 through September 30, 2012 on the **Budget Summary** and **Cost Detail Forms** for the amount requested (*forms and instructions can be found at www.michigan.gov/cahc*). All in-kind resources and hard match must also be included on the budget. **The budget and budget narrative should clearly delineate specific staff and staff costs, percentage of fringe benefits, travel and purchases supported with state dollars.**
- 2. Budget Narrative (10 points):** Budget narratives must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative (*Guidelines for the Budget Narrative are found in Attachment K*).

If your agency is currently funded to provide services similar or related to those proposed in this application, provide a list of the funding source(s), amount of award, contract period and services supported.

ATTACHMENT A

STATE SCHOOL AID ACT

**SECTION 31a, SUBSECTION 6
OF THE
STATE SCHOOL AID ACT**

(6) From the funds allocated under subsection (1), there is allocated for 2009-2010 an amount not to exceed \$3,557,300.00 to support child and adolescent health centers. These grants shall be awarded for 5 consecutive years beginning with 2003-2004 in a form and manner approved jointly by the department and the department of community health. Each grant recipient shall remain in compliance with the terms of the grant award or shall forfeit the grant award for the duration of the 5-year period after the noncompliance. To continue to receive funding for a child and adolescent health center under this section a grant recipient shall ensure that the child and adolescent health center has an advisory committee and that at least one-third of the members of the advisory committee are parents or legal guardians of school-aged children. A child and adolescent health center program shall recognize the role of a child's parents or legal guardian in the physical and emotional well-being of the child. Funding under this subsection shall be used to support child and adolescent health center services provided to children up to age 21. If any funds allocated under this subsection are not used for the purposes of this subsection for the fiscal year in which they are allocated, those unused funds shall be used that fiscal year to avoid or minimize any proration that would otherwise be required under subsection (14) for that fiscal year.

ATTACHMENT B

KEY TERMS AND DEFINITIONS

Key Terms and Definitions for Child & Adolescent Health Center Competitive Process:

CLINICAL SCHOOL BASED HEALTH CENTER: is defined as a health center located in a school or on school grounds that provides on-site comprehensive primary and preventative health services, including referrals, tracking and follow-up, throughout the year with signed agreements with the host school and/or local school district. The SBHC is expected to operate at least 30 hours, 5 days per week at a single location and provide 24-hour backup coverage to all students and users enrolled in the SBHC. The 30 hours of clinic services must be provided by a certified Nurse Practitioner (PNP, FNP, SNP), Physician Assistant, or a Physician. School Based Health Centers can be located in elementary, middle, high, or alternative schools and must follow School Code Regulations.

CLINICAL SCHOOL LINKED HEALTH CENTER: is defined as a health center NOT LOCATED ON SCHOOL PROPERTY that provides on-site comprehensive primary and preventative health services, including referrals, tracking and follow-up, throughout the year to adolescents and young adults. A school-linked health center is located in the community at an accessible location and has strong ties to area schools. The primary population of adolescents should come from the local schools. A school-linked health center is expected to operate at least 30 hours, 5 days per week at a single location in an adolescents-only environment and provide 24-hour backup coverage to all adolescents, young adults and users enrolled in the center. The 30 hours of clinic services must be provided by a certified Nurse Practitioner (PNP, SNP, FNP), Physician Assistant, or a Physician. A school-linked health center does not have to follow School Code Regulations. School-linked health centers provide services to youth ages 10-21 and the young children of the adolescent population.

ALTERNATIVE CLINICAL SCHOOL BASED HEALTH CENTER: is defined as a health center located in a school or on school grounds that provides on-site comprehensive primary and preventative health services, including referrals, tracking and follow-up, throughout the year with signed agreements with the host school and/or local school district. The ACHC is expected to operate at a single location least 24 hours per week (a minimum of 3 days per week with consistent days each week) and provide 24-hour backup coverage to all students and users enrolled in the ACHC. The 24 hours of clinic services must be provided by a certified Nurse Practitioner (PNP, FNP, SNP), Physician Assistant, or a Physician. The ACHC can be located in elementary, middle, high, or alternative school and must follow School Code Regulations.

ALTERNATIVE CLINICAL SCHOOL LINKED HEALTH CENTER: is defined as a health center NOT LOCATED ON SCHOOL PROPERTY that provides on-site comprehensive primary and preventative health services, including referrals, tracking and follow-up, throughout the year to adolescents and young adults. A school-linked health

center is located in the community at an accessible location and has strong ties to area schools. The primary population of adolescents should come from the local schools. A school-linked alternative clinical health center is expected to operate at a single location at least 24 hours per week (a minimum of 3 days per week with consistent days each week) and provide 24-hour backup coverage to all students and users enrolled in the ACHC. The 24 hours of clinic services must be provided by a certified Nurse Practitioner (PNP, FNP, SNP), Physician Assistant, or a Physician.

SCHOOL WELLNESS PROGRAM: is defined as a school-based program that provides limited clinical (nursing) services, individual and group health education using evidence-based curricula and interventions, school staff training and professional development; and mental health services. SWPs must be staffed by a Registered Nurse (Bachelor of Science in Nursing preferred) 30 hours a week and a licensed masters level mental health professional 16 hours per week. SWPs must serve 350 unduplicated clients per year and must not cover more than two school buildings (not to exceed the national standard of 1 school nurse to 750 students). SWPs are allowed to close for the summer months.

SERVICE AREA: is defined as a geographic area with precise boundaries (e.g. school district, county). The size of the service area should be appropriate to provide services in a timely fashion.

TARGET POPULATION: is defined as a subset of the entire service area population (e.g. school building, city, or other). For the purpose of this program, the eligible target population is 5-21 year olds (up to age 26 for Special Education students) and the young children of the adolescent population. The description of the target population should include the major health problems of that population and should serve as the basis for the center's service delivery plan.

