

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)  
CERTIFICATION OF CHILD AND ADOLESCENT HEALTH CENTERS**

Medicaid policy has established, effective December 1, 1997, MDHHS certified school-based or school-linked Child and Adolescent Health Centers (CAHC) are authorized to bill and be reimbursed by Medicaid contracted health plans for Medicaid reimbursable services rendered to health plan enrollees regardless of authorization from the health plan. This certification does not expand the scope of Medicaid covered/reimbursable services nor the scope of service provision per provider type allowable under Medicaid policy or Michigan Law.

This certification shall be valid for five years from date of commencement unless significant program changes occur or a change in CAHC sponsoring agency is made; in which case, the CAHC is required to notify MDHHS in writing and must re-apply for certification.

**Submit and return this form (all 5 pages) with authorized personnel signature, and hard copies of all supporting documentation, per the instructions in the email which was sent to your CAHC's attention. Please mail to Robin Turner, Consultant to MDHHS, 2117 Beacon Hill, Lansing, MI 48906. If you are uncertain of the submission instructions, please contact Robin Turner, at Turnerr8@michigan.gov.**

Child and Adolescent Health Center Name: \_\_\_\_\_

CAHC Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsoring Agency Name: \_\_\_\_\_

Person Authorized to Sign for CAHC Legal Transactions: \_\_\_\_\_

Where and to whom to send approval letter::

Name \_\_\_\_\_

Address \_\_\_\_\_

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| 1. Does your CAHC currently bill Medicaid for services?                                  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| 2. Does your CAHC currently bill Medicaid Health Maintenance Organizations for services? | <input type="checkbox"/> Yes        | <input type="checkbox"/> No         |
| 3. What population does your CAHC serve?   | <input type="checkbox"/> Elementary | <input type="checkbox"/> Adolescent |
|  | <input type="checkbox"/> Both       |                                     |

**MINIMUM CERTIFICATION REQUIREMENTS I: SERVICES**

The following items are minimum certification requirements. Please check one response per statement.

	<i>YES</i>	<i>NO</i>
1. The CAHC provides, at a minimum, all of the following services: primary care for common and acute illness, immunization screening and administration, licensed mental health provider (0.5 FTE or greater), and referral for other needed services not available at the CAHC.	<input type="checkbox"/>	<input type="checkbox"/>
1.1 If CAHC provides services to the adolescent population (ages 10 to 21), the following are provided: HIV and STI education, provision of HIV and STI voluntary counseling and testing; and follows nationally recognized preventive services guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
<b>AND/OR</b>		
If CAHC provides services to the elementary population (ages 5 to 10), dental services and/or referral for dental services is provided.	<input type="checkbox"/>	<input type="checkbox"/>
2. The CAHC clinical services meet the recognized, current standards of practice for care and treatment of adolescents and/or children.	<input type="checkbox"/>	<input type="checkbox"/>
3. Current School Code and Michigan Compiled Laws 380.1507 prohibit prescribing, dispensing or otherwise distributing family planning drugs and/or devices for CAHC's operating on school property. Is the CAHC on school property?	<input type="checkbox"/>	<input type="checkbox"/>
3.1 If yes, the CAHC is on school property, the CAHC adheres to the above prohibition.	<input type="checkbox"/>	<input type="checkbox"/>
3.2 If the CAHC is on school property, a copy of the current CAHC policy detailing the prohibition of prescribing, dispensing or otherwise distributing family planning drugs and/or devices is <b>attached</b> .	<input type="checkbox"/>	<input type="checkbox"/>

**MINIMUM CERTIFICATION REQUIREMENTS II: ADMINISTRATIVE**

The following items are minimum certification requirements. Please check one response per statement.

