

**Maternal Infant Health Program
CYCLE 5 CERTIFICATION TOOL
November 1, 2014 through April 30, 2016**

1. MIHP provider name	
2. MIHP coordinator name	
3. Date of review	
4. Name of reviewer/credentials	
5. Maternal caseload at time of review	
6. Infant caseload at time of review	
7. Total caseload at time of review	
8. Number of charts reviewed for billing compliance	
9. Number of charts reviewed for program compliance	
10. Records reviewed dating from (date of previous review)	
11. Date all pre-review materials due to reviewer	
12. Date all pre-review materials received by reviewer	
13. Number of professional staff (not counting coordinator)	
14. Number of professional staff participating in staff interview (not counting coordinator)	

Note: The indicators in this tool are based on the *Medicaid Provider Manual* and the *MIHP Operations Guide*. An asterisk denotes one of the four MIHP critical indicators (#2, #26, #27, and #56).

FORMS

1. MIHP providers must use required standardized forms developed by MDCH. At a minimum, the data elements included in these forms must be maintained. (*Section 4 Forms, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. At least 90% of paper charts reviewed have appropriately dated versions of the required standardized forms.
- b. 100% of electronic health records reviewed have forms with the same data elements in the same order as in the required standardized forms.
- c. 100% of charts reviewed have no forms on which data entries have been inappropriately altered (e.g., whiteout has been used; words have been crossed out without initialing; etc.).

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

SUFFICIENTLY DETAILED CLINICAL RECORD

***2. The clinical record must be sufficiently detailed to allow reconstruction of what transpired for each service billed.** (*Section 15.7 Clinical Records, General Information for Providers, Medicaid Provider Manual*)

To fully meet this indicator:

- a. At least 80% of *Professional Visit Progress Notes (MIHP 011)* reviewed are complete and accurate with respect to each required data field.
- b. At least 80% of *Professional Visit Progress Notes (MIHP 011)* reviewed reflect the *POC Part 1* and/or the *POC Part 2*.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts including *Professional Visit Progress Notes* were reviewed.

SIGNED CONSENTS

3. A potential client must sign the *Consent to Participate in Risk Identifier Interview/Consent to Participate in MIHP and the Consent to Release Protected Health Information* before the Risk Identifier is administered. (MIHP Operations Guide)

To fully meet this indicator:

- a. 100% of charts reviewed have consent forms that were signed before the *Risk Identifier* was administered and are complete and accurate with respect to each data field, including:
 - 1) *Consent to Participate in Risk Identifier Interview/Consent to Participate in MIHP (MIHP 400)*
 - 2) *Consent to Release Protected Health Information (M401)*

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

STAFF AUTHORIZED TO USE ELECTRONIC DATABASE

4. The MIHP provider must authorize staff members to use the State of Michigan Single Sign On (SSO) system in order to enter data into the MDCH database. Unauthorized staff will be denied access. (MIHP Operations Guide)

To fully meet this indicator:

- a. Discussion with coordinator indicates that:
 - 1) Each staff who is authorized to use the SSO system has own SSO user name and password.
 - 2) Only MIHP staff are authorized to use the SSO system.

Met Not Met Met with Conditions Not Applicable

Findings:

5. MIHP providers are required to enter beneficiary *Discharge Summary* data into the MDCH MIHP electronic database. Each provider must have a process for timely, efficient entry of data into the database. (MIHP Operations Guide)

To full meet this indicator:

- a. Discussion with coordinator on data entry process and/or at least 80% of closed charts reviewed indicate that *Maternal Discharge Summary (M200)* and *Infant Discharge Summary (I200)* are entered into MDCH database within 30 calendar days after:
 - 1) The pregnant woman's MIHP eligibility period ends.

- 2) Infant services are concluded or there are four consecutive months of inactivity, unless there is documentation in the chart that the case is being kept open for a specific purpose and the purpose is stated.

Met Not Met Met with Conditions Not Applicable

Findings:

OB-BASED MATERNAL ONLY PROGRAMS (GRANDFATHERED IN)

- 6. A maternal only MIHP provider is required to serve the mother-infant in one of two ways:**
- a. **Provide all maternal services, including the two required home visits, and after the baby is born, transfer infant to a second certified provider, per written agreement.**
 - b. **Jointly provide maternal services with a second certified MIHP provider who would conduct at least one of the two required home visits, and after the baby is born, transfer the infant to the second provider, per a written agreement, contract or subcontract.**
(MIHP Operations Guide)

To fully meet this indicator:

- a. Discussion with coordinator indicates that maternal only provider conducts the two required maternal home visits or has a signed agreement with at least one other MIHP provider to conduct at least one of the two required home visits.
- b. Each signed agreement between the maternal only provider and an infant provider meets the *Guidelines for Maternal Only MIHP Providers*.
- c. At least 80% of closed maternal charts reviewed indicate that the two required home visits are provided or that the beneficiary refused home visits, as documented in the chart.
- d. At least 80% of closed maternal charts reviewed:
 - 1) Indicate that the maternal provider followed its specified process for transitioning the beneficiary to the infant services provider, as documented in the chart.
 - 2) Include documentation that the infant has been enrolled in infant services, infant services were refused, or it was not possible to locate the infant.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

STAFFING

- 7. Required staff for the MIHP is comprised of registered nurses and licensed social workers. Optional staff may include a registered dietitian and/or infant mental health specialist. All staff must meet the qualifications as stated in the Staff Credentials subsection of this chapter.** *(Section 5.2 Staffing, MIHP, Medicaid Provider Manual)*

To fully meet this indicator (which has billing implications):

- a. Protocol describes:
 - 1) How the provider arranges for RD services if provider does not have an RD on staff, identifies the RD services provider, and specifies how the referral to the RD is made.
 - 2) How the provider arranges for infant mental health (IMH) services if provider does not have an IMH specialist on staff, identifies the IMH provider, and specifies how the referral to the IMH provider is made.
 - 3) Back-up staffing arrangements whenever the MIHP is totally void of one of the required disciplines (registered nurse or social worker).
 - 4) How the provider ensures that both the RN and SW regularly conduct professional visits.