ATTACHMENT C
INTENT TO APPLY FORM
(Template can be found at www.michigan.gov/cahc)

**CHILD AND ADOLESCENT HEALTH CENTER PROGRAM RFP
INTENT TO APPLY FORM**

NOTE: A separate intent to apply form must be completed for EACH proposed health center or SWP

Agency

Address

City

State

Zip Code

Phone

Fax

Contact Person

Title

Email

Type of Agency: (check one, only)

Community Based 501(c)(3)	<input type="checkbox"/>	Federally Qualified Health Center	<input type="checkbox"/>
Tribal Council	<input type="checkbox"/>	Local Health Department	<input type="checkbox"/>
School or School District	<input type="checkbox"/>	Hospital or Healthcare System.	<input type="checkbox"/>

Service area - please identify the proposed location for services (including school building, district, city and county).

Proposed funding model (check one):

Full Clinical School-Based
 Full Clinical School-Linked
 Alternative Clinical School-Based
 Alternative Clinical School-Linked
 School Wellness Program

Signature of Authorized Representative

Date

Please Print Name and Title

Please fax or email to:

Taggert Doll
Child and Adolescent Health Center Coordinator
Michigan Department of Community Health
dollt@michigan.gov
(517) 335-8697 (fax)

ATTACHMENT D
APPLICATION COVERSHEET AND FAX
BACK FORM

(Template can be found at www.michigan.gov.cahc)

**APPLICATION CHECKLIST AND FAX BACK FORM FOR
CLINICAL HEALTH CENTERS, ALTERNATIVE CLINICAL HEALTH CENTERS AND
SCHOOL WELLNESS PROGRAMS**

Sponsoring Agency: _____

Clinic/SWP Name: _____

Contact Name: _____ **Fax:** _____

- Is the Fax-Back Form: Confirmation of Receipt completed?
- Is the Application Cover Page completed ***and*** signed by the authorized signatory?
- Does the cover letter include the appropriate assurances regarding family planning devices and abortion counseling/services/referral ***and*** contain original signatures?
- Is the narrative double-spaced and typed in a font no smaller than Times 12 point?
- Is the narrative complete (i.e. responds to numbers 2-8 of the existing centers guidance and financial plan section)?
- Does the workplan follow the required format?
- Are all budget pages complete and accurate?
- Is the Budget Summary signed by the authorized signatory?
- Is a map of the proposed service area included?
- Have you included at least three Letters of Need from suggested local agencies?
- Have you included a membership list of the existing or potential Community Advisory Committee?
- If available, have you included policies and procedures approved by the Community Advisory Committee for: parental consent, request for medical records and release of information, confidential services (adolescent sites only) and disclosure of child physical or sexual abuse or neglect?
- Have you included an organizational chart?
- If the center is located on school property, have you included a copy of the interagency agreement between the sponsoring agency and the local school district which defines the roles and responsibilities of each party?
- If the center is located on school property, have you included written approval by the school administration for: location of the health center, administration of a health survey to students enrolled in the school, parental consent policy and services rendered in the health center program?
- Have you included 1 original and 4 complete copies of the application?

ATTACHMENT E
MINIMUM PROGRAM REQUIREMENTS
FOR CLINICAL AND ALTERNATIVE
CLINICAL CAHCs

**MINIMUM PROGRAM REQUIREMENTS FOR
CHILD AND ADOLESCENT HEALTH CENTERS
ADOLESCENT SITES
CLINICAL AND ALTERNATIVE CLINICAL MODELS**

ELEMENT DEFINITION:

Services provided through the school based and school linked Child and Adolescent Health Center Program are designed specifically for adolescents 10 through 21 years of age and are aimed at achieving the best possible physical, intellectual, and emotional health status. Included in this element are adolescent health centers designed to provide comprehensive primary care, psychosocial and mental health services, health promotion/disease prevention, and outreach services. The infants and young children of the target age group can be served through this program.

MINIMUM PROGRAM REQUIREMENTS:

Services

1. The health center shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory committee. The services shall be of high quality, accessible, and acceptable to youth in the target population. The use of age appropriate prevention guidelines and screening tools must be utilized.
 - a. Clinical services shall include, at a minimum: primary care, including health care maintenance, immunization assessment and administration using the MCIR, care of acute and chronic illness; confidential services including STD diagnosis and treatment and HIV counseling and testing as allowed by state and/or federal law; health education and risk reduction counseling; and referral for other services not available at the health center. (See Attachment E-1 for services detail.)
 - b. Each health center shall implement two evidence-based programs and/or clinical interventions in each of two focus areas as determined through needs assessment data (See Attachment E-2 for approved focus areas).
2. Clinical services provided, including mental health services, shall meet the recognized, current standards of practice for care and treatment of adolescents and their children.
3. The health center shall not provide abortion counseling, services, or make referrals for abortion services.
4. The health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

5. The health center shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities as outlined in MSA 04-13.

Administrative

6. If the health center is located on school property, or in a building where K-12 education is provided, there shall be a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district. Written approval by the school administration and local school board exists for the following:
 - a) Location of the health center;
 - b) Administration of a needs assessment process, which includes at a minimum a risk behavior survey, to determine priority health services;
 - c) Parental consent policy;
 - d) Services rendered in the health center.
7. The health center shall be located in a school building or an easily accessible alternate location.
8. The health center shall be open during hours accessible to its target population, and provisions 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 holidays, spring breaks, and summer vacation. These provisions shall be posted and explained to clients.

Clinical Centers: The health center shall provide clinical services a minimum of five days per week. Total primary care provider clinical time shall be at least 30 hours per week. Hours of operation must be posted in areas frequented by the target population.

Alternative Clinical Centers: The health center shall provide clinical services a minimum of three consistent days per week. Total primary care provider clinical time shall be at least 24 hours per week. Hours of operation must be posted in areas frequented by the target population.

The health center shall have a written plan for after-hours and weekend care, which shall be posted in the health center including external doors, and explained to clients. An after-hours answering service and/or answering machine with instructions on accessing after-hours care is required.

