

Child and Adolescent Health Center Program

Minimum Program Requirements

Adolescent Support Services

MPR #1

- High quality
- Acceptable and accessible to youth
- A minimum of two of the following fourteen
 - mental health counseling
 - drug/alcohol awareness
 - support groups
 - smoking cessation programs
 - sexual abuse counseling
 - tutoring
 - job skills training
 - suicide prevention programs
 - support for eating disorders
 - nutritional counseling
 - teen advisory groups
 - parenting education
 - support for intimate partner violence
 - peer education and counseling
- Based on needs of the target population

Adolescent Health Services

MPR #2

- Services based on needs
- Approved by the advisory committee
- Minimum services
 - primary care
 - well care & EPSDT screening
 - immunizations using MCIR
 - care for acute illness
 - care for chronic conditions
 - HIV/STI education, voluntary counseling & testing
 - follow preventive services guidelines
e.g., GAPS, Bright Futures
 - referral for other needed clinical services not available at the teen health center

Elementary Health Services

MPR #1

- Based on a needs assessment of the community and target population
- Approved by the advisory committee
- Minimum services
 - primary care
 - well care & EPSDT screening
 - immunizations using MCIR
 - care for acute illness
 - care for chronic conditions
 - laboratory tests for communicable diseases and other
 - primary prevention
 - health education including communicable disease education
 - mental health counseling
 - access or referral to dental services
 - follow preventive services guidelines e.g., Bright Futures, AAP
 - referral for other needed clinical services not available at the elementary health center

Restrictions on CAHC Services

Adolescent: MPR #3 and #5

Elementary: MPR #2 and #4

- The CAHC shall not provide abortion counseling, services, or make referrals for abortion services
- School-based CAHCs shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices

Clinical Standards of Practice

Adolescent: MPR #4

Elementary: MPR #3

- The clinical services provided shall meet the recognized, current standards of practice for care and treatment of:
 - adolescents (ages 10-21) and their children
- OR
- elementary school-aged children (ages 5-10)

Medicaid Outreach Services

Adolescent: MPR #6

Elementary: MPR #5

● The CAHC shall

- provide Medicaid outreach services to eligible youth and families
- adhere to Child and Adolescent Health Centers and Programs (CAHCPs) outreach activities as outlined in MSA 04-13

Written Approval Requirements

Adolescent: MPR #7

Elementary: MPR #6

- If the health center is located on school property or in a building where K-12 education is provided
- School administration e.g., building principal
- Local school board
- location of the health center
- administration of a health survey to students enrolled in the school
- parental consent policy
- services rendered in the health center

Written Approval Requirements

continued

- Elementary

- administration of a needs assessment process to determine priority health services
- policy and procedure on how children will access the center during school hours

- Adolescent

- administration of a health survey to students enrolled in the school

Interagency Agreement

Adolescent: MPR #8

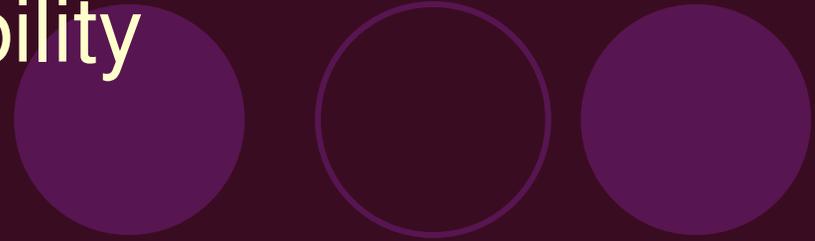
Elementary: MPR #7

- If the health center is located on school property, it shall have a current interagency agreement defining roles and responsibilities between the contracting agency and the local school district
- Sample agreements in the Policy and Procedures Manual and Operations Manual

Location and Accessibility

Adolescent: MPR #9

Elementary: MPR #8



● Elementary

- accessible to all students enrolled in the school building

● Adolescent

- located in a school building or an easily accessible alternate location

Hours of Operation (Clinical Centers)

Adolescent: MPR #10

Elementary: MPR #9

- Open year-round during hours accessible to its target population
- Provisions must be in place for the same services to be delivered during times when school is not in session*
- Open a minimum of five days a week
- Total provider clinical time shall be at least 30 hours per week

**When schools are closed for extended periods e.g., holidays, spring break, and summer vacation*

Hours of Operation (Alternative Clinical Centers) Adolescent: MPR #10

- Open year-round during hours accessible to its target population
- Provisions must be in place for the same services to be delivered during times when school is not in session*
- Open a minimum of three consistent days a week
- Total provider clinical time shall be at least 24 hours per week

**When schools are closed for extended periods e.g., holidays, spring break, and summer vacation*

Medical Director Supervision

Adolescent: MPR #11

Elementary: MPR #10

- The CAHC shall have a licensed physician as a medical director who supervises the medical services provided