- b. Review of personnel files and *MIHP Personnel Roster* indicates that:
 - 1) The provider directly provides (supervises hired staff and/or independent contractors) the services of at least a registered nurse **or** a social worker; the provider directly or indirectly (via contract with another agency) provides the services of the other required discipline.
 - 2) All MIHP staff conducting professional visits either meet all MIHP professional requirements **or** have MDCH-approved waivers.
 - 3) The MDCH waiver approval letter and *Notice of Waiver Completion* is on file for all waived staff; the *Professional Staff Waiver Training Matrix* is also on file for all staff waived since 09/01/12.
- c. Coordinator provides reviewer with written documentation from consultant that provider notified MDCH within 5 business days via email when the MIHP was totally void of one of the required disciplines (registered nurse or licensed social worker) for six consecutive weeks.
- d. Discussion with the coordinator indicates that if the MIHP was totally void of one of the required disciplines, it was for a period of less than three months and the staffing back-up plan was implemented.
- e. Discussion with the coordinator indicates that all RNs and SWs listed on the *Personnel Roster* regularly conduct professional visits.

Met Not Met Met with Conditions Not Applicable

Findings:

8. Providers must use the *MIHP Personnel Roster* form to document specific information about the qualifications of each person on the MIHP staff, including everyone who is authorized to use the State of Michigan Single Sign-On (SSO) system for purposes of entering data into the MDCH database. *The Personnel Roster* must be updated and submitted to MDCH within 30 days after the end of every quarter. (*MIHP Operations Guide*)

To fully meet this indicator:

- a. Comparison of the *MIHP Personnel Roster* submitted by the provider pre-review to the roster MDCH has on file, indicates that the roster MDCH has on file is current, unless staff change occurred in the current quarter, in which case the provider submits an updated roster to MDCH before review visit concludes.
- b. MDCH records indicate that provider submits an updated roster to MDCH within 30 days after the end of every quarter (quarters end on Dec. 31, March 31, June 30, and Sept. 30).
- c. Discussion with coordinator indicates that all staff authorized to use the SSO system are listed on the current *MIHP Personnel Roster*.

Met Not Met Met with Conditions Not Applicable

Findings:

NUTRITION COUNSELING PROVIDED BY REGISTERED DIETITIAN

9. A physician order must be obtained before a registered dietitian may visit with the beneficiary. The physician order must be included in the beneficiary record. (*Section 1.2, MIHP, Medicaid Provider Manual*)

To fully meet this indicator (which has billing implications):

- a. 100% of charts reviewed which document that services were provided by a registered dietitian (RD) include an order for RD services which is signed and dated by a physician, certified nurse midwife, pediatric nurse practitioner, family nurse practitioner, physician assistant or Medicaid health plan.

- b. 100% of charts reviewed with an RD standing order on file, indicate that the order was reviewed and signed by the physician, certified nurse midwife, pediatric nurse practitioner, family nurse practitioner, physician assistant or Medicaid health plan within the last 12 months.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

10. When nutrition counseling is needed, the documentation must indicate how services were provided. (Section 1.2, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. At least 80% of closed charts reviewed in which a high maternal nutrition risk is identified, indicate that nutrition counseling services were provided by an RD or that a referral was offered or made, as documented on a *Professional Visit Progress Note (MIHP 011)*.
- b. At least 80% of closed charts reviewed in which a high infant feeding and nutrition risk is identified, indicate that nutrition counseling services were provided by an RD or that a referral was offered or made, as documented on a *Professional Visit Progress Note (MIHP 011)*.
- c. At least 80% of charts reviewed in which an RD provided nutrition counseling, clearly identify the entity that provided nutrition counseling on a *Professional Visit Progress Note (MIHP 011)*.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

CONTRACTS

11. In cases where services are provided through a contract with another agency, the contract or letter of agreement must be on file for review by MDCH. (Section 5 Operations and Certification, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. Contracts and/or letters of agreement with other agencies are current and specify the time period of the agreement, the names of the individuals providing services, and where the billing responsibilities lie.

Met Not Met Met with Conditions Not Applicable

Findings:

CARE COORDINATION AGREEMENTS

12. To define the responsibilities and relationship between the MIHP provider and the MHP, a Care Coordination Agreement (CCA) must be reviewed and signed by both providers. (Section 1.4 Medicaid Health Plans, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. The provider has signed *Care Coordination Agreements (CCAs)* with all of the Medicaid Health Plans in the service area or has documentation from the consultant stating that the consultant was notified that provider has made repeated efforts to obtain one or more missing CCAs.