9. The health center shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures and protocols.
10. The health center staff shall operate within their scope of practice as determined by certification and applicable agency policies. The center shall be staffed by a certified nurse practitioner (FNP, PNP, or SNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. Nurse practitioners must be

certified or eligible for certification in Michigan; accredited by an appropriate national certification association or board; and have a current, signed collaborative practice agreement and prescriptive authority agreement with the medical director or designee. Physicians and physician assistants must be licensed to practice in Michigan.

11. The health center must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.
12. The health center shall implement a continuous quality improvement plan. Components of the plan shall include, at a minimum:
 - a) Quarterly client records review by peers to determine that conformity exists with current standards of health and mental health practice. A system shall also be in place to implement corrective actions when deficiencies are noted.
 - b) Completing, updating, or having access to an adolescent health needs assessment process including at a minimum risk behavior survey conducted within the last three years to determine the health needs of the target population.
 - c) Conducting a client satisfaction survey at a minimum annually.
13. A local community advisory committee shall be established and operated as follows:
 - a) A minimum of two meetings per year;
 - b) The committee must be representative of the community and include a broad range of stakeholders such as school staff;
 - c) One-third of committee members must be parents of school-aged children/youth;
 - d) Health care providers shall not represent more than 50% of the committee;
 - e) The committee must approve the following policies and the health center must develop applicable procedures:
 1. Parental consent policy;
 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody;
 3. Confidential services as allowed by state and/or federal law; and
 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect.
 - f) Youth input to the committee shall be maintained through either membership on the established advisory committee; a youth advisory committee; or through other formalized mechanisms of youth involvement and input.
14. The health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean, and safe.
15. The health center staff shall follow all Occupational Safety and Health Act guidelines to ensure protection of health center personnel and the public.

16. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.

Billing and Fee Collection

17. The health center shall establish and implement a sliding fee scale, which is not a barrier to health care for adolescents. Adolescents must not be denied services because of inability to pay. CAHC state funding must be used to offset any outstanding balances (including copays) to avoid collection notices and/or referrals to collection agencies for payment.
18. The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.
19. The billing and fee collection processes do not breach the confidentiality of the client.
20. Revenue generated from the health center must be used to support health center operations and programming.

REV 9/8/2010

MINIMUM PROGRAM REQUIREMENTS FOR CHILD AND ADOLESCENT HEALTH CENTERS ELEMENTARY SITES

ELEMENT DEFINITION:

Services provided through Child and Adolescent Health Centers are designed specifically for elementary school-aged children ages 5-10 aimed at achieving the best possible physical, intellectual, and emotional status. Included in this element are elementary, school-based health centers designed to provide comprehensive primary care, psychosocial and mental health services, health promotion/disease prevention, and outreach services.

MINIMUM PROGRAM REQUIREMENTS:

Services

1. The health center shall provide a range of health and support services, based on a needs assessment of the community/target population and approved by the community advisory committee, that are of high quality, accessible, and acceptable to the target population. The use of age appropriate prevention guidelines and screening tools must be utilized.
 - a. Clinical services shall include, at a minimum: primary care, including health care maintenance (well care), EPSDT screening, immunization assessment and administration using the MCIR, care of acute and chronic illness; health education and risk reduction counseling; dental services or referral and referral for other services not available at the health center. (See Attachment E-1 for services detail.)
 - b. Mental health services must be provided at all elementary Child and Adolescent Health Centers.
 - c. Each health center shall implement two evidence-based programs and/or clinical interventions in each of two focus areas as determined through needs assessment data (See Attachment E-2 for approved focus areas).
2. Clinical services, including mental health services, shall meet the recognized, current standards of practice for care and treatment of elementary school-aged children (ages 5-10).
3. The health center shall not provide abortion counseling, services, or make referrals for abortion services
4. The health center shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

5. The health center shall provide Medicaid outreach services to eligible children and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities as outlined in MSA 04-13.

Administrative

6. There shall be a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district. Written approval by the school administration and local school board exists for the following:
 - a) Location of the health center in the school;
 - b) Administration of a needs assessment process to determine priority health services;
 - c) Parental consent policy;
 - d) Services rendered in the health center; and
 - e) Policy and procedure on how children will access the center during school hours.
7. The health center shall be open during hours accessible to its target population, and provisions 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 holidays, spring breaks, and summer vacation. These provisions shall be posted and explained to clients.

Clinical Centers: The health center shall provide clinical services a minimum of five days per week. Total primary care provider clinical time shall be at least 30 hours per week. Mental health provider time must be a minimum of 20 hours per week. Hours of operation must be posted in areas frequented by the target population.

Alternative Clinical Centers: The health center shall provide clinical services a minimum of three consistent days per week. Total primary care provider clinical time shall be at least 24 hours per week. Mental health provider time must be a minimum of 10 hours per week. Hours of operation must be posted in areas frequented by the target population.

The health center must have a written plan for after-hours and weekend care, which shall be posted and explained to clients. An after-hours answering service and/or answering machine with instructions on accessing after-hours care is required.

8. The health center shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures and protocols. The medical director will designate prescriptive authority to the mid level provider.
9. The health center staff shall operate within their scope of practice as determined by certification and/or agency policies. The center shall be staffed by a certified nurse practitioner (FNP, PNP, or SNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. Nurse practitioners must be certified or eligible for certification in Michigan; accredited by an appropriate national certification association or board; and have a current, signed collaborative practice

agreement and prescriptive authority agreement with the medical director or designee. Physicians and physician assistants must be licensed to practice in Michigan.

