

**MICHIGAN:
MINIMUM PROGRAM REQUIREMENTS FOR
CHILD AND ADOLESCENT HEALTH CENTERS
ELEMENTARY SITES**

ELEMENT DEFINITION:

Services designed specifically for elementary school-aged children 5-10 years of age aimed at achieving the best possible physical, intellectual, and emotional status. Included in this element are Elementary School Based Health Centers designed to provide primary care, psychosocial and health promotion/disease prevention, and outreach services.

**MINIMUM PROGRAM REQUIREMENTS FOR CLINICAL AND ALTERNATIVE CLINICAL
ELEMENTARY SCHOOL BASED HEALTH CENTERS:**

Services

1. The elementary health center shall provide a range of services based on a needs assessment of the community/target population and approved by the advisory committee. At a minimum the services shall include immunization screening and administration with the utilization of the Michigan Care Improvement Registry, primary care including health maintenance (well child/EPSTD) and care for acute illness and chronic conditions, laboratory tests for pregnancy, communicable diseases and primary prevention, mental health counseling, access or referral to dental services, referral for other needed clinical services not available at the elementary health center, health education including communicable disease education, and shall follow preventive services guidelines (such as American Academy of Pediatrics, Bright Futures, etc.).
2. The elementary health center shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
3. The clinical services provided shall meet the recognized, current standards of practice for care and treatment of elementary school-aged children (ages 5-10).
4. The elementary health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.
5. The elementary health center shall provide Medicaid outreach services to eligible children and families and shall adhere to Child and Adolescent Health Centers and Programs (CAHCPs) outreach activities as outlined in MSA 04-13

Administrative

6. Written approval by the school administration and local school board exists for the following:
 - a) location of the elementary health center on school property or in a building where K-5 education is provided;
 - b) administration of a needs assessment process to determine priority health services;
 - c) parental consent policy;

- d) services rendered in the health center;
 - e) policy and procedure on how children will access the center during school hours.
7. The elementary health center shall have a current interagency agreement defining roles and responsibilities between the contracting agency and the local school district.
 8. The elementary health center shall be accessible to all students enrolled in the school building.
 9. The elementary 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 holiday, spring breaks, and summer vacation. These provisions shall be posted, given to and/or explained to clients, and presented in writing to parents or guardians and school staff including an answering service/machine message.

Clinical Centers: The center shall provide clinical services a minimum of five days a week. Total provider clinical time shall be at least 30 hours per week. Hours of operation must be posted in areas frequented by the target population. The elementary health center shall have a written plan for after-hours and weekend care, which shall either be posted, given to, and/or explained to clients.

Alternative Clinical Centers: The center shall provide clinical services a minimum of three days a week (days must be consistent each week). Total provider clinical time shall be at least 24 hours per week. Hours of operation must be posted in areas frequented by the target population. The elementary health center shall have a written plan for after-hours and weekend care, which shall either be posted, given to, and/or explained to clients.

10. The elementary health center shall have a licensed physician as a medical director who supervises the medical services provided. Written standing orders and clinical procedures approved by the medical director and the contracting agency shall be available for use by clinical staff.
11. The elementary health center shall be staffed by a certified nurse practitioner (PNP, FNP, SNP), licensed physician, or a licensed physicians assistant with pediatrics experience working under the supervision of a physician during all hours of clinic operation. The nurse practitioner must be certified or eligible for certification in Michigan and accredited by an appropriate national certification association or board. The physician and physician assistant must be licensed to practice in Michigan.
12. The elementary health center must be staffed with a minimum of a .5 FTE licensed counselor and/or certified Social Worker. Appropriate supervision must be provided.
13. The elementary health center shall implement a quality assurance plan. Components of the plan shall include at a minimum:
 - a) ongoing clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall also be in place to implement corrective actions when deficiencies are noted.
 - b) completing, updating, or having access to a comprehensive needs assessment done within the last two to three years to determine the health needs of the target population.
 - c) conducting an age-appropriate client satisfaction survey/assessment periodically, and/or satisfaction surveys with parents and/or school staff, but no less than once per year.

