

Michigan Department
of Community Health



Rick Snyder, Governor
Olga Dazzo, Director



**MINI-GRANT APPLICATION FOR SPECIALTY
CLINICAL SERVICE EXPANSION FUNDING
FOR
EXISTING STATE-FUNDED
SCHOOL-BASED AND SCHOOL-LINKED
CHILD AND ADOLESCENT HEALTH CENTERS**

Issued Collaboratively By:

Michigan Department of Community Health
&
Michigan Department of Education

Responses due September 14, 2012

TABLE OF CONTENTS

PART I: GENERAL INFORMATION

INTRODUCTION AND PURPOSE	3
FUNDING RESTRICTIONS	5
FUNDING AMOUNT	5
ELIGIBLE PROVIDERS	6
ASSURANCES	6
THE APPLICATION	6
DUE DATE	6
ACKNOWLEDGEMENT	7
NON-DISCRIMINATION	7
AMERICANS WITH DISABILITIES ACT	7
WHERE TO OBTAIN ASSISTANCE	7

PART II: ADDITIONAL INFORMATION

FUNDING PROCESS	7
CONTRACTS	8
CONTINUATION OF FUNDING	8
FUNDING STRATEGY	8
TECHNOLOGY REQUIREMENTS	8
PROJECT CONTROL AND REPORTS	8

PART III: INSTRUCTIONS AND FORMAT OF THE PROPOSAL

APPLICATION REVIEW AND APPROVAL	9
---------------------------------	---

ATTACHMENTS

TITLE PAGE	
GAS TEMPLATE	
PROGRAM BUDGET SUMMARY	
PROGRAM BUDGET-COST DETAIL SCHEDULE	

Michigan Department
of Community Health



Rick Snyder, Governor
Olga Dazzo, Director



APPLICATION FOR CLINICAL SERVICE EXPANSION FUNDING FOR THE CHILD AND ADOLESCENT HEALTH CENTER PROGRAM

Introduction and Purpose

The Michigan Department of Community Health (MDCH) in collaboration with the Michigan Department of Education (MDE) is pleased to issue this application for clinical service expansion funding for the Child & Adolescent Health Center Program for the period **October 1, 2012 through September 30, 2016**.

The purpose of this application guidance is to provide **current** state-funded Clinical and Alternative Clinical Child and Adolescent Health Centers (CAHCs) with sufficient information to enable them to prepare and submit clinical service expansion applications for one of the following clinical tracks:

Mental Health – Services funded through this track are intended to provide treatment in the area of mental health and to address the complex needs of school-aged youth and families impacted by mental health issues, substance use disorders and associated problems.

In order to apply under this funding track, the following requirements must be met:

- Treatment must be delivered by a fully licensed, minimum Master's prepared, mental health provider who can demonstrate the capacity to bill for reimbursement by April 1, 2013.
- Treatment shall meet the recognized, current standards of care for school-aged youth in compliance with the Mental Health Code: Act 258 of 1974, the Public Health Code: Act 368 of 1978 as amended, and Health Insurance Portability and Accountability Act in accordance with the provider's professional organization standards.
- Patients receiving treatment under this category will have documentation of an assessment, diagnosis, treatment goals and progress notes. This category is intended to exceed the

requirements of the CAHC Mental Health Focus Area. As such, services must meet the criteria of a health center visit.

- Services that can be funded under this track include but are not limited to the following:
 1. Individual, family and group counseling
 2. Psychiatric Services, including oversight
 3. Telepsychiatry
 4. Integrated Behavioral Health

- Health Education programming in the classroom, including use of evidence based programs, is ***not allowable under this funding.***

Primary Care and/or Specialty Care – Services funded through this track are intended to expand either primary care services within the existing CAHC and/or to provide accessible on-site specialty care services to school aged youth in one of the following areas listed below.

Primary Care:

- **Expansion of Primary Care** – Funding may be used for additional provider time for expanded primary care services (Physician, Nurse Practitioner, or Physician Assistant) within the existing CAHC location. As an extension of the primary care already being offered on site, funding can be used to support expansion of vaccine resources for clients beyond Vaccine For Children (VFC) age and/or private insurance clients; one time purchase (limited to year one of the grant) of relevant medical equipment for expanded service; and purchasing medical support (lab, radiology, test interpretation).

- **Support for Person Centered Medical Home (PCMH) Services** - Funds may be used to support aspects of care coordination (case manager, health educator, additional provider time); one time support for fees/other data support required for PCMH certification; support (contract or other) for 24/7 coverage.

