CAHC Orientation

January 22nd, 2021

Agenda

- Housekeeping
- Introductions and CAHC Team Overview
- CAHC Program Overview
- CAHC Infrastructure Features
- Networking and Professional Development
- Resources

CAHC Team Overview

	Manager of Child & Adolescent Health Services Unit	CAHC Program Coordinator	CAHC Administrative Site Consultants	CAHC Clinical Consultants	CAHC Mental Health Consultants
CAHC	Taggert Doll	Kim Kovalchick	Demetri Clanton	Kayla Street	Gina Zerka
			Keri DeRose		
			Kristin Duncan	Deb House	Mario Wilcox
			Lisa Rutherford		
			Michelle White		

	SWP Program Coordinator	SWP Administrative Consultants	School Nurse Consultant	Interim Clinical Consultant	SWP Mental Health Consultants
SWP	Jaqueline Dufek	Michelle White	Pat Bednarz	Sherry Rose (interim)	Gina Zerka
		Cassie VanGessel			Mario Wilcox

	E3 Program Coordinator	Mental Health Consultant
E3	Gina Zerka	Mario Wilcox

CAHC Program Overview

History of Adolescent Health Services

1981	First teen health centers established in Michigan
1985	Gov. Blanchard & State Health Director Gloria Smith commissioned the Five-year Adolescent Health Plan
1987	$1.25m appropriated for teen health centers and planning grants
1988	RFP issued, grants issued to 26 teen health centers
2015	CAHC New Sites Funded and Hub Model introduced
2018	We celebrated our 30th Anniversary!
2019	E3 Funded
2020	CAHC New Sites Funded E3 New Sites Funded

Michigan Funding for Adolescent Health Services

- Our base funding is in the Michigan Department of Education School Aid Budget
  - State School Aid (MCL 388.1631n) funding allows for services for ages 5-21 only, except:
    - Clients up to 26 if eligible to receive special education services
    - Infants and children of clients (i.e. teen and young adult parents)
  - Requirements for school administration & school board
- The CAHC Program line item is added in the general funds budget by the Governor
  - Must be approved by the State Legislature
  - Boilerplate requirements included in this (MCL 388.1631a)
  - 30% in-kind or cash local "match" contribution
- Michigan draws down federal Medicaid "match" funds to increase total program dollars
  - This is why health centers are required to:
    - Assess eligibility, assist and enroll clients in Medicaid
    - Conduct Medicaid outreach activities
    - Provide and participate in Medicaid trainings annually (CAHC only)

Service Delivery Models

CAHC

- Full Clinical & Alternative Clinical

SWP

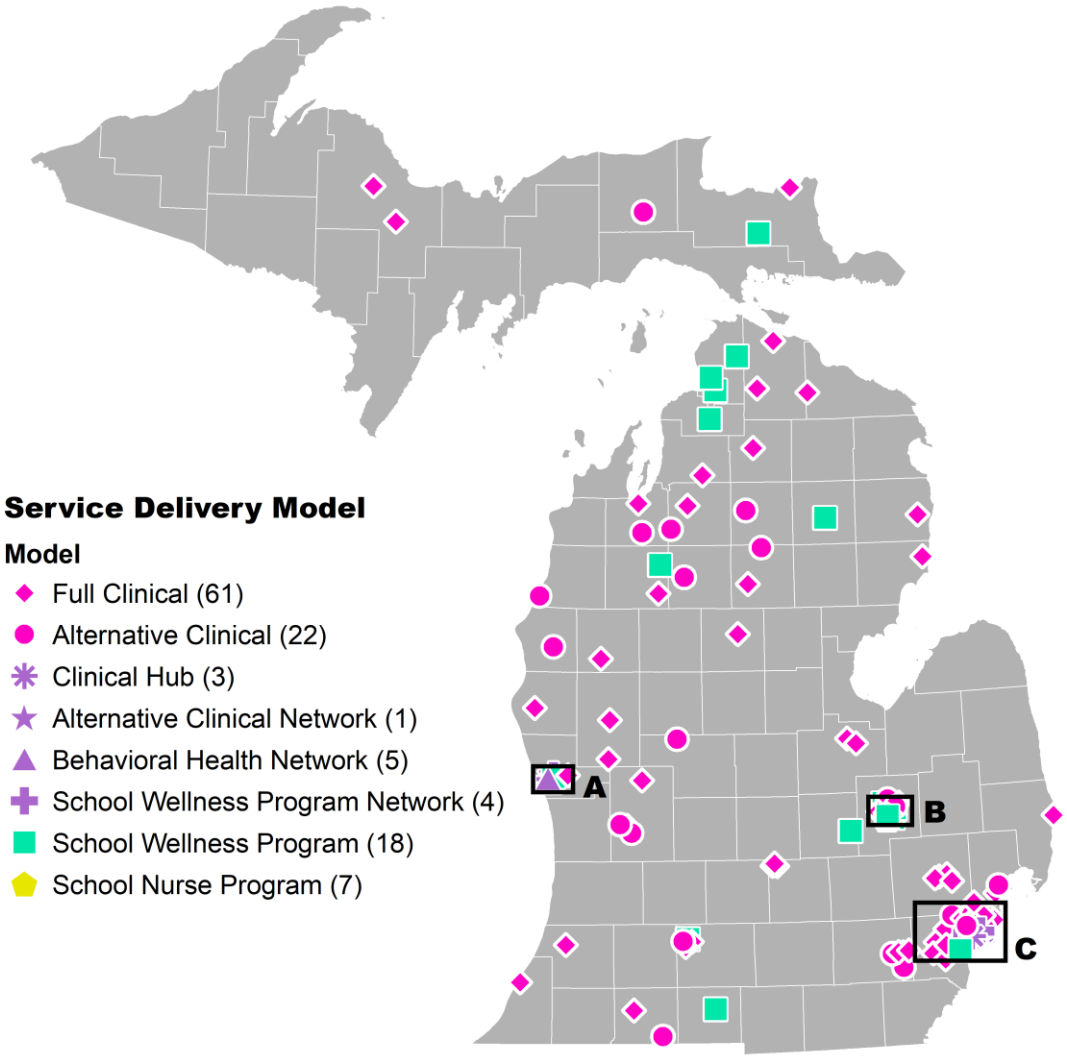
- Nursing Services & Mental Health Services