10. The health center must be staffed with a minimum of a .5 FTE licensed Masters level mental health provider (i.e. counselor or Social Worker) for full clinical centers. For alternative clinical centers must be staffed with a minimum of a .25 FTE licensed Masters level mental health provider. Appropriate supervision must be available.
11. The health center must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.
12. The health center shall implement a continuous quality improvement plan. Components of the plan shall include at a minimum:
 - a) Quarterly client records review by peers to determine that conformity exists with current standards of health and mental health practice. A system shall also be in place to implement corrective actions when deficiencies are noted.
 - b) Completing, updating, or having access to a health needs assessment process including at a minimum risk behavior survey conducted within the last three years to determine the health needs of the target population.
 - c) Conducting a client satisfaction survey at a minimum annually.
13. A local community advisory committee shall be established and operated as follows:
 - a) A minimum of two meetings per year;
 - b) The committee must be representative of the community and must be comprised of at least 50% members of the community;
 - c) Health care providers shall not represent more than 50% of the committee;
 - d) One-third of committee members must be parents of school-aged children;
 - e) School staff must be represented on the committee, including at least one of the following: school nurse (if applicable), administrative positions, teachers, specialty school program staff, student support team members;
 - f) The advisory committee must approve the following policies and the elementary school health center must develop applicable procedures for:
 1. Parental consent;
 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody;
 3. Confidential services as allowed by state and/or federal law; and
 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
14. The health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean, and safe.
15. The health center health center staff shall follow all Occupational Safety and Health Act guidelines to ensure protection of health center personnel and the public.

16. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.

Billing and Fee Collection

17. The health center shall establish and implement a sliding fee scale, which is not a barrier to health care for children. Children must not be denied services because of inability to pay. CAHC state funding must be used to offset any outstanding balances (including copays) to avoid collection notices and/or referrals to collection agencies for payment.
18. The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.
19. The billing and fee collection processes must not breach the confidentiality of the client.
20. Revenue generated from the health center must be used to support health center operations and programming.

REV 9/8/2010

**CHILD AND ADOLESCENT HEALTH CENTERS
CLINICAL AND ALTERNATIVE CLINICAL MODELS
Attachment E-1: Services Detail**

The following health services are required (*or recommended) as part of the Child and Adolescent Health Center service delivery plan:

PRIMARY CARE SERVICES

- Well child care
- EPSDT screenings and exams
- Comprehensive physical exams
- Risk assessment/other screening
- Laboratory services
 1. CLIA Waived testing
 2. Specimen collection for outside lab testing
 3. Office microscopy
- Vision screening
- Hearing screening
- *Other diagnostic/screening
 1. Spirometry
 2. Pulse oximetry
 3. Tympanometry

ILLNESS/INJURY CARE

- Minor injury assessment/treatment and follow up
- Acute illness assessment/ treatment and follow up &/or referral

CHRONIC CONDITIONS CARE

- Includes assessment, diagnosis and treatment of a new condition
- Maintenance of existing conditions based on need, collaborations with PCP/specialist or client/parental request
- Chronic conditions may include: asthma, diabetes, sickle cell, hypertension, obesity, metabolic syndrome, depression, allergy, skin conditions or other specific to a population

IMMUNIZATIONS

- Screening and assessment utilizing the MCIR and other data
- Complete range of immunizations for the target population utilizing Vaccine for Children and private stock
- Administration of immunizations
- Appropriate protocols, equipment, medication to handle vaccine reactions

HEALTH EDUCATION

STI & HIV EDUCATION, COUNSELING, & VOLUNTARY TESTING (Adolescent Centers Only)

- Education appropriate for age, other demographics of the target population, and needs assessment data
- Risk assessment, historical and physical assessment data informs individualized care
- A certified HIV counselor/tester is on site
- Testing for and treatment of STI and testing and referral for HIV treatment is on site

“CONFIDENTIAL SERVICES” AS DEFINED BY MICHIGAN AND/OR FEDERAL LAW (Adolescent Centers Only)

- Confidential services are those services that may be obtained by minors without parental consent
- Confidential services include: mental health counseling, pregnancy testing & services, STI/HIV testing and treatment, substance abuse counseling and treatment, family planning (excluding contraceptive prescription/distribution on school property).

REFERRAL

- PCP, specialists, psychiatrists, dental, community agencies, etc.

REQUIRED FOR ELEMENTARY CENTERS

- Mental Health services/programming provided by a Masters level mental health provider.
- Dental services or referral for dental care.

CHILD AND ADOLESCENT HEALTH CENTERS

Attachment E-2: Focus Areas

Each year, health centers and SWPs should review their needs assessment data to determine at least two priority health issues that are of such significance to their target population to warrant an *enhanced* “focus” for the upcoming year. Each center is required to pick 2 of the following focus area categories, and implement at least two evidence based programs or clinical interventions to begin to address the needs within each selected area.

FOCUS AREAS

- PREGNANCY PREVENTION
- PHYSICAL ACTIVITY AND NUTRITION
- HIV/AIDS/STI PREVENTION
- ALCOHOL/TOBACCO/OTHER DRUG CESSATION
- CHRONIC DISEASE MANAGEMENT
- MENTAL HEALTH

Focus areas are meant to provide services above and beyond what would typically be provided in comprehensive primary care. It is expected that each of these focus areas will be a part of comprehensive primary care already, but those selected for the focus area requirement should be significantly beyond typical care. Strategies should be intensive, evidence-based, and include appropriate evaluation methods to assess impact and progress on meeting focus areas.

Note: Elementary CAHCs are required to pick two focus areas in addition to mental health as it is a required service. SWPs are required to pick one focus area in addition to the required mental health component.

