DIVISION OF FAMILY AND COMMUNITY HEALTH
CAHC ADOLESCENT CLINICAL HEALTH CENTER REVIEW TOOL

DATE: _____ ADOLESCENT HEALTH CENTER: _____

ADDRESS: _____

ADDRESS #2: _____

SPONSORING AGENCY: _____

CEO, HEALTH OFFICER OR MEDICAL DIRECTOR: _____

COORDINATOR: _____

CLINICAL PROVIDER: _____

MENTAL HEALTH PROVIDER: _____

MDCH ADMINISTRATIVE REVIEWER: _____

MDCH CLINICAL REVIEWER: _____

MENTAL HEALTH REVIEWER: _____

GENERAL INFORMATION

PURPOSE OF THE REVIEW:

- ❑ To assure the health center is meeting or exceeding the Michigan Department of Community Health Minimum Program Requirements for Child and Adolescent Health Centers, Request for Proposal and contract requirements, and providing quality services
- ❑ To assist in resolving any problems associated with administering the program
- ❑ To review and respond to agency concerns and questions

PURPOSE OF THE PROGRAM:

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 adolescent health center model, through either school-based or school-linked health centers, provide on-site primary health care, psycho-social services, health promotion/disease prevention education and referral to youth 10 to 21 years of age and their small children with emphasis on the uninsured, under-insured and publicly insured.

CODING KEY:

C = COMPLIANT
N = NON-COMPLIANT
TA = TECHNICAL ASSISTANCE NEEDED
NR = NOT REVIEWED OR NOT APPLICABLE

DOCUMENT PREPARATION PRIOR TO REVIEW

The following items must be submitted to the respective MDCH reviewers one month prior to review:

Administrative Reviewer:

- ❑ Personnel roster
- ❑ Current organizational chart for health center staff
- ❑ Community advisory council membership that identifies role and representation (e.g., parent, youth, medical provider, etc.) and voting designations
- ❑ Minutes from the last three community advisory council meetings

Clinical Reviewer:

- ❑ Personnel roster
- ❑ Job descriptions for each clinical staff
- ❑ Copy of specialty certification documents (Nurse Practitioner)
- ❑ Copy of current licensure (Nurse Practitioner/Physician Assistant)
- ❑ Current collaborative practice agreement (Nurse Practitioner)
- ❑ Current supervision plan (Physician Assistant)
- ❑ Sample client chart (medical record) with all forms used

Mental Health Reviewer:

- ❑ Job description for mental health provider(s)
- ❑ Copy of current licensure and certification documents
- ❑ Sample mental health client chart with all forms used

Please note that your reviewer contact information was included in this mailing in a separate letter. If you can not locate this information, please contact Taggert Doll, Child and Adolescent Health Program Coordinator at 517-335-9720 or dollt@michigan.gov .