	<i>YES</i>	<i>NO</i>
4. The CAHC has completed, updated or gained access to a needs assessment that was completed within the last two to three years to determine the health needs of the target population.	<input type="checkbox"/>	<input type="checkbox"/>
4.1 A summary of the latest needs assessment results from the CAHC is <b>attached</b> .	<input type="checkbox"/>	<input type="checkbox"/>
5. The CAHC is located in a school building or an easily accessible alternate location to the target population.	<input type="checkbox"/>	<input type="checkbox"/>
6. The CAHC is open during hours accessible to the target population and provisions are in place for the same services to be delivered during times when school is not in session. "Not in session" refers to times of year when schools are closed for extended periods, such as holidays, spring breaks and summer vacation. The CAHC has a plan for 24/7 after-hours care.	<input type="checkbox"/>	<input type="checkbox"/>
6.1 The CAHC hours of operation are posted in areas frequented by the target population.	<input type="checkbox"/>	<input type="checkbox"/>
6.2 A schedule of the CAHC hours, including summer hours, is <b>attached</b> .	<input type="checkbox"/>	<input type="checkbox"/>
6.3 The after-hours care plan is <b>attached</b> .	<input type="checkbox"/>	<input type="checkbox"/>
7. The CAHC has a licensed physician as a medical director who supervises the medical services provided.	<input type="checkbox"/>	<input type="checkbox"/>
7.1 A copy of the medical director's license is <b>attached</b> .	<input type="checkbox"/>	<input type="checkbox"/>
8. The CAHC is staffed by (please circle one):		
a) a nurse practitioner who is either certified or eligible for certification in Michigan and accredited by an appropriate national certification or board		
b) a physician who is licensed to practice in Michigan		
c) a physician assistant who is licensed to practice in Michigan		
8.1 A copy of the license for the above staff is <b>attached</b> .	<input type="checkbox"/>	<input type="checkbox"/>

**YES** **NO**

- |      |   |                          |                          |
|------|---|--------------------------|--------------------------|
| 9.   | There is a collaborative practice agreement for the nurse practitioner or a supervision plan for the physician assistant; which is approved by the sponsoring agency and includes mutually agreed upon responsibilities, prescriptive delegation, clinical references, annual review and signature by both parties. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.1  | A copy of the agreement or plan is <b>attached</b> .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.  | The CAHC has a continuous quality improvement (CQI) plan that includes, at a minimum: regular clinical reviews to determine conformity with current standards of care and acceptable practice, and a plan to implement corrective action when deficiencies are noted.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1 | A copy of the CAHC CQI policy and procedures are <b>attached</b> .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.  | The CAHC has, at a minimum, a policy and procedures for the following:  |                          |                          |
|      | a) parental consent (policy and procedures <b>attached</b> )  | <input type="checkbox"/> | <input type="checkbox"/> |
|      | b) requests for medical records and release of information which include the role of the non-custodial parent and parents with joint custody (policy and procedures <b>attached</b> )   | <input type="checkbox"/> | <input type="checkbox"/> |
|      | c) minor consent services (policy and procedures <b>attached</b> )  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.  | The CAHC has adequate space and equipment for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment and secure paper and/or electronic client records.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.1 | The CAHC facility is barrier-free, clean and safe.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.  | The CAHC staff follows all Occupational Safety and Health Act guidelines regarding transmission of blood borne pathogens (such as HIV and Hepatitis B) to health care and public safety workers, as referenced in PL100-607, the Health Omnibus Programs Extension Act of 1988.                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 14.  | The CAHC conforms to the regulations determined by the Department of Health and Human Services for laboratory standards, referencing Clinical Laboratory Improvement Amendments (CLIA) of 1988.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14.1 | A copy of the CAHC CLIA certificate or waiver is <b>attached</b> .  | <input type="checkbox"/> | <input type="checkbox"/> |

**MINIMUM CERTIFICATION REQUIREMENTS III: BILLING AND FEE COLLECTION**

The following items are minimum certification requirements. Please check one response per statement.

- |   | <i>YES</i>               | <i>NO</i>                |
|---|--------------------------|--------------------------|
| 15. The CAHC has established a billing process which does not breach the confidentiality of the client. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15.1 A copy of the billing policy(s) and procedures which protect the client are <b>attached</b> .      | <input type="checkbox"/> | <input type="checkbox"/> |

I affirm that to the best of my knowledge the above stated information to be factual and true. In addition, should these factors change regarding the operations of the CAHC, I will notify the Michigan Department of Health and Human Services in writing within thirty (30) days of said change.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date