14. A local advisory committee shall be established and operated as follows:
 - a) A minimum of two meetings per year.
 - b) The committee must be representative of the community and must be comprised of at least 50% members of the community.
 - c) Health care providers shall not represent more than 50% of the committee.
 - d) Parents must be represented on the committee with at least 1/3 of the committee comprised of parents of school-aged children.
 - e) School staff must be represented on the committee, including at least one of the following: school nurses (if applicable), administrative positions, teachers, specialty school program staff, student support team members.
 - f) The committee should recommend the implementation and types of services rendered by the health center.
 - g) The advisory committee must approve the following policies and the elementary school health center must develop applicable procedures:
 1. Parental consent;
 2. Requests for medical records and release of information that include the role of the noncustodial parent and parents with joint custody;
 3. Confidential services; and
 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
15. The elementary 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 electronic client records. The physical facility must be barrier-free, clean, and safe.
16. The elementary health center staff shall follow all Occupational Safety and Health Act guidelines regarding transmission of blood borne pathogens, such as HIV and Hepatitis B, to health care and Public Safety Workers.
17. The elementary health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.

Billing and Fee Collection

18. The elementary health center shall establish and implement a sliding fee scale, which is not a barrier to health care for children. No child can be denied services because of inability to pay.
19. The elementary health center shall establish and implement a process for billing Medicaid, Qualified Health Plans and other third party payers.
20. The elementary health center must establish a process for working with assigned Primary Care Providers (PCP), which includes at a minimum a process for informing the PCP when a child is seen at the health center and the level of service that occurred.

MINIMUM PROGRAM REQUIREMENTS FOR CHILD AND ADOLESCENT HEALTH CENTERS ADOLESCENT SITES

ELEMENT DEFINITION:

Services designed specifically for persons 10 through 21 years of age aimed at achieving the best possible physical, intellectual, and emotional status. Included in this element are: 1) Adolescent Health Centers designed to provide primary care, psychosocial and health promotion/disease prevention, and outreach services. The infants and small children of the target age group can be served through this program; and 2) Non-clinical Adolescent Health Centers designed to provide health education, peer counseling, screening/case finding services, referral for primary and/or specialty care, limited clinical services, outreach services and/or health related community awareness activities.

MINIMUM PROGRAM REQUIREMENTS FOR CLINICAL AND ALTERNATIVE CLINICAL ADOLESCENT HEALTH CENTERS:

Services

1. The adolescent health center shall provide a range of support services that are high quality, acceptable and accessible to youth in their target population. The adolescent health center shall provide a minimum of two of the following thirteen teen specific support services: mental health counseling, drug/alcohol awareness, support groups, smoking cessation programs, sexual abuse counseling, tutoring, job skills training, suicide prevention programs, support for eating disorders, nutritional counseling, teen advisory groups, parenting education, support for intimate partner violence, and peer education and counseling.
2. The adolescent health center shall provide a range of services based on the needs determined through the adolescent health survey, and approved by the advisory committee. At a minimum the services shall include immunization screening and administration with the utilization of the Michigan Care Improvement Registry, primary care including health maintenance (well care), EPSDT screening, and care for acute illness and chronic conditions, referral for other needed clinical services not available at the teen health center, HIV and STD education, and voluntary counseling and testing, and shall follow preventive services guidelines (such as GAPS or Bright Futures).
3. The adolescent health center shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
4. The clinical services provided shall meet the recognized, current standards of practice for care and treatment of adolescents and their children.
5. The adolescent health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.
6. The adolescent health center shall provide Medicaid outreach services to eligible youth and families and shall adhere to Child and Adolescent Health Centers and Programs (CAHCPs) outreach activities as outlined in MSA 04-13.

Administrative

7. Written approval by the school administration and local school board exists for the following:
 - a) location of the health center if located on school property or in a building where K-12 education is provided;
 - b) administration of a health survey to students enrolled in the school;
 - c) parental consent policy if services are provided in a building where K-12 education is provided;
 - d) services rendered in the health center if the center is located on school property where K-12 education is provided.
8. If the health center is located on school property, it shall have a current interagency agreement defining roles and responsibilities between the contracting agency and the local school district.
9. The adolescent health center shall be located in a school building or an easily accessible alternate location. NOTE: Alternative Clinical Centers must be school-based.
10. 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 holiday, spring breaks, and summer vacation. These provisions shall be either posted, given to and/or explained to clients including at a minimum an answering service/machine message.

Clinical Centers: The center shall provide clinical services a minimum of five days a week. Total provider clinical time shall be at least 30 hours per week. Hours of operation must be posted in areas frequented by the target population. The adolescent health center shall have a written plan for after-hours and weekend care, which shall either be posted, given to, and/or explained to clients.

Alternative Clinical Centers: The center shall provide clinical services a minimum of three days a week (days must be consistent each week). Total provider clinical time shall be at least 24 hours per week. Hours of operation must be posted in areas frequented by the target population. The adolescent health center shall have a written plan for after-hours and weekend care, which shall either be posted, given to, and/or explained to clients.

