



## Child and Adolescent Health Center Program (CAHC) Supportive Documentation Checklist

Supportive documents listed in this resource are for the CAHC Program.  
This list is not exhaustive and therefore your fiduciary may have, and is encouraged to have, more than what is listed below. Duplication in sections may occur. Fiduciaries are encouraged to review documents regularly.

<b>Administrative</b>	
<input type="checkbox"/> Evidence of services offered to infants and pre-school children of adolescents, where appropriate (Element definition of MPR)	<input type="checkbox"/> If services are offered to adult population over 21, evidence that services do not breach the confidentiality of youth (Element definition of MPR, MDE RFP, CAHC Contract)
<input type="checkbox"/> Evidence of a non-discrimination policy; services are offered without regard to sex, race, religion or sexual orientation (Best Practice)	<input type="checkbox"/> Evidence of health center is open during hours accessible to the target population, as well as service provision when school is not in session (MPR#8)
<input type="checkbox"/> Evidence of adolescent-only hours if the center serves both children aged 5 to 10 and adolescents (MPR#8)	<input type="checkbox"/> Evidence that clinical and mental health services are offered at least the minimum required hours and days per week per model of funding (MPR#8)
<input type="checkbox"/> Hours of operation must be posted in areas frequented by the target population (MPR#8)	<input type="checkbox"/> After-hours and weekend care plan posted in the health center including external doors and on after-hours messages (MPR#8)
<input type="checkbox"/> Patient Bill of Rights is posted and distributed to clients (Patient Self-Determination Act of 1990)	<input type="checkbox"/> Site-specific building emergency instructions, including telephone numbers, are posted. Exits are clearly marked with escape routes posted. (Best Practice)
<input type="checkbox"/> Evidence of outreach plan to attract users to the health center (MDE RFP, CAHC Contract)	<input type="checkbox"/> Evidence (e.g., copies of documents) outreach is conducted at least twice per year (Best Practice)
<input type="checkbox"/> Health needs assessment survey, documents, data sources and summaries (MPR#12)	<input type="checkbox"/> Client Satisfaction Surveys tools, survey results, and corrective action plan, if applicable (MPR#12)
<input type="checkbox"/> Interagency Agreement with school (If the health center is located on school property or in a building where K-12 education is provided) (MPR#6)	<input type="checkbox"/> School Administration AND School Board written approval of: Location of health center, Administration of needs assessment, Parental consent policy, Services rendered in the health center (If the health center is located on school property or in a building where K-12 education is provided) (MPR#6)
<input type="checkbox"/> Community Advisory Council (CAC) Roster showing community representation (MPR#13, State School Aid, Act 94 of 1979, as amended)	<input type="checkbox"/> Evidence of Community Advisory Council (CAC) parent recruitment efforts (MPR#13, State School Aid, Act 94 of 1979, as amended)
<input type="checkbox"/> Community Advisory Committee (CAC) agendas/minutes of last 3 meetings (MPR#13, State School Aid, Act 94 of 1979, as amended)	<input type="checkbox"/> Evidence of Community Advisory Committee (CAC) youth input in CAC and/or agendas/minutes of last 3 YAC meetings (MPR#13)
<input type="checkbox"/> Community Advisory Council (CAC) Bylaws (Best Practice)	<input type="checkbox"/> Evidence of Community Advisory Council (CAC) orientation materials (Best Practice)
<input type="checkbox"/> Organizational Chart (Best Practice)	<input type="checkbox"/> Staff meeting agendas and minutes (Best Practice)
<input type="checkbox"/> Review forms and documentation for evaluation of staff (Best Practice)	<input type="checkbox"/> Community Advisory Committee (CAC) approval of policy and procedures regarding: Parental consent, Request for release of medical records/information, Confidential Services, Disclosure of physical or sexual abuse (MPR#13)
<input type="checkbox"/> Evidence of determining and obtaining Medicaid eligibility information (MPR#5 and MSA Bulletin 04-13)	<input type="checkbox"/> Accounting documentation showing revenue supporting health center operations (MPR#20)
<input type="checkbox"/> Fiscal Status Report (MDE RFP and CAHC Contract)	<input type="checkbox"/> Billing documentation showing a process for billing Medicaid, Medicaid Health Plans and other third-party payers (MPR#18)
<input type="checkbox"/> Sliding Fee Scale and evidence outstanding balances are offset by CAHC funds (MPR#17)	<input type="checkbox"/> Evidence that the billing and fee collection process do not breach the confidentiality of clients (MPR#19 and HIPAA)
<input type="checkbox"/> Evidence of implementation or plans to implement EBIs from GAS (class rosters, pre/post surveys, etc.) (MPR#1, MDE RFP and CAHC Contract)	<input type="checkbox"/> Evidence of Medicaid outreach documentation in each of the five outreach areas (MPR#5 and MSA 04-13)