STRUCTURE OF THE ON-SITE REVIEW	DOCUMENT PREPARATION FOR ON-SITE REVIEW
The site review will begin with an entrance interview with the assigned reviewers, the clinic coordinator, mid-level provider(s), mental health provider, and other pertinent clinic staff and sponsoring agency staff. The entrance interview is typically quite brief, allowing time for reviewers to provide an overview of the site review process and for the health center and sponsoring agency staff to ask any last questions. The reviewers work independently over the course of the review. Typically, reviewers will request a brief meeting (15 minutes) with the coordinator, mid-level provider or other staff mid-morning on the first and second days of the review to ask questions to verify findings or observations and to request any missing documentation. The reviewers will need a small, private space to review documents and to intermittently discuss findings. Reviewers tour the clinic space to make environmental observations, observe clinic flow, and examine waiting, reception, bathroom, examination, lab, education and storage areas. The clinical reviewer will review a random selection of at least 20 charts that contain a mix of well and sick visits, charts from frequent clients, and a variety of services (immunizations, STI testing/treatment, asthma care, etc.). The mental health reviewer will review a random selection of at least 10 charts. The administrative reviewer will cross-check three to five random charts against the encounter forms and billing records. The clinical reviewer will shadow each provider during a minimum of two to three visits upon verbal consent of the client. Ideally, the clinical reviewer observes both a well and sick visit with each provider. This allows an opportunity to assess comprehensiveness and quality of service delivery and provide feedback to providers. Both the chart review and client observation are allowable under HIPAA and MDCH regulations. By late morning of the last day, the reviewers meet independently to discuss findings to be presented at the exit interview. The exit interview will start by 2:00 p.m. on the last day of the review and should include all staff present at the interview and the Medical Director. The exit interviews typically last one hour. A written report of findings, required actions to bring the center into compliance and suggestions for improvement will be issued to the sponsoring agency after the review.	**The following items must be available on-site at the review;** **<u>Other items may be requested at discretion of the reviewers:</u>** ❑ Current work plan, implementation evidence and evaluation results ❑ Current budget and most recent Financial Status Report ❑ Most recent quarterly reporting elements (data) report ❑ Two most recent Medicaid outreach reports ❑ Policy and procedures manual specific to the health center ❑ Current interagency agreement (school-based centers) ❑ School administration and board approvals (school-based centers) ❑ Current adolescent health needs assessment survey / data ❑ Case-finding/recruitment and Medicaid outreach materials ❑ Center brochure AND forms e.g., enrollment, consent, referral, etc. ❑ Staff schedule and after-hours and weekend care plan ❑ Summer care plan and summer plans notification ❑ Appointment schedule ❑ Client education materials ❑ Lab documentation ❑ Current referral agreements and list of referral sources ❑ Client encounter and billing forms ❑ Fee schedule and sliding fee scale ❑ Remittance advice/accounting reports or ledger for health center ❑ Billing records for previous three months; most recent billing report ❑ Financial policies and procedures relevant to health center ❑ Client satisfaction survey and results of surveys for last two years ❑ Quality improvement plan and documentation ❑ Clinical guidelines (references) ❑ Clinical procedures manual ❑ Standing orders, if applicable ❑ CLIA certificate or waiver ❑ Exposure control plan; waste disposal plan AND license ❑ MSDS: materials safety data sheets ❑ Personnel training log (CEU's) ❑ Access to medical records, supply, and medical storage areas

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

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

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

C. Access to Care	Code	Indicators	Comments
1. The health center shall be located in a school building or an easily accessible alternate location. *(MPR #7)*	**C** **N** **TA** **NR**	✓ Observation of accessibility e.g. in school, on public transportation route, school release policy, etc.	
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 holiday, spring break and summer vacation. *(MPR #8)*	**C** **N** **TA** **NR**	✓ Schedule of hours ✓ Evidence of service provision when school not in session e.g., charts/visits during summer, p.m. hours ✓ Brochures, signage, etc. advertising summer hours ✓ Coverage plan ✓ *If summer hours differ, MDCH approval exists	
3. The health center shall provide clinical services staffed by a primary care provider a minimum of five days per week. Total provider clinical time shall be at least 30 hours per week. (Alternative: 3 days/24 hours per week.) *(MPR #8)*	**C** **N** **TA** **NR**	✓ Staff schedule ✓ Appointment schedule	
4. Hours of operation must be posted in areas frequented by the target population. *(MPR #8)*	**C** **N** **TA** **NR**	✓ Posted schedule of hours ✓ Center space clearly marked	
5. The health center shall have a written plan for after-hours and weekend care which shall be posted (including external doors), explained to clients and instructions are provided via answering service or answering machine. *(MPR #8)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Document is posted ✓ Voicemail message ✓ Enrollment packet/brochure	
6. Walk-in services are available. *(Best Practice)*	C N TA NR	✓ Policy & Procedure Manual ✓ Appointment schedule ✓ Observation	
7. A follow-up mechanism in place for missed appointments. *(Best Practice)*	C N TA NR	✓ Policy & Procedure Manual ✓ Follow-up forms/methods	
8. Bilingual staff/interpreters are available when appropriate/necessary. *(Best Practice)*	C N TA NR	✓ Policy & Procedure Manual ✓ Observation	