- **Chronic Care** – Funding may be used for managing chronic care, including funding physician time specifically for management of chronic conditions, a certified asthma educator; providing allergy de-sensitization; purchasing programming (including assistive equipment for programs); one- time medical equipment costs (limited to year one of the grant). **Note: a**

separate request will be issued for spirometry equipment which cannot be purchased through this grant.

Specialty Care:

- **Nutrition--Dietitian services** - Funding may be used for registered dietitian services; one-time purchase of licensed programming; one-time equipment costs for food preparation and storage.
- **Telemedicine and/or New Clinical Service** – Funding may also be used for additional specialty care at your site (live or telemedically); and/or providing a "new" clinical service (concussion program, orthopedic, vision).
- **Oral Health**—Services may include dental sealant programs, fluoride varnish programs, restorative care, dental hygienist, dental assistant staffing, expansion of existing oral health services or staff time, etc.
 1. Partnering with outside groups is limited to community based dental organizations and private practice dental offices (partnering with state-wide mobile units is not allowed).
 2. Equipment purchases for a dental operatory, mobile unit, and supplies may be made during year one of this mini-grant. Student oral health education is a requirement of all proposed oral health grant.
 3. OSHA infection control regulations and CDC guidelines for infection control must be followed.

Funding Restrictions:

Clinical services provided in these tracks must be an expansion of current services or a new service to be offered within an existing state funded CAHC. Expansion **MUST** be based on clinical diagnoses and need. **Funds cannot be used to supplant existing services. This funding is for clinical services only, administrative and/or coordinator services may not be included.**

Funding Amount:

Up to \$50,000 per CAHC is available. Only one application is allowed per clinical center, however one application can propose service expansion in multiple areas (e.g. mental health and primary care; primary care and specialty care, etc.) as long as the total funding requested does not exceed \$50,000. There is no match requirement for these funds. **In an effort to promote long term sustainability, grant awards will decrease by 10% of the original award annually over the life of the grant.** For instance, if the maximum amount of \$50,000 is granted, funding levels would be:

Year 1: \$50,000
Year 2: \$45,000
Year 3: \$40,000
Year 4: \$35,000

MDCH and MDE expect to issue between 40-50 awards, depending on quality of proposals and total amount requested. This funding will be renewed annually through a non-competitive process, through FY 16 (Sept 30, 2016). Beyond year one, future funding will be dependent on appropriate use of funds and progress towards meeting proposed clinical objectives.

Support is contingent upon the availability of funds and State Administrative Board approval, if applicable. Contracts will be issued on behalf of the two State Departments by the Michigan Primary Care Association (MPCA). Contract management, training, technical assistance and consultation will be provided by MDCH through the Adolescent and School Health Unit within the Division of Family and Community Health.

Eligible Providers

Eligible providers include public and non-profit entities (e.g., local health departments, schools, federally qualified health centers, non-profit hospitals and other health care or social service agencies) **receiving MDCH/MDE Child & Adolescent Health Center funding for clinical and alternative clinical centers in FY 13 (SWP sites are not eligible).**

Assurances

To be eligible for this expansion funding, applicants must provide written assurance that abortion services, counseling, and referral will not be provided as part of the services offered. For centers/programs providing services on school property, applicants must provide written assurance that family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed on school property. **These assurances must be included in the signed application cover letter.**

The Application

Applicants must submit a complete response to this application guidance following the format described in Part III of this document. **Each application must be submitted electronically in ONE PDF DOCUMENT. An official authorized to legally bind the applicant organization to its provisions must sign the application cover letter. Signature pages should also be scanned into the application PDF document.**

Due Date

The application is due on or before September 14, 2012, 5:00 pm.

Applications will be considered as meeting the deadline if they are received via e-

mail (at dollt@michigan.gov) on or before the deadline date. **No hand-delivered, mailed or faxed copies will be accepted.**

Acknowledgement

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

Non-discrimination and Other Compliance with Law

Applications must include a statement of assurance of compliance with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the Michigan Department of Community Health and Michigan Department of Education. **This assurance should be included in the application cover letter.**

Americans with Disabilities Act

The Michigan Departments of Community Health and Education are committed to providing equal access to all persons in admission to, or operation of, its programs or services. Individuals with disabilities needing accommodations for effective participation in this program are invited to contact the Michigan Department of Community Health or Michigan Department of Education for assistance.

Where to Obtain Assistance

Questions regarding this continuation application should be directed to Taggart Doll, Child and Adolescent Health Center Program Coordinator at MDCH at dollt@michigan.gov. All questions should be submitted through e-mail (no phone questions) as they will be anonymously compiled and answered in a Q and A document. The Q and A period begins August 27 and ends September 7. Please have all questions submitted by September 7, 5:00 pm.

