

**DIVISION OF FAMILY AND COMMUNITY HEALTH
CAHC CLINICAL HEALTH CENTER SITE REVIEW**

Total Points: /295

HEALTH CENTER:	DATE:
ADDRESS:	
SPONSORING AGENCY:	
CEO, HEALTH OFFICER OR EXECUTIVE DIRECTOR:	
COORDINATOR:	
CLINICAL PROVIDER:	
MENTAL HEALTH PROVIDER:	
MDHHS ADMINISTRATIVE REVIEWER:	
MDHHS CLINICAL REVIEWER:	
MDHHS MENTAL HEALTH REVIEWER:	

GENERAL INFORMATION	DOCUMENT PREPARATION PRIOR TO REVIEW
<p><u>PURPOSE OF THE REVIEW</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To assure the health center is meeting or exceeding the Michigan Department of Health and Human Services Minimum Program Requirements for Child and Adolescent Health Centers, Request for Proposal and contract requirements, and providing quality services <input type="checkbox"/> To provide a tier placement of the health center which guides subsequent timing of review and technical assistance and is factored into decisions on continuation of funding <input type="checkbox"/> To assist in resolving any problems associated with administering the program <input type="checkbox"/> To review and respond to agency concerns and questions <p><u>PURPOSE OF THE PROGRAM:</u></p> <p>The CAHC goal is to achieve the best possible physical, intellectual and emotional status of adolescents by providing services that are high quality, accessible and acceptable to youth. The clinical health center model, through either school-based health centers or school-linked adolescent-only health centers, provide onsite primary health care, psycho-social services, health promotion/disease prevention education and referral to youth 5 to 21 years of age with an emphasis on the uninsured, under-insured and publicly insured.</p> <p><u>SCORING:</u></p> <p>Each criterion in the site review tool is assigned a point value. The total score is used to determine the frequency of future site reviews and may be used in determining future funding allocations.</p> <p>Note: Best Practice criteria are used to guide the health center in improvement in policy and practice, but are not assigned a point value and are not included in the final score.</p>	<p>The following items must be submitted to the respective MDHHS reviewers one month prior to review:</p> <p><u>Administrative Reviewer</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Goal Attainment Scaling Report (GAS) <input type="checkbox"/> Current Interagency Agreement (SBHCs) <input type="checkbox"/> Completed p. 5 from this site review tool <input type="checkbox"/> Personnel roster <input type="checkbox"/> Organizational chart for health center staff <input type="checkbox"/> Community advisory council membership that identifies role and representation (e.g. parent, youth, medical provider, etc.) and voting designations <input type="checkbox"/> Minutes from the last three community advisory council meetings <p><u>Clinical Reviewer</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Personnel roster <input type="checkbox"/> Job descriptions for each clinical staff <input type="checkbox"/> Copy of specialty certification documents (NP) <input type="checkbox"/> Copy of current licensure (NP/PA) <input type="checkbox"/> Current collaborative practice agreement (NP) <input type="checkbox"/> Current supervision plan (PA) <input type="checkbox"/> Personnel training log <input type="checkbox"/> Identify EHR used <input type="checkbox"/> Provide copies of forms/templates used in EHR <p><u>Mental Health Reviewer</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify EHR used <input type="checkbox"/> Provide copies of forms/templates used in EHR <p><i>Please note that your reviewer contact information was included in this mailing. If you cannot locate this information, please contact</i></p> <p>Name: <input style="background-color: yellow;" type="text"/></p> <p>Phone: <input style="background-color: yellow;" type="text"/></p> <p>Alt: <input style="background-color: yellow;" type="text"/></p> <p><i>Please also note that reviewers will review recent reports in the CAHC Clinical Reporting Tool (CRT) and will discuss any questions or concerns with your assigned consultant prior to the site review.</i></p>

Total Points:

STRUCTURE OF THE SITE REVIEW	DOCUMENT PREPARATION FOR SITE REVIEW
<p>The site review begins with an entrance interview with the health center coordinator, medical provider(s), mental health provider, and other pertinent health center and sponsoring agency staff. The entrance interview is typically brief, allowing time for an overview of the site review process and for questions from health center staff.</p> <p>Reviewers work independently over the course of the review, but typically request a 15-minute meeting with the coordinator, medical provider or other staff mid-morning on each day of the review to ask questions to verify findings or observations; and to request any missing documentation. The reviewers need a small, private space to review documents and to intermittently discuss findings. Reviewers tour the health center space to make environmental observations, observe client flow, and examine waiting, reception, bathroom, examination, lab, education and storage areas.</p> <p>The administrative reviewer will walk through the processes of visit documentation and billing, including at least one visit for services sought under minor consent. The clinical reviewer will review a random selection of medical records to include well and sick visits, and examples of the services provided (immunizations, STI testing/treatment). The mental health reviewer will review a random selection of records. The clinical reviewer will shadow the provider (minimum of two to three visits) upon verbal consent of the client. Ideally, the clinical reviewer observes both a well and sick visit. This allows opportunity to assess comprehensiveness and quality of service delivery and provide feedback to providers. Both the record review and client observation are allowable under HIPAA and MDHHS regulations.</p> <p>On the last day of the review, the reviewers meet independently to discuss findings to be presented at the exit interview. The exit interview usually starts by 2:00 p.m. on the last day of the review and should include all staff present at the entrance interview and also the health center medical director. The exit interview typically lasts one hour. A written report of findings, required actions to bring the health center into compliance and suggestions for improvement is issued after the review.</p>	<p>The following items must be available for review; other items may be requested by reviewers:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CAHC policy and procedures manual <input type="checkbox"/> School administration and board approvals (school-based health centers/SBHCs) <input type="checkbox"/> Current interagency agreement (SBHCs) <input type="checkbox"/> Current health needs assessment survey / data <input type="checkbox"/> Center brochure and forms e.g., consent <input type="checkbox"/> Current GAS and evidence of implementation <input type="checkbox"/> Medicaid outreach materials <input type="checkbox"/> Staff schedule, after-hours and weekend care plan <input type="checkbox"/> Appointment schedule <input type="checkbox"/> Clinical procedures manual <input type="checkbox"/> Clinical guidelines/reference materials used <input type="checkbox"/> Lab documentation (quality controls, procedures) <input type="checkbox"/> Current referral agreements <input type="checkbox"/> Client satisfaction survey and results of surveys for last two years <input type="checkbox"/> Continuous Quality Improvement documentation (meetings and process results) <input type="checkbox"/> Standing orders, if applicable <input type="checkbox"/> CLIA certificate or waiver <input type="checkbox"/> Exposure control/waste disposal plan, license <input type="checkbox"/> MSDS: materials safety data sheets or online site <input type="checkbox"/> Access to medical records, supply, storage areas <input type="checkbox"/> Sliding fee scale <input type="checkbox"/> Remittance advice/accounting reports or ledger <input type="checkbox"/> Billing records for previous three months <input type="checkbox"/> Client education materials <p>Note:</p> <p><i>Please ensure the Clinical Reporting Tool (CRT) is complete for the last full quarter of service and that all data is accurate, as reviewers will access the CRT to review the most recent reports prior to and/or during the site review.</i></p>