ATTACHMENT F
MINIMUM PROGRAM REQUIREMENTS
SCHOOL WELLNESS PROGRAM

**Michigan Department of Community Health
CAHC - School Wellness Program (SWP)
Minimum Program Requirements**

Services

1. The School Wellness Program (SWP) shall be open and providing services a minimum of 30 hours per week. Services shall include individual health services that:
a) fall within the current, recognized scope of registered nurse practice in Michigan and
b) meet the current, recognized standards of care for children and/or adolescents; individual and group health education using evidence-based curricula and interventions; school staff training and professional development relevant to these areas; case management and/or referral to other needed primary care and specialty medical services. The specific services provided shall be determined through a local needs assessment process. These services shall not supplant existing services.
2. Two focus areas with a minimum of two health education programs/interventions shall be provided to the target population, using evidence-based curricula/interventions. At least one focus area must be mental health (*See Attachment E-2 under the Clinical and Alternative Clinical MPRs*).
3. The SWP shall develop a plan, in conjunction with appropriate school administration and personnel, to provide training and professional development to teachers and school staff in areas relevant to the SWP and school-specific needs.
4. The SWP shall provide a minimum of 16 hours per week of direct mental health services. Mental health services provided shall fall within the scope of practice of the licensed mental health provider and shall meet the current, recognized standards of mental health practice for care and treatment of children and/or adolescents. The specific services provided shall be determined through a local needs assessment process. These services shall not supplant existing services.
5. The SWP shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
6. The SWP shall not prescribe, dispense or otherwise distribute family planning drugs and/or devices on school property.
7. The SWP shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs (CAHCPs) outreach activities 1 and 2 as outlined in MSA 04-13.
8. Services provided shall not breach the confidentiality of the client.

Staffing/Clinical Care

9. The SWP shall have a Michigan-licensed physician as a medical director who, through a signed letter of agreement, supervises the general individual nursing services provided to individuals. Written standing orders and protocols approved by the medical director shall be available for use as needed.

10. The SWP shall have a registered nurse (preferably with a Bachelor of Science in Nursing and experience working with child/adolescent populations) on staff, working under the general supervision of a physician during all hours of clinic operation. The registered nurse shall preferably be certified or be eligible for certification as a professional school nurse in Michigan.
11. The SWP nursing staff shall adhere to medical orders/treatment plans written by the prescribing physician and/or standing orders/medical protocols written by other health care providers for individuals requiring health supervision while in school.
12. The SWP shall have a mental health provider on staff. The mental health provider shall hold a minimum master's level degree in an appropriate discipline and shall be licensed to practice in Michigan. Supervision must be available for all licensed providers and provided for any master's level provider while completing hours towards licensure.
13. All SWP program staff and contractors shall have proper liability insurance coverage.
14. The SWP staff shall provide services in no more than two school buildings. The SWP services shall be available during hours accessible to its target population.
15. The SWP nurse to student ratio shall be no more than 1 FTE: 750 students. A minimum of 350 students must be served.

Administrative

16. Written approval by the school administration and local school board exists for the following:
 - a) location of the SWP within the school building;
 - b) administration of a needs assessment process for students in the school;
 - c) administration of or access to a needs assessment for teachers/staff;
 - d) parental consent policy; and
 - e) services rendered through the SWP.
17. A current interagency agreement shall define the roles and responsibilities between the local school district and medical organization; and the school-based health center, if one exists in the same school district.
18. Policies and procedures shall be implemented regarding proper notification of parents, school officials, and/or other health care providers when additional care is needed or when further evaluation is recommended. Policies and procedures regarding notification and exchange of information shall comply with all applicable laws e.g., HIPAA, FERPA and Michigan statutes governing minors' rights to access care.
19. The SWP shall implement a quality assurance plan. Components of the plan shall include at a minimum:
 - a. ongoing record reviews by peers to determine that conformity exists with

- current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted;
- b. completing, updating, or having access to a needs assessment completed within the last three years to determine the health needs of the student population and of the school environment; and
 - c. conducting a client satisfaction survey/assessment at least once annually.

20. A community advisory committee shall be established and operated as follows:

- a. a minimum of two meetings per year;
- b. the committee must be representative of the community(school and other) and must be comprised of at least 50% members of the community; one-third of members must be parents of school-aged children and youth;
- c. health care providers shall not represent more than 50% of the committee;
- d. the committee should recommend the implementation and types of services rendered by the SWP.
- e. the committee must approve the following policies:
 - i. parental consent;
 - ii. custody of individual records, requests for records, and release of information that include the role of the non-custodial parent and parents with joint custody;
 - iii. confidential services; and
 - iv. disclosure by clients or evidence of child physical or sexual abuse, and/or neglect.

Physical Environment

21. The SWP shall have space and equipment adequate for private visits, private counseling, secured storage for supplies and equipment, and secure paper and electronic client records. The physical facility must be barrier-free, clean and safe.
22. The SWP shall follow all Occupational Safety and Health Act guidelines to ensure protection of SWP personnel and the public.

ATTACHMENT G

WORKPLAN FORMAT

- Use the first form for Primary Care and Medicaid Outreach Goals.
- Use the second form for each Focus Area intervention.

Note: a separate form for each Focus Area intervention is required; a minimum of four forms total must be submitted with your grant application.

Templates for each format can be found at www.michigan.gov/cahc.

PLEASE CHECK:			
<input type="checkbox"/> Primary Care/Clinical Services			
<input type="checkbox"/> Medicaid Outreach Area 1	<input type="checkbox"/> Medicaid Outreach Area 2	<input type="checkbox"/> Medicaid Outreach Area 3	
<input type="checkbox"/> Medicaid Outreach Area 4	<input type="checkbox"/> Medicaid Outreach Area 5		
OBJECTIVES:			
Objectives must be specific, realistic, time-framed, and state the intended outcomes of the proposed activities and interventions. Although you are likely to have many process objectives in this section, where appropriate, you should also include outcome objectives (change) vs. including only process objectives (e.g., counting participants).			
ACTIVITIES/INTERVENTIONS	PERSON RESPONSIBLE	TIMEFRAME	EVALUATION
Describe each activity or intervention in detail including each of the following components: <input type="checkbox"/> number of participants <input type="checkbox"/> description of activity or intervention <input type="checkbox"/> location, frequency and duration of activity or intervention delivery <input type="checkbox"/> supporting details that describe what will be provided	Clearly identify the position(s) responsible for carrying out each proposed activity or intervention. Please provide <i>titles/positions</i> and <i>not names</i> of individuals.	Provide the projected dates for <i>implementing</i> each activity or intervention.	State the evaluation methods / tools (e.g., chart reviews, etc.) for each objective.