E3

- Mental Health Services

Child and Adolescent Health Center Program

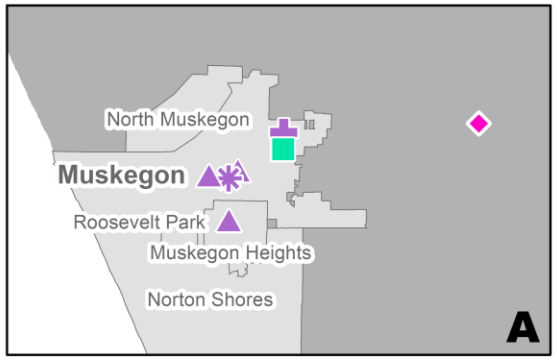
Fiscal Year 2021 Sites

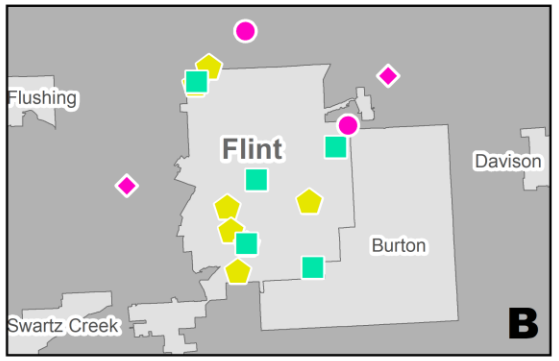


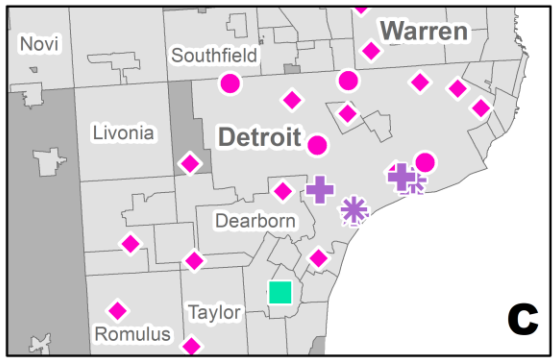
Service Delivery Model

Model

- Full Clinical (61)
- Alternative Clinical (22)
- Clinical Hub (3)
- Alternative Clinical Network (1)
- Behavioral Health Network (5)
- School Wellness Program Network (4)
- School Wellness Program (18)
- School Nurse Program (7)







CAHC Clinical Model

Full Clinical

- Clinical: Minimum 30 hours per week
- Mental Health: Minimum 20 hours per week
- Minimum of 500 unduplicated youth serviced each year
- Clinical Services minimum 5 days/week

Alternative Clinical

- Clinical: Minimum 24 hours per week
- Mental Health: Minimum 12 hours per week
- Minimum of 200 unduplicated youth serviced each year
- Clinical Services minimum 3 days/week

School-Based

- Housed within the school
- Serves ages 5-21
- Must have "teen only" hours if serving ages 5-9 AND 10-21