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

E. Publicity and General Outreach	**Code**	**Indicators**	**Comments**
1. There is a case-finding/recruitment plan in place to attract student users to the center. *(MDE RFP)*	**C N** **TA NR**	✓ Annual work plan ✓ Evidence of recruitment methods (flyers, etc.)	
2. Recruitment methods are adequate and include: ✓ Contacts at school orientation ✓ PTA meeting attendance ✓ Mailings/letters home ✓ Bulletin boards/posters ✓ Student newspapers ✓ Staff meeting attendance/presentations ✓ Teacher/staff referrals ✓ Community education campaigns/PSA *(Best Practice)*	C N TA NR	✓ Examples of methods used	
3. If the center is on school property, the services are publicized to the entire student body at least twice a year. *(Best Practice)*	C N TA NR	✓ Copies of documents, other evidence showing frequency	
F. Needs Assessment & Client Satisfaction	**Code**	**Indicators**	**Comments**
1. The sponsoring agency has completed, updated or has access to a needs assessment process, including a health risk behavior survey at a minimum, conducted within the last three years to determine the health needs of the target population. *(MPR #1 and MPR #12)*	**C N** **TA NR**	✓ Copy of survey/assessment conducted within last three years that documents health needs (tool and tabulated results) ✓ Adequate number surveyed based on population size ✓ Comprehensive indicators of need are assessed ✓ Services based on needs	
2. Client satisfaction surveys shall be conducted periodically, but no less than once per year. *(MPR #12)* *(Note: Client satisfaction surveys include medical and mental health client surveys.)*	**C N** **TA NR**	✓ Copy of survey or assessment tool ✓ Age appropriate tool ✓ 10% of clients seen in review period surveyed ✓ Review tabulated results ✓ Plans for corrective action, if applicable	

G. Organization and Function; 1 of 2	Code	Indicators	Comments
1.There is a current interagency agreement defining roles and responsibilities between the contracting provider and school district, if center is located on school property *(MPR #6)* *(Note: May include mental health roles also; if not see Section III, C.2)*	**C** **N** **TA** **NR**	✓ Agreement defines roles and responsibilities of each party ✓ Reviewed and updated on regular intervals ✓ Date signed:_____ ✓ Appropriate signatories	
2. If on school property, written approval by the school administration AND the local school board exists for the following: ✓ Location of health center ✓ Administration of needs assessment process to students ✓ Parental consent policy ✓ Services rendered in the health center *(MPR #6)*	**C** **N** **TA** **NR**	✓ Evidence of approval that is dated and signed by appropriate agent e.g., letter, minutes; interagency agreement includes necessary approvals ✓ Policy complies with minor consent laws; Services consistent with MPR's	
3. A community advisory council shall be established and operated in a manner consistent with all mandated legislative language. *(MPR #13)*	**C** **N** **TA** **NR**	✓ Roster of advisory council ✓ 1/3 parent membership ✓ Agenda and minutes of last three meetings ✓ Minimum 2 meetings / year	
4. Youth input to the advisory committee is maintained through either membership on the established local advisory committee; a youth advisory committee; or through other formalized mechanisms of youth involvement and input. *(MPR #13)*	**C** **N** **TA** **NR**	✓ Membership roster ✓ Evidence in meeting minutes that youth input is incorporated ✓ Focus group reports, key informant interviews, other evidence of youth input	

G. Organization and Function; 2 of 2	Code	Indicators	Comments
5. Advisory council has written bylaws or operating procedures for governance which includes: ✓ Duties and responsibilities ✓ Terms of office ✓ Method of member selection ✓ Composition/constituency represented ✓ Indication of voting members *(Best Practice)*	C N TA NR	✓ Copy of bylaws or operating procedures ✓ Roster of advisory council	
6. Advisory council members are oriented to the health center. *(Best Practice)*	C N TA NR	✓ Interview question: describe orientation efforts ✓ Notebooks, other orientation materials	
7. Organizational chart reflects clear lines of authority and includes all staff. Chart is reviewed periodically and updated as needed. *(Best Practice)*	C N TA NR	✓ Copy or organizational chart including placement of health center and date	
8. Staff meetings occur regularly as a mechanism for coordinating care. If a Social Worker or other mental health clinician is part of center service delivery team, that staff is included in staff meetings. *(Best Practice)*	C N TA NR	✓ Meeting agendas ✓ Meeting minutes ✓ Schedule of meetings	

