

MDHHS DIVISION OF CHILD AND ADOLESCENT HEALTH CAHC SCHOOL WELLNESS PROGRAM SITE REVIEW

Total Points: **/284**

SCHOOL WELLNESS PROGRAM:	DATE:
ADDRESS:	
SPONSORING AGENCY:	
CEO, HEALTH OFFICER OR EXECUTIVE DIRECTOR:	
COORDINATOR:	
REGISTERED NURSE:	
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.	

GENERAL INFORMATION	DOCUMENT PREPARATION PRIOR TO THE SITE REVIEW
<p><u>PURPOSE OF THE REVIEW:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To assure the agency is meeting or exceeding the Michigan Department of Health and Human Services Minimum Program Requirements for School Wellness Programs (SWP), Request for Proposal and contract requirements, and providing quality services <input type="checkbox"/> To provide a tier placement of the SWP which guides subsequent timing of review and technical assistance <input type="checkbox"/> To assist the agency in administering the program to the highest standards <input type="checkbox"/> To review and respond to agency concerns and questions <p><u>PURPOSE OF THE PROGRAM:</u></p> <p>The SWP goal is to achieve the best possible physical, intellectual and emotional status of children and adolescents by providing services that are high quality, accessible and acceptable to youth. The SWP model provides limited clinical nursing services, psycho-social services, health promotion/disease prevention education and referral for youth 5 to 21 years of age with emphasis on the uninsured, under-insured and publicly insured. The SWP staff assist schools, parents, and other health professionals in the assessment, identification, planning, implementation, and evaluation of the health needs of the school community in order to appropriately direct services toward a healthy school environment.</p> <p><u>SCORING:</u></p> <p>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.</p> <p>Note: Best Practice criteria are used to guide the SWP in improvement in policy and practice, but are not assigned a point value and are not included in the final score.</p>	<p>The following items must be submitted to the respective MDHHS reviewers <u>one month prior</u> to review:</p> <p><u>Administrative Reviewer:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Goal Attainment Scaling Report (GAS) <input type="checkbox"/> Current Interagency Agreement <input type="checkbox"/> Completed p. 6 from this site review tool <input type="checkbox"/> Personnel roster <input type="checkbox"/> Organizational chart for SWP staff and supervisors <input type="checkbox"/> Community advisory council (CAC) membership that identifies role and representation (e.g., parent, youth, medical provider, etc.) and voting designations <input type="checkbox"/> Minutes from the last three CAC meetings <p><u>Clinical Reviewer:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Personnel roster <input type="checkbox"/> Job descriptions for each clinical staff (Medical Director, RN, other clinical providers) <input type="checkbox"/> Copy of current licensure (RN) <input type="checkbox"/> Copy of other licenses and specialty certification documents, if applicable <input type="checkbox"/> Personnel training log <input type="checkbox"/> Identify EHR used <input type="checkbox"/> Provide copies of forms/templates used in EHR <p><u>Mental Health Reviewer:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Job description for mental health staff <input type="checkbox"/> Copy of current licensure (MH Provider) <input type="checkbox"/> Identify EHR used <input type="checkbox"/> Provide copies of forms/templates used in EHR <p><i>Please note that your reviewer contact information was included in this mailing. If you cannot locate this information, please contact Jacqueline Dufek , SWP Coordinator, at 517-512-0614 or dufekj@michigan.gov.</i></p> <p><i>Please also note that reviewers will review recent reports and will discuss any questions or concerns with the SWP Coordinator prior to the site review. Please ensure reports are complete and made available for the last full quarter of service and that all data is accurate, as reviewers will review the most recent reports prior to and/or during the site review.</i></p>

DOCUMENT PREPARATION FOR SITE REVIEW

The following items must be available for review; other items may be requested by reviewers:

Administrative Documents:

- ☐ SWP policy and procedures manual
- ☐ SWP brochure
- ☐ Staff schedule
- ☐ Appointment schedule
- ☐ Bill of Rights (posted in clinic)
- ☐ Current needs assessment survey and data
- ☐ Client satisfaction survey and results of surveys for last two years
- ☐ Current interagency agreement
- ☐ School administration and board approvals
- ☐ CAC membership that identifies role and representation (e.g., parent, youth, medical provider, etc.) and voting designations (bylaws)
- ☐ Minutes from the last three CAC meetings
- ☐ Outreach plan for CAC
- ☐ Evidence of parent recruitment efforts for CAC
- ☐ Evidence of youth input to CAC
- ☐ Evidence of school staff trainings and evaluation results
- ☐ Organizational chart for SWP staff and supervisors
- ☐ Orientation material for staff
- ☐ Staff performance evaluation form
- ☐ Staff meeting minutes
- ☐ Evidence of Medicaid enrollment training
- ☐ Most recent Financial Status Report and approved budget
- ☐ Current GAS and evidence of implementation
- ☐ Medicaid outreach materials
- ☐ Client education materials
- ☐ Personnel roster
- ☐ Plan to provide training and professional development to teachers and school staff
- ☐ Completed p. 6 from site review tool

For SWPs that bill for services:

- ☐ Sliding fee scale
- ☐ Remittance advice/accounting reports or ledger
- ☐ Billing records for previous three months

Clinical Documents:

- ☐ Standing orders and protocols with evidence of annual review
- ☐ Consent forms
- ☐ Number of consents signed and the percentage of the total population
- ☐ Continuous Quality Improvement (CQI) documentation (meetings and process results)
- ☐ CQI Plan (including indicators/goals, documented corrective action process, identified CQI Coordinator, satisfaction surveys, nursing, mental health professional)
- ☐ Health records to review (10 records)
- ☐ Immunization documentation, if applicable (counseling, deferrals/refusals, vaccine temperature logs, consent forms)
- ☐ Clinical guidelines/reference materials/websites used (e.g., CDC, NASN, MASN)
- ☐ Lab documentation, if applicable (quality controls and all other documentation per CLIA regulations).
- ☐ CLIA certificate or waiver, if applicable
- ☐ Current listing of community resources
- ☐ Current referral agreements and evidence of referral documentation, if applicable
- ☐ Emergency plan for the SWP
- ☐ Emergency supply kit items
- ☐ Exposure control/waste disposal plan and license
- ☐ Safety data sheets (SDS) or online site
- ☐ Maintenance check logs for equipment
- ☐ Job descriptions for each clinical staff
- ☐ Copy of current license (RN)
- ☐ Copy of other licenses and specialty certification documents if applicable
- ☐ Personnel training log
- ☐ Forms/templates for EHR

Mental Health Reviewer:

- ☐ Job descriptions for mental health staff
- ☐ Copy of current licensure (MH provider)
- ☐ Mental health records to review (5 records)
- ☐ Copies of forms/templates used in EHR
- ☐ Crisis response plans

STRUCTURE OF THE SITE REVIEW

The site review begins with an entrance interview with the SWP Coordinator, nursing provider, mental health provider, and other pertinent SWP and sponsoring agency staff. The entrance interview is typically brief, allowing time for an overview of the site review process and for questions from staff.