School-Linked

- Freestanding sites near one or several schools
- Serves ages 10-21 only
- Can provide some services not allowed on school property

Program Core Values

- Youth are viewed as key partners
  - Empower youth as educated health care consumers and advocates for own health
  - Formal feedback through Community Advisory Council (CAC) or Youth Advisory Council (YAC)
- Parents and caregivers are viewed as key partners
- Partnerships with schools are critical
- Broad-based community support
- Need-driven services
- Quality, comprehensive, youth accessible services
- Evidence-based health education
- Integrated care between school staff, clinical staff, and outside providers
- Linkage to intensive services and other resources

CAHCs Are…

- Comprehensive primary care and behavioral health services for all clients ages 5-21
  - Up to age 26 for clients eligible for special education services
  - Infants and children of adolescents up to age 21
  - Regardless of school status, insurance status, ability to pay, etc.
  - Open full-time and year-round
  - Collaboration with PCP, if one exists
- Medicaid outreach services to eligible youth and families
- Comprised of an integrated team which may include:
  - Certified Nurse Practitioner (FNP-BC, CPNP), Licensed Physician, or Licensed Physician Assistant (PA-C)
  - Mental Health Clinician, licensed, master's degree
  - Michigan-Licensed Physician who serves as the Medical Director
  - May include other staff such as RNs, MAs, Program Coordinators, Administrative Support, Health Educators, etc.

CAHCs Are Not…

- School nurses (complimentary role)
- Limited to acute care
- A place for all ages
- Emergency responders to school emergencies
- Isolation room monitors
- Providers of required school reporting for immunizations and outbreaks
- Sexual health educators for the school population (unless special circumstances apply)
- Drug screeners for school partners
- Behavioral interventionists responding to classroom behavior concerns
- Disciplinarians or administrators
- Providers for school-based employees (in almost all cases) or adults in the school and/or community
- Members of the IEP teams

CAHC Provider Role

- Evidence-based primary care (prevention and treatment)
- Provide Youth-Friendly services with an emphasis on marginalized populations
  - Low socioeconomic status
  - LGBTQIA+
  - High mental health needs
  - BIPOC (black, indigenous, and people of color)
- Incorporate youth and family goals into plan of care
- Promote youth self-advocacy as a healthcare consumer
- Integrated care and case management services
- Bridge between the schools and health center

Integrated Care

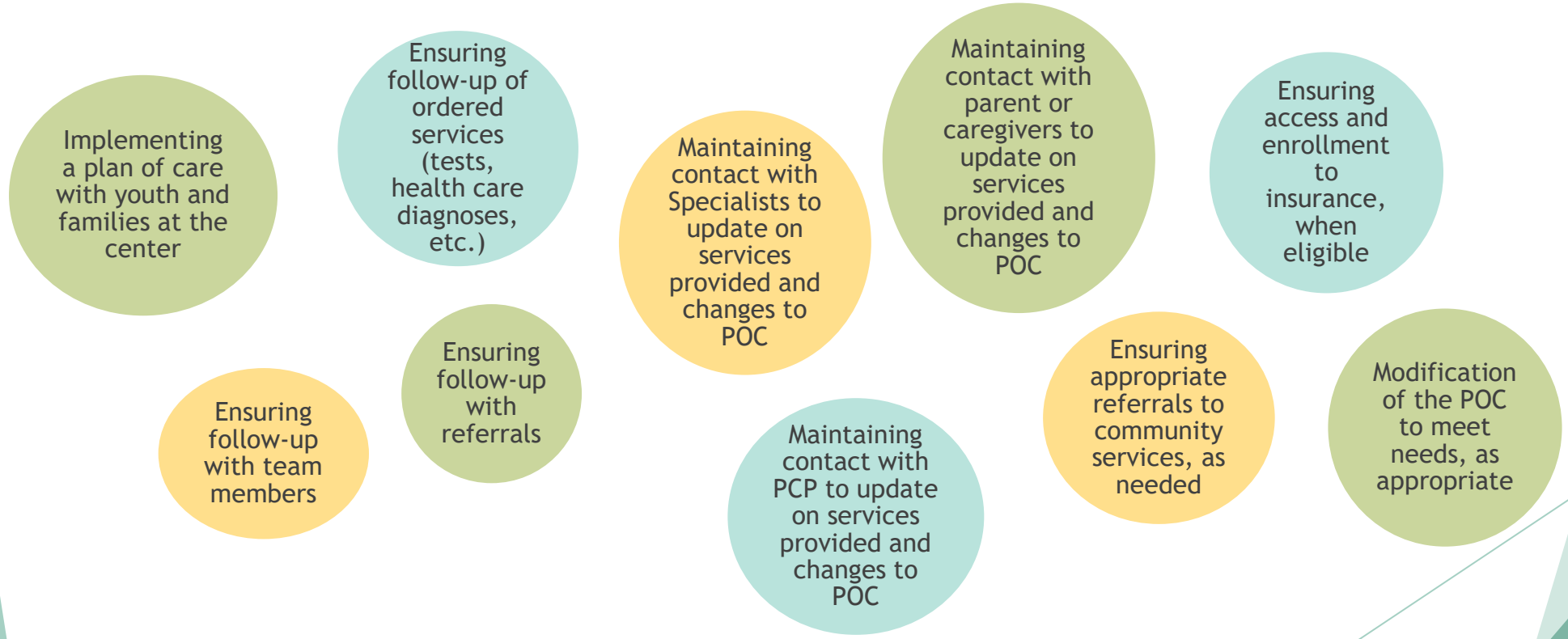
- What is Integrated Care?
  - Integrated health care is an approach characterized by a high degree of collaboration and communication among health professionals.
- Process that leads to Integrated Care?
  - CAHC Providers meet regularly and function as a unit
    - Frequent (daily huddles) or less often (weekly conference)
    - Scheduled time is “sacred”
    - Time is of value, so it’s best to come prepared
    - Keep notes
  - Agreement to share screening information
    - For individual client care
    - For learning about “what’s going on” and to use with all clients
    - Avoid the traditional “silo” approach to care