H. Policies and Procedures	Code	Indicators	Comments
1. There are adequate procedures for the follow-up of internal and off-site referrals. *(MPR #1)* *(Includes mental health follow-up and referrals)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Referral forms and log ✓ Follow-up documentation ✓ Referral agreements	
2. The health center shall not, as part of the services offered, provide abortion counseling, services or make referrals for abortion services. *(MPR #3)*	**C** **N** **TA** **NR**	✓ Policy and procedures exist prohibiting abortion counseling, services and referral ✓ Client charts reflect compliance with policy	
3. The health center, if on school property, shall not prescribe, dispense or otherwise distribute family planning drugs or devices. *(MPR #4)*	**C** **N** **TA** **NR**	✓ Policy and procedures exist prohibiting prescription, dispensation or distribution of family planning drugs or devices on school property ✓ Client charts reflect compliance with policy	
4.The health center shall have a policy and procedure approved by the advisory council for the following areas at a minimum: ✓ Parental consent in accordance with Michigan law ✓ Requests for records and release of information that include the role of the non-custodial parent and parents with joint custody ✓ Confidential services as allowed by state and/or federal law ✓ Reporting of child abuse and neglect *(MPR #13)*	**C** **N** **TA** **NR**	✓ Evidence of policy and procedure approved by the advisory council ✓ Policies comply with Michigan minor consent and other corresponding laws	

I. Fiscal Operations; 1 of 2	Code	Indicators	Comments
1. There is a method for determining and obtaining information on Medicaid eligibility. *(MPR #5)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Registration forms ✓ Verification on-site staff have received Medicaid online enrollment training ✓ Netwerkes, WebDenis participation, etc. ✓ Interview question	
2. The health center shall establish and implement a sliding fee scale, which is not a barrier to health care for adolescents. Adolescents must not be denied service based on their inability to pay (e.g., including income, insurance status, outstanding balances). CAHC funding is used to offset outstanding balances. *(MPR #17)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Financial procedures ✓ Brochure ✓ Sliding fee scale ✓ Billing system documentation	*Adolescents can not be charged co-pays a/o deductibles for Medicaid covered services per Medicaid regulations
3. Parents/guardians of minors that consent to treatment for mental health services as allowable under Michigan statue shall not be liable for the cost of services received by the minor. *(Mental Health Code: Act 258 of 1974)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Financial procedures ✓ Encounter form ✓ Billing system documentation	
4. Encounter forms are generated for all medical and mental health visits. *(MPR #18)*	**C** **N** **TA** **NR**	✓ Encounter form ~ chart documentation	
5. A process is in place for billing Medicaid, Medicaid Health Plans and other third party payers. *(MPR #18)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Financial procedures describe which payers are billed and billing is consistent with procedures ✓ Billing record in the past three months ✓ Billing reports	
6. The health center shall establish and implement a process for billing which does not breach the confidentiality of the client. *(MPR #19)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Financial procedures	

I. Fiscal Operations; 2 of 2	Code	Indicators	Comments
7. Medicaid managed care and third party revenues are readily identifiable and are returned to the center to support health center operations and programming. *(MPR #20)*	**C** **N** **TA** **NR**	✓ Financial procedures ✓ Budget/FSR ✓ Billing reports ✓ Remittance advice ✓ Accounting reports/ledger	
8. The most recent Financial Status Report (FSR) follows the approved budget and does not exceed the allowable cost deviation allowance. *(MDE RFP and Contractual Requirement)*	**C** **N** **TA** **NR**	✓ Budget ✓ Financial Status Report	
9. The approved budget and the most recent Financial Status Report (FSR) show at least 30% local match. *(MDE RFP and Contractual Requirement)*	**C** **N** **TA** **NR**	✓ Budget ✓ Financial Status Report ✓ Evidence of match	
10. If services are offered to adults, services are provided through funds other than MDE-MDCH grant. *(MDE RFP, Element Definition of MPR and Budget)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Budget ✓ Financial Status Report	
11. Fees are based on cost analysis. *(Best Practice)*	C N TA NR	✓ Charges based on cost analysis of services provided ✓ Procedures for cost analysis ✓ Fee schedule development guidelines/procedures	
12. Written procedures exist for financial record keeping including billing and collection of client fees. *(Best Practice)*	C N TA NR	✓ Policy & Procedure Manual ✓ Financial procedures	
13. Procedures adequately address rejected insurance claims. *(Best Practice)*	C N TA NR	✓ Policy & Procedure Manual ✓ Financial procedures ✓ Interview question	

