



**APPLICATION FOR CONTINUATION FUNDING
FOR
SCHOOL-BASED AND SCHOOL-LINKED
CHILD AND ADOLESCENT HEALTH CENTERS,
SCHOOL WELLNESS PROGRAMS, AND
NETWORK DEMONSTRATION PROJECTS
(October 1, 2015-September 30, 2016)**

Issued Collaboratively By:

Michigan Department of Health and Human Services
&
Michigan Department of Education

Responses due June 26, 2015

TABLE OF CONTENTS

PART I: GENERAL INFORMATION		
INTRODUCTION AND PURPOSE		3
ELIGIBLE PROVIDERS		4
ASSURANCES		4
TARGET POPULATION		5
THE APPLICATION		5
DUE DATE		5
ACKNOWLEDGEMENT		5
AMERICANS WITH DISABILITIES ACT		5
AVAILABILITY OF APPLICATION		6
WHERE TO OBTAIN ASSISTANCE		6
PART II: ADDITIONAL INFORMATION		
FUNDING PROCESS		7
CONTRACTS		7
CONTINUATION OF FUNDING		7
FUNDING STRATEGY		7
TECHNOLOGY REQUIREMENTS		8
PROJECT CONTROL AND REPORTS		8
PART III: INSTRUCTIONS AND FORMAT OF THE PROPOSAL		
APPLICATION REVIEW AND APPROVAL		10
ATTACHMENTS		
ATTACHMENT A:	CAHC CLINICAL AND ALTERNATIVE CLINICAL MINIMUM PROGRAM REQS	12
ATTACHMENT B:	CAHC SWP MINIMUM PROGRAM REQS	25
ATTACHMENT C:	CAHC BHS MINIMUM PROGRAM REQS	31
ATTACHMENT D:	MEDICAID MSA BULLETIN	35
ATTACHMENT E:	APPLICATION COVERSHEET	37
ATTACHMENT F:	CLINICAL REPORT FACTSHEET	39
ATTACHMENT G:	SWP REPORT FACTSHEET	40
ATTACHMENT H:	NETWORK SCHOOL DEMONSTRATION PROJECT REPORT FACTSHEET	41
ATTACHMENT I:	GAS GUIDANCE FOR CLINICAL SITES	42
ATTACHMENT J:	GAS GUIDANCE FOR SWP SITES	43
ATTACHMENT K:	GAS GUIDANCE FOR BHS SITES	44



APPLICATION FOR CONTINUATION OF FUNDING FOR THE CHILD AND ADOLESCENT HEALTH CENTER PROGRAM

Introduction and Purpose

The Michigan Department of Health and Human Services (MDHHS) in collaboration with the Michigan Department of Education (MDE) issues this application for continuation funding for the Child & Adolescent Health Center Program for the period **October 1, 2015 through September 30, 2016**. Support is contingent upon the availability of funds. Contracts will be issued by the Michigan Primary Care Association (MPCA). Contract management, training, technical assistance and consultation will be provided by MDHHS through the Child and Adolescent Health Center Unit.

The purpose of this application guidance is to provide **current** state-funded child and adolescent health centers and school wellness programs with sufficient information to enable them to prepare and submit continuation applications for one of the following three models:

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. 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 over five days. Mental health provider time must be a minimum of 20 hours per week. A minimum of 500 unduplicated youth for adolescent sites must be served; 350 unduplicated children for elementary sites must be served.

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. Total primary care provider clinical

time shall be at least 24 hours per week over at least three days. Mental health provider time must be a minimum of 12 hours per week. ACHCs must serve a minimum of 200 unduplicated youth.

School Wellness Programs (SWP)- School Wellness Program services (individual health services, individual and group health education and training and professional development to school staff) must be provided. Each applicant will propose the specific services to be provided, based on the documented needs of students in the school. RN services must be provided for at least 30 hours per week over five days. A minimum of 40 hours per week of mental health counseling and/or services must be provided as part of this program. A minimum of 350 unduplicated youth must be served per year.

