

Minimum Program Requirements (MPRs) MDHHS Child and Adolescent Health Center (CAHC) Program Child and Adolescent Health Centers Clinical and Alternative Clinical Models

(Effective 10/01/2025 | Last Revised 4/1/2026)

Element Definition:

Services provided through the Child and Adolescent Health Center Program are designed specifically for children and adolescents ages 5 through 21 years¹ and are aimed at achieving the best possible physical, intellectual, and emotional health status. The infants and young children of adolescents can also be served through this program.

Included in this element are school-based health centers and school-linked adolescent-only health centers (which serve only adolescents between the ages of 10 through 21 years) designed to provide comprehensive primary care, psychosocial and mental health services, health promotion/disease prevention, and outreach services.

Minimum Program Requirements:

1. The health center shall provide a range of health and support services based on a needs assessment of the target population/community and approved by the community advisory council. The services shall be high quality, accessible, and acceptable to youth in the target population. Age-appropriate prevention guidelines and screening tools must be utilized.
 - a) Clinical services shall include, at a minimum: primary care including health care maintenance, immunization assessment and administration using the Michigan Care Improvement Registry (MCIR), care of acute and chronic conditions, confidential/minor consented services as allowed by state and/or federal law, health education and risk reduction counseling, and referral for other services not available at the health center (see [Attachment 1: Services Detail](#)).
 - b) Comprehensive mental health services shall include, at a minimum: mental health care in prevention, intervention, and referral for other services not available at the site location. Consented services are provided to the individual population, with the option of group therapy. Minor consented confidential mental health care should be provided as allowed by state and/or federal law (see [Attachment 1: Service Detail](#)).
2. Clinical and mental health services shall meet the recognized current standards of practice for care and treatment for the population served.

¹ Indicates services may be provided, if desired and with appropriate training, for 3- and 4-year-old clients and up to age 26 for individuals that are eligible for Special Education services.

3. The health center shall not provide abortion counseling, services, or make referrals for abortion services.
4. The health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.
5. The health center shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs outreach activities as outlined in Medicaid Provider Manual Section 2.9.B.
6. If the health center is located on school property, or in a building where K-12 education is provided, there shall be a current interagency agreement defining roles and responsibilities between the sponsoring agency and the local school district. This shall be signed by appropriate parties representing the school(s) and sponsoring agency.

Written approval by the school administration (e.g., Superintendent, Principal) and local school board exists for the following:

- a) Location of the health center
 - b) Administration of a needs assessment process to determine priority health services for the population served, which includes, at a minimum, a risk behavior survey for adolescents served by the health center
 - c) Parental/guardian consent policy
 - d) Services rendered through the health center
7. The health center shall be located in one school building or an easily accessible alternate location.
 8. The health center shall be open during hours accessible to its target population, and provisions must be in place for the same services to be delivered during times when school is not in session. Not in session refers to times of the year when schools are closed for extended periods such as holidays, spring break, and summer vacation. The school-based health center shall designate specific hours for services to be provided to adolescents only (when the center serves both children aged 5 to 9 years¹ and adolescents), and a policy shall exist to this effect. These provisions shall be posted and explained to clients.

Clinical Centers: The health center shall provide clinical services a minimum of five days per week. Total primary care provider clinical time shall be at least 30 hours per week. Total primary care provider clinical time shall be at least 30 hours per week over five days. Full time (or full time equivalent) mental health counseling and/or services must be provided as part of this program a minimum of five days per week. Hours of operation must be posted in areas frequented by the target population.

Alternative Clinical Centers: The health center shall provide clinical services a minimum of three consistent days per week. Total primary care provider clinical time shall be at least 24 hours per week. Mental health counseling and/or services must be provided as part of this program at least 24 hours per week over at least three days. Hours of operation must be posted in areas frequented by the target population.

The health center shall have a written plan for after-hours and weekend care, which shall

be posted in the health center including external doors and explained to clients. An after-hours answering service and/or voicemail with instructions on accessing after-hours care is required.