Total Points:

PROGRAM STRENGTHS	AREAS REQUIRING CHANGE	
	Page	Citation
SUGGESTIONS FOR IMPROVEMENT	CONSULTANT FOLLOW-UP NOTES	

Total Points:

Availability and Access to Services Review												
	CENTER LOCATION 1			CENTER LOCATION 2								
Center name:												
Date CAHC originally opened												
Total school enrollment (SBHCs)*												
CAHC unduplicated user number as of last fiscal year*												
Days open (check all that apply)	M	T	W	Th	F	S	M	T	W	Th	F	S
Number hours open per week												
Summer hours												
Capacity: Walk-ins												
Capacity: Appointments												
	CENTER LOCATION 1			CENTER LOCATION 2								
Provider Type	NAME		FTE	NAME		FTE						
Coordinator												
Clerical/Reception												
Medical Assistant												
Nurse												
Nurse Practitioner Physician Assistant												
Physician/Medical Director												
Mental Health Provider												
Other: Health Educator, Nutritionist, etc.												

Total Points:

Section 1: Administrative Review		
A. Eligibility	Points	Comments
<p>1. Services are offered to infants and pre-school children of adolescents, where appropriate.</p> <p>(Element definition of MPR)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Consent Form ➤ Brochure ➤ Other: 		
<p>2. If services are offered to adult population, (a) standards of care for adults exist and are followed; and (b) do not breach the confidentiality of youth by being offered at hours separate from hours when youth are served.</p> <p>(Element definition of MPR, MDE RFP, CAHC Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Brochure ➤ Evidence of separate hours e.g., appointment time blocks, signage ➤ Clinical references for adults ➤ Other: 	<p><i>Standards of care for adults are present and used in the health center:</i></p> <p><i>Separate service hours for adults and youth are maintained:</i></p>	
<p>3. The program has a non-discrimination policy; services are offered without regard to sex, race, religion or sexual orientation.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Consent Form ➤ Brochures ➤ Other: 		
Eligibility Subtotal		/ 5 possible points

Total Points:

B. Access to Care	Points	Comments
<p>1. The health center shall be located in a school building or easily accessible alternate location.</p> <p>(MPR #7)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation of accessibility e.g., in school building, on public transportation route 		
<p>2. The health center shall be open during hours accessible to the target population, and provision must be in place for the same services to be delivered during times when school is not in session. "Not in session" refers to times of the year when schools are closed for extended periods such as holidays, spring break and summer vacation.</p> <p>(MPR #8)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Brochure/signage with hours listed ➤ Evidence of service provision when school is not in session e.g., appointment schedule and visit records during holiday/break times, p.m. hours ➤ If summer hours differ, MDHHS approval exists 	<p><i>Accessible Hours (includes hours of operation during times when school is not in session) as evidenced by appointment schedule, visit records:</i></p> <p><i>If summer hours differ from school year, evidence of MDDHS approval exist; or not applicable because summer hours remain constant:</i></p>	
<p>3. The school-based health center shall designate specific hours for services to be provided to adolescents only (when the center serves both children aged 5 to 10 and adolescents). A policy shall exist to this effect. These provisions shall be posted and explained to clients.</p> <p>(MPR #8)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Brochure/signage with hours specified ➤ Evidence of time blocked for service provision to adolescents only (e.g., appointment schedule and visit records) ➤ Observation 	<p><i>Adolescent-only hours are maintained as evidenced by policy and procedures:</i></p> <p><i>Adolescent-only hours are maintained as evidenced by appointment schedule, visit records</i></p> <p><i>Staff observed explaining policy to clients</i></p>	
<p>4. 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. (Alternative: three consistent days/24 hours per week.) Mental health provider time must be a minimum of 20 hours per week. (Alternative: 12 hours per week)</p> <p>(MPR #8)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Staff schedule ➤ Appointment Schedule 	<p><i>Primary care provider clinical time meets the requirements of 5 days and 30 hours per week (or 3 consistent days and 24 hours per week for alternative centers):</i></p> <p><i>Mental health provider time meets the requirement of 20 hours per week (or 12 hours per week for alternative centers):</i></p>	

Total Points:

<p>5. Hours of operation must be posted in areas frequented by the target population.</p> <p>(MPR #8)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Posted schedule of hours 		
<p>6. 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 voicemail with instructions on accessing after-hours medical and mental health care is required.</p> <p>(MPR #8)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Posted document ➤ Voicemail message/answering service 	<p><i>Plan is posted:</i></p> <p><i>Plan includes medical and mental health care instructions:</i></p> <p><i>Phone instructions via voicemail message or answering service (Reviewer verifies by calling after hours):</i></p>	
<p>7. Language assistance is offered to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.</p> <p>(CLAS Standards - Title VI of Civil Rights Act)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Observation ➤ Other: 		
<p>8. Walk-in services are available.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Appointment schedule ➤ Observation 		
<p>Access to Care Subtotal</p>		<p>/ 20 possible points</p>

Total Points:

C. Facility Environment	Points	Comments
<p>1. A Patient Bill of Rights is posted and distributed to clients.</p> <p>(Patient Self-Determination Act of 1990)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Observation ➤ Other: 	<p><i>Bill of Rights is posted:</i></p> <p><i>Bill of Rights is available for distribution to clients:</i></p> <p><i>Bill of Rights is written in youth-friendly language and/or explained to clients:</i></p>	
<p>2. The physical facility must be barrier-free, clean and safe.</p> <p>(MPR #14)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Accessible halls, toilets, sinks ➤ Wheelchair ramps ➤ Parking for the disabled 		
<p>3. Passages, corridors, doorways and other means of exit are kept clear and unobstructed.</p> <p>(MPR #14)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation 		
<p>4. The waiting area and exam rooms are comfortable, well-lighted, well-ventilated and age-appropriate.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation 		
<p>5. Site-specific building emergency instructions, including telephone numbers, are posted. A plan for emergency situations is readily accessible, reviewed and updated regularly for emergencies such as power failure, fire, natural disaster and weapons on-site. Exits are clearly marked with escape routes posted.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Observation of marked escape route/exits 		
<p>Facility Environment Subtotal</p>		<p>/ 7 possible points</p>

Total Points:

D. Outreach Efforts to Meet Projected Performance Output Measure (PPOM)	Points	Comments
<p>1. There is an outreach plan in place to attract users to the health center.</p> <p>(MDE RFP, CAHC Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence of outreach efforts <ul style="list-style-type: none"> ○ School orientation participation ○ PTA meeting attendance ○ Communication to parents at home: mail, email, texts ○ Proactive reminders for appointments ○ Bulletin boards/posters ○ Student newspapers ○ School staff meeting attendance ○ Coach and Athletic Director outreach ○ Teacher/staff referrals ○ Attendance at school events (plays, concerts, sports) ○ Community education (PSA) ○ Social media ○ Other 		
<p>2. Outreach is conducted at least twice per year.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence e.g., copies of documents, showing frequency of outreach 		
Outreach Efforts to Meet PPOM Subtotal		/ 3 possible points

Total Points:

E. Needs Assessment & Client Satisfaction	Points	Comments
<p>1. The health center has completed, updated or has access to a needs assessment process conducted within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents (when adolescents are served).</p> <p>(MPR #12)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Survey/assessment conducted within the last three years (tool and results) ➤ Survey/assessment documents comprehensive health needs ➤ Adequate number surveyed/assessed based on population size ➤ Services related to identified needs are offered by the health center (clinical visits, through EBI's or other programs or support services) 	<p><i>Copy of survey / assessment tool (and results) conducted within last three years:</i></p> <p><i>Survey/assessment documents a range of comprehensive health needs appropriate to the population:</i></p> <p><i>Adequate number of youth surveyed/assessed based on population size (Reviewer should reference Acceptable Sample Sizes document to determine):</i></p> <p><i>Services based on needs are offered in clinical visits, through EBI's or through other programs or support services:</i></p>	
<p>2. A client satisfaction survey has been conducted, at a minimum, annually.</p> <p>(MPR #12)</p> <p>Note: includes medical and mental health</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Copy of age-appropriate survey tool ➤ Copy of survey results ➤ Corrective action plan, if applicable ➤ Adequate number surveyed based on unduplicated user number 	<p><i>Copy of age-appropriate survey tool:</i></p> <p><i>Copy of last two tabulated survey results, showing administration 1x per year:</i></p> <p><i>Copy of corrective action plan</i></p> <p><i>Adequate number of youth surveyed based on unduplicated user number (10% of clients seen in review period surveyed):</i></p>	
<p>Needs Assessment & Client Satisfaction Subtotal</p>		<p>/ 13 possible points</p>

Total Points:

F. Organization and Function	Points	Comments
<p>1. 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 school district.</p> <p>(MPR #6)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Agreement which defines roles and responsibilities of each party ➤ Agreement is current ➤ Agreement has appropriate signatures 	<p><i>If health center is a school-linked site, mark "N/A" for each of the following:</i></p> <p><i>Interagency agreement defines roles and responsibilities of each party:</i></p> <p><i>Interagency agreement is current</i></p> <p><i>Appropriate parties have signed the interagency agreement:</i></p>	
<p>2. If the health center is located on school property, or in a building where K-12 education is provided, written approval by the school administration and school board exists for the following:</p> <ul style="list-style-type: none"> ○ Location of health center ○ Administration of a needs assessment process to determine priority health services for the population served, which includes, at a minimum, a risk behavior survey for adolescents served by the health center ○ Parental consent policy ○ Services rendered in the health center <p>(MPR #6)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence of approval that is signed by appropriate parties (e.g., letter, agreement) or meeting minutes, etc. 	<p><i>If health center is a school-linked site, mark "N/A" for each of the following:</i></p> <p><i>Location of health center:</i></p> <p><i>Administration of a needs assessment process (includes risk behavior survey for any adolescents served) to determine priority health services:</i></p> <p><i>Parental consent policy:</i></p> <p><i>Services rendered in the health center:</i></p>	
<p>3. A local community advisory council (CAC) shall be established and operated in a manner consistent with mandated legislative language.</p> <p>(MPR #13 and State School Aid, Act 94 of 1979, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Roster with community representation, <50% providers and 1/3 parent membership shown ➤ Evidence of parent recruitment efforts ➤ Agendas and minutes of last three meetings showing a minimum of two meetings per year 	<p><i>Roster shows CAC membership with community representation, <50% providers and 1/3 parent membership:</i></p> <p><i>Evidence of parent recruitment efforts exist, such as emails, newsletters, etc.:</i></p> <p><i>Agendas and/or minutes show evidence of two meetings per year:</i></p>	

Total Points:

<p>4. Youth input to CAC shall be maintained through either membership on the established CAC, a youth advisory council, or through other formalized mechanisms of youth involvement and input.</p> <p>(MPR #13)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Membership roster ➤ Evidence in CAC meeting minutes that youth input is incorporated ➤ Focus group reports, key informant interviews, or other evidence of youth input: 	<p><i>Roster for youth advisory council or youth membership on CAC:</i></p> <p><i>Evidence in CAC meeting minutes that youth input is incorporated and/or evidence of other means of gathering youth input e.g., focus groups:</i></p>	
<p>5. CAC has written bylaws or operating procedures for governance which includes: duties and responsibilities, terms of office, method of member selection, indication of voting members, description of voting process.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Copy of bylaws or operating procedures ➤ Other: 		
<p>6. CAC members are oriented to the health center.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Orientation materials 		
<p>7. Current organizational chart reflects clear lines of authority and includes all health center staff.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Organizational chart 		
<p>8. Staff meetings occur regularly as a mechanism for coordinating care. Staff of all disciplines providing service are included in meetings.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Agendas and minutes 		
<p>9. Evaluation of staff occurs at least annually with clear performance measures.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Review form 		
<p>Organization & Function Subtotal</p>		<p>/ 21 possible points</p>

Total Points:

G. Policies & Procedures	Points	Comments
<p>1. The health center shall not provide abortion counseling, services or make referrals for abortion services.</p> <p>(MPR #3 and State School Aid, Act 94 of 1979, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Client records reflect compliance with policy 		
<p>2. The health center, if on school property, shall not prescribe, dispense or otherwise distribute family planning drugs or devices.</p> <p>(MPR #4, School Code, Act 451 of 1976 and State School Aid Act, Act 94 of 1979, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Client records reflect compliance with policy 		
<p>3. The health center shall have a policy and procedures approved by the CAC for the following areas at a minimum:</p> <ul style="list-style-type: none"> ○ Parent consent (in accordance with applicable minor consent law and/or practice) ○ Request for release of medical records and release of information that include the role of the non-custodial parent and parent with joint custody ○ Confidential services as allowed by state and/or federal law and/or practice ○ Disclosure by clients or evidence of child physical or sexual abuse or neglect <p>(MPR #13)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence of policy and procedures approval by CAC 	<p><i>Health center has approved policy and procedures for:</i></p> <p><i>Parent consent that complies with minor consent laws/practice:</i></p> <p><i>Request for release of medical records and release of information that include the role of the non-custodial parent and parent with joint custody:</i></p> <p><i>Confidential services that complies with minor consent laws/practice:</i></p> <p><i>Disclosure by clients or evidence of child physical abuse or sexual abuse or neglect:</i></p>	
<p>Policies & Procedures Subtotal</p>		<p>/ 14 possible points</p>