Behavioral Health Services Model (BHS) – Behavioral Health Services Models provide individual and family counseling, screenings, group education and intervention, and prevention and early intervention services. Other BHS services include school-wide promotion activities and professional development to school staff. A minimum of 40 hours per week of mental health counseling and/or services must be provided in one school building during the school year. A minimum of 50 unduplicated youth must be served per year.

Network School Model Demonstration Project – The Adolescent Health Center Network School Model Demonstration Project contains a centralized primary care hub school with 3-5 satellite schools providing school nursing and behavioral health services that work in conjunction with the Pathways to Potential staff at each school. The main hub follows the requirements of Child and Adolescent Health Centers, with each satellite school following their respective SWP or BHS model requirements.

The services provided should aim at achieving the best possible physical, intellectual and emotional health status of the target population. See the Minimum Program Requirements for all models of programming in *Attachments A, B and C*. Services must also include Medicaid Outreach activities as outlined in *Attachment D*.

Eligible Providers

Eligible providers include public and non-profit entities (e.g., local health departments, schools, federally qualified health centers, non-profit hospitals and other health care or social service agencies) **currently receiving Child & Adolescent Health Center funding for FY 15.**

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 Health and Human Services. **These three assurances must be acknowledged by checking the corresponding boxes on the cover sheet (Attachment E) and must include an original signature from a binding authority.** A fillable version of this document is also included as an additional attachment.

Target Population

The target population for elementary health centers, elementary SWPs, and elementary BHS' is children 5-10 years old. The target population for adolescent health centers, adolescent SWPs and adolescent BHS' is youth 10-21 years old. Adolescent Health Centers may also serve the infants and young children of the target population.

The Application

Applicants must submit a complete response to this application guidance following the format described in Part III of this document. Applications should be prepared simply and economically, providing a concise description of the requirements of the continuation application guidance. **Each application (including narrative pages, GAS work plan, budgets and other forms/attachments) must be submitted electronically in ONE PDF DOCUMENT. An official authorized to legally bind the applicant organization to its provisions must sign the application cover letter. Signature pages should also be scanned into the application PDF document.**

Due Date

The application is due on or before June 26, 2015. Applications will be considered as meeting the deadline if they are received via e-mail (at dch-cahc@michigan.gov) on or before the deadline date. **No hand-delivered, mailed or faxed copies will be accepted.**

Acknowledgement

All publications, including reports, films, brochures, and 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 Health and Human Services and Michigan Department of Education."

Americans with Disabilities Act

The Michigan Departments of Health and Human Services and Education 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 the Michigan

Department of Health and Human Services or Michigan Department of Education for assistance.

Availability of Application

This application is available from the Michigan Department of Health and Human Services and can be requested via e-mail at dollt@michigan.gov or accessed via the CAHC website at www.michigan.gov/cahc.

Where to Obtain Assistance

Questions regarding this continuation application should be directed to the Child and Adolescent Health Center Program Coordinator at MDHHS at dollt@michigan.gov or through your assigned MDHHS Consultant.

PART II: ADDITIONAL INFORMATION

Funding Process

The Michigan Department of Education and Health and Human Services will make the Child & Adolescent Health Center grants available through a non-competitive process for FY 16. Only those clinical and alternative clinical child and adolescent health centers and school wellness programs receiving funding in FY 15 will be eligible for funding in FY 16.

Contracts

Contracts will be issued by the Michigan Primary Care Association (MPCA). The payment schedule, budget approval process, and financial reporting requirements will be outlined in the official grant agreement between MPCA and the local grantee.

Continuation of Funding

Financial support is contingent upon the availability of funds. Contracts will be issued by Michigan Primary Care Association. Training, technical assistance, quality assurance and consultation will be provided by the MDHHS through the Child and Adolescent Health Center Unit.