Processes Leading to Integrated Care

- Make your environment “work” for integrated care
  - Shared space? Shared hours?
  - Are you able to do “warm handoffs” or are they “scheduled”?
  - How do you greet clients”?
  - Is there an appearance of a team/team approach?
- Use the electronic medical record
  - Include your partner in documentation plans as appropriate. It is a two-way street.
  - Documentation will inform others (PCPs, specialists, other providers) how the client is being managed in this approach.
  - Use the record’s various “aids/reminders” to help keep care integrated.

Care Coordination

- What is Care Coordination?
  - A streamlined and smooth approach to health care services integrations:



POC: point-of-care

Questions?

CAHC Infrastructure Features

Minimum Program Requirements (MPRs)

Minimum Program Requirements (MPRs)

- Foundations of our programs
- Incorporate
  - Program core values
  - Standards of care for child and adolescent health services
  - Community, youth, and guardian input
  - Framed around funding (legislator requests, Department of Education, etc.)
  - Team approach to care
  - Legal requirements for patient care

MINIMUM PROGRAM REQUIREMENTS
CHILD AND ADOLESCENT HEALTH CENTERS
CLINICAL AND ALTERNATIVE CLINICAL MODELS

ELEMENT DEFINITION:

Services provided through the Child and Adolescent Health Center Program are designed specifically for children and adolescents ages 5 through 21 years and are aimed at achieving the best possible physical, intellectual, and emotional health status. The infants and young children of adolescents can also be served through this program.

Included in this element are school-based health centers; and school-linked adolescent-only health centers (which serve only adolescents between the ages of 10 through 21 years) designed to provide comprehensive primary care, psychosocial and mental health services, health promotion/disease prevention, and outreach services.

MINIMUM PROGRAM REQUIREMENTS:

1. The health center shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory council. The services shall be of high quality, accessible, and acceptable to youth in the target population. Age-appropriate prevention guidelines and screening tools must be utilized.

    a) Clinical services shall include, at a minimum: primary care including health care maintenance, immunization assessment and administration using the MCIR, care of acute and chronic illness; confidential services including mental health services, STD diagnosis and treatment and HIV counseling and testing as allowed by state and/or federal law; health education and risk reduction counseling; and referral for other services not available at the health center. (See Attachment 1: Services Detail).

    b) Each health center shall implement one evidence-based intervention with fidelity or clinical intervention in the approved focus areas as determined through needs assessment data (For approved focus areas, see Attachment 2: Focus Areas).

2. Clinical services provided, including mental health services, shall meet the recognized, current standards of practice for care and treatment for the population served.

3. The health center shall not provide abortion counseling, services, or make referrals for abortion services.

4. The health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

https://www.michigan.gov/documents/mdhhs/Clinical-MPR_666778_7.pdf

Detailing MPR#13: CAC/YAC

- A local community advisory council (CAC) shall be established and operated as follows:
  - a) A minimum of two meetings per year
  - b) The council must be representative of the community & include a broad range of stakeholders such as school staff
  - c) One-third of council members must be parents of school-aged children/youth
  - d) Health care providers shall not represent more than 50% of the council
  - e) The council must approve the following **policies** and the health center must develop applicable procedures:
    - 1. Parental consent **policy**
    - 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
    - 3. Confidential services as allowed by state and/or federal law
    - 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
  - f) Youth input to the council shall be maintained through either membership on the established advisory council; a youth advisory council (YAC); or through other formalized mechanisms of involvement and input.

