



Child & Adolescent
HEALTH CENTER PROGRAM

FYI: CAHC Program Acronyms & Common Terms

Alternative Clinical CAHC:

A clinical health center that is open at least three consistent days per week; minimum 24 hours of clinical service by the main clinical provider and 12 hours of clinical service by the main mental health provider

ATOD: Alcohol, Tobacco and Other Drugs

BHS: Behavioral Health Site - a site that is part of the "Network" model that consists of only a behavioral health (mental health) provider

BMI: Body Mass Index - a weight-to-height ratio, calculated by dividing weight in kilograms by the square of one's height in meters and used as an indicator of healthy weight vs. unhealthy weight

Boilerplate: Refers to program requirements included under the State School Aid Act

CAC: Community Advisory Council – council/committee composed of community partners that provides guidance on policy and programs; specific requirements are detailed in Minimum Program Requirements (MPRs)

CAHC: Child and Adolescent Health Center – Michigan's state-funded school-based and school-linked health centers are known as child and adolescent health centers

CAHC Program:

The overall CAHC Program consists of several models: Clinical or alternative clinical CAHC, School Wellness Program, Enhancing/Expanding Emotional Health and Network sites (see "Network")

CBT: Cognitive Behavioral Therapy - a type of psychotherapy in which negative patterns of thought are challenged in order to modify unwanted behavior patterns or treat mood disorders such as depression

- CHAMPS:** Community Health Automated Medicaid Processing System - website where Medicaid provider registration, eligibility checks and billing occurs
- Clinical CAHC:** A clinical health center that is open five days per week; minimum 30 hours of clinical service by the main clinical provider and 20 hours of clinical service by the main mental health provider; also sometimes referred to as full clinical health center
- COF:** (Conditions of Funding – related to NCAP) – conditions which must be met in order for a Goal Attainment Scaling (GAS) work plan, budget, or other documentation to be approved and a contract to be executed
- CPE:** Comprehensive Physical Exam – all physical exams provided in CAHCs are expected to be CPEs, including physicals provided for athletic participation (“sports physicals”) if it cannot be documented that the client is up-to-date with an annual CPE
- CQI:** Continuous Quality Improvement - an approach to quality management that emphasizes the organization, systems and processes rather than an individual; and supports the need for objective data to analyze and improve
- Coordinator:** Onsite coordinator; specific duties are determined by the sponsoring agency but typically include communications, reporting, attending annual and/or other required meetings facilitated by MDHHS
- CPT® Codes:** Current Procedural Terminology - medical code set used to report medical, surgical and diagnostic procedures and services to physicians, health insurance companies and accreditation organizations; designed to communicate standard information about services and procedures for administrative and financial purposes; reported annually to determine frequency, appropriateness, level of acuity
- CRT:** Clinical Reporting Tool – online reporting system used for submission of quarterly report data (quarterly reporting data elements, Medicaid Outreach areas 1, 2 and 5, health education, billing and financial status reports (FSRs); log-in and password requests for up to three staff at each funded site are facilitated by the site’s assigned MDHHS agency consultant
- CT/Gc:** Chlamydia/Gonorrhea

DSM-5: Diagnostic and Statistical Manual of Mental Disorders – defines and classifies mental disorders in order to improve diagnoses, treatment, and research; universal authority for psychiatric diagnoses; treatment recommendations and payment by health care providers often determined by DSM classification

Diagnosis Code:

A number assigned to a diagnosis using the International Classification of Diseases manual; used as part of the clinical coding process alongside CPT codes; reported annually to determine most frequent diagnoses

E3: Expanding, Enhancing Emotional Health - a site model that consists of only a behavioral health (mental health) provider in a school setting

EBI: Evidence-Based Intervention - also known as research-based interventions, EBIs have been shown through evaluation to be effective in impacting health outcomes risk behaviors among the population to which the program was delivered

EHR/EMR: Electronic Health Record/Electronic Medical Record

EOB: Estimation of Benefits - a statement sent by a health insurance company to beneficiaries explaining the medical services paid on their behalf; usually includes payee/payer/patient, service performed and date, name of person/entity that provided the service, fee, amount allowed by plan, adjustments and amount the patient may be responsible for; in Michigan, MHPs have a list of suppressed codes that should not be included on EOBs in effort to protect client confidentiality (e.g., minor-consented services)