FOCUS AREA:

- ATOD CHRONIC DISEASE HIV/AIDS – STI PREVENTION MENTAL HEALTH
- NUTRITION & PHYSICAL ACTIVITY TEEN PREGNANCY PREVENTION

NAME OF INTERVENTION:

NAME OF SOURCE WHICH IDENTIFIES THIS INTERVENTION AS EVIDENCE-BASED (E.G., AGENCY, PUBLICATION):

WEB ADDRESS:

TARGET AUDIENCE IDENTIFICATION:

AGE RANGE/GRADE(S) OF PARTICIPANTS:

- MALE FEMALE BOTH

HOW WILL THESE PARTICIPANTS BE IDENTIFIED AND RECRUITED FOR THIS INTERVENTION?

PROCESS MEASURES:

DATES/TIMEFRAME WHEN INTERVENTION WILL BE IMPLEMENTED:

DURATION OF INTERVENTION (E.G., NUMBER OF WEEKS OR MONTHS INTERVENTION LASTS):

NUMBER OF SESSIONS/CONTACT HOURS WITH EACH PARTICIPANT:

ADDITIONAL MEASURES, AS APPLICABLE:

WHO WILL IMPLEMENT AND EVALUATE THIS INTERVENTION?

OUTCOME OBJECTIVES:

Outcome objectives should clearly describe what Knowledge, Attitudes, Beliefs and/or Behaviors will increase or decrease as a result of this intervention – in other words, what change will you see that will demonstrate the intervention was successful in making a change in the participants and that the intervention is worth continuing. Please refer to the CAHC RFP Resource: How to Write Outcome Objectives” and “Outcome Objectives Checklist” (Attachments H and I) for further guidance in writing outcome objectives.

Add additional objectives as needed for this intervention.

OBJECTIVE:	EVALUATION METHOD:
OBJECTIVE:	EVALUATION METHOD:
OBJECTIVE:	EVALUATION METHOD:

ATTACHMENT H

HOW TO WRITE GOOD OUTCOME OBJECTIVES

How to Write Good Outcome Objectives

When writing an annual work plan for a Child or Adolescent Health Center, usually the toughest and most time-consuming part is developing outcome objectives and evaluation measures for the programming the center will deliver through the course of the year. Many work plans are turned back for revision because the work plans do not contain outcome objectives and/or contain too many process objectives.

How do you avoid this common pitfall and write good outcome objectives?

One of the simplest ways to avoid this difficulty is to use research or evidence-based programming which clearly identifies the anticipated outcomes (objectives) and measures. If, however, you are using a program or intervention in which objectives have not been established; the objectives are not well-defined; or if you are supplementing a program and wish to add additional objectives, then you may find yourself writing your own objectives. Here are some pointers for writing your own (good!) outcome objectives...

Process or Outcome?

One question to ask yourself after you have drafted an objective is, "Does the objective deal with administrative and operational procedures?" (e.g., number of sessions, number of participants, number of services provided or participant satisfaction). If the answer is yes, this is a process objective. While process objectives are helpful in program planning, and in determining if a program was implemented as planned, process objectives do not provide any information as to the outcome, or results, of a program or intervention. While you do want to include pertinent process objectives in the work plan, you must also include outcome objectives for each priority and mandatory focus area.

An outcome objective should clearly identify what is expected to occur as a result of a program or intervention. If an objective states the anticipated, sustained changes in attitude, knowledge, skills, behaviors, policies, practices or systems that will occur as a result of the program or intervention, it is an outcome objective. Most of your outcome objectives will deal with results on participants (students/clients) that have been through some type of group or

individual program / intervention. With that in mind, if your objective clearly describes expected changes in attitude, knowledge, skills or behaviors (e.g., describes what participants will know, think, or do differently after participation), then you have an outcome objective.

Focus on One Main Idea

An outcome objective should include only one main idea or concept. For example, there are many concepts important to preventing the spread of HIV and other sexually transmitted infections (STI's). Increased confidence in negotiating condom use with a sex partner is one specific concept that might be focused on in a program designed to reduce HIV/STI's. If so, then you should be able to measure change among participants in this area and it would be reasonable – even desirable - to include this as an objective in your work plan, such as in the example below:

“Program participants will demonstrate increased confidence in their ability to negotiate condom use with a sex partner.”

Note that you will most likely have multiple outcome objectives for any one program or intervention. Concentrate on presenting the major areas of emphasis in the selected program or intervention, and the outcomes expected, to keep your work plan realistic in scope...and length!

When objectives are specific, program funding sources, administrators, instructors, parents, participants and evaluators will know what the focal points of the intervention are, as well as what the expected end-results are.

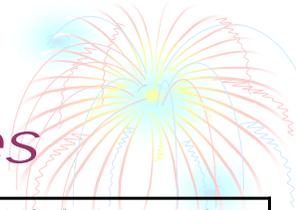
Content and Intensity

Good outcome objectives should also be realistic given the content and intensity of the program. Let's look first at the relationship between objectives and content.

Any objectives proposed for a program or intervention should relate directly to content and activities. For example, if you write an outcome objective regarding increased participant awareness of media influences on tobacco use for a tobacco prevention program, then the intervention should include effective teaching strategies and sufficient time dedicated to this concept; otherwise you either

will have nothing to report (because you have nothing to evaluate in this area) or your evaluation results will not reflect success because the concept was either not taught or was not given adequate attention in the program. Be sure to cross-walk objectives against program or intervention content to ensure you have covered all major content with specific objectives, and that the objectives reflect what is reasonably expected to be impacted by content.