Detailing MPR#17-20: Fiscal & Billing

MPR #17

- The health center shall establish and implement a sliding fee scale, which is not a barrier to care for the population served. Clients must not be denied services because of inability to pay. CAHC state funding may be used to offset any outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.

MPR #18

- The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.

MPR #19

- The billing and fee collection processes do not breach the confidentiality of the client.

MPR #20

- Revenue generated from the health center must be used to support health center operations and programming.

Policy and Procedures (P&Ps)

CAHC Policy and Procedures

- Ensure compliance with MPRs, as well as state and federal laws
- Cover variety of administrative, medical, and mental health topics
- CAHC P&Ps and/or Fiduciary P&Ps
- CAHC P&P Resources:
  - P&P Guidance Checklists (Required and Best Practices)
  - P&P Essential Elements Documents
  - Site Review Tool
  - Assigned Site Consultant
  - Clinical Consultants

CQI

CQI

- What is CQI?
  - Continuous Quality Improvement (CQI)
  - MPR#12

- CQI Highlights
  - Specific, measurable, achievable, reachable, time-limited (SMART) goal aimed at care improvement within the health center.
  - Evaluation of baseline (where you started) and a threshold (where you want to be aka your goal)
  - Method for corrective action (e.g., PDSA, RE-AIM, etc.)
  - Periodic data collection and assessment
  - Record review by a peer twice annually
  - Needs assessment within the last three years
  - Satisfaction surveys (client)
  - Documentation of collaboration with the medical director
  - Reported with the Fall Narrative Report (year end reporting)

Focus Areas
EBIs
GAS

Focus Areas

- Alcohol, Tobacco, and Other Drugs (ATOD)
- HIV/AIDS/STI Prevention
- Nutrition and Physical Activity
- Pregnancy Prevention
- Suicide Prevention
- Trauma
- Violence Prevention
- Depression/Anxiety
- Asthma

EBIs

- Evidence-Based Interventions (EBIs)
  - Practices or programs shown through evaluation to be effective in impacting health outcomes and/or risk behaviors among the population to which the program is delivered.
  - Generally, these programs have been replicated in multiple populations or settings with similar effects.
  - The results of the evaluations are typically published in peer-reviewed journals, reviewed by independent scientific review panels, and are recognized by nationally respected organizations and/or government agencies.
  - Range from clinical interventions to facilitating evidence-based health education curricula and can either be on a population level or a target risk group within the population served.

Goal Attainment Scale (GAS)

- CAHC MPR#1B

  "Each health center shall implement one evidence-based intervention with fidelity and/or clinical interventions in at least one approved focus area as determined through needs assessment data."

- Each health center shall have, at minimum, two outcome objectives.
  - Outcome objectives: **state anticipated/sustained changes in attitude, knowledge, skills, behaviors, policies, practices or systems that will occur as a result of the intervention, OR describe what participants will know, think, or do differently after the intervention.**
  - Process Objectives: **deals with administrative and operational procedures (e.g., # sessions, # participants, # of services provided, participant satisfaction)**
- Completed each quarter
  - Also referred to as the "work plan"
- All models report on their own GAS template
- Allows for double-checking important data pieces
    - Users and visits by provider
    - Medicaid activities
- Focus Area progress

Goal Attainment Scale (GAS)

Focus Area: Asthma ***Check one:*** **Clinical Intervention ☐** **Evidence-Based Intervention ☐**	**Anticipated Outcomes**	**STATUS**				**YTD (Total)**
		Q1	**Q2**	**Q3**	**Q4**	
Number of participants/clients:						
Number of visits/sessions:						
Outcome Objective #1 (required):						
Outcome Objective #2 (required):						

Site Reviews

CAHC Site Reviews

- What is a Site Review?
  - Formal review of a site by the MDHHS CAHC State Team
    - Administrative Site Consultant
    - Clinical Consultant
    - Mental Health Consultant
- What to Expect
  - Scheduled well in advance
  - Examination of the physical space
  - Staff interviews
  - P&Ps review to ensure match-up with health center practices
  - Entrance & exit conferences
  - Formal report of findings following the review

Goals of a Site Review

- Site Reviews ARE:
  - A chance for the CAHC State Team to spend one-on-one time with grantees to assure minimum program standards are met.
  - An opportunity for consultants to provide technical assistance to grantees.
  - Health center providers are providing consistent care by following their own policies and procedures.
  - A time to ensure the program has fiduciary and community support, need-driven services, and values youth, families, and the PCP as partners.
  - An opportunity for MDHHS Consultants to learn best practices from the health centers.