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

K. Support Services & Medicaid Outreach	Code	Indicators	Comments
1.Medicaid outreach services provided to youth and families adhere to CAHCP outreach activities 1 through 5: 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 *(MPR #5 and MSA Bulletin 04-13)*	**C** **N** **TA** **NR**	✓ Documentation of public awareness campaigns, media releases, etc. ✓ Records showing number assisted in eligibility determination ✓ Documentation of eligible planning activities e.g., meeting minutes, policies, agreements, etc. ✓ Documentation of eligible referral activities e.g., chart audits, quality assurance, etc. ✓ Documentation of coordinating, conducting or participating in training events on outreach eligibility and services	

Section II: Clinical Services Review			
A. Clinical Organization; 1 of 2	**Code**	**Indicators**	**Comments**
1. The health center shall have a licensed physician as a medical director who supervises the medical services provided. *(MPR #9)*	**C** **N** **TA** **NR**	✓ License: MD/DO ✓ DEA Registration Number for physician ✓ Evidence of case consultation, chart audit	
2. The health center shall be staffed by a Nurse Practitioner (PNP, FNP, SNP), licensed physician, or a licensed Physician Assistant working under the supervision of a physician during all hours of center operation. *(MPR #10)*	**C** **N** **TA** **NR**	✓ Licenses ✓ Staff schedule ✓ Job descriptions ✓ Staff resumes/vitas	
3. The Nurse Practitioner must have specialty certification or be eligible for certification from the state of Michigan as a Nurse Practitioner and accredited by an appropriate national certification association or board. The physician and Physician Assistant must be currently licensed to practice in Michigan. *(MPR #10)*	**C** **N** **TA** **NR**	✓ Licenses ✓ Specialty certification ✓ New graduates (CNS) should be certified within one year of employment	
4. A collaborative practice agreement between Nurse Practitioner and medical director shall be available, reviewed and signed annually by both parties. The agreement shall cover: a brief description of services to be provided, criteria for referrals and consultations, acceptable references for clinical guidelines, process for record review and physician consultation, delegated authority for prescribing medications and agreement to individual accountability according to scope of practice defined by the Michigan Public Health Code. *(MPR #10 and CMS requirement)*	**C** **N** **TA** **NR**	✓ Collaborative practice agreement *Source; Nurse Practitioner Resource Document, MNA, August 2000*	

A. Clinical Organization; 2 of 2	Code	Indicators	Comments
5. The Physician Assistant (PA) must be supervised by a licensed physician during all hours of center operation. The physician must: be available to the PA at all times via direct in-person or telecommunication; must monitor and regularly review the practice of the PA; evaluate the PA's performance and conform to other supervisory requirements of the Public Health Code. *(MPR #10, MPR #12 and Public Health Code: Act 368 of 1978 as amended)*	**C** **N** **TA** **NR**	✓ Licenses ✓ Current plan of supervision ✓ Evidence of supervision and quality assurance e.g., meeting notes, case consultation, chart review, etc.	
6. Current licenses for all professional staff shall be publicly displayed in the health center so as to be visible to clients. A permanent record containing respective license numbers of the physician and Physician Assistant shall be maintained on-site. *(Public Health Code: Act 368 of 1978 as amended)*	**C** **N** **TA** **NR**	✓ Licenses displayed in public work area ✓ Permanent record with license numbers of physician and Physician Assistant	
7. Each clinical staff (NP, PA, and Physician) must have, or have applied for, a National Provider Identification number for use in filing and processing health care claims and other transactions. *(CMS Regulations)*	**C** **N** **TA** **NR**	✓ NPI number; application	
8. If clinical procedures are provided by staff other than main clinical provider, standing orders for medications or treatments and/or clinical procedures to be provided by staff other than Nurse Practitioner or Physician Assistant shall be available. Orders shall be reviewed, renewed and signed by the physician at least annually. *(MPR #9)*	**C** **N** **TA** **NR**	✓ Written standing orders ✓ Clinical procedures manual	
9. There is a policy on informed consent. *(MPR #2 and Patient Bill of Rights)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Parental Consent Form ✓ Mature Minor Consent ✓ HIV Test Consent Form	