Reviewers work independently over the course of the review, but typically request a 15-minute meeting with the coordinator, nursing provider or other staff mid-morning on each day of the review to ask questions to verify findings or observations; and to request any missing documentation. The reviewers need a small, private space to review documents and to intermittently discuss findings. Reviewers tour the SWP space to make environmental observations, observe client flow, and examine waiting, reception, bathroom, examination, lab, education and storage areas.

The administrative reviewer will walk through the processes of visit documentation and billing (if applicable), including at least one visit for services sought under minor consent (if applicable). The clinical reviewer will review a random selection of client records and shadow the nurse during a minimum of two to three visits upon verbal consent of the client. The mental health reviewer will review a random selection of client records. This allows opportunity to assess comprehensiveness and quality of service delivery and provide feedback to providers. Both the record review and client observation are allowable under HIPAA and MDHHS regulations.

On the last day of the review, the reviewers meet independently to discuss findings to be presented at the exit interview. The exit interview usually starts by 2:00 p.m. on the last day of the review and should include all staff present at the entrance interview and the SWP medical director. The exit interview typically lasts one hour. Following the review, a written report of findings, required actions to bring the SWP into compliance, and suggestions for improvement will be issued.

PROGRAM STRENGTHS	AREAS REQUIRING CHANGE	
	Page	Citation
SUGGESTIONS FOR IMPROVEMENT	CONSULTANT FOLLOW-UP NOTES	

Availability and Access to Services Review				
	SWP Location 1		SWP Location 2	
SWP Location				
Date SWP originally opened				
Total school enrollment				
Ages served (e.g., elementary, middle, high school)				
SWP unduplicated user number as of last full fiscal year				
Percent of school enrollment receiving SWP services				
Nursing services provided (days and number of hours/week):				
Mental Health services provided (days and number of hours/week):				
Summer Hours (if applicable)				
Provider Type	Name	FTE	Name	FTE
Coordinator				
Nurse				
Mental Health Provider				
Physician/Medical Director				
Telehealth (if applicable)				
Other: NP, PA, MA, Clerical/Reception Staff, Health Educator, Nutritionist, etc. (if applicable)				

Section 1: Administrative Review

A. Eligibility	Points	Comments
<p>1. The program has a non-discrimination policy; services are offered without regard to sex, race, religion or sexual orientation.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Consent Form ➤ Brochures ➤ Other: 		
Eligibility Subtotal		/ 0 possible points

B. Access to Care	Points	Comments
<p>1. The SWP shall provide services in no more than two school buildings and accessible to the target population.</p> <p>(MPR #13)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation of accessibility in school building, e.g., signage and easy to locate ➤ Access to elementary aged students, e.g., how do younger children arrive at your SWP site? 		
<p>2. The SWP shall be open during hours accessible to the target population.</p> <p>(MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Brochure/signage with hours listed ➤ Appointment schedule/visit records 	<p><i>Accessible hours as evidenced by appointment schedule, visit records:</i></p>	
<p>3. The SWP shall provide clinical nursing services full-time during the school year.</p> <p>(MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Staff schedule ➤ Appointment schedule 	<p><i>Nursing provider time meets "full-time" requirement:</i></p>	
<p>4. The SWP shall provide direct mental health services full-time during the school year.</p> <p>(MPR #5)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Staff schedule ➤ Appointment schedule 	<p><i>Mental health provider time meets "full-time" requirement:</i></p>	
<p>5. Language assistance is offered to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to health care and services.</p> <p>(CLAS Standards – Title VI of Civil Rights Act)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Observation ➤ Other: 		

<p>6. Hours of operation are posted in areas frequented by the target population.</p> <p>(MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Schedule of hours posted in highly trafficked areas, including school office, cafeteria, gym, hallways, etc. ➤ Observation 		
<p>7. Walk-in services are available.</p> <p>(MPR #1)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Appointment schedule ➤ Observation 		
Access to Care Subtotal		/ 15 possible points

C. Facility Environment	Points	Comments
<p>1. A Patient Bill of Rights is posted and distributed to clients.</p> <p>(Patient Self-Determination Act of 1990)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Policy & Procedure for distribution to clients ➤ Other: 	<p><i>Bill of Rights is posted:</i></p> <p><i>Bill of Rights is available for distribution to clients:</i></p> <p><i>Bill of Rights is written in youth-friendly language and/or explained to clients:</i></p>	
<p>2. The physical facility must be barrier-free, clean and safe.</p> <p>(MPR #18)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Accessible halls, toilets, sinks ➤ Wheelchair ramps ➤ Parking for the disabled 		
<p>3. Passages, corridors, doorways and other means of exit are kept clear and unobstructed.</p> <p>(MPR #18)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation 		
<p>4. The reception area and exam rooms are comfortable, well-lighted, well-ventilated and age-appropriate.</p> <p>(Best Practice, MPR #18)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation 		

5. **Site-specific building emergency instructions, including telephone numbers, are posted. A plan for emergency situations is readily accessible, reviewed and updated regularly for emergencies such as power failure, fire, natural disaster and weapons onsite. Exits are clearly marked with escape routes posted.**

(Best Practice)

Indicators:

- Policy & Procedures
- Observation of marked escape route/exits

Facility Environment Subtotal

/ 7 possible points

D. Outreach Efforts to Meet Projected Performance Output Measure (PPOM)	Points	Comments
<p>1. There is an outreach plan in place to attract users to the SWP.</p> <p>(CAHC SWP Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence of outreach efforts <ul style="list-style-type: none"> ○ School orientation participation ○ PTA meeting attendance ○ Communication to parents at home: mail, email, texts ○ Proactive reminders for appointments ○ Bulletin boards/posters ○ Student newspapers ○ School staff meeting attendance ○ Coach and Athletic Director outreach ○ Teacher/staff referrals ○ Attendance at school events (plays, concerts, sports) ○ Community education/Public service announcement (PSA) ○ Social media ○ Other 		
<p>2. Outreach is conducted at least twice per year.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence e.g., copies of documents, showing frequency of outreach 		
Outreach Efforts to Meet PPOM Subtotal		/ 3 possible points

E. Needs Assessment & Client Satisfaction	Points	Comments
<p>1. The SWP has completed, updated or has 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 (when adolescents are served).</p> <p>(MPR #1 and MPR #16)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Survey/assessment conducted within the last three years (tool and results) ➤ Survey/assessment documents comprehensive health needs ➤ Data sources other than risk behavior survey used to determine need ➤ Services related to identified needs are offered by the SWP (clinical visits, through EBI's or other programs or support services) 	<p><i>Copy of survey/assessment tool (and results) conducted within last three years:</i></p> <p><i>Survey/assessment documents a range of comprehensive health needs appropriate to the population:</i></p> <p><i>Multiple data sources used in needs assessment process:</i></p> <p><i>Services based on needs are offered in clinical visits, through EBI's or through other programs or support services:</i></p>	
<p>2. A client satisfaction survey has been conducted, at a minimum, annually.</p> <p>(MPR #16)</p> <p>Note: includes medical and mental health</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Copy of age-appropriate survey tool ➤ Copy of survey results ➤ Corrective action plan, if applicable ➤ Adequate number surveyed based on unduplicated user number ➤ Fall narrative report ➤ Policy & Procedures 	<p><i>Copy of age-appropriate survey tool:</i></p> <p><i>Copy of last two tabulated survey results, showing administration 1x per year:</i></p> <p><i>Copy of corrective action plan OR Not Applicable:</i></p> <p><i>Adequate number of youth surveyed based on unduplicated user number (10% of clients seen in review period surveyed):</i></p>	
<p>Needs Assessment & Client Satisfaction Subtotal</p>		<p>/ 13 possible points</p>