9. The health center shall have a licensed physician, nurse practitioner or physician assistant that serves as Medical Director. A nurse practitioner or physician assistant serving as Medical Director of a health center should have clinical supervision by a physician and follow all legal requirements.
10. The health center staff shall operate within their scope of practice as determined by certification and applicable sponsoring agency policies:
 - a) The center shall be staffed by a certified nurse practitioner (FNP, PNP), licensed physician, or a licensed physician assistant working under the supervision of a physician. Nurse practitioners must be a Family Nurse Practitioner (FNP) or Pediatric Nurse Practitioner (PNP); must be certified or eligible for certification in Michigan; accredited by an appropriate national certification association or board; and have a current, signed collaborative practice agreement with the medical director or designee. Physicians and physician assistants must be licensed to practice in Michigan.
 - b) The health center shall have a mental health provider licensed to practice in Michigan who has a minimum master's level degree in an appropriate discipline (Social Work-Clinical [MSW], Marriage and Family Therapist [MFT], Licensed Professional Counselor [LPC], or psychologist - limited licenses are accepted with proper supervision). Clinical supervision must be provided for all fully licensed mental health providers. For those master's level providers that hold a limited license working towards full licensure, clinical supervision must be in accordance with licensure laws/mandates and be provided by a fully licensed provider of the same degree while completing hours toward full licensure.
11. The health center shall establish and implement processes for notification to parents/guardians, school staff (when allowable and appropriate), primary care providers (PCP) and/or other health care providers.
 - a) Communication must not breach the confidentiality of the client regarding notification and exchange of information while complying with all applicable laws (e.g., Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA) and Michigan statutes governing minors' rights to access care).
 - b) Communication with the client's parent/guardian and identified PCP (if applicable) will be based on criteria established by the provider (clinical or mental health) and Medical Director/sponsoring agency.
12. The health center shall implement continuous quality improvement (CQI) for medical and mental health services. Components of CQI plan shall include, at a minimum:
 - a) Practice and client record review shall be conducted at least twice annually by an appropriate peer within or outside of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted.
 - b) A CQI Coordinator shall be identified. CQI meetings, that include staff of all disciplines

working in the health center, shall be held at least quarterly. These meetings shall include discussion of reviews, client satisfaction survey and any identified clinical issues.

- c) Completing, updating, or having access to a needs assessment process conducted within the last five years to determine the health needs of the population served including, at a minimum, a risk behavior survey when for adolescents are served by the health center.
 - d) Conducting client satisfaction surveys, at a minimum, annually.
 - e) At minimum, one CQI project shall be conducted annually.
13. Each health center shall implement one evidence-based intervention with fidelity or clinical intervention, in the approved focus areas as determined through needs assessment data (for approved focus areas, see [Attachment 2: Focus Area-Intervention](#)).
14. A local community advisory council (CAC) shall be established and operated as follows:
- a) A minimum of two meetings per year.
 - b) The council must be representative of the community and include a broad range of stakeholders such as school staff.
 - c) One-third of council members must be parents/guardians/caregivers of school-aged children/youth.
 - d) Health care providers shall not represent more than 50% of the council.
 - e) The council must approve the following policies, and the health center must develop applicable procedures:
 - 1. Parent/guardian consent policy
 - 2. Requests for medical records and release of information that include the role of the non-custodial parent and parents with joint custody
 - 3. Confidential services as allowed by state and/or federal law
 - 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
 - f) Youth input to the council shall be maintained through either membership on the established advisory council; a separate youth advisory council where feedback is shared with the CAC; or through other formalized mechanisms of involvement and input.
15. The health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and/or electronic client records. The physical facility must be barrier-free, clean, safe, confidential, welcoming, comfortable and reflect the ages of the population(s) served.
16. The health center staff shall follow all Occupational Safety and Health Act guidelines to ensure protection of health center personnel and the public.
17. The health center shall conform to the regulations determined by the Michigan Department of Health and Human Services for laboratory standards.

18. The health center shall establish and implement a sliding fee scale, which is not a barrier to care for the population served. Clients must not be denied services because of inability to pay. CAHC funding is in place to support overall program operations including provider time. The sponsoring agency(s) are responsible to offset any outstanding balances for direct health services to avoid collection notices and/or referrals to collection agencies for payment.
19. The health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third-party payors.
20. The billing and fee collection processes do not breach the confidentiality of the client.
21. Revenue generated from the health center must be used to support health center operations and programming.
22. The health center shall have processes in place and identify staff responsibilities for handling emergencies on and offsite that define:
 - a) Site-specific building emergency instructions that are posted, readily accessible, reviewed, and updated regularly
 - b) Medical and mental health emergencies within the health center (onsite)
 - c) School district responsibilities related to emergencies and how the CAHC staff may be involved in limited capacities within the school/offsi

Attachment 1: Service Detail Child and Adolescent Health Centers (CAHC) Clinical and Alternative Clinical Models