Funding Strategy

Base FY 16 allocations are as follows:

Model	Allocation*
Clinical, School-based	195,000
Clinical, School-linked	250,000
Clinical, FQHC	195,000
Alternative Clinical, School-based	\$135,000
Alternative Clinical, School-linked	\$190,000
Alternative Clinical, School-linked FQHC	\$165,000
School Wellness Program	\$150,000

***Please note that if you received a clinical expansion grant for FY 16, that will be included as a part of this contract (with a 30% reduction from base expansion grants), based on performance. Your CAHC consultant will follow up with you to provide you with your FY16 allocation.**

All contracts are performance-based. Each contract will have a minimum projected number that must be reached in order to receive full funding. Minimum projected numbers by model are:

- Clinical adolescent health centers must serve a minimum of 500 unduplicated users per year.
- Clinical elementary health centers must serve a minimum of 350 unduplicated users per year.
- Alternative clinical health centers must serve a minimum of 200 unduplicated users per year.
- School Wellness Programs must serve a minimum of 350 unduplicated users per year.
- Behavioral Health Services models must serve a minimum of 50 unduplicated users per year.

The projected user number should be based on your best estimate of the number of clients to be served during the year and not simply the minimum number required to be served. Any decreases in user number from the prior grant year must be justified in writing as part of this application. MDHHS reserves the right to negotiate user numbers with all funded applicants.

Awards are contingent on the availability of funds. Neither MDHHS nor MDE are liable for any costs incurred by applicants prior to the final execution of a contract. A local match of **30%** of the state allocation base amount is required.

If one organization is applying for more than one grant or more than one model of funding, separate applications, work plans and budgets must be submitted.

Technology Requirements

Each funded applicant is required to have an accessible electronic mail account (email) to facilitate ongoing communication between MDHHS, MDE and grantees. All funded grantees will be included on the state-funded CAHC list serve, which serves as the primary vehicle for communication between the Departments of Education and Health and Human Services and grantees. All applicants must have an internet connection to access online reporting databases.

Clinical and Alternative Clinical sites **MUST** have the necessary technology and equipment to support billing and reimbursement from third party payors and to verify insurance status of children and youth accessing the center. All clinical centers and any school wellness programs providing immunization services must have the ability to utilize the Michigan Care Improvement Registry (MCIR).

Project Control and Reports

After grants are awarded, the contractor will carry out the proposed programming under the general direction and control of MDHHS and MDE. The contractor will be required to submit reports to the departments as outlined in the Clinical CAHC Report Fact Sheet (Attachment F), the School Wellness Program Report Fact Sheet (Attachment G) and the Network School Model Demonstration Project Report Fact Sheet (Attachment H). The reports are subject to be used by the

Michigan Departments of Health and Human Services and of Education to assist in evaluating the effectiveness of programs funded under the state grants program.

Part III. Instructions and Format of the Proposal

Application Review and Approval

All applications will be reviewed by MDHHS. Applications must address all of the identified criteria and contain all of the requested information in the format laid out in this guidance.

A. TITLE PAGE

Complete the coversheet included as Attachment E (also attached as a separate file for ease of completion).

Please note that the projected user number should be based on your best estimate of the number of clients to be served during the year and not simply the minimum number required to be served. Any decreases in user number from the prior grant year must be justified in writing as part of this application. MDHHS reserves the right to negotiate user numbers with all funded applicants.

B. TABLE OF CONTENTS

Provide a table of contents with corresponding page numbers. Number each page of the application. Attachments should also be paginated and listed in the table of contents.

C. GOAL ATTAINMENT SCALING (WORK PLAN)

All workplans must be submitted in the Goal Attainment Scaling (GAS) format and must cover the time period of October 1, 2015 through September 30, 2016. Use the attached GAS workplan guidance (Attachment I—clinical; Attachment J—SWP; Attachment K - BHS) and the template that was sent with this document. If you need a copy of the GAS template please contact Taggart Doll at dollt@michigan.gov or visit www.michigan.gov/cahc. **NOTE: If significant programmatic changes have been made to the GAS from the previous year, please provide a brief narrative explaining the changes.**

D. FINANCIAL PLAN

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).

E. BUDGET

Budget Forms: Prepare a line-item budget for the period of October 1, 2015 through September 30, 2016 on BOTH the **Budget Summary** and **Cost Detail Form** for the amount requested (budget forms are attached in a separate file for ease of completion). 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.** Travel should include funds for at least

two staff from each center to attend the mandatory CAHC Coordinators' Training in the fall and other MDHHS –required trainings, as applicable. **NOTE: Indirect costs are not an allowable expense with these grant funds.**

Please include separate columns for state funding and in-kind breakdown on the budget forms. Please use the attached budget forms. Contact Taggart Doll (dollt@michigan.gov) or visit www.michigan.gov/cahc if you need budget pages.

Budget Narrative: Budget narratives must provide detailed descriptions of planned expenditures, including justification and rationale. All budget line items must be described in the budget narrative. Briefly describe all funding sources and the distribution of these funds.

ATTACHMENT A
**Clinical and Alternative Clinical Minimum
Program Requirements**

**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 1 for services detail.)
 - b) Mental health services must be provided at all adolescent Child and Adolescent Health Centers.
 - c) Each health center shall implement two evidence-based programs and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (See Attachment 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. 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 12 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:
 - a) 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.
 - b) The health center must be staffed with a minimum of a .50 FTE licensed Masters level mental health provider (i.e. counselor or Social Worker). Alternative clinical centers must be staffed with a minimum of a .30 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) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of health care. A system shall also be in place to implement corrective actions when deficiencies are noted. A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.
 - 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 10/2014

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 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 at least one of the approved focus areas as determined through needs assessment data (See Attachment 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 12 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 .50 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 .30 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) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of health care. A system shall also be in place to implement corrective actions when deficiencies are noted. A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.
 - 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 10/2014

**CHILD AND ADOLESCENT HEALTH CENTERS
CLINICAL AND ALTERNATIVE CLINICAL MODELS
Attachment 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
- Vision screening
- Hearing screening
- *Other diagnostic/screening
 1. Spirometry
 2. Pulse oximetry
 3. Tympanometry
 4. Office microscopy

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 ONLY

- 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 2: Focus Areas

Each year, health centers and SWPs should review their needs assessment data to determine 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 implement at least two evidence based programs or clinical interventions to begin to address the needs within the selected focus area(s).

FOCUS AREAS

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

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.

ATTACHMENT B
**School Wellness Program Minimum Program
Requirements**

CAHC - SCHOOL WELLNESS PROGRAM (SWP) MINIMUM PROGRAM REQUIREMENTS

Services

1. The School Wellness Program (SWP) shall be open and providing Registered Nurse (RN) services a minimum of 30 hours per week. Services shall include individual health services that: a) fall within the current, recognized scope of registered RN 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. Each SWP shall implement two evidence-based programs and/or clinical interventions in at least one of the approved focus areas as determined through needs assessment data (See Attachment 1 for approved focus areas).
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 40 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. These services shall not supplant existing services.

Mental health services should minimally include individual counseling and group therapy. Group therapy must include the use of evidence-based curricula or interventions.

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

- c) 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 continuous quality improvement plan. Components of the plan shall include at a minimum:
- a) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care. 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 and of the school environment.
 - c) Conducting a client satisfaction survey at a minimum 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:
 - 1. Parental consent;
 - 2. 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;
 - 3. Confidential services; and
 - 4. 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 site specific Occupational Safety and Health Act guidelines to ensure protection of SWP personnel and the public.

REV 3/2014

CHILD AND ADOLESCENT HEALTH CENTERS

Attachment 1: Focus Areas

Each year, health centers and SWPs should review their needs assessment data to determine 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 implement at least two evidence based programs or clinical interventions to begin to address the needs within the selected focus area(s).

FOCUS AREAS

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

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.

ATTACHMENT C
Behavioral Health Services Model
Minimum Program Requirements

MDCH CHILD AND ADOLESCENT HEALTH CENTER PROGRAM BEHAVIORAL HEALTH SERVICES MODEL (BHS) MINIMUM PROGRAM REQUIREMENTS

Services

1. The BHS shall be open and provide a full time mental health provider (40 hours) in one school building during the school year. Services shall: a) fall within the current, recognized scope of mental health practice in Michigan and b) meet the current, recognized standards of care for children and/or adolescents.
2. In addition to maintaining a client caseload, the service delivery plan must be reflective of the needs of the school and must include a minimum of 2 of the following components/services:
 - a. treatment groups using evidence-based curricula and interventions;
 - b. school staff training and professional development relevant to mental health;
 - c. building level promotion, such as school climate initiatives, bullying prevention, suicide prevention programs, etc
 - d. classroom education related to mental health topics
 - e. case management to and partnerships with other private/public social service agencies
3. These services shall not supplant existing school services. This program is not meant to replace current special education related social work activities provided by school districts. Programs funded under this program shall not take on responsibilities outside of the scope of these Minimum Program Requirements (Individualized Educational Plans, etc.).
4. The BHS 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.
5. Services provided shall not breach the confidentiality of the client.

Staffing/Clinical Care

6. 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. Limited license providers working towards full licensure in contract with a licensed supervisor would also be appropriate.
7. The BHS shall have a Michigan-licensed mental health professional who, through a signed letter of agreement, supervises the general mental health services provided to individuals, families or groups.

8. All BHS program staff and contractors shall have proper liability insurance coverage.
9. The BHS services shall be available during hours accessible to its target population.
10. A minimum caseload of 50 clients must be maintained annually.

Administrative

11. Written approval by the school administration exists for the following:
 - a. location of the BHS within the school building;
 - b. parental and/or minor consent policy; and
 - c. services rendered through the BHS.
12. If the mental health provider is not hired by the school district, a current signed interagency agreement must be established between the local school district and mental health organization that defines the roles and responsibilities of the BHS provider and of any other mental health staff working within the school. This agreement must also include a plan for transferring clients and/or caseloads if the agreement is discontinued or expires.
13. The mental health provider or contracting agency must bill third party payors for services rendered. Any revenue generated must be used to sustain the BHS and its services.
14. 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.
15. The BHS shall implement a quality assurance plan. Components of the plan shall include, at a minimum:
 - a. ongoing record reviews by peers (semi-annually) 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. conducting a client satisfaction survey/assessment at least once annually.
16. The BHS must have the following policies:
 - a. parental and/or minor consent;
 - b. 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;
 - c. confidential services; and

- d. disclosure by clients or evidence of child physical or sexual abuse, and/or neglect.

Physical Environment

- 17. The BHS shall have space and equipment adequate for private counseling, secured storage for supplies and equipment, and secure paper and electronic client records. The physical facility must be youth-friendly, barrier-free, clean and safe.

ATTACHMENT D



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 MDHHS 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

**APPLICATION COVERSHEET
FY 16 CAHC NON-COMPETITIVE APPLICATIONS**

Applicant agency name:	Applicant agency address:
Contact Person (name, email, phone):	
Authorized agency signatory name and title:	
Authorized agency signature:	

Type of CAHC: <input type="checkbox"/> Clinical <input type="checkbox"/> Alternative Clinical <input type="checkbox"/> School Wellness Program <input type="checkbox"/> Network Site	Target Population (Main Focus): <input type="checkbox"/> Children (ages 5-10) <input type="checkbox"/> Adolescents (ages 10-21) <input type="checkbox"/> Dual Designated (5-21)* <small>*Previously applied for this designation</small>
Target Service Area (school, community, etc.):	
Number of youth in target area/Number of youth in school: _____	
Number of unduplicated youth targeted for FY 16: _____	
Amount of Funds Requested:	

Assurances

<input type="checkbox"/> Abortion services, counseling and referrals for abortion services will not be provided as part of the services offered.
<input type="checkbox"/> Services will comply with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the MDHHS and MDE.
<input type="checkbox"/> Family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed (if located on school property).
<input type="checkbox"/> All CAHC Minimum Program Requirements will be met through the CAHC proposal.
Authorized agency signature: _____ Date: _____

ATTACHMENT F



Child and Adolescent Health Center Clinical and Alternative Clinical FY 16 Report Factsheet

QUARTERLY REPORTS INCLUDE:

- Quarterly Data Elements Report
- Billing Report
- Health Education Report
- Medicaid Outreach Report
- Financial Status Report
- GAS Report

WHEN ARE QUARTERLY REPORTS DUE?