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<b>Clinical</b>	
<input type="checkbox"/> Current licenses of all professional clinical staff (including medical director) and are publicly displayed so as to be visible to clients. Permanent record containing names and respective license numbers of providers maintained on-site. (MPR#10 and Public Health Code: Act 368 of 1978, as amended)	<input type="checkbox"/> Copy of specialty certification documents (NP) (MPR#10)
<input type="checkbox"/> Copy of current collaborative practice agreement (signed and dated) for Nurse Practitioner and Medical Director (MPR#10 and CMS Regulations)	<input type="checkbox"/> Physician Assistant working with a collaborating physician has a signed practice agreement (MPR#10 and Public Health Code: Act 368 of 1978, as amended)
<input type="checkbox"/> Job descriptions for each clinical staff (MPR#9 & 10)	<input type="checkbox"/> Personnel Training Log (Best Practice)
<input type="checkbox"/> Clinical procedures manual (MPR#9)	<input type="checkbox"/> If controlled substances are prescribed or dispensed each clinical staff (NP, PA, Physician) must have DEA license posted (Public Health Code: Act 368 of 1978, as amended)
<input type="checkbox"/> Copy of standing orders (if any) and evidence standing orders are reviewed and signed annually by medical director and applicable staff (MPR#9)	<input type="checkbox"/> Informed Consent Forms including parent, minor (when adolescents are served), and clients age 18 and over. Consent forms are inclusive of all applicable services provided by the health center. (MPR#1, MPR#2, and Patient Self-Determination Act of 1990)
<input type="checkbox"/> Continuous Quality Improvement (CQI) Documentation: (MPR#12) <ul style="list-style-type: none"> <li>• CQI plan, process documentation, and results</li> <li>• Practice and peer record review forms</li> <li>• Corrective action plan(s) and documentation of completed plan</li> <li>• CQI meeting agendas and minutes</li> </ul>	<input type="checkbox"/> Immunization temperature MIN/MAX and variance logs. Thermometer calibration certificates. Immunization corrective action and emergency plan. Current VIS for all immunizations provided. Vaccine administration information or toolkit. Evidence of MCIR documentation and recall. Inventory reports. (MPR#1)
<input type="checkbox"/> Evidence of HIV education, counseling, testing and referral education and testing materials on-site. Age-appropriate education material easily accessible to the population. (MPR#1 and MPR#2)	<input type="checkbox"/> Evidence of STI education, counseling, testing and referral education and testing materials on-site. Age-appropriate education material easily accessible to the population. (MPR#1 and MPR#2)
<input type="checkbox"/> Evidence of pregnancy testing materials on-site. Age-appropriate education material easily accessible to the population. (MPR#1 and MPR#2)	<input type="checkbox"/> Clinical guidelines/reference materials used (MPR#1 and #2)
<input type="checkbox"/> Referral agreements and logs (MPR#2 and MPR#9)	<input type="checkbox"/> Mature Minor Consent Form (MPR#2 and Patient Self-Determination Act of 1990)
<input type="checkbox"/> Current Dispensing License (and is posted) if dispensing. Documentation of routine monitoring of medication supply expiration dates. (MPR#2 and Public Health Code: Act 368 of 1978, as amended)	<input type="checkbox"/> Emergency kit supply list, including documentation of equipment calibration and expiration date(s) (MPR#2)
<input type="checkbox"/> Written plan for control of hazardous environmental exposure (and is consistent with guidelines) (MPR#15)	<input type="checkbox"/> Medical Waste License (and is posted). Medical waste receipts onsite for the past three years. (MPR#15)
<input type="checkbox"/> Safety Data Sheet (SDS) location is posted. Spill response log, containers labeled per SDS, MIOSHA posters, SDS sheets (MPR#15)	<input type="checkbox"/> Site-specific current CLIA license or certification of waiver (and is posted) (MPR#16)
<input type="checkbox"/> Lab Manual (MPR#16)	<input type="checkbox"/> Documentation and evidence of all CLIA required regulations, including competency and proficiency testing (MPR#16)
<input type="checkbox"/> Evidence/documentation that equipment is calibrated. Calibration logs onsite for the past three years. (MPR#14 and MPR#16)	



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<b>Mental Health</b>	
<input type="checkbox"/> Current Michigan license and evidence of Master's degree. Licenses for all professional staff shall be publicly displayed. (MDE RFP, CAHC Contract, MPR#10, Public Health Code: Act 368 of 1978, as amended and Mental Health Code: Act 258 of 1974, as amended)	<input type="checkbox"/> MOU/LOA for supervision, schedule for supervision, and evidence of supervision including practice review and clinician performance, if applicable. (MPR#10 and Mental Health Code: Act 368 of 1978, as amended)
<input type="checkbox"/> Job description for MH provider(s) (MPR#10)	<input type="checkbox"/> Organization chart including mental health staff (Best Practice)
<input type="checkbox"/> Continuous Quality Improvement (CQI) Documentation: (MPR#12) <ul style="list-style-type: none"> <li>• CQI plan, process documentation, and results</li> <li>• Record review forms and evidence of record review</li> <li>• Corrective action plan(s)</li> </ul>	<input type="checkbox"/> Forms/templates used in electronic health record (MPR#2)
<input type="checkbox"/> Clinical guidelines/references onsite (MPR#2)	<input type="checkbox"/> Certificate of completion or evidence of Motivational Interviewing (MI) training (MPR#1 and MDHHS Requirement)
<input type="checkbox"/> Mature Minor Consent Form (MPR#2 and Patient Self-Determination Act of 1990)	<input type="checkbox"/> Patient Bill of Rights (MPR#2 and Patient Self-Determination Act of 1990)
<input type="checkbox"/> Standard Consent Form to Share Behavioral Health Information (42 CFR Part 2, PA 258 of 1974 and MCL 330.1748 and PA 368 of 1978, MCL 333.1101 et seq. and PA 129 of 2014, MCL 330.1141a)	<input type="checkbox"/> Mental Health Referral Forms and documentation of referrals follows policy and procedures, as well as document of follow-up follows policy and procedures (MPR#1)
<input type="checkbox"/> MOU/LOA with consultant clinical provider for pharmacological intervention, if applicable. (Public Health Code: Act 368 of 1978, as amended)	<input type="checkbox"/> Crisis response plan and communication plan with school. (Best Practice)
<input type="checkbox"/> Treatment group(s) schedule, sign-in sheets, group topic/curriculum/discussion guidelines, and/or goals/outcomes for group (Best Practice)	<input type="checkbox"/> Group participant signed consent as necessary, signed agreement/contract to participate, which includes understanding of confidentiality guidelines (Best Practice)