Met Not Met Met with Conditions Not Applicable

Findings:

FACILITY

13. The MIHP provider’s physical facilities for seeing beneficiaries must be comfortable, safe, clean, and meet legal requirements. *(Section 5.1 Criteria, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

- a. Observation of facility used by beneficiaries indicates:
- 1) It affords adequate privacy for counseling/education.
 - 2) It provides adequate space to meet with MIHP professionals and to accommodate state consultants and MIHP reviewers in a smoke-free, pet-free room with a large table or desk and cushioned chair.
 - 3) All entrances, bathrooms and passageways are readily accessible to and usable by individuals with disabilities, including individuals who use wheelchairs.
 - 4) All aisles, passageways and service rooms are free of hazards, kept clean, orderly and assure staff and client safety and safe passage.
 - 5) A stairway having four or more risers is equipped with handrails.
 - 6) Floors, platform stair treads, and landings are maintained and free from broken, worn, splintered or loose pieces that would constitute a tripping or falling hazard.
 - 7) There are two or more exits that permit prompt escape in case of fire or other emergency.
 - 8) The building or structure is equipped with a fire alarm system.
 - 9) The exits, hallways and rooms are well lit.
 - 10) A portable fire extinguisher is located where it will be readily seen and accessible along normal paths of travel, maintained in a fully-charged and operable condition, and kept at its designated place ready to use.

Met Not Met Met with Conditions Not Applicable

Findings:

MIHP OFFICE IN PROVIDER RESIDENCE OR OTHER LOCATION WHERE BENEFICIARIES ARE NOT SEEN

14. MDCH has developed guidelines for providers using their place of residence as an MIHP office or who have offices in other locations where beneficiaries are not seen. These providers are required to follow the guidelines. *(MIHP Operations Guide)*

To fully meet this indicator:

- a. Observation of home office or office in other location where beneficiaries are not seen shows:
- 1) It is safe (entrances and spaces are free of hazards and there is secure, safe passage when MIHP personnel are in the office), clean, and comfortable.
 - 2) It affords adequate privacy when discussing beneficiary information.
 - 3) It provides adequate space to meet with MIHP professionals and to accommodate state consultants and MIHP reviewers in a smoke-free, pet-free room with a large table or desk and cushioned chair.
 - 4) There is a dedicated work area which is located in the area of the home which is not considered a personal/private space. Personal/private space is defined as the individual’s bedroom or other personal areas of the home. It is highly recommended that the office space be located in a separate room in the home which is set up as an office.
 - 5) It complies with applicable laws including the Health Insurance Portability and Accountability Act (HIPAA).
 - 6) It has office equipment, software and Internet access as outlined in the *MIHP Guidelines for an Office in Providers Place of Residence or Other Location Where Beneficiaries Are Not Seen*.

Met Not Met Met with Conditions Not Applicable

Findings:

REPORTING MIHP ENROLLMENT TO MEDICAID HEALTH PLAN

15. The MIHP must report all new MHP enrollees to the appropriate MHP on a monthly basis or as agreed to in the Care Coordination Agreement. *(Section 5.3 Operations and Certification Requirements, MIHP Medicaid Provider Manual)*

To fully meet this indicator:

- a. Protocol describes procedure for informing MHPs when their members enroll in MIHP, specifying frequency of notice and the form to be used.
- b. Provider presents a copy of completed collaboration form (or equivalent form) that was sent to each MHP in the provider's service area in each of the preceding three months **or** documentation from the MHP that they do not want this information.

Met Not Met Met with Conditions Not Applicable

Findings:

CONFIDENTIALITY

16. Maintain an adequate and confidential beneficiary record system, including services provided under a subcontract. HIPAA standards must be met. *(Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

- a. Protocol describes how beneficiary's Protected Health Information (PHI) is protected from intentional or unintentional use and disclosure through appropriate administrative, technical, electronic and physical safeguards, specifying the following:
 - 1) A double-locking system is used in office to secure MIHP records.
 - 2) A double-locking system is used to transport MIHP records and in staff homes to assure there is no inadvertent access to PHI by unauthorized persons. All PHI (hard copies and stored on laptops) is transported in a locked box, preferably in the trunk of a locked car. If the vehicle used for transport does not have a trunk, the locked box containing PHI is secured in an inconspicuous location and the vehicle remains locked at all times.
 - 3) All electronic provider communications containing PHI are encrypted.
 - 4) Closed beneficiary records are maintained for seven years after the last date of service in a secure location using a double-locking system.
 - 5) All sub-contracts include language requiring subcontractor to meet HIPAA standards.
 - 6) All staff sign confidentiality agreements.
 - 7) All staff have a copy of the *MIHP Field Confidentiality Guidelines*.
- b. Observation indicates that open and closed records are stored safely in office.
- c. Discussion with coordinator and staff indicates that records are stored safely during transport and in staff homes.
- d. Discussion with coordinator indicates that electronic communications containing PHI are encrypted.
- e. Review of contracts indicates inclusion of language requiring contractors to meet HIPAA standards, including record retention requirements.

- f. Review of personnel records indicates that all staff with access to PHI have signed confidentiality agreements before having contact with beneficiaries or handling PHI.

Met Not Met Met with Conditions Not Applicable

Findings:

BENEFICIARY GRIEVANCES

17. The MIHP must demonstrate a system for handling beneficiary grievances. *(Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

- a. Protocol describes:
- 1) Internal review steps for addressing beneficiary grievances with referral to state consultant as last resort.
 - 2) How beneficiary is notified about the grievance procedure.
- b. Staff interview indicates that staff can generally describe the protocol.

Met Not Met Met with Conditions Not Applicable

Findings:

EMERGENCY SERVICES

18. The MIHP must provide for weekend and after-hour emergencies. *(Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

- a. Protocol describes:
- 1) How beneficiaries are informed about accessing services if they have an emergency on the weekend or after hours.
 - 2) What beneficiaries are directed to do if they have an emergency on the weekend or after hours, including calling 9-1-1 or going to the ER.
 - 3) How agency ensures that there is an after-hours message with emergency information on the agency phone system.
- b. There is evidence that all beneficiaries are informed about how to access services if they have an emergency on the weekend or after hours.
- c. There is evidence that phone system provides after-hours emergency information, including directions to call 9-1-1 or go to the ER.
- d. Staff interview indicates that staff can generally describe the protocol.