- Site Reviews ARE NOT:
  - Meant to be threatening
  - Secretive

Site Review: Points System

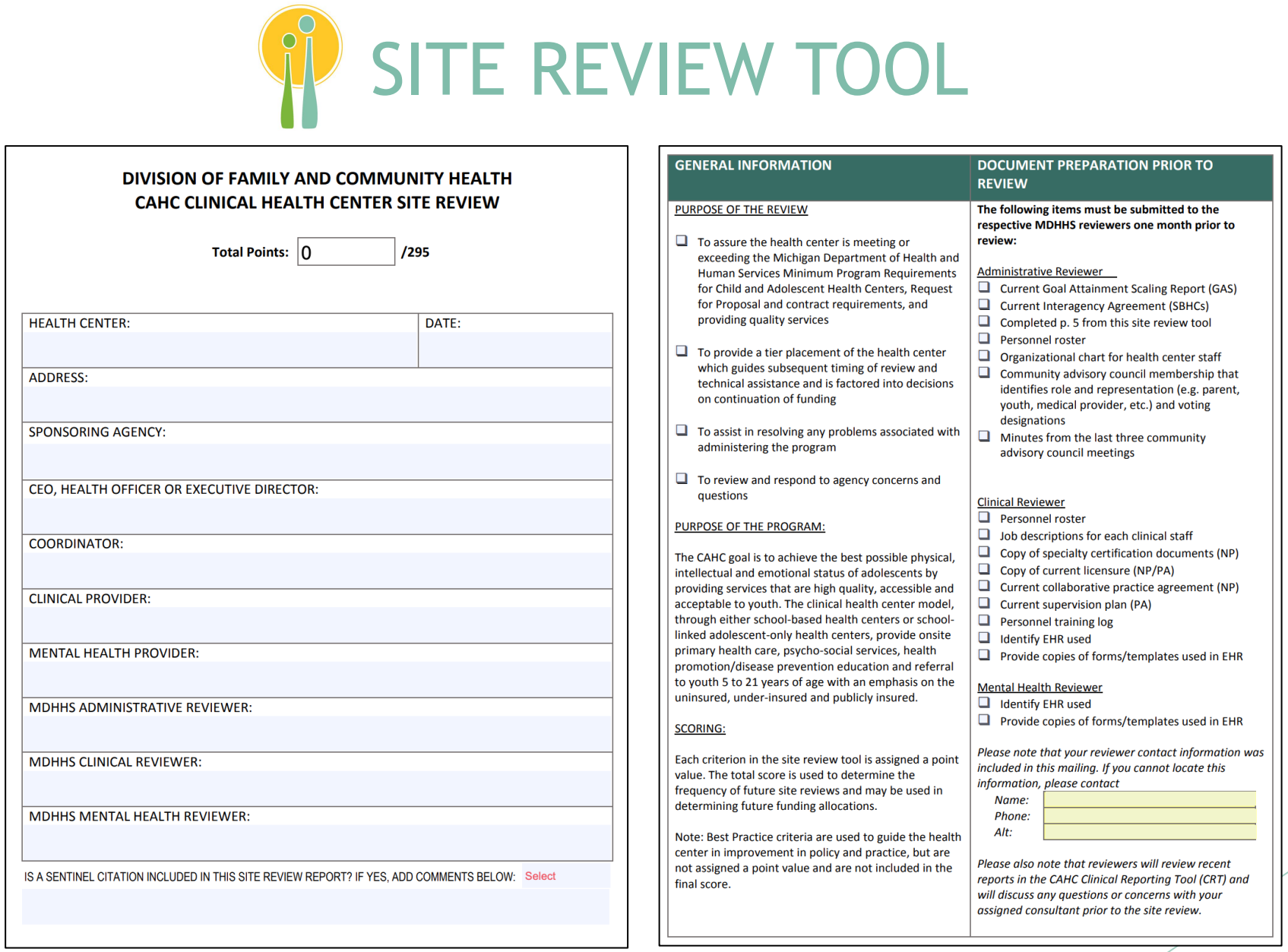
- Points determine resulting tier that determines frequency of reviews.
  - Minimum Program Requirements
  - Public & Mental Health Codes
  - Laws, Boilerplate, etc.
- No Points
  - Best Practice
- Sentinel Citation

Full Accreditation	90-100% and an "A" grade	5-year site review rotation schedule	
Provisional Accreditation	80-89% and a "B" grade	3-year, formal, follow-up review	Focuses on corrective actions in the site review report
Probationary Status	79% or below and an "NS" grade	Possible follow-up reviews at 3 months, 6 moths, or one year	Other actions possible depending