F. Organization and Function	Points	Comments
<p>1. A current interagency agreement defines the roles and responsibilities between the local school district and SWP sponsoring agency; and the school-based health center if one exists in the same school district.</p> <p>(MPR #14)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Agreement which defines roles and responsibilities of each party ➤ Agreement is current ➤ Agreement has appropriate signatures 	<p><i>Interagency agreement defines roles and responsibilities of each party:</i></p> <p><i>Interagency agreement is current:</i></p> <p><i>Appropriate parties have signed the interagency agreement:</i></p> <hr/> <p><i>SWP/SBHC agreement defines roles and responsibilities of each party:</i></p> <p><i>SWP/SBHC agreement is current:</i></p> <p><i>Appropriate parties have signed the SWP/SBHC agreement:</i></p> <p><i>OR, not applicable because there is no SBHC in the same district OR SBHC is sponsored by same agency as SWP:</i></p>	
<p>2. Written approval by the school administration and school board exists for the following:</p> <ul style="list-style-type: none"> ○ Location of SWP within the school building ○ Administration of a needs assessment process for the students in the school ○ Administration of or access to a needs assessment for teachers/staff ○ Parental consent policy ○ Services rendered through the SWP <p>(MPR #14)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence of approval that is signed by appropriate parties (e.g., letter, agreement) or meeting minutes, etc. 	<p><i>Location of SWP:</i></p> <p><i>Administration of a needs assessment process for students:</i></p> <p><i>Administration of a needs assessment process for teachers/staff:</i></p> <p><i>Parental consent policy:</i></p> <p><i>Services rendered in the SWP:</i></p>	

<p>3. A local community advisory council (CAC) shall be established and operated in a manner consistent with minimum program requirements.</p> <p>(MPR #17 and State School Aid, Act 94 of 1979, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Roster with community representation, <50% providers and 1/3 parent membership shown ➤ Evidence of parent recruitment efforts ➤ Agendas and minutes of last three meetings showing a minimum of two meetings per year 	<p><i>Roster shows CAC membership with community representation, <50% providers and 1/3 parent membership:</i></p> <p><i>Evidence of parent recruitment efforts exist, such as emails, newsletters, etc.:</i></p> <p><i>Agendas and/or minutes show evidence of two meetings per year:</i></p>	
<p>4. Youth input to CAC shall be maintained through either membership on the established CAC, a youth advisory council, or through other formalized of youth involvement and input.</p> <p>(MPR #17)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Membership roster ➤ Evidence in CAC meeting minutes that youth input is incorporated ➤ Focus group reports, key informant or other interviews, evidence of youth input: 	<p>Roster for youth advisory council or youth membership on CAC:</p> <p>Evidence in CAC meeting minutes that youth input is incorporated and/or other means of gathering youth input e.g., focus groups:</p>	
<p>5. CAC has written bylaws or operating procedures for governance which includes: duties and responsibilities, terms of office, method of member selection, indication of voting members, and description of voting process.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Copy of bylaws or operating procedures ➤ Other: 		
<p>6. CAC members are oriented to the SWP.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Orientation materials 		
<p>7. Current organizational chart reflects clear lines of authority and includes all SWP staff.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Organizational chart 		

<p>8. Staff meetings occur regularly as a mechanism for coordinating care. Staff of all disciplines providing service are included in meetings.</p> <p>(Best Practice, MPR #1 and MPR #16)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Agendas and minutes 		
<p>9. Evaluation of staff occurs at least once annually with clear performance measures.</p> <p>(Best Practice, MPR #1 and MPR #16)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Review form 		
Organization & Function Subtotal		/ 30 possible points

G. Policies & Procedures	Points	Comments
<p>1. The SWP shall not provide abortion counseling, services or make referrals for abortion services.</p> <p>(MPR #6 and State School Aid, Act 94 of 1979, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Client records reflect compliance with policy 		
<p>2. The SWP shall not prescribe, dispense or otherwise distribute family planning drugs or devices.</p> <p>(MPR #7, School Code, Act 451 of 1976 and State School Aid Act, Act 94 of 1979, as amended)</p> <p>§ 380.1507 - Sex education in Michigan</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Client records reflect compliance with policy 		
<p>3. The SWP shall have a policy and procedures approved by the CAC for the following areas at a minimum:</p> <ul style="list-style-type: none"> ○ Parent consent (in accordance with applicable minor consent law and/or practice) ○ Request for release of medical records and release of information that include the role of the non-custodial parent and parent with joint custody ○ Confidential services as allowed by state and/or federal law and/or practice ○ Disclosure by clients or evidence of child physical or sexual abuse or neglect <p>(MPR #17)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence of policy and procedures approval by CAC 	<p><i>Approved policy and procedures for:</i></p> <p><i>Parent consent that complies with minor consent laws/practice:</i></p> <p><i>Request for release of medical records and release of information that include the role of the non-custodial parent and parent with joint custody:</i></p> <p><i>Confidential services that complies with minor consent laws/practice:</i></p> <p><i>Disclosure by clients or evidence of child physical abuse or sexual abuse or neglect:</i></p>	
Policies & Procedures Subtotal		/ 14 possible points

H. Fiscal Operations	Points	Comments
<p>1. There is a method for determining and obtaining information on Medicaid eligibility.</p> <p>(MPR #8 and MSA Bulletin 04-13)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Consent form ➤ Verification SWP staff have received Medicaid online enrollment training ➤ Other: 		
<p>2. Parents/guardians of minors that consent to treatment for mental health services or STI/HIV treatment as allowable under Michigan law shall not be liable for cost of services received by the minor.</p> <p>(Mental Health Code: Act 258 of 1974 and Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Billing documentation ➤ Other: 		
<p>3. For SWPs participating in billing, the SWP shall establish and implement a sliding fee scale which is not a barrier to health care for the population served. Clients must not be denied service based on their inability to pay (e.g., including income, insurance status, outstanding balances). SWP funding may be used to offset outstanding balances to avoid collection notices and/or referrals to collection agencies for payment.</p> <p>(MPR #21, MPR #22)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Sliding fee scale ➤ Billing documentation 	<p><i>Policy stating services will not be denied for lack of payment:</i></p> <p><i>Sliding fee scale which is not a barrier to care (e.g., based on adolescent income/set to zero pay for adolescents):</i></p> <p><i>Evidence that outstanding balances are offset by SWP funds e.g., in policy, billing documentation:</i></p> <p><i>OR, not applicable because the SWP is not billing:</i></p>	