Met Not Met Met with Conditions Not Applicable

Findings:

ACCOMMODATIONS FOR LIMITED ENGLISH PROFICIENT, DEAF AND HARD OF HEARING, AND BLIND AND VISUALLY IMPAIRED PERSONS

19. The MIHP must provide directly or arrange bilingual services and services for the visually impaired and/or hearing impaired, as indicated. *(Section 5.3 Operations and Certifications Requirements, MIHP, Medicaid Provider Manual)*

To fully meet this indicator:

a. Protocol:

- 1) Describes how provider assures that Limited English Proficient persons (Arabic or Spanish speakers), deaf and hard of hearing persons, and blind and visually impaired persons are accommodated to participate in MIHP in one or more of the following ways:
 - a) Provider has staff with skills to meet beneficiary's needs (e.g., can speak Arabic or Spanish; proficient in American Sign Language (ASL); has experience with assistive technology, etc.) and/or
 - b) Provider has agreement with an identified community organization that will provide interpreter services or otherwise assist provider to help meet beneficiary's needs, or uses assistive technology devices for interpretation and/or
 - c) Provider has agreement to transfer beneficiary to another MIHP provider who can meet beneficiary's needs.
- 2) Specifies that when a beneficiary requests that a family member or friend serve as interpreter, the individual must be at least 18 years old.
- 3) References the federal Limited English Proficiency (LEP) mandate. *(Executive Order 13166, August 11, 2000)*

b. Staff interview indicates that staff can generally describe the protocol.

Met

Not Met

Met with Conditions

Not Applicable

Findings:

OUTREACH

20. The organization must demonstrate a capacity to conduct outreach activities to the target population and to the medical providers in the geographic area to be served. *(Section 5.1 Criteria, MIHP, Medicaid Provider Manual)*

Any entity (MIHP provider) that offers, in writing or verbally, discounts on co-pay amounts, fax machines, computers, gift cards, store discounts and other free items, or discounts/waives the cost of medication orders if an entity uses their services:

1. **May violate the Medicaid False Claim Act and Medicaid/MDCH policy, which may result in disenrollment from Medicaid/MDCH programs.**
2. **May violate the Michigan Public Health Code's prohibition against unethical business practices by a licensed health professional, which may subject a licensee to investigation and possible disciplinary action.**

(Section 6.1 Termination of Enrollment, General Information for Medicaid Providers, Medicaid Provider Manual)

To fully meet this indicator:

- a. Protocol describes an outreach plan which specifies outreach activities, frequency of outreach activities, and groups/agencies selected for outreach, including potential beneficiaries, medical care providers, and other community providers who serve MIHP-eligible Medicaid beneficiaries.
- b. Review of outreach documentation indicates that outreach activities are conducted according to plan unless beneficiary referrals are received from a single, regular referral source.
- c. Discussion with coordinator, review of provider web site and marketing materials, and Internet search indicate that no incentives (as outlined above) are offered to encourage beneficiaries to enroll in MIHP.

Met Not Met Met with Conditions Not Applicable

Findings:

PROMPT RESPONSE TO RECEIPT OF REFERRAL

21. The MIHP must respond to referrals promptly to meet the beneficiary’s needs (within a maximum of 7 calendar days for the infant and 14 calendar days for the pregnant woman). (*Sec 5.3, Operations and Certification Requirements, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. At least 80% of charts reviewed indicate that the beneficiary was contacted within 14 days after referral for the pregnant woman and 7 days for the infant.
- b. At least 80% of charts reviewed in which referral was received prior to infant’s discharge from the inpatient setting, indicate that beneficiary was contacted within 48 hours of hospital discharge.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

MEDICAL CARE PROVIDER NOTIFICATIONS

22. When an MIHP case is opened without the medical care provider’s involvement, the MIHP provider must notify the medical provider within 14 calendar days. (*Section 2.16 Communications with the Medical Care Provider, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. At least 80% of charts reviewed indicate that the medical care provider was notified of the beneficiary’s enrollment in MIHP within 14 calendar days, unless the MIHP is part of an OB or pediatric practice and the MIHP agency has a signed statement indicating that notification is not necessary.
- b. At least 80% of charts reviewed indicate that the *Notification of MIHP Enrollment Form A Cover Letter (M020 or I009)* is in the chart.
- c. At least 80% of charts reviewed indicate that the *Prenatal Communication (M022)* or *Infant Care Communication (I010)* form is complete and accurate with respect to each required data field.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

23. The MIHP provider must keep the medical care provider informed of services provided as directed by the medical care provider or when a significant change occurs. (*Section 2.16 Communications with the Medical Care Provider, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. At least 80% of charts reviewed in which a significant change (domain added to POC 2 or beneficiary transfer received by MIHP provider) was documented, indicate that the medical care provider was notified of this change, unless the MIHP is part of an OB or pediatric practice and the MIHP agency has a signed statement indicating that notification is not necessary.