Total Points:

H. Fiscal Operations	Points	Comments
<p>1. There is a method for determining and obtaining information on Medicaid eligibility.</p> <p>(MPR #5 and MSA Bulletin 04-13)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Consent form ➤ Verification health center staff have received Medicaid online enrollment training ➤ Other: 		
<p>2. The health center shall establish and implement a sliding fee scale which is not a barrier to health care the population served. Clients must not be denied service based on their inability to pay (e.g., including income, insurance status, outstanding balances). CAHC funding may be used to offset outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.</p> <p>(MPR #17)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Sliding fee scale ➤ Billing documentation 	<p><i>Policy stating services will not be denied for lack of payment:</i></p> <p><i>Sliding fee scale which is not a barrier to care (e.g., based on adolescent income/set to zero pay for adolescents)</i></p> <p><i>Evidence that outstanding balances are offset by CAHC funds e.g., in policy, billing documentation:</i></p>	
<p>3. Parents/guardians of minors that consent to treatment for mental health services or STI/HIV treatment as allowable under Michigan law shall not be liable for cost of services received by the minor.</p> <p>Mental Health Code: Act 258 of 1974 and Public Health Code: Act 368 of 1978, as amended</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Billing documentation ➤ Other: 		
<p>4. A process is in place for billing Medicaid, Medicaid Health Plans and other third party payers.</p> <p>(MPR #18)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Billing documentation e.g., billing records in previous three months ➤ Evidence of follow-up on rejected claims ➤ Billing / financial reports 	<p><i>Policy and procedures for health center billing:</i></p> <p><i>Billing record documentation showing claims submitted for payment:</i></p> <p><i>Billing/financial reports showing amount of claims submitted for health center services and status of claims:</i></p>	

Total Points:

<p>5. The billing and fee collection processes do not breach the confidentiality of the client.</p> <p>(MPR #19 and HIPAA)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ EHR/billing record documentation 		
<p>6. Revenue generated from the health center must be used to support health center operations and programming.</p> <p>(MPR #20)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Budget ➤ Financial Status Report ➤ Remittance advice ➤ Accounting reports (e.g., ledger) 	<p><i>Policy and procedures describing how revenue generated by health center is returned to the health center account:</i></p> <p><i>Budget documents return of billing revenue to the health center:</i></p> <p><i>Financial Status Report documents return of revenue to the health center:</i></p> <p><i>Remittance advice shows return of revenue to the health center:</i></p> <p><i>Accounting reports (e.g., ledger) shows return of revenue to the health center account:</i></p>	
<p>7. The most recent Financial Status Report follows the approved budget and does not exceed the deviation allowance.</p> <p>(MDE RFP and CAHC Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Budget ➤ Financial Status Report 	<p><i>Financial Status Report follows the approved budget:</i></p> <p><i>No items on the Financial Status Report exceed the cost deviation allowance:</i></p>	
<p>8. The approved budget and the most recent Financial Status Report show at least 30% match.</p> <p>(MDE RFP and CAHC Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Budget ➤ Financial Status Report ➤ Documentation of match 	<p><i>Approved budget includes minimum 30% match:</i></p> <p><i>Financial Status Report documents match as shown in approved budget:</i></p> <p><i>Other documentation of 30% match:</i></p>	

Total Points:

<p>9. If services are offered to adults, services are provided through funds other than MDE grant and minimum 30% match.</p> <p>(State School Aid, Act 94 of 1979, as amended, Element definition of MPR, MDE RFP and CAHC Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Budget ➤ Financial Status Report ➤ Documentation of other financial support for services to adults 	<p><i>Budget and Financial Status Report do not include funds for services to adults:</i></p> <p><i>Documentation of other financial support for services to adults, or not applicable because services are not offered to adults:</i></p>	
<p>Fiscal Operations Subtotal</p>		<p>/ 31 possible points</p>

<p>I. Data Management</p>	<p>Points</p>	<p>Comments</p>
<p>1. The health center has secure storage for supplies and equipment, and secure paper and/or electronic client records.</p> <p>(MPR #14 and HIPAA)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Access to storage areas observed ➤ Access to records is observed ➤ Interview questions 	<p><i>Physical storage for supplies and equipment is secure:</i></p> <p><i>Paper client records are secure (e.g., triple-locked) and electronic client records are secured through password protection and other electronic security measures:</i></p>	
<p>2. A designated individual is responsible for final preparation and review of all reports.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Interview question ➤ Other: 		
<p>Data Management Subtotal</p>		<p>/ 2 possible points</p>

Total Points:

J. Goal Attainment Scaling (GAS) and Medicaid Outreach	Points	Comments
<p>1. Each health center shall implement two evidence-based programs and/or clinical interventions (EBIs) with fidelity in at least one of the approved focus areas as determined through needs assessment data.</p> <p>(MPR #1, MDE RFP and CAHC Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Current GAS ➤ Evidence of implementation or plans to implement with fidelity during current fiscal year ➤ Evidence of evaluation e.g., results or evaluation plans 	<p><i>Evidence of implementation or plans to implement EBIs with fidelity during current fiscal year:</i></p> <p><i>Evidence of evaluation or plans to evaluate EBIs during current fiscal year:</i></p>	
<p>2. The health center shall provide Medicaid Outreach services to eligible youth and families and shall adhere to CAHC & Programs outreach activity as outlined in MSA 04-13.</p> <p>(MPR #5 and MSA 04-13)</p> <p>Medicaid Outreach Areas:</p> <ol style="list-style-type: none"> 1) Public Awareness 2) Facilitating Medicaid eligibility determination 3) Program planning, policy development and interagency coordination related to Medicaid services 4) Referral, coordination and monitoring of Medicaid services 5) Medicaid-specific training on outreach and eligibility of services <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Documentation of activity in each of five outreach areas as outlined to the right 	<p><i>Documentation exists for:</i></p> <p><i>Public awareness campaigns, media releases etc. in area 1:</i></p> <p><i>Records show number uninsured, assisted onsite and successfully enrolled in Medicaid in area 2:</i></p> <p><i>Eligible activities e.g., meeting minutes, policies, agreements in area 3:</i></p> <p><i>Eligible activities e.g., record audits, quality improvement in area 4:</i></p> <p><i>Conducting and/or participating in training events in area 5:</i></p>	
<p>GAS and Medicaid Outreach Subtotal</p>		<p>/ 9 possible points</p>