B. Continuous Quality Improvement	Code	Indicators	Comments
1. The health center shall implement a quality assurance (continuous quality improvement) plan. The plan shall include quarterly medical records reviews by peers to determine that conformity with standards and current acceptable clinical practices that are conducted on an ongoing basis. A system shall also be in place to implement corrective actions when deficiencies are noted. The plan incorporates the completion or access to a needs assessment process every three years to determine health needs of the target population; and implementation of a client satisfaction survey at least annually. *(MPR #12)*	**C N** **TA NR**	✓ Evidence of a continuous quality improvement plan and results of recent quality improvement review ✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Corrective actions taken as appropriate ✓ CQI plan includes plans to complete or access a health survey or assessment every three years ✓ CQI plan includes plans to implement a client satisfaction survey annually at a minimum	
2. There are written quality assurance (continuous quality improvement) policies and procedures which include at a minimum: peer review of charting, chart review criteria, complaint and incident review, corrective action and time frame. *(Best Practice)*	C N TA NR	✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Complaint/incident review ✓ Corrective actions and time frame ✓ An individual is designated as CQI Coordinator ✓ CQI committee meeting minutes ✓ The CQI committee meets quarterly	

C. Health Services; 1 of 2	Code	Indicators	Comments
1. The clinical services provided shall meet the recognized, current standards of practice for care and treatment of adolescents and their children. *(MPR #1 and MPR #2)*	**C** **N** **TA** **NR**	✓ Chart review ✓ Clinical observation ✓ Clinical references	
2. Physical exams (well-child exams) are consistent with Medicaid Early Periodic Screening, Testing and Diagnosis guidelines. *(MPR #1, MPR #4 and CMS Guidelines)*	**C** **N** **TA** **NR**	✓ Chart review ✓ Clinical observation ✓ Clinical references	
3. Education, screening and provision of immunizations is consistent with CDC guidelines and is administered with the Michigan Care Improvement Registry (MCIR). *(MPR #2)* ❒If center has VFC provider status, center follows VFC guidelines *(VFC provider status – Best Practice)*	**C** **N** **TA** **NR**	✓ Immunization record present and/or request documented in chart ✓ Reminder/recall notices ✓ Emergency treatment orders for adverse reaction ✓ MCIR utilization reports (upon request)	
4. Education, counseling, testing and referral for HIV is consistent with CDC guidelines. *(MPR #1 and MPR #2)* ❒*MDCH CAHC - HAPIS Certified Site*	**C** **N** **TA** **NR**	✓ Chart review/progress note ✓ Referral logs ✓ Certification obtained or in progress as CAHC designated C&T site or as HAPIS designate C&T site ✓ Eligible continuing education documented	
5. Education, testing, treatment and/or referral for STI's is consistent with CDC guidelines. *(MPR #1 and MPR #2)*	**C** **N** **TA** **NR**	✓ Chart review/progress note ✓ Referral logs	
6. Education and pregnancy testing is consistent with ACOG guidelines. Referral to high risk services is provided. *(MPR #1 and MPR #2)*	**C** **N** **TA** **NR**	✓ Chart review/progress note ✓ Referral logs	

C. Health Services; 2 of 2	Code	Indicators	Comments
7. Health promotion and risk reduction services are consistent with GAPS, Bright Futures or other recognized preventive services guidelines. *(MPR #1 and MPR #2)* *Assessment used:* ❒GAPS ❒AHR ❒RAAPS ❒Other: ❒Bright Futures	**C** **N** **TA** **NR**	✓ Chart review/progress note ✓ GAPS, Bright Futures or other forms	
8. Staff administering risk assessments to clients has received risk assessment training. *(MPR #1 and MPR #2)*	**C** **N** **TA** **NR**	✓ DATE:_____	
9. Education, assessment, testing, treatment and/or referral is consistent with GAPS, Bright Futures or other preventive services guidelines. *(Best Practice)* ❒Eating Disorders / Obesity ❒Tobacco ❒Alcohol, Other Drugs ❒Sexual Behaviors ❒Sexually Transmitted Infections ❒Risk for HIV ❒Depression ❒Suicide Risk ❒History of Abuse / Violence ❒Learning/School Problems	C N TA NR	✓ Chart review/progress note ✓ Referral logs	