- b. At least 80% of charts reviewed in which a significant change was documented, indicate that the *Notification of Change in Risk Factors Form B Cover Letter (M023 or IO12)* is in the chart.
- c. At least 80% of charts reviewed in which a significant change was documented, indicate that the *Prenatal Communication (M022)* or *Infant Care Communication (IO10)* is complete and accurate with respect to each required data field.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

MATERNAL AND INFANT RISK IDENTIFIERS

24. The *Maternal Risk Identifier* must be completed for each pregnant woman to determine services needed through the MIHP. (Section 2.1 *Maternal Risk Identifier, MIHP, Medicaid Provider Manual*). **The *Infant Risk Identifier* must be completed for each infant entering the MIHP to determine the services needed.** (Section 2.2 *Infant Risk Identifier, MIHP, Medicaid Provider Manual*)

To fully meet this indicator (with billing implications):

- a. Discussion with coordinator indicates that staff checks the MDCH database before administering the *Risk Identifier* if there is more than one MIHP operating in the service area.
- b. At least 80% of charts reviewed have *Maternal Risk Identifiers (MSA-1200)* or *Infant Risk Identifiers (IO23 and IO24)* that are complete.
- c. At least 80% of maternal charts reviewed include the *Maternal Risk Identifier* scoring results page.
- d. At least 80% of infant charts reviewed with *Infant Risk Identifiers* include the scoring results page.
- e. At least 80% of charts reviewed indicate that the *Maternal or Infant Risk Identifier* is administered by a licensed social worker or registered nurse before the beneficiary's *Plan of Care* is developed and before any additional MIHP visits are provided, unless the beneficiary has an emergency which is documented in the chart.
- f. The chart includes a written request with a reply from the consultant to enroll an infant over the age of 12 months in the MIHP.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

EARLY-ON AND GREAT START COLLABORATIVE LINKAGES

25. The MIHP must be actively linked to or be a member of the local Part C/Early On Interagency Coordinating Council, and the Great Start Collaborative Council. (Section 5.3 *Operations and Certification Requirements, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. Coordinator describes how referrals are made to Early On.
- b. Great Start Collaborative (GSC) membership roster indicates that provider is a GSC member **OR** provider receives regular communications from the GSC in each county served by the MIHP.

Met Not Met Met with Conditions Not Applicable

Findings:

DEVELOPMENTAL SCREENING

***26. Developmental screening must be provided for all MIHP infant beneficiaries.** (*MIHP Operations Guide*). MIHP developmental screening begins at program entry when the *Infant Risk Identifier (IRI)* is administered. The *IRI* includes developmental screening questions from Bright Futures, an initiative of the American Academy of Pediatrics. Once the *IRI* has been administered, all follow-up developmental screening is conducted using the *Ages and Stages Questionnaires-3 (ASQ-3)* and the *Ages & Stages Questionnaires: Social/Emotional (ASQ: SE)*. (*MIHP Operations Guide*). The *ASQ-3* is used to monitor and identify issues in general infant development in the communication, gross motor, fine motor, problem-solving, and personal-social domains. The *ASQ: SE* is used to monitor and identify issues in infant development in the social-emotional domain. (*MIHP Operations Guide*)

To fully meet this indicator:

- a. Protocol describes how:
 - 1) Staff will age-adjust for prematurity when selecting the appropriate Bright Futures questions (in *Infant Risk Identifier*) at the time of infant enrollment into MIHP.
 - 2) Coordinator assures that the appropriate age interval questionnaires are used.
 - 3) Coordinator assures that ASQ-3 and ASQ: SE screenings are repeatedly conducted at the time intervals required in the *MIHP Operations Guide*.
 - 4) Coordinator assures that referrals to Early On are made when ASQ-3 score falls below the cutoff or the ASQ: SE score falls above the cutoff.
- b. At least 80% of infant charts reviewed indicate that the age-appropriate Bright Futures questions were used when the *Infant Risk Identifier* was administered.
- c. At least 80% of infant charts which document Bright Futures results requiring follow-up screening within two weeks or at completion of the *Infant Risk Identifier*, indicate that follow-up screening was conducted.
- d. At least 80% of infant charts reviewed have *ASQ-3* and *ASQ: SE Information Summary* sheets.
- e. At least 80% of infant charts reviewed have *ASQ-3* and *ASQ: SE Information Summary* sheets that are complete and accurate with respect to each required data field.
- f. At least 80% of infant charts reviewed indicate that the appropriate *ASQ-3* and *ASQ: SE* age interval questionnaires are used, corrected for prematurity, if applicable.
- g. At least 80% of infant charts reviewed indicate that *ASQ-3* and *ASQ: SE* screenings are repeatedly conducted at the time intervals required in the *MIHP Operations Guide*.
- h. 100% of infant charts that document an *ASQ-3* score below the cutoff or an *ASQ: SE* score above the cutoff, indicate that a referral to Early On was made, or at least discussed with the family.
- i. Staff interview indicates that staff can generally describe the protocol.

Met

Not Met

Met with Conditions

Not Applicable

Findings: A total of charts were reviewed.

PLAN OF CARE

***27.**

Plan of Care, Part 1

The POC 1 is done for all beneficiaries who complete the Risk Identifier. It documents that the professional (RN or SW) who administered the Risk Identifier gave the beneficiary a Maternal and Infant Education Packet or information on text4baby, provided MIHP contact information, provided information on the Healthy Michigan Plan, referred the beneficiary to WIC, if applicable, and scheduled a follow-up MIHP appointment, if applicable. (MIHP Operations Guide)

To fully meet this indicator:

- a. At least 80% of charts reviewed include a complete and accurate *Maternal Plan of Care, Part 1 (M002) or Infant Plan of Care, Part 1 (I002)* with:
- 1) Box checked indicating that beneficiary received the entire, current standardized *Maternal and Infant Education Packet* or received information about for text4baby, or both
 - 2) Signatures and credentials of registered nurse and licensed social worker
 - 3) Signatures of registered nurse and licensed social worker dated within 10 business days of each other