Fiduciary: Agency contracted (receiving funds) to operate a CAHC Program

Financial Risk Assessment:

Financial control tool completed annually by MDHHS staff for each funded site as a part of the Subrecipient Monitoring process

Fiscal Site Review:

Formal financial review of a site whose Financial Risk Assessment score through the Subrecipient Monitoring process is among the highest; conducted in conjunction with MPCA; may be conducted onsite or via request of electronic documentation (“desk review”)

Focus Area:	Required area of focus for which a center must implement an evidence-based intervention (EBI) e.g., Asthma, ATOD, Depression/Anxiety, HIV/STI Prevention, Nutrition and Physical Activity, Suicide Prevention, Teen Pregnancy Prevention, Trauma, Violence Prevention
FQHC:	Federally Qualified Health Center
FSR:	Financial Status Report – quarterly report of expenditures and revenue, based on the approved annual budget
FY:	Fiscal Year – the state fiscal year runs October 1 through September 30; contracts/budgets, GAS work plans and reports run on the fiscal year
GAS:	Goal Attainment Scaling – annual work plan format; helps track progress on achievement of objectives, implementation of EBIs and Medicaid outreach planned for the year, evaluation taking place, and can help determine if staff, financial or other resources need to be reallocated, or if new strategies or new interventions are needed
HPV:	Human Papilloma Virus
Hub:	Main, full clinical health center location for the “Network” model; acts as the central referral point for affiliated satellites, which are typically comprised of SWP and/or BHS sites
ICD-10:	International Statistical Classification of Diseases and Related Health Problems – 10 th Revision; medical classification list by the World Health Organization; contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases
LHD:	Local Health Department
MDE:	Michigan Department of Education – MDHHS’ partner in the CAHC Program; funding originates in the MDE budget as a K-12 line item under State School Aid
MH:	Mental Health
MI:	Motivational Interviewing – a behavior change approach with the aim of affecting positive decision-making and goal-setting by finding/determining motivation to change behavior

- MCIR:** Michigan Care Improvement Registry – data portal used primarily to enter, store, track, report and order immunizations for the state’s primary care providers; funded CAHC sites offering immunizations are required to have their own MCIR ID and use the MCIR; formerly known as the Michigan Childhood Immunization Registry
- MHP:** Medicaid Health Plans - health care delivery systems organized to manage cost, utilization, and quality; MDHHS contracts with MHPs to deliver Medicaid-covered health care services to beneficiaries; in Michigan, under a Medicaid waiver (MSA Bulletin 99-03), MHPs responsible for reimbursing MDHHS-certified CAHCs for covered services delivered to Medicaid-covered beneficiaries, without prior authorization (see “Certification to Bill Medicaid” at the end of this document)
- Mi-PHY:** Michigan Profile for Healthy Youth - online student health survey offered by MDE every other (even) year, alternating with the YRBS; provides results on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior and emotional health in grades 7, 9 and 11; data available at state and county levels (if enough schools participate per county); may be available at the school building level although permission from school administrators needed for access to that data
- MPCA:** Michigan Primary Care Association – member and advocacy organization for the state’s Federally Qualified Health Centers (FQHCs); administers contracts on behalf of MDHHS’ CAHC Program
- MPR:** Minimum Program Requirements - a set of standards required to be implemented; different MPRs exist for different models
- NCAP:** Non-Competitive Application Process – annual renewal process where applications for continued/renewed funding (including required assurances, GAS work plan and budget) are submitted
- Network:** A network of CAHC models site that includes a Hub and 4-5 satellite sites (typically SWPs and BHS sites); a limited number of Networks are funded by the CAHC Program
- PIP:** (Performance Improvement Plan) – the process of reviewing and evaluating various aspects of performance in order to determine need for and content of a corrective action plan and, ultimately, long-term funding plan for the site; instituted in lieu of five-year competitive funding process