<p>4. For SWPs participating in billing, a process must be in place for billing Medicaid, Medicaid Health Plans and other third party payers.</p> <p>(MPR #21, MPR #22)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Billing documentation e.g., billing records in previous three months ➤ Evidence of follow-up on rejected claims ➤ Billing / financial reports 	<p><i>Policy and procedures for SWP billing:</i></p> <p><i>Billing record documentation showing claims submitted for payment:</i></p> <p><i>Billing/financial reports showing amount of claims submitted for SWP services and status of claims:</i></p> <p><i>OR, not applicable because the SWP is not billing:</i></p>	
<p>5. For SWPs participating in billing, the billing and fee collection processes do not breach the confidentiality of the client.</p> <p>(MPR #23 and HIPAA)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ EHR/billing record documentation 	<p><i>Processes do not breach the confidentiality of the client:</i></p> <p><i>OR, not applicable because the SWP is not billing:</i></p>	
<p>6. For SWPs participating in billing, revenue generated from the SWP must be used to support SWP operations and programming.</p> <p>(MPR #21, MPR #22)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Budget ➤ Financial Status Report ➤ Remittance advice ➤ Accounting reports (e.g., ledger) 	<p><i>Policy and procedures describing how revenue generated by the SWP is returned to the SWP account:</i></p> <p><i>Budget documents return of billing revenue to the SWP:</i></p> <p><i>Financial Status Report documents return of revenue to the SWP:</i></p> <p><i>Remittance advice shows return of revenue to the SWP:</i></p> <p><i>Accounting reports (e.g., ledger) shows return of revenue to the SWP account:</i></p> <p><i>OR, not applicable because the SWP is not billing:</i></p>	

<p>7. The most recent Financial Status Report follows the approved budget and does not exceed the deviation allowance.</p> <p>(MDE RFP and CAHC SWP Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Budget ➤ Financial Status Report 	<p><i>Financial Status Report follows the approved budget:</i></p> <p><i>No items on the Financial Status Report exceed the cost deviation allowance:</i></p>	
<p>8. The approved budget and the most recent Financial Status Report show at least 30% match.</p> <p>(MDE RFP and CAHC SWP Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Budget ➤ Financial Status Report ➤ Documentation of match 	<p><i>Approved budget includes minimum 30% match:</i></p> <p><i>Financial Status Report documents match as shown in approved budget:</i></p> <p><i>Other documentation of 30% match:</i></p>	
<p>Fiscal Operations Subtotal</p>		<p>/ 28 possible points</p>

I. Data Management	Points	Comments
<p>1. The SWP has secure storage for supplies and equipment, and secure paper and/or electronic client records that maintain patient confidentiality.</p> <p>(MPR #18 and HIPAA)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Access to storage areas observed ➤ Access to records is observed ➤ Interview questions 	<p><i>Physical storage for supplies and equipment is secure:</i></p> <p><i>Paper client records are secure (e.g., triple-locked) and electronic client records are secured through password protection and other electronic security measures:</i></p>	
<p>2. A designated individual is responsible for final preparation and review of all MDHHS reports.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Interview question ➤ Other: 		
Data Management Subtotal		/ 2 possible points

J. Goal Attainment Scaling (GAS), Medicaid Outreach and Professional Development	Points	Comments
<p>1. Each SWP shall implement an evidence-based program (EBI) with fidelity in at least one of the approved focus areas as determined through needs assessment data.</p> <p>(MPR #3, MDE RFP and CAHC SWP Contract)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Current GAS ➤ Evidence of implementation or plans to implement with fidelity during current fiscal year ➤ Evidence of evaluation e.g., results or evaluation plans 	<p><i>Evidence of implementation or plans to implement EBI with fidelity during current fiscal year:</i></p> <p><i>Evidence of evaluation or plans to evaluate EBI during current fiscal year:</i></p>	
<p>2. The SWP shall provide Medicaid Outreach services to eligible youth and families and shall adhere to CAHC & Programs outreach activity as outlined in MSA 04-13.</p> <p>(MPR #8 and MSA 04-13)</p> <p>Medicaid Outreach Areas:</p> <ol style="list-style-type: none"> 1) Public Awareness 2) Facilitating Medicaid eligibility determination <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Documentation of activity in each of two outreach areas as outlined to the right 	<p><i>Documentation exists for:</i></p> <p><i>Public awareness campaigns, media releases etc. in area 1:</i></p> <p><i>Records show number of uninsured clients who accessed SWP in area 2:</i></p> <p><i>Records show number of uninsured clients who were assisted onsite with Medicaid enrollment in area 2:</i></p> <p><i>Records show number of uninsured clients who were successfully enrolled in Medicaid in area 2:</i></p>	

3. **The SWP shall develop a plan, in conjunction with appropriate school administration and personnel, to provide training and/or professional development to teachers and school staff in areas relevant to the SWP and school-specific needs.**

(MPR #4)

Indicators:

- Evidence of school staff/teacher training implementation or plans to implement during current fiscal year
- Evidence of evaluation results/plans, as applicable

Evidence of implementation or plans to implement during current fiscal year:

Evidence of evaluation or plans to evaluate during current fiscal year, including evaluation results:

GAS, Medicaid Outreach, & Professional Development Subtotal

/ 11 possible points

Section 2: Clinical Review

A. Clinical Organization	Points	Comments
<p>1. The SWP shall be staffed by a Registered Nurse working under the general supervision of a physician during all hours of operation. The RN shall preferably be certified or eligible for certification as a professional school nurse.</p> <p>(MPR #11 and Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ License(s) ➤ Other: 	<p><i>Provider license(s):</i></p>	
<p>2. The SWP shall have a licensed physician as a medical director.</p> <p>(MPR #9)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ License ➤ Job description with SWP responsibilities ➤ Other: 	<p><i>Physician license:</i></p> <p><i>Job description includes SWP responsibilities:</i></p>	
<p>3. Clinical policies and procedures, written standing orders and protocols exist as appropriate for the SWP site and are reviewed for current practice.</p> <p>(MPR #10 and CMS Regulations)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Copies of clinical policies and procedures ➤ Copies of standing orders and protocols 		
<p>4. The RN reviews, revises as necessary and signs clinical policies, standing orders, and other protocols specific to the SWP site.</p> <p>(MPR #9)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Evidence of annual review ➤ Evidence of signature by RN 		