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

Plan of Care, Part 2

If a need is indicated, an appropriate POC must be developed that clearly outlines the beneficiary's problems/needs, objectives/outcomes, and the intervention(s) to address the problem(s). (Section 2.4 Psychosocial and Nutritional Assessment-Risk Identifier, MIHP, Medicaid Provider Manual). The registered nurse and the licensed social worker, working together, must develop a comprehensive POC to provide identified services to the beneficiary and/or referrals to community agencies. (Section 2.5 Plan of Care, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. At least 80% of charts reviewed include a complete and accurate *Maternal Plan of Care, Part 2 (M003 - M021) or Infant Plan of Care, Part 2 (I003 - I007, I020, I036)* with a corresponding domain for every risk identified by the *Risk Identifier* or professional judgment.
- b. At least 80% of charts reviewed in which an additional risk based on professional judgment and matching the criteria in *POC 2, Column 2* has been documented, indicate that an additional domain is added to the *POC 2* and the date of the addition is noted in *Column 1*.
- c. At least 80% of charts reviewed in which a risk level change has been documented, indicate that the risk level increase or decrease is based on the criteria in *POC 2, Column 2* and that the date of the change is noted in *Column 1*.
- d. At least 80% of closed charts reviewed indicate that the date an intervention is first implemented is noted in the *Date Achieved* space in *Column 3* on the *POC 2*.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

Plan of Care, Part 3

The POC, Part 3, Signature Page for Interventions by Risk Level, is a form used to document that the licensed social worker and the registered nurse have jointly developed the POC 2, concur on the interventions to be implemented, and are responsible for implementing them. The RN and SW must sign (with credentials) and date the POC 3 within 10 business days of each other. (MIHP Operations Guide)

To fully meet this indicator:

- a. At least 80% of charts reviewed include a complete and accurate *Plan of Care, Part 3(MIHP 008)* which:
- 1) Corresponds to the *POC 2*.
 - 2) Is signed with credentials by the registered nurse and the licensed social worker within 10 business days of each other, acknowledging that both reviewed and agreed to the *POC 2*.
 - 3) Is signed and dated before any professional visits are made, except in an emergency situation, which is clearly documented.
- b. At least 80% of charts reviewed in which an additional risk domain is added to the *POC 2* after the original *POC 3* is signed, indicate that the *POC 3* is updated.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

CARE COORDINATOR IDENTIFICATION

28. The name of the care coordinator must be documented in the beneficiary's record. (*Section 2.6 Care Coordinator, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. At least 80% of charts reviewed indicate that the care coordinator is identified on the *POC 1* and *POC 3*.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

CARE COORDINATION

29. A registered nurse or licensed social worker will be identified as the care coordinator assigned to monitor and coordinate all MIHP care, referrals, and follow-up services for the beneficiary. (*Section 2.6 Care Coordinator, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. Discussion with coordinator indicates that MIHP services are being monitored, coordinated internally, and coordinated externally with providers of other supports and services.
- b. At least 80% of closed charts reviewed have *Maternal Forms Checklists (M001)* or *Infant Forms Checklists (I001)* that are complete and accurate.
- c. At least 80% of charts reviewed indicate that a contact log is used to document attempts to contact the beneficiary (e.g., phone, text, email, letter, note on door, etc.) between professional visits and from the last professional visit to discharge.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

MAKING AND FOLLOWING-UP ON REFERRALS

30. The care coordinator must assure the family is appropriately followed and referred for needed services. (*Section 2.6 Care Coordinator, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. At least 80% of charts reviewed indicate that referrals are being made and documented.
- b. At least 80% of charts reviewed indicate that staff follows-up on at least 80% of referrals that have been made within 3 professional visits from the date of referral, as documented on *Professional Visit Progress Notes (MIHP 011)* under “outcome of previous referrals.”

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

31. Placeholder for indicator in next review cycle.

PROFESSIONAL VISITS

32. The MIHP must schedule services to accommodate the beneficiary’s situation. (*Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. Discussion with coordinator indicates MIHP services are scheduled at a location and time mutually determined by beneficiary and staff (i.e., evening and weekend appointments are available).
- b. Discussion with coordinator indicates that beneficiaries who can’t be seen during agency’s operating hours are transferred to another MIHP that can accommodate them.

Met Not Met Met with Conditions Not Applicable

Findings:

33. A professional visit is a face-to-face encounter with a beneficiary conducted by a licensed professional (i.e., licensed social worker, registered nurse, or infant mental health specialist) for the specific purpose of implementing the beneficiary’s plan of care. A registered dietitian may conduct a visit when ordered by a physician. (*Section 2.7 Professional Visits, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. Staff interview indicates that staff can explain how they have knowledge of *Risk Identifier* results, the *POC 2*, and referrals made at previous visits before visiting a beneficiary.
- b. Staff interview indicates that staff can generally describe how they make referrals for nutritional counseling or infant mental health services if there is no registered dietitian or infant mental health specialist on staff.
- c. At least 80% of total number of *Professional Visit Progress Notes (MIHP 011)* reviewed indicate that staff is implementing *POC 2* interventions only for risk domains that are included in the *POC 2*.
- d. At least 80% of closed charts reviewed indicate that staff is addressing all risk domains included in the *POC 2* or there is documentation as to why risk domains are not being addressed on the *Professional Visit Progress Note*.
- e. At least 80% of charts reviewed indicate that all domains that scored out as high risk are discussed with beneficiary within the first three visits, unless there is clear documentation on the *Professional Visit Progress Note* stating the reason why this has not been done.

- f. At least 80% of closed charts reviewed in which the beneficiary scored high risk for depression, domestic violence, or substance exposure (infants only), include documentation that a verbal or written safety plan was developed or documentation that the beneficiary did not wish to develop a safety plan.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

34. On average, 80% of all professional infant interventions must be in the beneficiary's home. The initial assessment visit, when the Infant Risk Identifier is completed, must be completed in the beneficiary's home at least 90% of the time. (Section 2.9.B Infant Services, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. At least 80% of the agency's infant visits are done in the beneficiary's home as indicated in the *MIHP Standardized Certification Data Report* or, if the *Data Report* is unavailable, by chart review. If a chart review is conducted, at least 80% of infant charts reviewed indicate that 80% of the visits are done in the infant's home, unless a compelling reason why a home visit is not possible is clearly documented.
- b. At least 90% of the agency's *Infant Risk Identifier* visits are done in the beneficiary's home as indicated in the *MIHP Standardized Certification Data Report* or, if *Data Report* is unavailable, by chart review. If a chart review is conducted, at least 90% of the infant charts reviewed indicate that the *Infant Risk Identifier* was completed in the beneficiary's home.
- c. The chart includes a written request with a reply from the consultant for any infant who reaches the age of 18 months and continues to be served by the MIHP.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed. Review of the *MIHP Standardized Certification Data Report* for the period from _____ to _____ indicates that:
_____% of the agency's infant visits were conducted in the beneficiary's home.
_____% of the agency's *Infant Risk Identifier* visits were completed in the beneficiary's home.

35. An additional nine infant visits may be provided when requested in writing by the medical care provider. (Section 2.2 Infant Risk Identifier, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. At least 80% of infant charts reviewed which document more than nine visits, indicate that the reason why additional visits are required is documented on a standing order or *Professional Visit Progress Note*.
- b. At least 80% of infant charts reviewed which document more than nine visits, include documentation of dated authorization for additional visits by the medical care provider in the chart.
- c. At least 80% of charts reviewed with a standing order authorizing additional infant visits on file, indicate that the order was reviewed and signed by the physician within the last 12 months.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

36. A drug exposed infant is an infant born with the presence of an illegal drug (s) and/or alcohol in his circulatory system or who is living in an environment where substance abuse or alcohol is a danger or is

suspected. The maximum of 36 professional visits and the initial assessment visit may be reimbursed for a drug-exposed infant. The provider must use the professional visit code for the first 18 visits; the drug-exposed procedure code may then be billed for up to an additional 18 visits. (Section 2.8 Drug-Exposed Infant, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. At least 80% of infant charts reviewed which document use of the drug-exposed procedure code, indicate that the professional visit code was used for the first 18 infant visits.
- b. At least 80% of infant charts reviewed which document use of the drug-exposed procedure code, indicate that the infant meets drug-exposed infant criteria.
- c. At least 80% of infant charts reviewed indicate that the drug-exposed procedure code is not used unless a physician order authorizing additional drug-exposed infant visits is found in the chart.
- d. At least 80% of infant charts reviewed which document use of the drug-exposed procedure code, indicate that the *Substance Exposed Code 96154 Professional Visit Progress Note (I300)* is being used for visits 19 through 36.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

37. In cases of multiple births, each infant should have a separate risk identifier visit completed. This also applies to infants in foster care where there are two infants in the same home. These separate risk identifier visits can be billed separately under each individual infant Medicaid identification number. Subsequent professional visits should be billed under each infant ID if the infants are from different families, such as with foster care families. If the infants are siblings, the visits should be “blended” visits and billed under one Medicaid ID only. The risk identifier visit and up to nine professional visits can be made to the family. A physician order is needed if more than nine infant visits are needed per family. (Section 2.3 Multiple Births, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. At least 80% of infant charts reviewed which document multiple births, indicate that an *Infant Risk Identifier* has been completed for each infant and billed to the infant’s Medicaid ID.
- b. At least 80% of infant charts reviewed which document multiple births, indicate that separate *Infant Risk Identifiers, Plans of Care, ASQ-3s, ASQ: SEs, and Discharge Summaries* (closed cases only) are on file for each infant.
- c. At least 80% of infant charts reviewed which document multiple births, indicate that *Professional Visit Progress Notes* for blended visits are on file in a family chart; or in the chart of the beneficiary whose Medicaid ID number is being used for billing purposes; or in a separate chart for each family member.
- d. At least 80% of charts reviewed which document multiple births, have *Notification of Multiple Charts Open (099)* on file in each infant’s chart when blended visits are being provided, unless a family chart is used.
- e. At least 80% of infant charts reviewed which document multiple births, indicate that professional visits are blended and consistently billed under only one infant’s Medicaid ID.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

38. Placeholder for indicator in next review cycle.

39. Placeholder for indicator in next review cycle.

40. MIHP staff persons who work directly with beneficiaries in their homes or at other community settings must carry identification (ID) cards or badges with them at all times. (MIHP Operations Guide)

To fully meet this indicator:

- a. Review of staff badge or card indicates staff is affiliated with MIHP provider.
- b. Staff interview indicates they carry MIHP badges or cards when providing services to beneficiary.

Met Not Met Met with Conditions Not Applicable

Findings:

41. For a community visit to be reimbursable, the beneficiary record must clearly identify the reason(s) why the beneficiary could not be seen in her home or in the MIHP office setting. This documentation must be completed for each visit occurring in the community setting. Visits occurring in buildings contiguous with the provider's office, in the provider's satellite office, or rooms arranged or rented for the purpose of seeing beneficiaries, are considered to be in an office setting rather than in a community setting. Visits should never be conducted in the MIHP provider's home. (Section 2.9 Place of Service, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. At least 80% of charts reviewed which document community visits, indicate that the reason why the beneficiary could not be seen in home or office is clearly identified on the *Professional Visit Progress Note (MIHP 011)* for each and every community visit.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