- PPOM: Projected Performance Output Measure – number of unduplicated users predicted in a fiscal year; included in the contract
- RAAPS: Rapid Assessment for Adolescent Preventive Services – standardized, validated risk assessments developed to support professionals in addressing the risk behaviors impacting health, well-being, and academic success in youth (other risk assessment tools are available and used)
- SBHA: School-Based Health Alliance - formerly known as NASBHC (National Assembly on School-Based Health Care); national advocacy organization for school-based health care
- SBHC: School-Based Health Centers - health centers located in a school or on school property
- SCHA-MI: School-Community Health Alliance of Michigan – statewide advocacy organization for Michigan’s CAHC Program; has an advisory board that includes representation from state-funded CAHC Program fiduciaries
- SLHC: School-Linked Health Centers - health centers located near schools/near public transportation lines to schools, but not on school property

Sponsoring Agency:

Agency contracted to operate a CAHC Program; used interchangeably with “fiduciary”

- State CAC: State Community Advisory Council – council/committee composed of state-funded CAHC Program representatives that provides guidance/feedback on some major policy initiatives for consideration by MDHHS

Subrecipient Monitoring:

Annual process to assess the financial risk of a fiduciary that receives a CAHC Program grant; required for agencies that receive “pass-through” federal grant funds; see also Financial Risk Assessment/Fiscal Site Review

- SWP: School Wellness Program - clinical program in a school where care is provided by a nurse and a mental health provider; differentiated from a School Nurse (who has specific responsibilities under Michigan law) and a School Social Worker
- UTD: Up-to-Date

YAC: Youth Advisory Council – a council/committee comprised of youth in the school or community; provides guidance to the CAC; see minimum program requirements

YRBS: Youth Risk Behavior Survey – conducted every other (odd) year by CDC (in conjunction with MDE) with a sample of schools; results can usually be generalized to the larger adolescent population, but distinct differences or unique needs may exist among various populations; permission to use the YRBS as part of the needs assessment survey is granted in *certain* circumstances e.g., to a school-linked health center that serves many different schools

YTD: Year-to-Date

“Center” or “Health Center” vs. “Clinic”

The term “center” or “health center” is preferred over “clinic” when referencing a CAHC; health centers provide comprehensive preventive care vs a “clinic” which is associated with short-term, fragmented care; the term “clinic” may have negative connotations with youth and parents

Certification to Bill Medicaid:

Any SBHC or SLHC in Michigan may submit an application to MDHHS for certification to bill Medicaid as a CAHC. Under a Medicaid waiver (MSA Bulletin 99-03), Medicaid Health Plans (MHPs) are responsible for reimbursing MDHHS-certified CAHCs for covered services delivered to Medicaid-covered beneficiaries, without prior authorization. This guarantees that if a certified CAHC provides covered services to a Medicaid beneficiary, the beneficiary’s MHP must reimburse the CAHC for the services delivered if it has a contract with the MHP; or must reimburse for covered services at the current fee-for-service rates in effect on the date of service if the CAHC does not have a contract with the MHP. Without this certification, there is no requirement for reimbursement of services delivered without prior authorization. Certifications, once approved, are valid for five years unless significant changes in CAHC administration or operations occur e.g., a sponsoring agency change is made, a health center moves its physical location. (The sponsoring agency/CAHC is responsible for assuring providers are properly paneled and eligible to bill for services; and for properly documenting and submitting claims; and for following up on any rejected claim.s)

“Confidential Services” aka Minor-Consented Services

Minor-Consented services are those services which minors may consent to without parental permission, as guaranteed by federal and/or state laws. These services are commonly referred to within the program as “confidential services.”

Note that some confidential services do have some service delivery limitations. As one example, Michigan law restricts the prescribing, dispensing and/or distributing of contraceptives in school-based health centers (located on school property), but education/counseling and referral is not prohibited. Reproductive health services that include contraceptive prescription and distribution are allowed in school-linked health centers. Michigan law prohibits abortion counseling, referral and/or services in all state-funded CAHC Programs whether or not they are located on school property.

Site Visit vs. Site Review:

A “Site Visit” is a formal or informal visit made by CAHC Program staff for purposes of touring a site, or to offer technical assistance

A “Site Review” is the process by which state-funded program sites are formally reviewed and evaluated once every five years (or more often if performance on a site review necessitates) by CAHC Program staff. The purposes of a site review are to: assure the site is meeting or exceeding the minimum program requirements (MPRs), NCAP and contract requirements, and providing quality services; and to assist in resolving any problems associated with administering the program to the extent possible and appropriate for MDHHS.