D. Process for a Clinical Visit; 1 of 2	Code	Indicators	Comments
1. Client confidentiality is maintained. *(MPR #2 and HIPAA)*	**C** **N** **TA** **NR**	✓ Observation ✓ Policy & Procedure Manual	
2. Confidentiality of the client is maintained by physical and verbal privacy in the exam room, counseling area and lab area. *(MPR #14)*	**C** **N** **TA** **NR**	✓ Observation ✓ White noise machines, sound proof walls/doors ✓ Forms/logs are secured	
3. Assessment of clients is consistent with clinical guidelines approved by the medical director and Nurse Practitioner/Physician Assistant. *(MPR #2 and MPR #9)*	**C** **N** **TA** **NR**	✓ Observation ✓ Chart review/progress note ✓ Clinical guidelines / references	
4. Education about health and self-care is consistent with GAPS, Bright Futures or other established preventive services guidelines. *(MPR #2)*	**C** **N** **TA** **NR**	✓ Observation ✓ Chart review/progress note	
5. Referrals for diagnostic testing are consistent with clinical guidelines approved by the medical director and Nurse Practitioner/Physician Assistant and results are included in treatment plan. Follow-up on pertinent negatives is documented. *(MPR #2 and MPR #9)*	**C** **N** **TA** **NR**	✓ Observation ✓ Chart review/progress note ✓ Clinical guidelines / references	
6. Case coordination of treatment or counseling is consistent with clinical guidelines approved by the medical director and Nurse Practitioner/Physician Assistant and results are included in treatment plan. *(MPR #2 and MPR #9)*	**C** **N** **TA** **NR**	✓ Observation ✓ Chart review/progress note ✓ Clinical guidelines / references	
7. The client has the right to refuse or defer treatment. Refusal or deferral of treatment is documented. *(MPR #2 and Patient Bill of Rights)*	**C** **N** **TA** **NR**	✓ Observation ✓ Chart review/progress note ✓ Policy & Procedure Manual	

D. Process for a Clinical Visit; 2 of 2	Code	Indicators	Comments
8. The health center has established and implemented a process for communicating with the assigned primary care provider, based on criteria established by the provider and Medical Director, that doesn't violate confidentiality. *(MPR #11)*	**C** **N** **TA** **NR**	✓ Policy & Procedure Manual ✓ Communication documentation ✓ Chart review	
9. Findings are shared with the client in an age-appropriate manner and questions and concerns are encouraged. *(Best Practice)*	C N TA NR	✓ Observation	
10. Findings and treatment plan are reviewed with parents unless prohibited by client, consistent with Michigan minor consent laws. *(Best Practice)*	C N TA NR	✓ Observation ✓ Chart review/progress note ✓ Policy & Procedure Manual	
11. Provider approach to clients is adolescent friendly. *(Best Practice)*	C N TA NR	✓ Observation	

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

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

F. Provider Education	Code		Indicators	Comments
1. The most current clinical guidelines (references) approved by the medical director and Nurse Practitioner/Physician Assistant and other medical references are available to professional staff. *(MPR #9)*	**C** **TA**	**N** **NR**	✓ Observation ✓ Clinical guidelines / references	
2. Clinic staff participates in required MDCH trainings and meetings. *(MDCH Requirement)*	**C** **TA**	**N** **NR**	✓ Observation / Interview ✓ Training log / file ✓ Copy of attendance certificates	
3. Continuing education for licensed staff is documented. *(Best Practice)*	C TA	N NR	✓ Log / file of attendance ✓ Copy of attendance certificates	
4. Evaluation of staff occurs at least annually with clear performance measures. *(Best Practice)*	C TA	N NR	✓ Interview	
5. CPR training is documented every two years for licensed staff. *(Best Practice)*	C TA	N NR	✓ Observation ✓ Training log / file ✓ Copy of certificate	
6. Child abuse education and reporting requirements are updated every two years for licensed staff. *(Best Practice)*	C TA	N NR	✓ Observation ✓ Training log / file ✓ Copy of certificate	