There are seven reports due each quarter for state-funded Clinical and Alternative Clinical Child and Adolescent Health Centers. A year-end report is also due with the 4th quarter reports.

	Due Date
1st Quarter FY 2016 Report October 1, 2015 - December 31, 2015	January 30, 2016
2nd Quarter FY 2015 Report (including YTD numbers): January 1, 2016 - March 31, 2016	April 30, 2016
3rd Quarter FY 2015 Report (including YTD numbers): April 1, 2016 - June 30, 2016	July 30, 2016
4th Quarter/FY 2015 Year-End Report: July 1, 2016 – September 30, 2016	October 30, 2016
All reports (with the exception of the GAS reports) must be submitted using the Clinical Reporting Tool (www.cahcreports.com).	
GAS reports must be e-mailed to your assigned consultant with a CC to dch-cahc@michian.gov .	

ATTACHMENT G



Child and Adolescent Health Center School Wellness Programs FY 16 Report Factsheet

QUARTERLY REPORTS INCLUDE:

- Financial Status Report
- GAS Report
- SWP Reporting Workbook

WHEN ARE QUARTERLY REPORTS DUE?

There are three reports that are due quarterly for state-funded SWP programs in addition to documentation of nursing and mental health services through the Healthmaster program or your individual EHR. A year-end report is also due with the 4th quarter report.

GAS Reports and FSR Reports	Due Date
1st Quarter FY 2015 Report October 1, 2015 - December 31, 2015	January 30, 2016
2nd Quarter FY 2015 Report January 1, 2016 - March 31, 2016	April 30, 2016
3rd Quarter FY 2015 Report April 1, 2016 - June 30, 2016	July 30, 2016
4th Quarter/FY 2015 Year-End Report: July 1, 2016 – September 30, 2016	October 30, 2016
GAS and FSR reports must be e-mailed to Linda Meeder (meederl@michigan.gov) with a CC to dch-cahc@michigan.gov	
FSRs must also be sent to Matt Herwaldt at MPCA (mherwaldt@mpca.net)	

ATTACHMENT H



Child and Adolescent Health Center Network School Demonstration Project FY 16 Report Factsheet

QUARTERLY REPORTS FOR EACH SITE INCLUDE:

- Financial Status Report
- GAS Report
- Reporting Workbook

WHEN ARE QUARTERLY REPORTS DUE?

There are three reports that are due quarterly for state-funded Network School Demonstration Projects. A year-end report is also due with the 4th quarter report.

GAS Reports and FSR Reports	Due Date
1st Quarter FY 2015 Report October 1, 2015 - December 31, 2015	January 30, 2016
2nd Quarter FY 2015 Report January 1, 2016 - March 31, 2016	April 30, 2016
3rd Quarter FY 2015 Report April 1, 2016 - June 30, 2016	July 30, 2016
4th Quarter/FY 2015 Year-End Report: July 1, 2016 – September 30, 2016	October 30, 2016
GAS and FSR reports must be e-mailed to Linda Meeder (meederl@michigan.gov) with a CC to dch-cahc@michigan.gov	
FSRs must also be sent to Matt Herwaldt at MPCA (mherwaldt@mpca.net)	

ATTACHMENT I

Clinical GAS Guidance

Clinical and Alternative Clinical GAS workplans should include objectives, activities, anticipated outcomes and targets for each degree of achievement in each of the required workplan areas. Note the redesigned FY 16 GAS template attached to this application (e-mail dollt@michigan.gov if you need a copy). Since this is a non-competitive application, you may seek technical assistance from your assigned CAHC Program Consultant in establishing appropriate targets for the required objectives. The required workplan areas for clinical and alternative clinical centers are:

1. *Primary care* including the number of unduplicated youth, number of youth and number of visits served with mental/health behavioral services and % of clients receiving risk assessments.

Note: objective 2a is a subset of the total unduplicated count listed in objective 1.