The following health services are required (unless otherwise noted) as part of the Child and Adolescent Health Center service delivery plan:

Primary Care Services

Required:

- Comprehensive physical exams
- Preventative care visits
- American Academy of Pediatrics (AAP) periodicity schedule/Early and Periodic Screening Diagnostic, and Treatment (EPSDT) screenings and exams
- Hearing and vision screening
- Comprehensive health screening/risk assessment/other screening and anticipatory guidance
- Individual health education per assessments, condition and normal development
- Laboratory services:
 - Clinical Laboratory Improvement Amendments (CLIA) waived testing
 - CLIA Certificate, applicable to tests performed onsite
 - Specimen collection for outside lab testing

Recommended:

- Other diagnostic, screening and/or preventive services:
 - Tympanometry
 - Preventive oral applications
 - Spirometry
 - Telehealth capabilities
 - Electrocardiogram (EKG)
 - Office microscopy

Mental Health Services

Required:

- Mental Health services provided by a master's level mental health provider.
- Services provided are intended to assist children and adolescents experiencing mild to moderate severity of need.
- Services include, screening, assessing, diagnosing, treatment planning, discharge, follow up, education and referrals (as needed).
- Comprehensive health screening/risk assessment/other screening and anticipatory guidance.

Recommended:

- Treatment groups using evidence-based curricula and interventions.
- School staff training and professional development relevant to mental health.
- Building level promotion, such as school climate initiatives, bullying prevention, suicide prevention programs, etc.
- Classroom education related to mental health topics.
- Case management to and partnerships with other private/public social service agencies.

Illness/Injury Care

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

Chronic Conditions Care

- Assessment, diagnosis, treatment and/or referral of a new condition
- Maintenance of existing conditions based on need, collaborations with Primary Care Physician (PCP)/specialist, or client/parent/guardian request
- Chronic conditions may include asthma, diabetes, sickle cell, hypertension, seizures, obesity, metabolic syndrome, depression, allergy, skin conditions or others specific to a population

Immunizations

- Screening and assessment utilizing the Michigan Care Improvement Registry (MCIR) and other data
- Complete range of routine and seasonal immunizations stocked onsite for the target population utilizing Vaccines for Children (VFC) and private stock
- Administration of immunizations
- Appropriate protocols, equipment, and medication to handle vaccine reactions

Health Education

- Individual health education per assessments, condition and normal development
- Group health education on preventive health topics or other topics related to the population(s) served

Onsite Telehealth (if provided)

- If telehealth services are offered, they can be used as a supplemental service to the required face-to-face and cannot be done at a full-time capacity
- When providing any services by telehealth, the provider(s) must be physically located at the funded program location
- Utilize telehealth equipment
- Follow established guidelines for telehealth practices and documentation
- Follow-up as appropriate

STI, HIV, and Reproductive Health Services

- Education and counseling appropriate for age, other demographics of the target population, and needs assessment data
- Onsite testing and treatment for STIs
- Onsite HIV counseling, testing (rapid or blood draw) and referral for treatment

- Onsite pregnancy testing, reproductive health services, and referral for prenatal/pregnancy related care, if not provided by the health center²

Minor-Consented Services as Defined by Michigan and/or Federal Law

- Mental health counseling (adolescents ages 14-17 years) is limited to 12 visits or 4 months (whichever comes first)
- Pregnancy testing
- STI counseling, testing and treatment
- HIV counseling and testing
- Substance use disorder services

Referrals

Referral for services not provided in the CAHC is required.

- Onsite: Integration of care between CAHC providers (e.g., CAHC medical provider to CAHC mental health provider or vice versa)
- Internal: Within the sponsoring agency (e.g., PCP, women's health, other affiliated health centers, etc.)
- External: Outside the sponsoring agency (e.g., PCPs, specialists, dental services, community agencies, etc.)
- There is a process in place for onsite, internal and external referrals for initiation, follow up (tracking), and close-out

² Abortion services, counseling and referral are prohibited per state law. Contraceptive prescribing, dispensing, and distributing are not allowed on school property.

Attachment 2: Focus Areas Intervention Child and Adolescent Health Centers Clinical and Alternative Clinical Models

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

Focus Area Topics

- Alcohol/Tobacco/Other Drug Prevention
- HIV/AIDS/STI Prevention
- Nutrition and Physical Activity
- Pregnancy Prevention
- Suicide Prevention
- Trauma
- Violence Prevention
- Depression/Anxiety
- Asthma

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