Section III: Mental Health Services Review (for centers who use State funds to support mental health staff)			
A. Clinical Organization	**Code**	**Indicators**	**Comments**
1. The Social Worker or other mental health clinician shall currently be licensed to practice in Michigan and shall have the appropriate certification to provide mental health services in accordance with current mental health practice guidelines. *(Public Health Code: Act 368 of 1978 as amended)*	**C** **N** **TA** **NR**	✓ License ✓ Certification	
2. The Social Worker or other mental health clinician shall receive regular, consistent supervision as appropriate for years of clinical experience. *(Public Health Code: Act 368 of 1978 as amended; NASW Standards for Clinical Social Work)*	**C** **N** **TA** **NR**	✓ Licenses ✓ Staff schedule ✓ Job descriptions ✓ Staff resumes/vitas ✓ MOU/LOA for supervision	*e.g., Minimum 1 hr supervision for @ 15 hrs face-to-face client contact during first 2 yrs of professional experience; Minimum 1 hr supervision for @ 30 hrs of face-to-face client contact for those with 2-5 yrs experience*
3. The Social Worker or other mental health clinician must be supervised by a licensed provider during all hours of center operation. The supervisor must: be available at all times via direct in-person or telecommunication; must monitor and regularly review the practice of the clinician; evaluate the clinician's performance and conform to other supervisory requirements of the Public Health Code. *(Public Health Code: Act 368 of 1978 as amended)*	**C** **N** **TA** **NR**	✓ Licenses ✓ MOU/LOA for supervision ✓ Current plan of supervision ✓ Evidence of supervision and quality assurance e.g., meeting notes, case consultation, chart review, etc.	
4. Current licenses for all professional staff shall be publicly displayed in the health center so as to be visible to clients. A permanent record containing respective license number(s) of the mental health clinician(s) shall be maintained on-site. *(Public Health Code: Act 368 of 1978 as amended)*	**C** **N** **TA** **NR**	✓ Licenses displayed in public work area ✓ Permanent record with license number(s) of mental health clinician(s)	

B. Continuous Quality Improvement	Code	Indicators	Comments
1. The health center shall implement a quality assurance (continuous quality improvement) plan. The plan shall include quarterly mental health clinical records reviews by peers to determine that conformity with standards and current acceptable clinical practices that are conducted on an ongoing basis. A system shall also be in place to implement corrective actions when deficiencies are noted. The plan incorporates the implementation of a client satisfaction survey at least annually. *(MPR #12)*	**C N** **TA NR**	✓ Evidence of a continuous quality improvement plan and results of recent quality improvement review ✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Corrective actions taken as appropriate ✓ CQI plan includes plans to implement a client satisfaction survey annually at a minimum	
2. There are written quality assurance (continuous quality improvement) policies and procedures which include at a minimum: peer review of charting, chart review criteria, complaint and incident review, corrective action and time frame. *(Best Practice)*	C N TA NR	✓ Chart review criteria ✓ Thresholds are identified and evaluated ✓ Complaint/incident review ✓ Corrective actions and time frame ✓ An individual is designated as CQI Coordinator ✓ CQI committee meeting minutes ✓ The CQI committee meets quarterly	

C. Mental Health Services	Code	Indicators	Comments
1. The mental health services provided shall meet the recognized, current standards of practice for care and treatment of adolescents age 10-21. *(MPR #2)*	**C** **N** **TA** **NR**	✓ Chart review ✓ Clinical references	
2. The health center shall have a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district mental health providers, if health center is located on school property. *(MPR #6)* *(Note: If not included in overall interagency agreement between health center and school district/Section I, G.1)*	**C** **N** **TA** **NR**	✓ Agreement defines roles and responsibilities of each party ✓ Reviewed and updated on regular intervals ✓ Date signed:_____ ✓ Appropriate signatories	
3. If Social Worker or other mental health clinician is administering GAPS, staff has received GAPS training. *(Best Practice)*	**C** **N** **TA** **NR**	✓ DATE:_____	
4. If providing education, assessment, screening, treatment and/or referral based on GAPS, it is consistent with GAPS or other appropriate guidelines. *(Best Practice*) ❒Eating Disorders / Obesity ❒Tobacco ❒Alcohol, Other Drugs ❒Sexual Behaviors ❒Depression ❒Suicide Risk ❒History of Abuse / Violence ❒Learning/School Problems	**C** **N** **TA** **NR**	✓ Chart review/progress note ✓ Referral logs	
5. A current listing of community resources available for immediate and long-term support and referral exists. *(Best Practice)*	C N TA NR	✓ Policy & Procedure Manual ✓ Listing of referral resources ✓ Referral agreements	

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

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

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

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

DEFINITION OF TERMS:

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

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

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

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

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

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

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