Tips: Preparing for a Review

- Site Review Tool
  - Review and assign responsible individuals to each indicator in the tool, including periodic review to maintain up-to-date status
  - Use the Site Review Tool as a checklist
- Update P&Ps
  - Do they match practice?
- Ensure alignment with MPRs
  - Community Advisory Committee
  - CQI
  - Chart Reviews
  - Client Satisfaction Surveys
- Pull together a binder to organize sections by reviewer, and copies that can leave the site
- Divide and work as a team!
- Reach out to your Site Consultant with any questions

SITE REVIEW TOOL



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

Total Points: 0 **/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:	

IS A SENTINEL CITATION INCLUDED IN THIS SITE REVIEW REPORT? IF YES, ADD COMMENTS BELOW: Select

GENERAL INFORMATION

PURPOSE OF THE REVIEW

- ❑ 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
- ❑ 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
- ❑ 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 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.

SCORING:

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.

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.

DOCUMENT PREPARATION PRIOR TO REVIEW

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

Administrative Reviewer

- ❑ Current Goal Attainment Scaling Report (GAS)
- ❑ Current Interagency Agreement (SBHCs)
- ❑ Completed p. 5 from this site review tool
- ❑ Personnel roster
- ❑ 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 (NP)
- ❑ Copy of current licensure (NP/PA)
- ❑ Current collaborative practice agreement (NP)
- ❑ Current supervision plan (PA)
- ❑ Personnel training log
- ❑ Identify EHR used
- ❑ Provide copies of forms/templates used in EHR

Mental Health Reviewer

- ❑ Identify EHR used
- ❑ Provide copies of forms/templates used in EHR

Please note that your reviewer contact information was included in this mailing. If you cannot locate this information, please contact

Name:
Phone:
Alt:

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.

https://www.michigan.gov/documents/mdhhs/Site_Review_Tool_602076_7.pdf

Section 1: Administrative Review

A. Eligibility	Points	Comments
1. Services are offered to infants and pre-school children of adolescents, where appropriate. **(Element definition of MPR)** Indicators: ➢ Policy & Procedures ➢ Consent Form ➢ Brochure ➢ Other:	Select Select Yes or N/A No	
2. If services are offered to adult population, (a) standards of care for adults exist and are followed; and (b) do not breech the confidentiality of youth by being offered at hours separate from hours when youth are served. **(Element definition of MPR, MDE RFP, CAHC Contract)** Indicators: ➢ Policy & Procedures ➢ Brochure ➢ Evidence of separate hours e.g., appointment time blocks, signage ➢ Clinical references for adults ➢ Other:	*Standards of care for adults are present and used in the health center:* Select *Separate service hours for adults and youth are maintained:* Select	
3. The program has a non-discrimination policy; services are offered without regard to sex, race, religion or sexual orientation. **(Best Practice)** Indicators: ➢ Policy & Procedures ➢ Consent Form ➢ Brochures ➢ Other:	Select	
Eligibility Subtotal	0	**/ 5 possible points**

Administrative Sections

- A. Eligibility
- B. Access to Care
- C. Facility Environment
- D. Outreach Efforts TO Meet Projected Performance Output Measures (PPOM)
- E. Needs Assessment & Client Satisfaction
- F. Organization and Function
- G. Policies & Procedures
- H. Fiscal Operations
- I. Data Management
- J. Goal Attainment Scaling (GAS) and Medicaid Outreach

Section 2: Clinical Review		
A. Clinical Organization	**Points**	**Comments**
1. The health center shall have a licensed physician as a medical director. **(MPR #9)** Indicators: ➢ License ➢ Job description with CAHC responsibilities ➢ Other:	*Physician License:* Select *Job description includes CAHC responsibilities:* Select	
2. The health center shall be staffed by a certified, licensed Nurse Practitioner (PNP, FNP), licensed physician or a licensed Physician Assistant. **(MPR #10 and Public Health Code: Act 368 of 1978, as amended)** Indicators: ➢ License(s) ➢ Other:	*Provider license(s):* Select	
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. **(MPR #10)** Indicators: ➢ Evidence of specialty certification in appropriate field (e.g., pediatrics, family practice) by State of Michigan ➢ Evidence of accreditation by appropriate association or board.	*Evidence of specialty certification (or eligibility) in appropriate field by State of Michigan:* Select *Evidence of accreditation by appropriate association or board:* Select	

Clinical Sections
A. Clinical Organization
B. CQI
C. Health Services
D. Process of Clinical Visit
E. Clinical Environment