Total Points:

Section 2: Clinical Review		
A. Clinical Organization	Points	Comments
<p>1. The health center shall have a licensed physician as a medical director.</p> <p>(MPR #9)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ License ➤ Job description with CAHC responsibilities ➤ Other: 	<p><i>Physician License:</i></p> <p><i>Job description includes CAHC responsibilities:</i></p>	
<p>2. The health center shall be staffed by a certified, licensed Nurse Practitioner (PNP, FNP), licensed physician or a licensed Physician Assistant.</p> <p>(MPR #10 and Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ License(s) ➤ Other: 	<p><i>Provider license(s):</i></p>	
<p>3. The Nurse Practitioner must have current specialty certification or be eligible for certification from the State of Michigan as a Nurse Practitioner and accredited by an appropriate national certification or board.</p> <p>(MPR #10)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence of specialty certification in appropriate field (e.g., pediatrics, family practice) by State of Michigan ➤ Evidence of accreditation by appropriate association or board. 	<p><i>Evidence of specialty certification (or eligibility) in appropriate field by State of Michigan:</i></p> <p><i>Evidence of accreditation by appropriate association or board:</i></p>	

Total Points:

<p>4. The Nurse Practitioner and medical director shall have a current, signed collaborative practice agreement and delegated prescriptive authority agreement for controlled substances. Elements of the collaborative practice agreement shall include: 1) brief description of services provided, 2) mutually approved references and protocols (if applicable) for clinical guidance, 3) process for record review, 4) criteria/process for physician consultation and criteria for referrals, 5) agreement to individual accountability according to respective scopes of practice, and 6) established periodic review of agreement.</p> <p>(MPR #10 and CMS Regulations)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Copy of current collaborative practice agreement (signed and dated) that includes above elements ➤ Evidence of delegated prescriptive authority agreement (for controlled substances, if applicable), signed annually 	<p><i>Copy of collaborative practice agreement (CPA):</i></p> <p><i>CPA is current (signed and dated):</i></p> <p><i>Evidence of delegated prescriptive authority agreement (for controlled substances) signed within last year or N/A:</i></p> <p><i>Missing 0-2 elements of CPA:</i></p>	
<p>5. The Physician Assistant works with a physician according to the signed practice agreement, which includes: 1) method of communication between parties and period of availability of each party, 2) identification of an alternate physician when the physician signee is not available, 3) signatures of each party, 4) a termination clause that provides for a 30 day notice prior to termination, 5) the duties of each professional that fall within their scope of practice and training and excludes acts or procedures each are not qualified to perform or are not allowed to perform by the Board of Medicine, and 6) a statement that the physician has verified the PA credentials. The practice agreement must comply with requirements outlined by the Board of Medicine.</p> <p>(MPR #10 and Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence of practice agreement ➤ Other: 	<p><i>Copy of practice agreement between physician and PA</i></p> <p><i>Practice agreement is current (signed and dated)</i></p> <p><i>Missing 0-2 elements of practice agreement</i></p> <p><i>Practice agreement complies with the current requirements as outlined by the Board of Medicine</i></p>	
<p>6. Current licenses for all professional clinical staff shall be publicly displayed so as to be visible to clients. A permanent record containing names and respective license numbers of the providers (including medical director) shall be maintained on-site.</p> <p>(Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Licenses displayed in public area ➤ Permanent record on-site contains names and license numbers of each clinician 	<p><i>Licenses displayed publicly:</i></p> <p><i>Licenses in permanent onsite record:</i></p>	

<p>7. Each clinical staff (NP, PA, physician) must have, or must have applied for, a National Provider Identification number for use in filing and processing health care claims and other transactions.</p> <p>(CMS Regulations)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ NPI number or application for NPI number exists for each provider 	<p><i>NPI number or application for NPI number exists for each provider:</i></p>	
<p>8. If controlled substances are prescribed or dispensed, each clinical staff (NP, PA, Physician) must have, or must have applied for, a controlled substance license through the DEA; and the license must be posted.</p> <p>(Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ DEA number or application for DEA number exists for each provider 	<p><i>DEA number or application for DEA number exists for each provider:</i></p> <p><i>DEA license(s) posted:</i></p>	
<p>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.</p> <p>(MPR #9)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Copy of standing orders that includes medications for treatments and/or clinical procedures if provided by staff other than main clinical provider ➤ Evidence standing orders are reviewed and signed annually by medical director and applicable staff ➤ Record review/observation demonstrates alignment with practice 	<p><i>Evidence of Policy & Procedures review:</i></p> <p><i>Copy of standing orders:</i></p> <p><i>Standing orders are current (evidence of annual review and relevant signatures):</i></p> <p><i>Evidence practice is aligned with standing orders:</i></p>	

Total Points:

<p>10. There is a policy on informed consent including parent, minor (when adolescents are served), and clients age 18 and over. Policy and consent forms are inclusive of all applicable services provided by the health center.</p> <p>(MPR #1, MPR #2 and Patient Self-Determination Act of 1990)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Consent Forms 	<p><i>Policies on consent include parental consent, minor consent as applicable, and consent of clients age 18 and over:</i></p> <p><i>Consent forms include parental consent, minor consent as applicable, and consent of clients age 18 and over:</i></p> <p><i>Policies on consent are inclusive of all services provided by the health center:</i></p> <p><i>Consent forms are inclusive of all services provided by the health center:</i></p>	
<p>Clinical Organization Subtotal</p>		<p>/ 32 possible points</p>

Total Points:

B. Continuous Quality Improvement	Points	Comments
<p>1. The health center shall implement a continuous quality improvement plan. Components of the plan shall include at a minimum: 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. 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.</p> <p>(MPR #12)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures and/or CQI Plan ➤ Evidence of recent record review including identification of reviewer(s) ➤ Criteria/indicators of goals or thresholds for evaluation/improvement ➤ Documented corrective action process ➤ CQI Coordinator identified ➤ CQI meeting agendas, minutes, participants 	<p><i>Policy & Procedures or CQI plan:</i></p> <p><i>Results of recent quality improvement record review (twice annually, minimum):</i></p> <p><i>Review conducted by appropriate peer and/or other sponsoring agency staff:</i></p> <p><i>Thresholds are identified for all evaluation criteria:</i></p> <p><i>Plan for corrective action/action taken as appropriate:</i></p> <p><i>CQI Coordinator identified:</i></p> <p><i>CQI Meetings include staff of all disciplines working in the health center:</i></p> <p><i>CQI meetings held quarterly:</i></p> <p><i>CQI meeting minutes/notes show discussion of improvement reviews, client satisfaction surveys and clinical issues:</i></p>	
CQI Subtotal		/ 9 possible points

Total Points:

C. Health Services	Points	Comments
<p>1. The clinical services shall meet the recognized, current standards of practice for care and treatment of the population served.</p> <p>(MPR #2 and MPR #1)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review ➤ Observation/Interview ➤ Appropriate supplies and equipment (excluding those specified elsewhere) ➤ Other: 	<p><i>Observation meets standards or unable to observe:</i></p> <p><i>Appropriate supplies and equipment:</i></p> <p><i>Record review includes:</i></p> <p><i>Comprehensive history:</i></p> <p><i>Documented education:</i></p> <p><i>Appropriate clinical decision-making:</i></p> <p><i>Appropriate plans, inclusive of follow-up:</i></p>	
<p>2. Comprehensive physical exams (well-child exams) are consistent with current Medicaid EPSDT or AAP periodicity guidelines, including practice methods and age-appropriate screenings.</p> <p>(MPR #1 and MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review ➤ Observation ➤ Evidence of alignment with Medicaid EPSDT or AAP periodicity guidelines 	<p><i>Observation meets standards or unable to observe:</i></p> <p><i>Record review includes:</i></p> <p><i>Comprehensive history:</i></p> <p><i>Documented education:</i></p> <p><i>Appropriate clinical decision-making:</i></p> <p><i>Appropriate plans, inclusive of follow-up:</i></p> <p><i>Evidence that CPE aligns with Medicaid EPSDT or AAP periodicity guidelines:</i></p>	

Total Points:

<p>3. Education, screening and provision of immunizations is consistent with CDC-ACIP guidelines. The Michigan Care Improvement Registry (MCIR) is used consistently for assessment and administration documentation.</p> <p>(MPR #1)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures (including for emergency treatment of adverse reaction) ➤ Appropriate vaccine inventory on-site ➤ Appropriate vaccine storage, with alarm and temperature log ➤ Record review inclusive of documentation of counseling on needed immunizations and of deferrals or refusals ➤ Observation 	<p><i>Policy & Procedures:</i></p> <p><i>Vaccine stock, storage/security is appropriate for site:</i></p> <p><i>Age-appropriate immunization education materials are available:</i></p> <p><i>Observation meets standards or unable to observe:</i></p> <p><i>Record review includes:</i></p> <p><i>All required immunization provision documentation:</i></p> <p><i>Documentation of education, counseling, deferrals and refusals:</i></p> <p><i>Evidence of MCIR review/use:</i></p>	
<p>4. Education, counseling, testing and referral for HIV is consistent with CDC/other relevant guidelines.</p> <p>(MPR #1 and MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures inclusive of education, counseling, testing, referral ➤ Appropriate education and testing materials on-site ➤ Record review ➤ Observation/Interview 	<p><i>Policy & Procedures:</i></p> <p><i>Policy & Procedures complete for all required counseling, testing and referral procedures:</i></p> <p><i>Appropriate education and testing materials on- site:</i></p> <p><i>Record review includes:</i></p> <p><i>Complete documentation for all required counseling and testing procedures:</i></p> <p><i>Documentation deferrals and refusals:</i></p> <p><i>If reactive test, appropriate procedures completed (or no reactive tests):</i></p>	

Total Points:

<p>5. Education, testing, treatment and/or referral for STI's is consistent with CDC/other relevant guidelines.</p> <p>(MPR #1 and MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures inclusive of education, testing, treatment, referral ➤ Appropriate education and testing materials on-site ➤ Record review ➤ Observation/Interview 	<p><i>Policy & Procedures:</i></p> <p><i>Policy & Procedures complete for all required counseling, testing and referral procedures:</i></p> <p><i>Appropriate education and testing materials on- site:</i></p> <p><i>Record review includes:</i></p> <p><i>Complete documentation for all required counseling and testing procedures:</i></p> <p><i>Documentation deferrals and refusals:</i></p> <p><i>Documentation and follow-up complete for positive tests (or no positive tests):</i></p>	
<p>6. Education and pregnancy testing is consistent with current guidelines.</p> <p>(MPR #1 and MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures inclusive of education, testing, referral, follow-up ➤ Appropriate testing materials on-site ➤ Record review ➤ Appropriate education, referral and follow-up exist for negative and positive results ➤ Observation/Interview 	<p><i>Policy & Procedures:</i></p> <p><i>Policy & Procedures complete for all required education, testing, referral and follow-up procedures:</i></p> <p><i>Appropriate testing materials on-site:</i></p> <p><i>Record review includes:</i></p> <p><i>Complete documentation for all required procedures:</i></p> <p><i>Complete documentation for appropriate referrals for both negative and positive results:</i></p>	

Total Points:

<p>7. Health promotion and risk reduction services are consistent with recognized preventive services guidelines appropriate for age.</p> <p>(MPR #1 and MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures for risk assessment administration, anticipatory guidance ➤ Record review for documentation of risks, anticipatory guidance, interventions and/or referrals 	<p><i>Policy & Procedures for risk assessment/anticipatory guidance:</i></p> <p><i>Documentation of assessment results:</i></p> <p><i>Documentation of anticipatory guidance:</i></p> <p><i>Documentation of intervention and/or referrals as appropriate:</i></p>	
<p>Health Services Subtotal</p>		<p>/ 40 possible points</p>

D. Process for a Clinical Visit	Points	Comments
<p>1. Client confidentiality is maintained.</p> <p>(MPR #2 and HIPAA)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Policy & Procedures 	<p><i>Observation:</i></p> <p><i>Policy and procedures outline steps taken to maintain client confidentiality:</i></p>	
<p>2. Client confidentiality is maintained in the physical environment.</p> <p>(MPR #14)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Secured records, forms/logs, computer screens ➤ Other: 	<p><i>White noise machines, sound proof walls/doors:</i></p> <p><i>Paper records, forms and logs are secured e.g., triple locked; computer screens revert to screen savers:</i></p>	
<p>3. Assessment of clients is consistent with standards of care, based on accepted guidelines and protocols (if any) that are mutually approved by the medical director and providers.</p> <p>(MPR #2 and MPR #9)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation 	<p><i>Observation that assessment of clients is consistent with standards of care and approved guidelines and protocols (if any):</i></p>	

Total Points:

<p>4. Physician consultation, treatment, referrals and follow-up for diagnostic testing or specialty consultation are appropriate for recognized guidelines and agreements.</p> <p>(MPR #2 and MPR #9)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures consistent with clinical guidelines ➤ Record review indicates alignment with guidelines; results, treatment and follow-up included in client record/treatment plan ➤ Observation/Interview 	<p><i>Policy & Procedures:</i></p> <p><i>Policy & Procedures complete and consistent with recognized guidelines and agreements:</i></p> <p><i>Observation meets standards or unable to observe:</i></p> <p><i>Record review includes:</i></p> <p><i>Documentation includes physician consultation, diagnostic testing and referral appropriate for client condition:</i></p> <p><i>Documentation includes treatment and all follow-up:</i></p> <p><i>Documentation shows all testing and referral process appropriately closed out:</i></p>	
<p>5. The client has the right to refuse or defer treatment, unless intent exists to harm self or others. Their refusal or deferral of treatment is documented in the client record.</p> <p>(MPR #2 and Patient Self-Determination Act of 1990)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Patient Bill of Rights ➤ Mature Minor Consent form ➤ Record review 	<p><i>Policy & Procedures:</i></p> <p><i>Bill of Rights includes right to refuse or defer treatment:</i></p> <p><i>Mature Minor Consent form includes right to refuse or defer treatment unless intent exists to harm self or others:</i></p> <p><i>Refusals and deferrals are documented in client records:</i></p>	

Total Points:

<p>6. The health center has established and implemented a process for communicating with the assigned primary care provider, based on criteria established by the provider and medical director, that doesn't violate confidentiality.</p> <p>(MPR #11)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review 	<p><i>Policy & Procedures exist for communicating with the assigned PCP, if one exists outside of CAHC:</i></p> <p><i>Policy & Procedures clearly define data/information that is to be communicated:</i></p> <p><i>Evidence of implementation / practice that aligns with policy & procedures:</i></p>	
<p>7. Provider approach to and communication with clients is age and developmentally-appropriate. Questions and concerns are encouraged.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation 		
<p>8. Findings and treatment plan are reviewed/communicated with parents, unless prohibited by client (consistent with Michigan minor consent laws).</p> <p>(MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review 	<p><i>Policy & Procedures address communication with parents regarding findings/treatment plan, consistent with Michigan minor consent laws:</i></p> <p><i>Documentation of communication indicates practice is in compliance with policy & procedures:</i></p>	
<p>Process for Clinical Visit Subtotal</p>		<p>/ 23 possible points</p>

Total Points:

E. Clinical Environment	Points	Comments
<p>1. All medications (OTC and prescription) are stored, dispensed and disposed of in compliance with fiduciary guidelines and Public Health Code regulations.</p> <p>(MPR # 2 and Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures (applicable to the health center) ➤ Secure storage for medications ➤ Current dispensing license is posted ➤ Dispensing in accordance with dispensing license ➤ Observation 	<p><i>Policy & Procedures exist for medication storage, dispensing and disposal and are applicable to the health center:</i></p> <p><i>Medication storage is secure:</i></p> <p><i>If health center does not have a dispensing license, mark "N/A" for the following:</i></p> <p><i>*Current dispensing license posted:</i></p> <p><i>*Dispensing is occurring in accordance with license:</i></p>	
<p>2. A policy and procedures for handling medical emergencies exists that defines what, if any, emergencies will be responded to outside of the health center and what care will be provided. (If no emergency response outside of the health center is provided, policy and procedures exist to this effect.) For emergencies managed by the health center on or off-site, care and supplies are appropriate and match policy.</p> <p>(MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Observation of emergency supply kit including (but not limited to) appropriate emergency medication dosages 	<p><i>Policy & Procedures exist for emergency response on and off-site:</i></p> <p><i>Emergency supply kit matches care outlined in policy & procedures, including but not limited to emergency medication (minimum – supplies for response to anaphylactic reaction in health center):</i></p>	

Total Points:

<p>3. The handling of medical waste is consistent with Michigan OSHA guidelines. A written plan for control of hazardous environmental exposure is consistent with the guidelines.</p> <p>(MPR #15)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures (site-specific) ➤ Current medical waste license posted ➤ Evidence of appropriate waste disposal ➤ SDS location is posted and observed as accessible 	<p><i>Policy & Procedures for waste disposal are site specific:</i></p> <p><i>Policy & Procedures re: exposure plan are site specific:</i></p> <p><i>Current medical waste license is posted:</i></p> <p><i>Evidence of appropriate waste disposal:</i></p> <p><i>SDS location is posted:</i></p> <p><i>SDS location is accessible:</i></p>	
<p>4. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards. CLIA certification is documented.</p> <p>(MPR #16)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Lab Manual ➤ Current CLIA license or certificate of waiver posted (site-specific) ➤ Documentation and evidence of all CLIA required regulations (competency and proficiency testing) 	<p><i>Policy & Procedures:</i></p> <p><i>Lab manual:</i></p> <p><i>Current CLIA license or certificate of waiver, specific to health center, is posted:</i></p> <p><i>All required testing documentation complete:</i></p> <p><i>Evidence of annual competency and proficiency testing is complete:</i></p>	
<p>5. All equipment used for patient care is in working order and is calibrated per industry standard. The fiduciary has a method for identifying all equipment used by the health center which is accessible to the health center.</p> <p>(MPR #14 and MPR #16)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation/Interview ➤ Evidence/documentation of calibration ➤ Evidence that fiduciary tracks equipment 	<p><i>Observation that equipment is in working order:</i></p> <p><i>Evidence/documentation that equipment is calibrated:</i></p> <p><i>Method of identifying equipment in use at health center is accessible to health center staff:</i></p>	
<p>Clinical Environment Subtotal</p>		<p>/ 22 possible points</p>

Total Points:

Section 3: Mental Health Review		
A. Credentials and Supervision	Points	Comments
<p>1. The health center must be staffed with a minimum of a licensed Masters level mental health provider (e.g., counselor or Social Worker).</p> <p>(MDE RFP, CAHC Contract, MPR #10 and Mental Health Code: Act 258 of 1974, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ License ➤ Evidence of Master’s degree ➤ Work and Appointment Schedules ➤ Budget and Financial Status Report ➤ Other: 	<p><i>Master’s Prepared:</i></p> <p><i>Current Michigan license:</i></p>	
<p>2. The mental health clinician shall receive regular, consistent supervision as appropriate for years of clinical experience. The mental health clinician must be supervised by a licensed provider during all hours of health center operation. The supervisor must: be available at all times via direct in-person or telecommunication; must monitor and regularly review the practice of the clinician; evaluate the clinician’s performance and conform to other supervisory requirements of the Public Health Code.</p> <p>(MPR #10 and Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Licensed Supervisor assigned ➤ MOU/LOA or structure for supervision in place ➤ Schedule for supervision ➤ Evidence of supervision ➤ Other: 	<p><i>Licensed Supervisor assigned:</i></p> <p><i>MOU/LOA for supervision:</i></p> <p><i>Schedule for Supervision:</i></p> <p><i>Evidence of Supervision including practice review and clinician performance:</i></p>	
<p>3. Current licenses for all professional staff shall be publicly displayed so as to be visible to clients. A permanent record containing names and respective license numbers of the mental health clinicians shall be maintained on-site.</p> <p>(Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Licenses displayed in public area ➤ Permanent record on-site contains names and license numbers of each mental health clinician 	<p><i>Licenses displayed publicly:</i></p> <p><i>Licenses in permanent onsite record:</i></p>	
Credentials & Supervision Subtotal		/ 8 possible points