<p>5. The licensed medical director supervises the health services provided at the SWP and annually reviews/approves clinical policies, standing orders, and other protocols specific to the SWP site. (MPR #9)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Evidence standing orders are reviewed and signed annually by medical director and applicable staff ➤ Evidence policies and procedures are reviewed and signed annually by medical director and applicable staff ➤ Record review/observation demonstrates alignment with practice 	<p><i>Evidence of Policy & Procedures review:</i></p> <p><i>Standing orders are current (evidence of annual review and relevant signatures):</i></p> <p><i>Evidence practice is aligned with standing orders:</i></p>	
<p>6. The RN adheres to medical orders and/or treatment plans written by other health care providers for individuals requiring health supervision while in school.</p> <p>(MPR #10 and MPR #11)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Standing orders ➤ Interviews ➤ Emergency health care plans, care management plans ➤ Record review ➤ Other: 		
<p>7. Current licenses for all professional clinical staff shall be publicly displayed so as to be visible to clients. A permanent record containing names and respective license numbers of the providers (including medical director) shall be maintained onsite.</p> <p><u>(Public Health Code: Act 368 of 1978, as amended)</u></p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Licenses displayed in public area ➤ Permanent record onsite contains names and license numbers of each clinician 	<p><i>Licenses displayed publicly:</i></p> <p><i>Licenses in permanent onsite record:</i></p>	

<p>8. There is a policy on informed consent including parent, minor (when adolescents are served) and clients age 18 and over. Policy and consent forms are inclusive of all applicable services provided by the SWP.</p> <p>(MPR #1, MPR #14, MPR #15 and Patient Self-Determination Act of 1990)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Consent Forms 	<p><i>Policies on consent include parental consent, minor consent as applicable, and consent of clients age 18 and over:</i></p> <p><i>Consent forms include parental consent, minor consent as applicable, and consent of clients age 18 and over:</i></p> <p><i>Policies on consent are inclusive of all services provided by the SWP:</i></p> <p><i>Consent forms are inclusive of all services provided by the SWP:</i></p>	
<p>Clinical Organization Subtotal</p>		<p>/ 16 possible points</p>

B. Continuous Quality Improvement (CQI)	Points	Comments
<p>1. The SWP shall implement a continuous quality improvement plan for R.N. 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. b. A system shall be in place to implement corrective actions when deficiencies are noted. c. A CQI Coordinator shall be identified. d. CQI meetings that include staff of all disciplines working in the SWP shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.</p> <p>(MPR #16)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ CQI Plan ➤ Evidence of recent record review including identification of reviewer(s) ➤ Criteria/indicators of goals or thresholds for evaluation/improvement ➤ Documented corrective action process ➤ CQI Coordinator identified ➤ CQI meeting agendas, minutes, participants ➤ Client satisfaction survey (annual) ➤ Parent satisfaction survey ➤ Staff satisfaction survey 	<p><i>Policy & Procedures or CQI plan:</i></p> <p><i>Results of recent quality improvement R.N. record review (twice annually, minimum):</i></p> <p><i>Review conducted by appropriate R.N. peer and/or other sponsoring agency staff:</i></p> <p><i>Thresholds are identified for all evaluation criteria:</i></p> <p><i>Plan for R.N. corrective action/action taken as appropriate:</i></p> <p><i>CQI Coordinator identified:</i></p> <p><i>CQI Meetings include staff of all disciplines working in the SWP:</i></p> <p><i>CQI meetings held quarterly:</i></p> <p><i>CQI meeting minutes/notes show discussion of improvement reviews, client satisfaction surveys and clinical issues:</i></p>	
CQI Subtotal		/ 9 possible points

C. Health Services	Points	Comments
<p>1. The nursing services shall fall within the current, recognized scope of practice of registered nurse practice in Michigan and meet the recognized, current standards of practice for care and treatment of the population served.</p> <p>(MPR #1, MPR #2, MPR # 11)</p> <p>American Nurses Association & National Association of School Nurses (2017). School nursing: Scope and standards of practice (3rd ed.) Silver Spring, MD: Author</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review ➤ Appropriate supplies and equipment (excluding those specified elsewhere) ➤ Other: 	<p><i>Appropriate supplies and equipment:</i></p> <p><i>Record review includes:</i></p> <p><i>Appropriate subjective and objective assessment:</i></p> <p><i>Documented education:</i></p> <p><i>Documented appropriate clinical decision-making and evidence of following standing orders, if appropriate:</i></p> <p><i>Standing orders are clinically sound:</i></p> <p><i>Documented appropriate plans, inclusive of follow-up:</i></p>	

<p>2. Systems-level case management/care coordination to provide family-centered, assessment driven, team-based interventions to meet the needs of clients. This could include primary care, specialty medical services, dental, mental health, school staff, nutritionist/dietician, other.</p> <p>(MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Shared plans of care across systems (e.g. asthma action plan, diabetes management plan, food allergy plan, seizure emergency management plan, health care plans, nutrition plans, IEPs). ➤ Evidence of sharing plans with parent/guardian. ➤ Evidence of implementation of the plan. ➤ Evidence of monitoring and updating the plan, if appropriate. ➤ Parental consent form that includes permission for the nurse to discuss relevant information regarding care with the primary care provider. <p>References:</p> <p>American Academy of Pediatrics: https://medicalhomeinfo.aap.org/tools-resources/Pages/Care-Coordination.aspx</p> <p>Baker, D., Anderson, L., & Johnson, J. (2016). Building student and family-centered care coordination through ongoing delivery system design. <i>NASN School Nurse</i>, 32(1), 42-49. DOI: 10.1177/1942602X16654171</p> <p>Managing Communicable Disease in Schools (May 31, 2018). Retrieved from: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_53072---,00.html</p>	<p>Record Review Includes:</p> <p><i>Plans of care across systems that include parental signature and health provider signature:</i></p> <p><i>Documented care following shared plan across systems:</i></p> <p><i>Parental consent form that includes permission for nurse to share information with primary care provider:</i></p>	
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<p>3. Health promotion and risk reduction services are consistent with recognized preventive services guidelines appropriate for age.</p> <p>(MPR #1, MPR #2, MPR #3)</p> <p>AAP Bright Futures</p> <p>Adverse Childhood Experiences</p> <p>RAAPS</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures for risk assessment administration, anticipatory guidance ➤ Record review for documentation of risks, anticipatory guidance, interventions and/or referrals 	<p><i>Policy & Procedures for risk assessment administration/anticipatory guidance:</i></p> <p><i>Documentation of assessment results:</i></p> <p><i>Documentation of anticipatory guidance:</i></p> <p><i>Documentation of interventions and/or referrals as appropriate:</i></p>	
<p>4. Education, screening and provision of immunizations, if applicable, is consistent with CDC-ACIP guidelines. The Michigan Care Improvement Registry (MCIR) is used consistently for assessment and administration documentation.</p> <p>(MPR # 2 and MPR #20)</p> <p><i>*Note: If providing immunizations, adhering to storage and handling and administration standards is additionally required.</i></p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review inclusive of documentation of counseling on needed immunizations and of deferrals or refusals ➤ Observation ➤ Policy & Procedures (including for emergency treatment of adverse reaction if immunizations are provided onsite) ➤ Appropriate vaccine inventory onsite if vaccines are provided ➤ Appropriate vaccine storage, with alarm and temperature log if vaccines are on site ➤ Parent consent 	<p><i>If Applicable:</i></p> <p><i>Policy & Procedures:</i></p> <p><i>Age-appropriate immunization education materials are available:</i></p> <p><i>Documentation of education, counseling, referrals, deferrals and refusals:</i></p> <p><i>Evidence of MCIR review/use:</i></p> <p><i>Observation meets standards or unable to observe:</i></p> <p><i>All required immunization provision documentation:</i></p> <p><i>Vaccine stock, storage/security is appropriate for site:</i></p>	