Minimum Staffing Requirements

Adolescent: MPR #12

Elementary: MPR #11 and #12

- The CAHC shall be staffed by a certified nurse practitioner, licensed physician, or a licensed physicians assistant working under the supervision of a physician during all hours of clinic operation
- The nurse practitioner must be certified or eligible for certification in Michigan and accredited by an appropriate national certification association or board
- The physician and physician assistant must be licensed to practice in Michigan
- Elementary
 - The elementary center shall be staffed by a certified nurse practitioner (PNP, FNP, SNP), licensed physician, or a licensed physicians assistant working under the supervision of a physician during all hours of clinic operation
 - Pediatrics experience required
 - .50 FTE licensed counselor / certified Social Worker

Local Advisory Board (CAC)

MPR #14



- A minimum of two meetings per year
- Representative of the community
- Comprised of at least 50% members of the community
- One-third of members must be parents of school-aged children and youth
- Health care providers shall not represent more than 50% of the committee
- Youth input is required through either CAC membership, a youth advisory council, or other formalized mechanisms of youth involvement and input (adolescent sites only)
- Elementary School staff must be represented on the committee, including at least one of the following: school nurses (if applicable), administrative positions, teachers, specialty school program staff, student support team members

Local Advisory Board (CAC)

continued

- The committee should recommend the implementation and types of services rendered by the health center
- The advisory committee must approve the following policies and the elementary school health center must develop applicable procedures:
 - parental consent
 - requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
 - confidential services
 - disclosure by clients or evidence of child physical or sexual abuse, and/or neglect

Physical Facilities

MPR #15

- The health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and electronic client records
- Barrier-free
- Clean
- Safe
- See Operations Manual for recommendations

Payment for Services

MPR #18

- The CAHC shall establish and implement a sliding fee scale, which is not a barrier to health care
- Clients must not be denied services because of inability to pay

What to Expect...



What successful planning grant applicants can expect during the six month planning process...

Community Consultants



- Each planning site will be assigned a CAHC Program Consultant from MDCH
- Consultants will act as a liaison between the planning sites and MDCH and MDE
- Consultants are the planning sites' official contact for the planning process

CAHC Program Consultant Responsibilities

- Keep planning sites abreast of state requirements or updates regarding the planning process
- Facilitate technical assistance requests
- Attend CAC meetings when possible
- Share resources, answer questions about the program, assist in problem-solving if barriers arise, etc.

Planning Process: Reports and Plans

- Two required reports covering progress on six objectives
- Plan for Location
- Plan for Services (based on need)
- Sponsoring Agency Plan
- Plan of Operation
- Guidance will be issued by MDCH

MDCH/MDE Meetings and Trainings

- Minimum of two meetings / trainings to be held
- Required of all successful planning grant applicants
- Learn more about the CAHC program
- Technical assistance on requirements during planning process

Community Advisory Council

- Development of CAC that meets legislative requirements for membership per the MPR's
- Frequent meetings to assure forward momentum during the planning phase
- Maintain meeting minutes

Needs Assessment



- Common data elements required from all sites
- Comparison (level of need)
- Information
- Evaluation / Impact
 - for sites invited to continue on as funded centers

Among the Required Target Population Data Elements

- Absences

- Unduplicated number of students absent
- Number of days missed by reason

- Broken down by:

- Illness
- Suspension*
- Truancy
- Vacation
- Other/Unknown

Among the Required Target Population Data Elements

- School Immunization Rates
- Chronic Illness
- Insurance Coverage

- Additional Data...
- Student Risk Assessments
- Perception Surveys
- Health Care Utilization Data

Needs Assessment



- Recent data
- Data on the school population where the school-based or school-linked health center is proposed
- Data will be held confidential by MDCH

Medicaid Outreach



- CAHC funding is in Section 31a, Subsection 6 of the State School Aid Act (MDE Budget)
- MDE transfers the money to MDCH, which then draws down a Federal Medicaid match
- Unique advantage & opportunity to reach Medicaid & Medicaid eligible children & adolescents with information on ways to access prevention services & other Medicaid programs

CAHC Planning Grantees

- Provide outreach activities covered in Medicaid Bulletin 04-13
- Submit reports which include Medicaid outreach activities provided during the planning process
- There are five different Medicaid outreach areas under which eligible Medicaid outreach activities fall; the two most common for planning sites are outreach areas 1 and 3

Category 1: Medicaid Outreach and Public Awareness

- Informing individuals about Medicaid
- Providing schools or other youth service agencies with info on Medicaid and eligible health services available to youth

Category 1: Medicaid Outreach and Public Awareness

- Coordinating or attending health fairs and other health events that emphasize preventive health care and promote Medicaid services
- Providing parents with information about the Medicaid program – e.g., brochures, websites
- Providing parents with information about health care services that are available to their eligible children e.g., newsletters, news articles, PTA

Category 3: Program Planning, Policy Development and Interagency Coordination Related to Medical Services

- Development of health programs and services targeting Medicaid population
- Identifying gaps or duplication of medical/dental/mental health programs (*e.g. needs assessments*)
- Design and implement strategies to identify children & adolescents who may be at risk for poor health outcomes and need health interventions (*i.e. case finding*)