

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.

5. The health center shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities as outlined in MSA 04-13.
6. If the health center is located on school property, or in a building where K-12 education is provided, there shall be a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district.

Written approval by the school administration and local school board exists for the following:

- a) Location of the health center
 - b) Administration of a needs assessment process to determine priority health services for the population served; which includes, at a minimum, a risk behavior survey for adolescents served by the health center
 - c) Parental consent policy
 - d) Services rendered in the health center
7. The health center shall be located in a school building or an easily accessible alternate location.
 8. The health center shall be open during hours accessible to its target population, and provisions 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 holidays, spring breaks, and summer vacation. The school-based health center shall designate specific hours for services to be provided to adolescents only (when the center serves both children aged 5 to 10 and adolescents), and a policy shall exist to this effect. These provisions shall be posted and explained to clients.

Clinical Centers: The health center shall provide clinical services a minimum of five days per week. Total primary care provider clinical time shall be at least 30 hours per week. Mental health provider time must be a minimum of 20 hours per week. Hours of operation must be posted in areas frequented by the target population.

Alternative Clinical Centers: The health center shall provide clinical services a minimum of three consistent days per week. Total primary care provider clinical time shall be at least 24 hours per week. Mental health provider time must be a minimum of 12 hours per week. Hours of operation must be posted in areas frequented by the target population.

The health center shall have a written plan for after-hours and weekend care, which shall be posted in the health center including external doors and explained to clients. An after-hours answering service and/or voicemail with instructions on accessing after-hours care is required.

9. The health center shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures and protocols.
10. The health center staff shall operate within their scope of practice as determined by certification and applicable agency policies:
 - a) The center shall be staffed by a certified nurse practitioner (FNP, PNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. Nurse practitioners must be certified or eligible for certification in Michigan; accredited by an appropriate national certification association or board; and have a current, signed collaborative practice agreement with the medical director or designee. Physicians and physician assistants must be licensed to practice in Michigan.
 - b) The health center must be staffed with a minimum of a licensed Masters level mental health provider (i.e. counselor or Social Worker). Appropriate supervision must be available.
11. The health center must establish a procedure that doesn't violate confidentiality for communicating with the identified Primary Care Provider (PCP), based on criteria established by the provider and the Medical Director.
12. The health center shall implement a continuous quality improvement plan for medical and mental health services. Components of the plan shall include, at a minimum:
 - a) Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted. A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.
 - b) Completing, updating, or having access to a needs assessment process conducted within the last three years to determine the health needs of the population served including, at a minimum, a risk behavior survey for adolescents.
 - c) Conducting a client satisfaction survey at a minimum annually.

13. A local community advisory council shall be established and operated as follows:
 - a) A minimum of two meetings per year
 - b) The council must be representative of the community and 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; or through other formalized mechanisms of involvement and input.
14. 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/or electronic client records. The physical facility must be barrier-free, clean, and safe.
15. The health center staff shall follow all Occupational Safety and Health Act guidelines to ensure protection of health center personnel and the public.
16. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.
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.
18. The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.
19. The billing and fee collection processes do not breach the confidentiality of the client.
20. Revenue generated from the health center must be used to support health center operations and programming.

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Attachment 1: Services Detail

The following health services are required (*or recommended) as part of the Child and Adolescent Health Center service delivery plan:

PRIMARY CARE SERVICES

- Well child care
- EPSDT screenings and exams
- Comprehensive physical exams
- Risk assessment/other screening
- Laboratory services
 1. CLIA Waived testing
 2. Specimen collection for outside lab testing
- *Other diagnostic, screening and/or preventive services
 1. Hearing and vision screening
 2. Tympanometry
 3. Preventive oral applications
 4. Spirometry
 5. Pulse oximetry
 6. Telehealth capabilities
 7. Office microscopy

MENTAL HEALTH SERVICES

- Mental Health services provided by a Master's level mental health provider.

ILLNESS/INJURY CARE

- Minor injury assessment/treatment and follow up
- Acute illness assessment/ treatment and follow up &/or referral

CHRONIC CONDITIONS CARE

- Includes assessment, diagnosis and treatment of a new condition
- Maintenance of existing conditions based on need, collaborations with PCP/specialist or client/parental request
- Chronic conditions may include: asthma, diabetes, sickle cell, hypertension, obesity, metabolic syndrome, depression, allergy, skin conditions or other specific to a population

IMMUNIZATIONS

- Screening and assessment utilizing the MCIR and other data
- Complete range of immunizations for the target population utilizing Vaccine for Children and private stock
- Administration of immunizations
- Appropriate protocols, equipment, medication to handle vaccine reactions

HEALTH EDUCATION

STI & HIV EDUCATION, COUNSELING, & VOLUNTARY TESTING

- Education appropriate for age, other demographics of the target population, and needs assessment data
- Risk assessment, historical and physical assessment data informs individualized care
- CAHC-trained HIV counselor/tester is on site
- Testing for and treatment of STI and testing and referral for HIV treatment is on site

“CONFIDENTIAL SERVICES” AS DEFINED BY MICHIGAN AND/OR FEDERAL LAW

- Confidential services are those services that may be obtained by minors without parental consent
- Confidential services include: mental health counseling, pregnancy testing & services, STI/HIV testing and treatment, substance use disorder counseling and treatment, family planning (excluding contraceptive prescription/distribution on school property).

REFERRAL

- PCP, specialists, dental services, community agencies, etc.

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**CHILD AND ADOLESCENT HEALTH CENTERS CLINICAL AND
ALTERNATIVE CLINICAL MODELS
and SCHOOL WELLNESS PROGRAMS
Attachment 2: Focus Areas**

Each year, health centers and SWPs should review their needs assessment data to determine priority health issues that are of such significance to their target population to warrant an enhanced “focus” for the upcoming year. Each center is required to implement one evidence based program or clinical intervention to begin to address the needs within the selected focus area(s).

FOCUS AREAS

- ALCOHOL/TOBACCO/OTHER DRUG PREVENTION
- HIV/AIDS/STI PREVENTION
- NUTRITION AND PHYSICAL ACTIVITY
- PREGNANCY PREVENTION
- SUICIDE PREVENTION
- TRAUMA
- VIOLENCE PREVENTION
- DEPRESSION/ANXIETY
- ASTHMA

Focus areas are meant to provide services above and beyond what would typically be provided in comprehensive primary care. It is expected that each of these focus areas will be a part of comprehensive primary care already, but intervention selected for the focus area requirement should be significantly beyond typical care. Strategies should be intensive, evidence-based, and include appropriate evaluation methods to assess impact and progress on meeting focus areas.

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