5. Education, counseling, testing* and referral for HIV is consistent with CDC/other relevant guidelines.

(MPR #1, MPR #2, MPR #19, MPR # 20)

**If applicable*

Centers for Disease Control and Prevention (2018). HIV/AIDS. Retrieved from: <https://www.cdc.gov/hiv/testing/index.html>

Michigan Department of Health and Human Services (2018). What you need to know about HIV. Retrieved from: [Consumer Brochures](#)

Indicators:

- Policy & Procedures inclusive of education, counseling, testing, referral
- Standing orders
- Appropriate education and testing materials onsite
- Record review
- Observation/Interview

If Applicable:

Policy & Procedures:

Policy & Procedures complete for all required counseling, testing and referral procedures:

Appropriate education and testing materials on- site:

Record review includes:

Complete documentation for all required counseling and testing procedures:

Documentation deferrals and refusals:

If reactive test, appropriate procedures completed (or no reactive tests):

OR, record review not applicable if no tests provided/no reactive tests:

<p>6. Education, testing*, treatment* and/or referral for STIs is consistent with CDC/other relevant guidelines.</p> <p>(MPR #1, MPR #2, MPR#19* CDC STD Treatment Guidelines)</p> <p><i>*If applicable</i></p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures inclusive of education, testing, treatment, referral ➤ Standing orders ➤ Appropriate education and testing materials onsite ➤ Record review ➤ Observation/Interview 	<p><i>If Applicable:</i></p> <p><i>Policy & Procedures:</i></p> <p><i>Policy & Procedures complete for all required counseling, testing and referral procedures:</i></p> <p><i>Appropriate education and testing materials on- site:</i></p> <p><i>Record review includes:</i></p> <p><i>Complete documentation for all required counseling and testing procedures:</i></p> <p><i>Documentation deferrals and refusals:</i></p> <p><i>Documentation and follow-up complete for positive tests (or no positive tests):</i></p> <p><i>OR, record review not applicable if no tests provided/no positive tests:</i></p>	
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<p>7. Education and pregnancy testing* is consistent with current guidelines. Referral services are provided.</p> <p>(MPR #1, MPR #2, MPR #19*)</p> <p><i>*If applicable</i></p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures inclusive of education, testing, referral, follow-up ➤ Appropriate testing materials onsite ➤ Record review ➤ Appropriate education, referral and follow-up exist for negative and positive results ➤ Observation/Interview ➤ Pregnancy counseling form 	<p><i>If Applicable:</i></p> <p><i>Policy & Procedures:</i></p> <p><i>Policy & Procedures complete for all required education, testing, referral and follow-up procedures:</i></p> <p><i>Appropriate testing materials on- site:</i></p> <p><i>Record review includes:</i></p> <p><i>Complete documentation for all required procedures:</i></p> <p><i>Complete documentation for appropriate referrals for both negative and positive results:</i></p> <p><i>OR, record review not applicable if no tests provided:</i></p>	
Health Services Subtotal		/ 37 possible points

D. Process for an Actual Clinical Visit	Points	Comments
<p>1. Client confidentiality is maintained.</p> <p>(MPR #2, MPR #15 and HIPAA Privacy Rule) Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Policy & Procedures 	<p><i>Observation:</i></p> <p><i>Policy and procedures outline steps taken to maintain client confidentiality:</i></p>	
<p>2. Client confidentiality is maintained in the physical environment.</p> <p>(MPR #2, MPR #15 and MPR #18)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Secured records, forms/logs, computer screens ➤ Other: 	<p><i>White noise machines, sound proof walls/doors:</i></p> <p><i>Paper records, forms and logs are secured e.g., triple locked; computer screens revert to screen savers:</i></p>	
<p>3. Assessment of clients is consistent with standards of care, based on accepted guidelines and protocols (if any) that are mutually approved by the medical director and providers.</p> <p>(MPR #1 and MPR #10)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Record review 	<p><i>Observation that assessment of clients is consistent with standards of care and approved guidelines and protocols (if any):</i></p>	
<p>4. The SWP has established and implemented a process for communicating with the assigned primary care provider, based on criteria established by the provider and medical director, that doesn't violate confidentiality.</p> <p>(MPR #15)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Parent consent form ➤ Record review 	<p><i>Policy & Procedures exist for communicating with the assigned PCP, if one exists outside of SWP:</i></p> <p><i>Policy & Procedures clearly define data/information that is to be communicated:</i></p> <p><i>Evidence of implementation/ practice that aligns with policy & procedures:</i></p> <p><i>Parent consent includes information about communication with primary care provider:</i></p>	

<p>5. Physician consultation, referrals (external i.e. dental, community agency, other) are appropriate for established guidelines, standing orders, referral agreements (if any).</p> <p>(MPR #1, MPR #9 and MPR #10)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures for external referrals ➤ Record review ➤ Observation/Interview 	<p>Record review includes:</p> <p><i>Documentation includes physician consultation, and referral appropriate for client condition:</i></p> <p><i>Documentation includes reports and all follow-up:</i></p> <p><i>Documentation shows all referral process appropriately closed out:</i></p>	
<p>6. The client has the right to refuse or defer treatment, unless intent exists to harm self or others. Their refusal or deferral of treatment is documented in the client record.</p> <p>(MPR #1 and Patient Self-Determination Act of 1990)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Patient Bill of Rights ➤ Mature Minor Consent form ➤ Record review ➤ Observation 	<p>Policy & Procedures:</p> <p><i>Bill of Rights includes right to refuse or defer treatment:</i></p> <p><i>Mature Minor Consent form includes right to refuse or defer treatment unless intent exists to harm self or others OR NA if no mature minors:</i></p> <p><i>Refusals and deferrals are documented in client records or not applicable:</i></p>	
<p>7. Provider approach to and communication with clients is age and developmentally appropriate. Questions and concerns are encouraged.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Satisfaction survey 		

<p>8. Findings and treatment plan are reviewed/communicated with parents, unless prohibited by client (consistent with Michigan minor consent laws).</p> <p>(MPR #16)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review 	<p><i>Policy & Procedures address communication with parents regarding findings/treatment plan, consistent with Michigan minor consent laws:</i></p> <p><i>Documentation of communication indicates practice is in compliance with policy & procedures:</i></p>	
<p>9. Internal referrals (MH/other on site) and follow up are appropriate for established policies/procedures.</p> <p>(MPR#2 and P.A. 478 of 2014 - Michigan law for reporting incidents of bullying at school)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Standing orders ➤ Record review: referral documentation ➤ Observation/Interview 	<p><i>Policy & Procedures are adequate for internal referrals:</i></p> <p><i>Documentation of referrals follows policy & procedures:</i></p> <p><i>Documentation of follow-up follows policy & procedures:</i></p>	
<p>10. A follow-up mechanism is in place for missed appointments.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review: referral documentation 		
<p>11. A current listing of community resources available for immediate and long-term support and referral exists.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Evidence of referral list 		
<p>Process for an Actual Visit Subtotal</p>		<p>/ 24 possible points</p>

E. Clinical Environment	Points	Comments
<p>1. All onsite medications (OTC and prescription) are stored, dispensed and disposed of in compliance with fiduciary guidelines and Public Health Code regulations.</p> <p>(MPR #2, MPR #10 and MPR #18)</p> <p>Public Health Code: Act 368 of 1978, as amended)</p> <p>Michigan Department of Environmental Quality epinephrine Auto-Injector Disposal Guide</p> <p>§ 380.1179 – Allows students to carry and self-administer prescribed inhalers</p> <p>P.A. 385 of 216 – Allows schools to stock and provide an opioid antagonist</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures (applicable to the SWP) ➤ Standing orders ➤ Secure storage for medications ➤ Inventory, safety use checks documentation ➤ Current dispensing license is posted ➤ Dispensing in accordance with dispensing license ➤ Observation 	<p><i>Policy & Procedures exist for medication storage, dispensing and disposal and are applicable to the SWP:</i></p> <p><i>Medication storage is secure:</i></p> <p><i>Documentation of routine monitoring of medication supply, expiration dates:</i></p> <p><i>Current dispensing license posted:</i></p> <p><i>Dispensing is occurring in accordance with license:</i></p> <p>.</p>	
<p>2. A policy and procedures for handling medical emergencies exists that defines what, if any, emergencies will be responded to outside of the SWP and what care will be provided. (If no emergency response outside of the SWP is provided, policy and procedures exist to this effect.) For emergencies managed by the SWP on or off-site, care and supplies are appropriate and match policy.</p> <p>(MPR #2)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Observation of emergency supply kit including (but not limited to) appropriate emergency medication dosages ➤ Maintenance check logs for oxygen/AED/other, if applicable 	<p><i>Policy & Procedures exist for emergency response on and off-site:</i></p> <p><i>Emergency supply kit matches care outlined in policy & procedures, including but not limited to emergency medication (minimum – supplies for response to anaphylactic reaction in SWP):</i></p> <p><i>Maintenance logs up-to-date</i></p>	

<p>3. The handling of medical waste is consistent with Michigan OSHA guidelines. A written plan for control of hazardous environmental exposure is consistent with the guidelines.</p> <p>(MPR #19 and MPR #20)</p> <p>Michigan Department of Environmental Quality epinephrine Auto-Injector Disposal Guide</p> <p>R325.7004; PUBLIC HEALTH CODE (EXCERPT) Act 368 of 1978 PART 138 MEDICAL WASTE;</p> <p>Michigan Department of Environmental Quality Medical Waste Regulatory Program Information</p> <p>§ 380.1179 - Employer responsibilities to employee regarding training and response to exposure to blood borne pathogens.</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures (site-specific) ➤ Observation and interview ➤ Current medical waste license posted ➤ Evidence of appropriate waste disposal ➤ SDS location is posted and observed as accessible 	<p><i>Policy & Procedures for waste disposal are site-specific:</i></p> <p><i>Policy & Procedures re: exposure plan are site-specific:</i></p> <p><i>Current medical waste license is posted:</i></p> <p><i>Evidence of appropriate waste disposal:</i></p> <p><i>SDS location is posted:</i></p> <p><i>SDS location is accessible:</i></p>	
<p>4. If applicable, the SWP shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards. CLIA certification is documented.</p> <p>(MPR #2; MPR #19, MPR #20)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Lab Manual ➤ Current CLIA license or certificate of waiver posted (site-specific) ➤ Documentation and evidence of all CLIA required regulations (competency and proficiency testing) 	<p><i>Policy & Procedures:</i></p> <p><i>Lab manual:</i></p> <p><i>Current CLIA license or certificate of waiver, specific to SWP, is posted:</i></p> <p><i>All required testing documentation complete:</i></p> <p><i>Evidence of annual competency and proficiency testing is complete:</i></p>	

<p>5. All equipment used for patient care is in working order and is calibrated per industry standard. The fiduciary has a method for identifying all equipment used by the SWP which is accessible to the SWP.</p> <p>(MPR #18)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation/Interview ➤ Evidence/documentation of calibration ➤ Evidence of battery checks for AED ➤ Evidence that fiduciary tracks equipment 	<p><i>Policy and Procedure for AED/other equipment if the site is responsible for the equipment:</i></p> <p><i>Observation that equipment is in working order:</i></p> <p><i>Evidence/documentation that equipment is calibrated:</i></p> <p><i>Method of identifying equipment in use at SWP is accessible to SWP staff:</i></p>	
Clinical Environment Subtotal		/ 25 possible points

Section 3: Mental Health Review

A. Credentials and Supervision	Points	Comments
<p>1. The SWP must be staffed with a full-time licensed Master's level mental health provider (e.g., counselor or Social Worker).</p> <p>(MDE RFP, CAHC SWP Contract, MPR #12 and Mental Health Code: Act 258 of 1974)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ License ➤ Evidence of Master's degree ➤ Appointment Schedules ➤ Budget and Financial Status Report ➤ Other: 	<p><i>Master's Prepared:</i></p> <p><i>Current Michigan license:</i></p>	
<p>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 mental health provider during all hours of SWP 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.</p> <p>(MPR #12 and Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Licensed Supervisor assigned ➤ MOU/LOA or structure for supervision in place ➤ Schedule for supervision ➤ Evidence of supervision ➤ Other: 	<p><i>Licensed Supervisor available:</i></p> <p><i>MOU/LOA for supervision:</i></p> <p><i>Schedule for Supervision:</i></p> <p><i>Evidence of Supervision including practice review and clinician performance:</i></p>	

<p>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 onsite.</p> <p>(Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Licenses displayed in public area ➤ Permanent record onsite contains names and license numbers of each mental health clinician 	<p><i>Licenses displayed publicly:</i></p> <p><i>Licenses in permanent onsite record:</i></p>	
Credentials and Supervision Subtotal		/ 8 possible points

B. Continuous Quality Improvement	Points	Comments
<p>1. The SWP shall implement a continuous quality improvement plan. 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. b. A system shall also be in place to implement corrective actions when deficiencies are noted. c. A CQI Coordinator shall be identified. d. CQI meetings that include staff on all disciplines working in the SWP shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey, and any identified clinical issues.</p> <p>(MPR #16)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures and/or CQI plan includes mental health services ➤ Evidence of recent record review including identification of reviewer(s) ➤ Criteria/indicators of goals or thresholds for evaluation/improvement ➤ Documented corrective action process ➤ Other: 	<p><i>Policy & Procedures and/or CQI plan include mental health:</i></p> <p><i>Results of recent quality improvement record review (twice annually, minimum):</i></p> <p><i>Review conducted by appropriate peer and/or other sponsoring agency staff:</i></p> <p><i>Thresholds are identified for all evaluation criteria:</i></p> <p><i>Plan for corrective action/action taken as appropriate):</i></p>	
CQI Subtotal		/ 5 possible points

C. Mental Health Services	Points	Comments
<p>1. Mental health services provided shall fall within the scope of practice of licensed mental health provider and shall meet the current, recognized standards of mental health practice for care and treatment of the population served.</p> <p>(MPR #5)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Clinical guidelines/references ➤ Other: 	<p><i>Evidence that practice is aligned with current standards of practice:</i></p> <p><i>Clinical guidelines/references onsite:</i></p>	
<p>2. If mental health staff is administering risk assessments to clients, staff has received Motivational Interviewing training; or is registered for an upcoming training.</p> <p>(MPR #5 and MDHHS Requirement)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Certificate of completion or evidence of registration for Motivational Interviewing training 	<p><i>Evidence of Motivational Interviewing training:</i></p> <p><i>Or, not applicable.</i></p>	
Mental Health Services Subtotal		/ 4 possible points

D. Process for a Mental Health Visit	Points	Comments
<p>1. Client confidentiality is maintained, including physical and verbal privacy in the counseling area.</p> <p>(MPR #15 and Mental Health Code: Act 258 of 1974 and HIPAA)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Observation ➤ Secured records, forms/logs, computer screens ➤ Policy & Procedures 	<p><i>Observation:</i></p> <p><i>Policy and procedures outline steps taken to maintain client confidentiality:</i></p> <p><i>White noise machines, sound proof walls/doors:</i></p> <p><i>Paper records, forms and logs are secured e.g., triple locked; computer screens revert to screen savers:</i></p>	
<p>2. Intake/assessment of clients is completed to indicate and/or identify mental health conditions and to assist in development of an individual treatment plan.</p> <p>(MPR #5 and Mental Health Code: Act 258 of 1974)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review 	<p><i>Record review:</i></p>	
<p>3. Intake/assessment of client is consistent with mental health standards approved by the sponsoring agency.</p> <p>(MPR #5 and Mental Health Code: Act 258 of 1974)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review 	<p><i>Record review:</i></p>	
<p>4. Intake/assessment is completed by the third visit.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review ➤ Policy & Procedures 		

<p>5. Mental health clinician develops an individualized and comprehensive treatment plan for each established client seen for mental health services. The treatment plan shall establish meaningful and measurable goals with the client and shall address client needs.</p> <p>(MPR #5 and Mental Health Code: Act 258 of 1974)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Record review of treatment plans 	<p><i>Treatment plan developed for each established client:</i></p> <p><i>Treatment plans contain meaningful, measurable goals:</i></p> <p><i>Treatment plans address client needs:</i></p>	
<p>6. Treatment plans are kept current, modified when indicated and are reviewed at reasonable intervals with client and with parents, unless prohibited by client (consistent with Michigan minor consent laws).</p> <p>(MPR #5 and Mental Health Code: Act 258 of 1974)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review 	<p><i>Treatment plans are kept current/being modified when indicated to keep current:</i></p> <p><i>Treatment plans are revised at reasonable intervals:</i></p> <p><i>Policy & Procedures address communication with parents regarding treatment plan, consistent with Michigan minor consent laws:</i></p> <p><i>Documentation of communication indicates practice is in compliance with policy & procedures:</i></p>	
<p>7. The client has the right to refuse or defer treatment, unless intent exists to harm self or others. Their refusal or deferral of treatment is documented in the client record.</p> <p>(Patient Self-Determination Act of 1990)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Patient Bill of Rights ➤ Mature Minor Consent form ➤ Record review 	<p><i>Policy & Procedures:</i></p> <p><i>Bill of Rights includes right to refuse or defer treatment:</i></p> <p><i>Mature Minor Consent form includes right to refuse or defer treatment unless intent exists to harm self or others OR NA if no mature minors:</i></p> <p><i>Refusals and deferrals are documented in client records:</i></p>	

<p>8. If the mental health clinician indicates a pharmacological intervention may be needed, the provider refers to a clinical provider who can prescribe appropriate medications, when needed.</p> <p>(Public Health Code: Act 368 of 1978, as amended)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review of progress note ➤ MOU/LOA with consulting clinical providers 	<p><i>Policy & Procedures outline process for referral to clinical provider for pharmacological intervention:</i></p> <p><i>Record review indicates referral to a clinical provider for pharmacological interventions OR, NA if no pharmacological interventions:</i></p> <p><i>MOU/LOA exists with consulting clinical provider for pharmacological intervention OR, NA if no pharmacological interventions:</i></p>	
<p>9. A crisis response plan and communication plan exists where appropriate between the SWP/sponsoring agency and the client's school.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Copy of crisis response plan ➤ Copy of communication plan with school 		
<p>10. There are adequate procedures for the follow-up of internal and off-site referrals.</p> <p>(MPR #1, MPR #5)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review: referral documentation 	<p><i>Policy & Procedures are adequate for internal referrals:</i></p> <p><i>Policy & Procedures are adequate for off-site referrals:</i></p> <p><i>Documentation of referrals follows policy & procedures:</i></p> <p><i>Documentation of follow-up follows policy & procedures:</i></p>	
<p>11. A follow-up mechanism is in place for missed appointments.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures ➤ Record review: referral documentation 		
<p>Process for a Mental Health Visit Subtotal</p>		<p>/ 27 possible points</p>

E. Process for Treatment and Intervention Groups, when provided	Points	Comments
<p>1. Each treatment group has an established number of structured sessions with at least one documented topic, with defined goals/ outcomes for the treatment group.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Schedule of treatment groups ➤ Sign-in sheets for treatment groups ➤ Group topic/curriculum/discussion guidelines ➤ Goals/outcomes for group 		
<p>2. Each group participant has a mental health record that contains: a signed consent as necessary, a signed agreement/contract to participate and an understanding of confidentiality guidelines, diagnostic assessment, and individual treatment plan reflecting the group topic, current documentation completed after each session.</p> <p>(Best Practice)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Group participant records with all recommended components (above) 		
Process for Treatment and Intervention Groups Subtotal		/ 0 possible points

Section 4: Joint Clinical and Mental Health Review

A. Clinical Organization	Points	Comments
<p>1. MDHHS-5515 Consent to Share Behavioral Health Information for Care Coordination form is used and accepted when requesting or releasing behavioral health or substance use disorder information or records (applies to medical and mental health records and/or providers).</p> <p>Note: Exceptions to use of this form are made only if the provider receives federal funding under the Victims of Crime Act of 1984, Violence Against Women Act, and/or Family Violence Prevention and Services Act.</p> <p>(MPR #2 and Public Act 129 of 2014)</p> <p>Indicators:</p> <ul style="list-style-type: none"> ➤ Policy & Procedures for Release of Information ➤ Record review inclusive of documentation of use of the form 	<p><i>Record review indicates evidence of use of form by health center staff, when appropriate:</i></p>	
Joint Clinical and Mental Health Review Subtotal		/5 Possible Points

Total Points: /284 possible points