Section 3: Mental Health Review		
A. Credentials and Supervision	**Points**	**Comments**
1. The health center must be staffed with a minimum of a licensed Masters level mental health provider (e.g., counselor or Social Worker). **(MDE RFP, CAHC Contract, MPR #10 and Mental Health Code: Act 258 of 1974, as amended)** Indicators: ➢ License ➢ Evidence of Master's degree ➢ Work and Appointment Schedules ➢ Budget and Financial Status Report ➢ Other:	*Master's Prepared:* Select *Current Michigan license:* Select	
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. **(MPR #10 and Public Health Code: Act 368 of 1978, as amended)** Indicators: ➢ Licensed Supervisor assigned ➢ MOU/LOA or structure for supervision in place ➢ Schedule for supervision ➢ Evidence of supervision ➢ Other:	*Licensed Supervisor assigned:* Select *MOU/LOA for supervision:* Select *Schedule for Supervision:* Select *Evidence of Supervision including practice review and clinician performance:* Select	
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. **(Public Health Code: Act 368 of 1978, as amended)** Indicators: ➢ Licenses displayed in public area ➢ Permanent record on-site contains names and license numbers of each mental health clinician	*Licenses displayed publicly:* Select *Licenses in permanent onsite record:* Select	
Credentials & Supervision Subtotal	0	**/ 8 possible points**

Mental Health Sections

- A. Credentials and Supervision
- B. Continuous Quality Improvement
- C. Mental Health Services
- D. Process for a Mental Health Visit
- E. Process for Treatment and Intervention Groups, when provided

Questions?

Reporting

Quarterly & Annual Reports

- Fiscal Year (FY) is October 1 of the current year through September 30 of the next year

Quarter 1 (Q1)	Quarter 2 (Q2)	Quarter 3 (Q3)	Quarter 4 (Q4)
Oct 1-Dec 31	Jan 1 – Mar 31	Apr 1 – Jun 30	Jul 1 – Sept 30
Report due Jan 30	Report due Apr 30	Report due Jul 30	Report due Oct 30

The “Why” Behind Reporting Requirements

- Justify and advocate for continued funding
- Show impact of work
- Assess areas that are not already researched
  - i.e. Mental health of young people
- Further the field of adolescent health
- Follow national guidelines and recommendations

CAHC General Reporting

- Quarterly Reports
  - All sites: Data entered in Clinical Reporting Tool (CRT)
  - FSR: EGrAMS sites to enter financials in EGrAMS/Non-EGrAMS sites enter in CRT
  - GAS Report emailed to consultant (not FY20)
- Year-End Reports
  - Data entered in Clinical Reporting Tool (CRT), including:
    - Billing report
    - Top 5 Diagnoses & CPT Codes
  - GAS Report emailed to consultant (not FY20)
  - FSR
  - Year-End Report, includes:
    - Summary of client satisfaction surveys
    - CQI Project summary
    - Goal Attainment Scale Report (for goals not reached)
  - Non-Competitive Application Process (NCAP)

CAHC Provider Reporting Need to Knows

Reporting measures impacted by the Clinical Provider:

- Up-to-date comprehensive physical exams
- Complete ACIP-recommended immunizations for age
- Up-to-date risk assessment (or anticipatory guidance for elementary-aged children)
- Documented asthma action plans which include annual medication monitoring for clients with asthma
- Evidence of both nutrition and physical activity counseling for clients w/ BMI ≥85%
- Evidence of cessation counseling for clients w/current tobacco use (includes electronic vapor products, but *not* marijuana)
- Up-to-date depression screening for clients ages 10-21 years
- Documented, appropriate follow-up care for clients age 12 years+ w/ a diagnosis of depression
- Percent of positive chlamydia tests treated onsite at the health center

Questions?

Networking and Professional Development

- CAHC Coordinator's Meeting (annually; one representative required)
  - Combined with CASH Conference Oct 18-20, 2021
- Clinical Grand Rounds (annually; optional)
- Clinical Lunch & Learns (optional)
- HIV Training (one-time; required)
  - February 25-26, 2021
- Motivational Interviewing Training (one-time; required)

Resources

- Program Websites
  - Michigan.gov/CAHC
- Assigned Site Consultants
- CAHC Team
- Peers at other health centers
- RECORDINGS
  - Mental Health Provider Orientation

https://us02web.zoom.us/rec/share/AOwnym1jJWTUhUFwcssMrttgTUwm3CJnVVQROucxYBcWn0h9VZekI7XIRyO889Ny.d1A7KrEdlM_CXpfH

  - Medicaid Outreach

https://us02web.zoom.us/rec/share/mas4zBoARGdjZ6cV-zVLMoY49RqOlDJ_HCskVupdQX4EV4_MraoUReIScwyBcuQo.cuX15GUnpK7kQjQS
Passcode: %&V972t8

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