When writing objectives for a program or intervention, it is also important to consider intensity. Generally, the more intense a program or intervention is, the more likely your objectives can and should deal with behavior change and skill acquisition and/or efficacy. In the chart below, you will notice that process evaluation (e.g., satisfaction) is appropriate regardless of intensity, but only those programs/interventions with significant amount of contact time should propose objectives that impact attitude, skills and behavior. Almost any research or evidence-based program should have sufficient intensity to assure that outcomes include changes in behavior and skills - another reason why emphasis is placed on using these programs.



Intensity Measures

Low Intensity	Medium Intensity	High Intensity
1 to 5 hours	6 to 10 hours	+10 hours
<u>PROCESS EVALUATION</u> Client satisfaction Parent satisfaction Teacher and/or staff satisfaction Program implementation (number of participants, number of sessions)		
<u>OUTCOME EVALUATION</u> Awareness Basic knowledge	<u>OUTCOME EVALUATION</u> Awareness Knowledge Possibly attitude Possibly skills	<u>OUTCOME EVALUATION</u> Awareness Knowledge Attitude Skills Behavior

Evaluation Measures

When writing outcome objectives, another important component to consider is the evaluation measure – the criteria or standard - for determining that the desired outcome has been achieved and to what extent. While there may be different types of measures, most of us think of the measure in terms of proportion or percentage achieving the desired outcome; for example, the measure is “85%” in the following objective:

“Eight-five percent of participants will reduce dietary fat intake.”

Note that another advantage of using research or evidence-based programming is that the level of impact (measure) that can be expected has already been determined through research.

You also need to have some control over the proposed measure in any objective. This means you have to have a way of collecting the data and a way of reasonably linking the change in, or achievement of, the measure to your program or intervention.

For example, if you propose to reduce the number of teen pregnancies occurring in the entire student body of a school, then you would need a way of collecting that data from every male and female in the school. This would be challenging to do in an accurate manner for myriad reasons! Furthermore, if you are not delivering teen pregnancy prevention programming to all the students in the school, then you can't necessarily expect to impact every student's behavior, so the measure would not be a good one to propose.

As another and more specific example, let's say you propose the following objective/measure for a substance abuse prevention program occurring at one middle school out of four middle schools located in a county:

“Reported intention to use substances by all middle school students in Four Schools County will remain less than 20%.”

The main problem with this objective is that it proposes the program will reduce intention to use substances in all middle school students in the county, but we know that the program is only being delivered at one middle school. You can only expect to have any impact on the students that participate in your program; in this scenario, that would be the students at the middle school with

which you are working. Therefore, the objective needs to be made specific to measure only those students in that middle school that are participating in the program. If all 6th and 8th grade students in the school were participating in the program, for example, a more appropriate way to write the objective would be:

“Reported intention to use substances by 6th and 8th graders in My-Kids Middle School will remain less than 20%.”

Finally, no matter what type of measure you develop, make sure the measure and the evaluation methodology make sense for the outcome you are trying to achieve. For example, if your desired outcome is to achieve a 90% rate of GAPS completion among clients who have had three or more clinical visits in a school year, then your evaluation methodology should specifically include a chart review on all clients who have had three or more visits in the school year rather than a chart review of all clients who have ever visited the center. Double-check your objectives, measures and methodology for consistency and make sure the relationship is obvious; that is, that you can expect to find the answers you are looking for in the place you are looking.

Outcome Objectives Checklist

Refer to the Outcome Objectives and Measures Checklist as a quick way to cross-check objectives you have drafted against the components of a good outcome objective. This tool will help you identify problems in draft outcome objectives and guide you in developing stronger outcome objectives.

Where to Find More Help

There are literally hundreds of program and evaluation resources available through government, university, private and non-profit agencies. There is a plethora of “how-to” evaluation, program development and survey development resources available at your fingertips through simple Internet searches. If you need assistance in writing objectives, establishing measures, identifying appropriate methodology or identifying program or evaluation resources, you can request technical assistance from the Michigan Department of Community Health team of program consultants and staff.

ATTACHMENT I
OUTCOME OBJECTIVES AND MEASURES
CHECKLIST

Outcome Objectives and Measures Checklist

- ✓ Does the objective deal with administrative and operational procedures? (e.g., number of sessions, number of participants, number of services provided, participant satisfaction)

Yes

No

*If the answer is yes, this is a **process objective**.*

*Rewrite the objective to reflect an **outcome that is expected to occur as a result of the program**.*

- ✓ Does the objective state anticipated, sustained changes in attitude, knowledge, skills, behaviors, policies, practices or systems that will occur as a result of the program? Does the objective clearly describe what participants will know, think, or do differently after the program?

Yes

No

*If the answer is yes, this is an **outcome objective**.
Continue on!*

- ✓ Does the objective include only one main idea?

Yes

No

If the answer is no, rewrite the objective to include one main idea.

- ✓ Is the objective realistic given the content and intensity of the program?

Yes

No

If the answer is no, consider rewriting the objective to more closely match the program content, scope and intensity.

- ✓ Does the objective include a measure – criteria or a standard- for deciding when the outcome has been achieved?

Yes

No

If the answer is no, rewrite the objective to include a measure.

- ✓ Do you have control over the measure?

Yes

No

If the answer is no, consider another measure that you have some amount of control over.

- ✓ Does the measure directly relate to the outcome you are trying to achieve?

Yes

No

If the answer is no, consider another measure that relates more directly to the outcome.

ATTACHMENT J

MEDICAID BULLETIN



Bulletin

Michigan Department of Community Health

Distribution: Medicaid Health Plans 04-08
Local Health Departments 04-05
Federally Qualified Health Centers 04-01

Issued: August 24, 2004

Subject: Outreach Activities

Effective: October 1, 2004

Programs Affected: Medicaid

Child & Adolescent Health Centers and Programs (CAHCPs), under agreement with the Michigan Department of Community Health, will begin performing Medicaid outreach activities on behalf of the Medicaid Health Plans (MHPs) effective October 1, 2004. CAHCPs were formerly known as school-based, school-linked health centers and the Michigan Model program. This bulletin describes the categories of outreach services that the CAHCPs are expected to perform under the agreement. All outreach activities must be specific to the Medicaid program.