11. The adolescent health center shall have a licensed physician as a medical director who supervises the medical services provided. Written standing orders and clinical procedures approved by the medical director and the contracting agency shall be available for use by clinical staff.
12. The health center shall be staffed by a certified nurse practitioner (FNP, PNP, or SNP), licensed physician, or a licensed physicians assistant working under the supervision of a physician during all hours of clinic operation. The nurse practitioner must be certified or eligible for certification in Michigan and accredited by an appropriate national certification association or board. The physician and physician assistant must be licensed to practice in Michigan.

13. The health center shall implement a quality assurance plan. Components of the plan shall include at a minimum:
 - d) ongoing clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall also be in place to implement corrective actions when deficiencies are noted.
 - e) completing, updating, or having access to an adolescent health survey/assessment done within the last two to three years to determine the health needs of the target population.
 - f) conducting a client satisfaction survey/assessment periodically, but no less than once per year.

14. A local advisory committee shall be established and operated as follows:
 - h) A minimum of two meetings per year.
 - i) The committee must be representative of the community and must be comprised of at least 50% members of the community; one-third of members must be parents of school-aged children and youth.
 - j) Health care providers shall not represent more than 50% of the committee.
 - k) The committee should recommend the implementation and types of services rendered by an adolescent health center.
 - l) The advisory committee must approve the following policies and the adolescent health center must develop applicable procedures:
 1. Parental consent;
 2. Requests for medical records and release of information that include the role of the noncustodial parent and parents with joint custody;
 3. Confidential services; and
 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
 - m) Youth input to the advisory committee shall be maintained through either membership on the established local advisory committee; a youth advisory committee; or through other formalized mechanisms of youth 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 electronic client records. The physical facility must be barrier-free, clean, and safe.

16. The health center staff shall follow all Occupational Safety and Health Act guidelines regarding transmission of blood borne pathogens, such as HIV and Hepatitis B, to health care and Public Safety Workers.

17. The health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.

Billing and Fee Collection

18. The adolescent health center shall establish and implement a sliding fee scale, which is not a barrier to health care for teens. Adolescents must not be denied services because of inability to pay.

19. The adolescent health center shall establish and implement a process for billing Medicaid, Medicaid Health Plans and other third party payers.

20. The billing and fee collection processes do not breach the confidentiality of the client.

MINIMUM PROGRAM REQUIREMENTS FOR NON-CLINICAL ADOLESCENT HEALTH CENTERS:

1. A local advisory committee shall be established and operated as follows:
 - a) A minimum of two meetings per year.
 - b) The committee must be representative of the community and must be comprised of at least 50% members of the community; two-thirds of members must be parents of school-aged children and youth.
 - c) Health care providers shall not represent more than 50% of the committee.
 - d) The committee should recommend the implementation and types of services rendered by a non-clinical adolescent health center.
 - e) The advisory committee must approve the following policies and the non-clinical teen health center must develop applicable procedures regarding:
 1. Parental consent;
 2. Requests for medical records and release of information that include the role of the noncustodial parent and parents with joint custody; and
 3. Disclosure of clients or evidence of child physical or sexual abuse, and/or neglect.
 - f) Youth input to the advisory committee shall be maintained through either membership on the established local advisory committee; a youth advisory committee; or through other formalized mechanisms of youth involvement and input.
2. The non-clinical adolescent health center shall provide a range of services based on the needs of the target population. The non-clinical adolescent health center shall complete, update or have access to an adolescent health survey/assessment done within the last two to three years to determine the needs of the target population.
3. If clinical services are provided, they shall meet the recognized, current standards of practice for care and treatment of adolescents and their children.
4. The non-clinical health center shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
5. The non-clinical health center, when operating on school property, shall not prescribe, dispense or otherwise distribute family planning drugs or devices.
6. The non-clinical adolescent health center shall provide Medicaid outreach services to eligible youth and families and at a minimum, shall adhere to Child and Adolescent Health Centers and Programs (CAHCPs) outreach activities 1, 2 and 5 as outlined in MSA 04-13.
7. If non-clinical adolescent health center programming occurs on school property, there shall be a current interagency agreement defining roles and responsibilities between the contracting agency and the local school district.
8. The non-clinical health center shall have secured storage for supplies and equipment, and security of paper and electronic records if individual health information is collected.
9. The non-clinical health center shall establish a quality assurance mechanism (e.g. client satisfaction survey, focus group, other methodologies) that evaluates the effectiveness and appropriateness of services to teens.

10. The health center shall deliver services 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 holiday, spring breaks, and summer vacation. These provisions shall be either posted, given to and/or explained to clients including at a minimum an answering service/machine message.

REV. 10/08