Total Points:

B. Continuous Quality Improvement	Points	Comments
<p>1. The health center shall implement a continuous quality improvement plan. Components of the plan shall include at a minimum: 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.</p> <p>(MPR #12)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures and/or CQI plan includes mental health services ➤ Evidence of recent record review including identification of reviewer(s) ➤ Criteria/indicators of goals or thresholds for evaluation/improvement ➤ Documented corrective action process ➤ Other: 	<p><i>Policy & Procedures and/or CQI plan include mental health:</i></p> <p><i>Results of recent quality improvement record review (twice annually, minimum):</i></p> <p><i>Review conducted by appropriate peer and/or other sponsoring agency staff:</i></p> <p><i>Thresholds are identified for all evaluation criteria:</i></p> <p><i>Plan for corrective action/action taken as appropriate):</i></p>	
CQI Subtotal		/ 5 possible points

C. Mental Health Services	Points	Comments
<p>1. The mental health services shall meet the recognized, current standards of practice for care and treatment for population served. The most current mental health guideline references are available to professional staff.</p> <p>(MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Clinical guidelines/references ➤ Other: 	<p><i>Evidence that practice is aligned with current standards of practice:</i></p> <p><i>Clinical guidelines/references on-site:</i></p>	
<p>2. If mental health staff is administering risk assessments to clients, staff has received Motivational Interviewing training; or is registered for an upcoming training.</p> <p>(MPR #1 and MDHHS Requirement)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Certificate of completion or evidence of registration for Motivational Interviewing training 	<p><i>Evidence of Motivational Interviewing training:</i></p>	
Mental Health Services Subtotal		/ 4 possible points

Total Points:

D. Process for a Mental Health Visit	Points	Comments
<p>1. Client confidentiality is maintained, including physical and verbal privacy in the counseling area.</p> <p>(MPR #2, MPR #14 and Mental Health Code: Act 258 of 1974, as amended and HIPAA)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Secured records, forms/logs, computer screens ➤ Policy & Procedures 	<p><i>Observation:</i></p> <p><i>Policy and procedures outline steps taken to maintain client confidentiality:</i></p> <p><i>White noise machines, sound proof walls/doors:</i></p> <p><i>Paper records, forms and logs are secured e.g., triple locked; computer screens revert to screen savers:</i></p>	
<p>2. Intake/assessment of clients is completed to indicate and/or identify mental health conditions and to assist in development of an individual treatment plan.</p> <p>(MPR #2 and Mental Health Code: Act 258 of 1974, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review 	<p><i>Record review:</i></p>	
<p>3. Intake/assessment of client is consistent with mental health standards approved by the sponsoring agency.</p> <p>(MPR #2 and Mental Health Code: Act 258 of 1974, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review 	<p><i>Record review:</i></p>	
<p>4. Intake/assessment is completed by the third visit.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review ➤ Policy & Procedures 		
<p>5. Mental health clinician develops an individualized and comprehensive treatment plan for each established client seen for mental health services. The treatment plan shall establish meaningful and measurable goals with the client and shall address client needs.</p> <p>(MPR #2 and Mental Health Code: Act 258 of 1974, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review of treatment plans 	<p><i>Treatment plan developed for each established client:</i></p> <p><i>Treatment plans contain meaningful, measurable goals:</i></p> <p><i>Treatment plans address client needs:</i></p>	

Total Points:

<p>6. Treatment plans are kept current, modified when indicated and are reviewed at reasonable intervals with client and with parents, unless prohibited by client (consistent with Michigan minor consent laws).</p> <p>(MPR #2 and Mental Health Code: Act 258 of 1974, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review 	<p><i>Treatment plans are kept current/being modified when indicated to keep current:</i></p> <p><i>Treatment plans are revised at reasonable intervals:</i></p> <p><i>Policy & Procedures address communication with parents regarding treatment plan, consistent with Michigan minor consent laws:</i></p> <p><i>Documentation of communication indicates practice is in compliance with policy & procedures:</i></p>	
<p>7. The client has the right to refuse or defer treatment, unless intent exists to harm self or others. Their refusal or deferral of treatment is documented in the client record.</p> <p>(MPR #2 and Patient Self-Determination Act of 1990)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Patient Bill of Rights ➤ Mature Minor Consent form ➤ Record review 	<p><i>Policy & Procedures:</i></p> <p><i>Bill of Rights includes right to refuse or defer treatment:</i></p> <p><i>Mature Minor Consent form includes right to refuse or defer treatment unless intent exists to harm self or others:</i></p> <p><i>Refusals and deferrals are documented in client records:</i></p>	
<p>8. If the mental health clinician indicates a pharmacological intervention may be needed, the provider refers to a clinical provider who can prescribe appropriate medications, when needed.</p> <p>(Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review of progress note ➤ MOU/LOA with consulting clinical providers 	<p><i>Policy & Procedures outline process for referral to clinical provider for pharmacological intervention:</i></p> <p><i>Record review indicates referral to a clinical provider for pharmacological interventions:</i></p> <p><i>MOU/LOA exists with consulting clinical provider for pharmacological intervention:</i></p>	

Total Points:

<p>9. A crisis response plan and communication plan exists where appropriate between the health center/sponsoring agency and the client’s school.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Copy of crisis response plan ➤ Copy of communication plan with school 		
<p>10. There are adequate procedures for the follow-up of internal and off-site referrals.</p> <p>(MPR #1)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review: referral documentation 	<p><i>Policy & Procedures are adequate for internal referrals:</i></p> <p><i>Policy & Procedures are adequate for off-site referrals:</i></p> <p><i>Documentation of referrals follows policy & procedures:</i></p> <p><i>Documentation of follow-up follows policy & procedures:</i></p>	
<p>11. A follow-up mechanism in place for missed appointments.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review: referral documentation 		
<p>Process for Mental Health Visits Subtotal</p>		<p>/ 27 possible points</p>

Total Points:

E. Process for Treatment and Intervention Groups, when provided	Points	Comments
<p>1. Each treatment group has an established number of structured sessions with at least one documented topic, with defined goals/ outcomes for the treatment group.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Schedule of treatment groups ➤ Sign-in sheets for treatment groups ➤ Group topic/curriculum/discussion guidelines ➤ Goals/outcomes for group 		
<p>2. Each group participant has a mental health record that contains: a signed consent as necessary, a signed agreement/contract to participate and an understanding of confidentiality guidelines, diagnostic assessment, and individual treatment plan reflecting the group topic, current documentation completed after each session.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Group participant records with all recommended components (above) 		

Total Points: