



Child and Adolescent Health Center Program (CAHC) Required Policies and Procedures Checklist

Policies and procedures (P&Ps) included in this checklist are REQUIRED for the CAHC Program. This list is not exhaustive and therefore your fiduciary may have, and is encouraged to have, more than what is listed below. Duplication in sections may occur. Fiduciaries are encouraged to review P&Ps regularly.

Administrative Policies and Procedures (Required)	
<input type="checkbox"/> Eligibility: Outlines who can receive services at the CAHC; services offered to not breach the confidentiality of youth served. (Element definition of MPR, MDE RFP, CAHC Contract)	<input type="checkbox"/> Hours of Operation: P&P includes how hours are posted and shared with population served; voicemail includes telling students/parents where their clients can go to receive services during summer/holiday breaks; specific hours designated for adolescent only (when a health center serves both children aged 5 to 10 and adolescents). (MPR#8)
<input type="checkbox"/> Language Assistance: Language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. (CLAS Standards – Title VI of Civil Rights Act)	<input type="checkbox"/> Rights and Responsibilities Policy: A youth friendly Bill of Rights is posted throughout the site, distributed, and explained to clients and contains language about refusal and deferral of care (this can be a separate policy). (Patient Self-Determination Act of 1990)
<input type="checkbox"/> CQI: Continuous quality improvement (CQI) P&Ps for services that defines the site’s CQI processes, inclusive of all required elements of MPR#12 (may include processes for client satisfaction survey, needs assessment completed 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 or these may be separate policies). (MPR#12)	<input type="checkbox"/> Abortion Services: Does not provide abortion counseling services or make referrals to abortion services. (MPR#3 and State School Aid, Act 94 of 1979, as amended)
<input type="checkbox"/> Family Planning Prescribing: Not prescribe, dispense or otherwise distribute family planning drugs or devices on school property. (MPR#4, School Code, Act 451 of 1976 and State School Aid Act, Act 94 of 1979, as amended)	<input type="checkbox"/> Informed Consent: Informed consent including parent, minor consent and clients aged 18 and older. Mature minor consent includes the right to refuse or defer treatment unless intent exists to harm self or others. (MPR#1, MPR#2, Patient Self-Determination Act of 1990)
<input type="checkbox"/> Releases: Request for release of medical records and release of information. (MPR#13)	<input type="checkbox"/> Confidential Services: Confidential services as allowed by state and/or federal law and/or practice. Outline steps taken to maintain client confidentiality that includes physical and verbal confidentiality. (MPR#1, MPR#2, MPR#13)
<input type="checkbox"/> Abuse or Neglect: Disclosure by clients or evidence of child physical or sexual abuse or neglect. (MPR#13)	<input type="checkbox"/> Medicaid Eligibility: Method for determining and obtaining information on Medicaid eligibility. (MPR#5 and MSA Bulletin 04-13)
<input type="checkbox"/> Sliding Fee Scale: The health center 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 services based on their inability to pay; policy stating services will not be denied for lack of payment (MPR#17)	<input type="checkbox"/> Parent/Guardian Consent: Parent(s)/guardian(s) of minors that consent to treatment for mental health services or STI/HIV as allowable under Michigan law shall not be liable for cost of services received by minor. (Mental Health Code: Act 258 of 1974 and Public Health Code: Act 368 of 1978, as amended)
<input type="checkbox"/> Medicaid Billing: Process for billing Medicaid, Medicaid health plans and other third parties. (MPR#18)	<input type="checkbox"/> Confidential Services Billing: Billing processes do not breach confidentiality of client. (MPR#19 and HIPAA)
<input type="checkbox"/> Revenue: Revenue generated from CAHC must be used to support CAHC operations and programming; policy and procedures describe how revenue generated by health center is returned to the health center account. (MPR#20)	<input type="checkbox"/> Secure Storage: The health center has secure storage for supplies and equipment, secure paper and/or electronic records that maintain client confidentiality. (MPR#14 and HIPAA)