2. *Two evidence based programs/interventions.* Include the number of participants and number of contact hours or sessions for each intervention. At least two objectives with targets must be included for each intervention. These can be in one or two focus areas.

Note: If your center received a ***spirometry*** unit from MDHHS, please remember to include specific spirometry objectives and activities at the end of the focus area section by adding them on the second page. If your center received ***clinical expansion dollars***, please include those expansion activities on the page following the focus areas as well. Additional activities can be added on this page if needed.

3. *Medicaid Outreach* areas 1, 2 and 5 are included in the GAS. Objectives 2-1 and 2-2 are shaded out because there are no targets. Actual numbers are entered quarterly for these items.

Any added objectives must be measurable and time-framed. Objectives must be SMART (Specific, Measurable, Appropriate, Realistic and Time-phased) and address the identified needs of the target population.

The GAS workplan template was sent as a separate file. If you need a copy of the template, please contact Taggart Doll at dollt@michigan.gov or visit www.michigan.gov/cahc.

ATTACHMENT J

School Wellness Program GAS Guidance

School Wellness Program GAS workplans should include objectives, activities, anticipated outcomes and targets for each degree of achievement in each of the required workplan areas. Note the redesigned FY 16 GAS template attached to this application (e-mail dollt@michigan.gov if you need a copy). Since this is a non-competitive application, you may seek technical assistance from your assigned CAHC Program Consultant in establishing appropriate targets for the required objectives. The required workplan areas for School Wellness Programs are:

1. *Clinical services* includes total number of youth to be reached, number of youth and visits for mental/behavioral health services, number of clients receiving risk assessments and % of clients with documentation of a case management plan.

Note: Objective 2a is a subset of objective 1.
2. *Mental health objectives* includes information on number of participants and contact hours for clinical groups/evidence-based interventions. At least two outcome objectives are required.
3. *Two mandatory evidence based programs* from one or two focus areas, based on need. Include numbers to be reached with each intervention and provide citations for the evidence basis of each program. At least two objectives per intervention must be included.
4. *Medicaid Outreach* areas 1 and 2 are documented on the GAS. Objectives 2-1 and 2-2 are shaded out because there are no targets. Actual numbers are entered quarterly for these items.

Any added objectives must be measurable and time-framed. Objectives must be SMART (Specific, Measurable, Appropriate, Realistic and Time-phased) and address the identified needs of the target population.

The GAS workplan template was sent as a separate file. If you need a copy of the template, please contact Taggart Doll at dollt@michigan.gov or visit www.michigan.gov/cahc.

ATTACHMENT K **BHS GAS Guidance**

Behavioral Health Services GAS workplans should include objectives, activities, anticipated outcomes and targets for each degree of achievement in each of the required workplan areas. Note the redesigned FY 16 GAS template attached to this application (e-mail dollt@michigan.gov if you need a copy). Since this is a non-competitive application, you may seek technical assistance from your assigned CAHC Program Consultant in establishing appropriate targets for the required objectives. The required workplan areas for clinical and alternative clinical centers are:

1. *Behavioral Health Services* including the number of unduplicated youth, number of visits served with mental/health behavioral services and % of clients receiving risk assessments.
2. Two of the following components/services must be included: treatment groups using evidence-based curricula and interventions; school staff training and professional development relevant to mental health; building level promotion; classroom education related to mental health topics; and case management to and partnerships with other private/public social service agencies. Include the number of participants and number of contact hours or sessions for each service selected. At least two objectives with targets must be included for each service.
3. *Medicaid Outreach* areas 1, 2 and 5 are included in the GAS. Objectives 2-1 and 2-2 are shaded out because there are no targets. Actual numbers are entered quarterly for these items.

Any added objectives must be measurable and time-framed. Objectives must be SMART (Specific, Measurable, Appropriate, Realistic and Time-phased) and address the identified needs of the target population.

The GAS workplan template was sent as a separate file. If you need a copy of the template, please contact Taggart Doll at dollt@michigan.gov or visit www.michigan.gov/cahc.