CAHCPs are expected to perform outreach activities to potential and current Medicaid beneficiaries in the following categories:

Medicaid Outreach and Public Awareness

Activities that are to be performed include those associated with informing eligible or potentially eligible individuals about Medicaid covered benefits and how to access them. This includes providing information about Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services or making referral for such services. This category of outreach also includes coordinating and presenting information about Medicaid through media resources, health fairs and other community forums.

Facilitating Medicaid Eligibility Determination

Activities in this category of Medicaid outreach are related to assisting potential Medicaid eligible individuals in applying for Medicaid benefits. This includes explaining eligibility rules and assisting with the completion of the Medicaid application. It also includes referring individuals to the Michigan Family Independence Agency to make application for benefits.

Program Planning, Policy Development and Interagency Coordination Related to Medical Services

Under this category of outreach activities, the CAHCPs must work collaboratively with other community agencies to assure the delivery of Medicaid-covered services. This includes tracking requests for referrals and coordinating services with the Medicaid Health Plans. Activities that include development of health programs and services targeted to the Medicaid population fall into this category.

Referral, Coordination, and Monitoring of Medicaid Services

Outreach activities in this category include development of program resources for program-specific services at CAHCPs. Coordination of programs and services at the school and/or community levels and monitoring delivery of Medicaid services within the school and/or community are included. CAHCPs may provide information such as that for EPSDT services or making referrals for family planning services.

Medicaid-Specific Training on Outreach Eligibility and Services

Activities that fall into this category of outreach are those that focus on coordinating, conducting, or participating in training and seminars to instruct patients, school personnel, health center staff and community members about the Medicaid program and benefits and how to assist families in accessing Medicaid services. Outreach-related activities include training that enhances early identification, screening and referral of children and adolescents for EPSDT services or behavioral health needs. This category includes development and presentation of training modules regarding Medicaid eligibility and benefits to health center and school health staff and other stakeholders, such as parents and guardians.

Related Documents

The Department will work with the MHPs and the Michigan Primary Care Association (representing the CAHCPs) to develop agreements through which these outreach activities will be coordinated.

Public Comment

Public comment on this bulletin will be accepted and considered for future policy revisions. Comments may be submitted to MDCH Program Policy Division, PO Box 30479, Lansing, MI 48909-7979.

Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to Provider Support, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approval

Paul Reinhart, Director
Medical Services Administration

ATTACHMENT K

BUDGET NARRATIVE INSTRUCTIONS

Budget Narrative Instructions

All proposals must include a budget narrative and a line-item budget for the project for the timeframe October 1, 2011-Sept 30, 2012.

This attachment details information required in the budget narrative. In the budget narrative, applicants are expected to justify the total cost of the program and to list other sources of funding that contribute to the CAHC program.

Budget Justification. The budget justification must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative.

- *Salaries and Wages (personnel)* - For each staff position associated with the program provide their name, title, annual salary and percent of a full time equivalent (FTE) dedicated to the program. Describe the role of each staff person in achieving proposed program objectives. Salaries and wages for program supervision are allowable costs, proportionate to the time allocated to the proposed program.
- *Taxes and Fringe Benefits* - Indicate, by percentage of total salary, payroll and fringe rate (e.g. FICA, retirement, medical, etc.).
- *Travel* - Describe who is traveling and for what purpose. Include reimbursement rates for mileage, lodging and meals. Indicate how many miles, overnights, etc. will be supported annually. **Travel of consultants should not be included in this category but rather under the category of Other - Consultant Fees.** International travel cannot be supported with funding awarded under this RFP. Out of state travel must be reasonable and necessary to the achievement of proposed goals and objectives. Staff travel for training and skills enhancement should be included here and justified.
- *Supplies and Materials* - Describe the types and amount of supplies and materials that will be purchased. Include justification for level of support requested for items and how it relates to the proposed program. Items requested may include but are not limited to: postage, office supplies, screening devices, prevention materials, training supplies, postage, and audio/visual equipment (under \$5,000).
- *Contractual* - Describe all subcontracts with other agencies. Include the purpose of the contract, method of selection and amount of the sub-contract. **Contracts with individuals should be included in the Other category as Consultant Fees.**
- *Equipment* - This category includes stationary and moveable equipment to be used in carrying-out the objectives of the program. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category.**

- *Other Expenses* - This category includes all other allowable costs. Common expenditures in this category include the following, though your budget may include additional items.
 - ✓ *Consultant Services* - Provide the name (if known), hourly rate, scope of service and method of selection for each consultant to be supported. The expertise and credentials of consultants should be described. Provide rationale for use of consultant for specified services. Travel and other costs of these consultants are to be included in this category and justified.
 - ✓ *Space* - Include items such as rent and utilities in this category. Each of these costs must be described. The description must address the cost per month and indicate the method of calculating the cost. Cost for acquisition and/or construction of property are not allowable costs under this RFP.
 - ✓ *Communications* - Describe monthly costs associated with the following:
 - phone (average cost per month, proportionate to proposed program)
 - fax (average cost per month, proportionate to proposed program)
 - internet access/email service (average cost per month, proportionate to proposed program)
 - teleconferencing (number of sessions, cost average cost per use)
 - ✓ *Printing and copying* - Describe costs associated with reproduction of educational and promotional materials (manuals, course hand-outs, pamphlets, posters, etc.). Do not include copying costs associated with routine office activities.
 - ✓ *Indirect Costs* - Indirect costs are not allowed under this grant.
 - ✓ *Architectural Costs* – Architectural and building costs are not allowed.
 - ✓ *Capitol Costs* – Capital costs are not allowed.

Other Funding Sources. If the applicant receives other funding to conduct services which are linked to the proposed program they are to supply the following information for each source.

- Source of funding
- Project period
- Annual amount of award
- Target population
- Brief description of intervention (2-3 sentences)

If applicant does not receive any other support for proposed service, indicate that this section is not applicable.