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Clinical Policies and Procedures (Required)	
<p><input type="checkbox"/> Medical Director: The health center shall have a licensed physician as a medical director who supervises the medical services provided and who approves clinical policies, procedures, and protocols. Standing orders include medications for treatment and/or clinical procedures if proved by staff other than the main clinical provider. (MPR#9)</p>	<p><input type="checkbox"/> Informed Consent: There is a policy of informed consent including parent, minor (when adolescents are served), and clients age 18+. Policy and consent forms are inclusive of all applicable services provided by the health center. Includes right to refuse or defer services, as well as limits of confidentiality. (MPR#1, MPR#2, and Patient Self-Determination Act of 1990)</p>
<p><input type="checkbox"/> Immunizations: Education, screening, and provision of immunizations is consistent with CDC-ACIP guidelines. The Michigan Care Improvement Registry (MCIR) is used consistently for assessment and administration documentation. Includes documentation of appropriate administration, refusals, deferrals, emergency treatment of adverse reactions, storage, handling, transport, and emergency plan. (MPR#1)</p>	<p><input type="checkbox"/> HIV Services: P&P inclusive of education, counseling, testing and referral for HIV is consistent with CDC/other relevant guidelines. Includes documentation of refusals, deferrals, counseling, and referrals for positive and negative test results. (MPR#1 and MPR#2)</p>
<p><input type="checkbox"/> STI Services: Education, testing, treatment and/or referral for STIs is consistent with CDC/other relevant guidelines. Includes how health center performs STI screenings, counseling for positive and negative test results, documentation of refusals, and deferrals. (MPR#1 and MPR#2)</p>	<p><input type="checkbox"/> Pregnancy Services: Education and pregnancy testing is consistent with current guidelines. Includes counseling, referrals, and follow-up procedures for both negative and positive test results. (MPR#1 and MPR#2)</p>
<p><input type="checkbox"/> Health Promotion: Health promotion and risk reduction services are consistent with recognized preventative services guidelines appropriate for age. P&Ps include risk assessment administration, anticipatory guidance, frequency of assessment, documentation of counseling and referral as needed. (MPR#1 and MPR#2)</p>	<p><input type="checkbox"/> Client Confidentially: Client confidentiality is maintained. P&Ps outline steps taken to maintain client confidentiality. Includes environmental and procedural methods of maintaining confidentiality in the process of care provision. (MPR#2 and HIPPA)</p>
<p><input type="checkbox"/> Consultation and Referrals: Physician consultant, treatment, referrals and follow-up for diagnostic testing or specialty consultation are appropriate for recognized guidelines and agreements. P&Ps complete and consistent with recognized guidelines and agreements. Includes frequency of assessment, documentation of counseling and referral as needed. (MPR#2 and MPR#9)</p>	<p><input type="checkbox"/> Treatment Refusal or Deferment: 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. Includes the process of educating the clients on rights and responsibilities, limits of confidentiality, and right to refuse or defer care. (MPR#2 and Patient Self-Determination Act of 1990)</p>
<p><input type="checkbox"/> PCP Communication: The health center 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 does not violate confidentiality. P&Ps clearly define data/information that is to be communicated. Includes under which circumstances the PCP is notified of care provided in the CAHC. (MPR#11)</p>	<p><input type="checkbox"/> Parent/Guardian Communication: Findings and treatment plan are reviewed/communicated with parents, unless prohibited by client and are consistent with Michigan minor consent laws. Includes under which circumstances the guardian is notified of care provided in the CAHC and notification of minor prior to communication of confidential services when required to break confidentiality. (MPR#2)</p>
<p><input type="checkbox"/> Medications: All medications (OTC and prescription) are stored, dispensed, and disposed of in compliance with fiduciary guidelines and Public Health Code regulations. If dispensing, P&Ps includes how medications are labeled and how drug control license is maintained. Documentation of medication administration includes source of medication supply (stock, prescribed, dispensed). (MPR#2 and Public Health Code: Act 368 of 1978, as amended)</p>	<p><input type="checkbox"/> Medical Emergencies: Handling of medical emergencies defines what, if any, emergencies will be responded to outside of the health center and what care will be provided. (If no emergency response outside of the health center is provided, P&P exist to this effect.) For emergencies managed by health center on or off-site, care and supplies are appropriate and match policy. Emergency supply kit matches care outlined in P&Ps, including but not limited to emergency medication (minimum – supplies for response to anaphylactic reaction in health center). (MPR#2)</p>
<p><input type="checkbox"/> Medical Waste: 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 (site specific). Includes labeling and removal of sharps containers, bloodborne pathogens exposure plan, spill kit location and response for medical exposures, location of required posters, medical waste storage transport (if required), and pick-up procedures. (MPR#15)</p>	<p><input type="checkbox"/> Laboratory Standards: The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards. CLIA certification is documented. Inclusive of procedural steps descriptive of how regulations are followed, competency and proficiency testing, lab direction, and reference to lab manual for all point-of-care and send out testing. (MPR#16)</p>



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Mental Health Policies and Procedures (Required)

CQI: The health center shall implement a continuous quality improvement (CQI) plan. Components of the plan shall include at a minimum: Practice and record review shall be conducted at least twice annually by an appropriate peer and/or other staff of the sponsoring agency, to determine that conformity exists with current standards of care. A system shall also be in place to implement corrective actions when deficiencies are noted. P&P includes mental health services. (MPR#12)

Client Confidentiality: Client confidentiality is maintained, including physical and verbal privacy in the counseling area. (MPR#2, MPR#14, Mental Health Code: Act 258 of 1974, as amended, and HIPPA)

Treatment Plans: 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). (MPR#2 and Mental Health Code: Act 258 of 1974, as amended)

Treatment Refusal or Deferment: 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. (MPR#2 and Patient Self-Determination Act of 1990)

Pharmacological Intervention: 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&Ps outline process for referral to clinical provider for pharmacological intervention. (Public Health Code: Act 368 of 1978, as amended)

Referral Follow-Up: There are adequate procedures for the follow-up of internal and off-site referrals. (MPR#1)