The Q and A document will be sent to the state-funded list serve on an every other day basis (or as needed) during the open question time. The final Q and A document will be posted to the CAHC website at www.michigan.gov/cahc.

PART II: ADDITIONAL INFORMATION

Funding Process

The Michigan Department of Education and Community Health will make these clinical expansion funds available through a competitive process for FY 13. Only those clinical and alternative clinical child and adolescent health centers receiving funding in FY 13 will be eligible for clinical service expansion funding.

Between 40-50 grant awards are available for up to \$50,000 each. In an effort to promote long term sustainability, grant awards will decrease by 10% of the original award annually over the life of the grant. This funding will continue for four years, based on performance and availability of funds. No matching funds are required.

Contracts

Awarded funds will be added to the FY 13 CAHC allocation and contract. Contracts will be issued on the Department's behalf by the Michigan Primary Care Association (MPCA). The payment schedule, budget approval process, and financial reporting requirements will be outlined in the official grant agreement between MPCA and the local grantee.

Continuation of Funding

Financial support is contingent upon the availability of funds and meeting performance indicators.

Funding Strategy

If a sponsoring organization is applying for specialty services for more than one health center, separate applications, Goal Attainment Scaling (GAS) work plans and budgets must be submitted.

Technology Requirements

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

Applicants providing clinical services MUST have the necessary technology and equipment to support billing and reimbursement from third party payors and to verify insurance status of children and youth accessing the center.

Project Control and Reports

After grants are awarded, the contractor will carry out the proposed programming under the general direction and control of MDCH. The contractor will be required to submit quarterly GAS work plan reports following the same requirements as the CAHC reports. The reports are subject to be used by the Michigan Department's of Education and Community Health to assist in evaluating the effectiveness of programs funded under the state grants program.

Part III. Instructions and Format of the Proposal

Application Review and Approval

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

A. COVER LETTER

The cover letter should be signed by the agency signatory and include assurances mentioned previously in this application.

B. TITLE PAGE

Please use the attached template as a title page. Fill in the requested information.

C. NARRATIVE (3-5 pages)

Provide a detailed explanation of the clinical outcomes, services and activities (mental health, primary care, or specialty care) that will be met through your proposed service expansion grant. Describe the proposed services and how they will fit into, but not supplant, existing CAHC services. Include a specific staffing plan that includes credentials of additional staff needed, number of proposed hours, number of youth served through each service expansion project, a timeline for hiring any staff and implementing new clinical and mental health services, and overall description for how services will occur. The narrative should provide a complete picture of what service expansion will look like and how it will occur through the expansion effort.

Provide a justification for the proposed services based on clinical need. Use your clinical data including the most common primary care and mental health diagnoses, and referral for specialty care made by your center over the previous year, to justify need. Include as an attachment any clinical data referenced that helps support your case for need.

Please provide a plan for how your center will reach sustainability for these expanded services by the end of the grant period. *Applications that don't address sustainability plans will not be considered for funding.*

D. GOAL ATTAINMENT SCALING (WORK PLAN)

Provide a GAS formatted work plan specific to the proposed services. The service work plan should include objectives, activities, anticipated outcomes and targets for each degree of achievement in the workplan. Since this is a competitive application process, technical assistance by your CAHC consultant cannot be provided.

All objectives must be measurable and time-framed using the required format included in the GAS work plan template. Objectives must be SMART (Specific,

Measurable, Appropriate, Realistic and Time-phased) and address the identified needs of the target population.

The GAS work plan template is attached.

E. FINANCIAL PLAN

The financial plan should be sufficient to achieve the proposed project, but not be excessive. The total should not exceed \$50,000. In an effort to promote long term sustainability, grant awards will decrease by 10% of the original award annually over the life of the grant. It is expected that other locally identified funding, including revenue generated from third party billing, will help offset this depreciation.

F. BUDGET

Budget Forms: Prepare a line-item budget for the period of October 1, 2012 through September 30, 2013 on the **Budget Summary** and **Cost Detail Form** for the amount requested (budget forms are attached in a separate file for ease of completion). **The budget and budget narrative should clearly delineate specific staff and staff costs, percentage of fringe benefits, travel and purchases supported with state dollars.** *Please use the attached budget forms.*

Budgets should include estimates of anticipated billing revenue that will be generated by the proposed services.

Please keep in mind that administrative costs are not allowed, including indirect, coordination services, etc. Funding should be targeted to costs associated with clinical service expansion.

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