42. Efforts must be made to visit the maternal beneficiary in the home. MDCH requires one visit be made to the beneficiary's home during the prenatal period to better understand the beneficiary's background. (Section 2.9.A Maternal Services, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. At least 80% of maternal charts reviewed indicate that at least one prenatal home visit is made or, in a clinic-based program, that the hand-off was made to the appropriate MIHP infant services provider, or there is documentation that the beneficiary declined the prenatal home visit.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

43. A second maternal home visit must be made after the birth of the infant to observe bonding, infant care and nutrition, and discuss family planning. An MIHP provider may complete and bill an Infant Risk Identifier visit separate from a maternal postpartum professional visit. A maternal postpartum professional visit may be made on the same date of service as the Infant Risk Identifier visit. Providers must document why both visits need to be on the same date of service. (Section 2.9.A Maternal Services, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. At least 80% of closed maternal charts reviewed indicate that one post-partum home visit was made or, in an OB clinic-based program, that the hand-off was made to the appropriate MIHP infant services provider.
- b. At least 80% of charts reviewed which document that a maternal postpartum visit and *Infant Risk Identifier* visit were made on the same day, indicate the reason why both visits needed to be on the same date of service.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

REQUIRED TRAINING

44. MIHP coordinator and professional staff must complete all of the training requirements specified by MDCH.
(*MIHP Operations Guide*)

To fully meet this indicator:

- a. Course completion certificates for the following online trainings are on file for all professional staff and the program coordinator:
 - 1) *Smoke Free Baby and Me*
 - 2) *Motivational Interviewing and the Theory behind MIHP Interventions*
 - 3) *Forms*
 - 4) *MIHP Depression, Mental Health, Stress*
 - 5) *Implementing the MIHP Depression Interventions*
 - 6) *Infant Mental Health and Infant Mental Health Services*
 - 7) *Ages and Stages Questionnaires (3rd Edition) and Ages and Stages Questionnaires: Social-Emotional*
- b. Signed *Notice of New Professional Staff Training Completion* is on file for all staff hired/contracted since 10/01/12.
- c. MDCH attendance sheets indicate coordinator or designee attended all state coordinator trainings since previous review.

Met Not Met Met with Conditions Not Applicable

Findings:

CHILDBIRTH EDUCATION

45. First time mothers must be encouraged to complete the childbirth education (CBE) course.
(*Section 2.11 Childbirth Education, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. At least 80% of closed maternal charts which document that beneficiary is a first-time mother, indicate on a *Professional Visit Progress Note (MIHP 011)* that beneficiary was encouraged to attend CBE classes.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

46. In unusual circumstances (e.g., beneficiary entered prenatal care late or is homebound due to a medical condition), childbirth education may be provided in the beneficiary's home as a separately billable service. Case records must document the need for one-on-one childbirth education and where services were provided. (Section 2.11 Childbirth Education, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. 100% of charts reviewed which document that beneficiary received in-home CBE, include written documentation from the medical care provider stating why in-home CBE is needed.
- b. 100% of charts reviewed which document that beneficiary received in-home CBE, indicate that at least 1/2 of the curriculum was covered.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

47. At a minimum, the CBE course outline found in the MIHP Operations Guide must be covered. The pregnant woman must attend at least 1/2 of the classes or cover 1/2 of the curriculum for the service to be billed. MIHP CBE may be billed one time per beneficiary per pregnancy. (Section 3.1 Education Reimbursement, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. Review of CBE course outline indicates that the required course content is being covered.
- b. At least 80% of maternal charts reviewed which document that CBE classes are provided, indicate that the pregnant woman attends at least 1/2 of the classes or covers at least 1/2 of curriculum described in class schedule, before Medicaid is billed.
- c. At least 80% of charts reviewed indicate that CBE is billed one time per beneficiary per pregnancy.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

PARENTING EDUCATION

48. At a minimum, the parenting education course outline found in the MIHP Operations Guide must be covered. The caregiver must attend at least 1/2 of the classes or cover 1/2 of the curriculum for the service to be billed. MIHP parenting education may be billed one time per infant or one time per family in the case of multiple births. (Section 3.1 Education Reimbursement, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. Review of parenting education course outline indicates that the required course content is being covered.
- b. At least 80% of infant charts reviewed which document that parenting education is provided, indicate that the beneficiary's caregiver attends at least 1/2 of the parenting education classes or covers 1/2 of the curriculum described in the class schedule, before Medicaid is billed.
- c. At least 80% of infant charts reviewed which document that parenting education is provided, indicate that it is billed one time per infant or per family in the case of multiple births.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

49. Placeholder for indicator in next review cycle.

CHILDREN’S PROTECTIVE SERVICES

50. The MIHP provider must work cooperatively and continuously with the local Children’s Protective Services (DHS CPS). Referral protocol and a working relationship with CPS must be developed and maintained. The MIHP provider must seek CPS assistance in a timely manner. (Section 2.15 Special Arrangements for Child Protective Services, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. Protocol describes how provider:
 - 1) Reports possible child abuse or neglect to CPS in compliance with the Michigan Child Protection Law (Public Act 238 of 1975) by immediately calling Centralized Intake for Abuse and Neglect and submitting a written report (DHS 3200) within 72 hours of the call.
 - 2) Maintains a working relationship with CPS.
- b. 100% of charts reviewed which document possible child abuse or neglect, indicate on a *Professional Visit Progress Note (MIHP 011)* that immediate referrals are made to CPS.
- c. Staff interview indicates that staff can generally describe the protocol.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

FAMILY PLANNING

51. Family planning options should be discussed at every MIHP maternal visit, giving the woman time to consider her options. (Section 2.7 Professional Visits, MIHP, Medicaid Provider Manual).

To fully meet this indicator:

- a. At least 80% of charts reviewed indicate that family planning is discussed at every maternal visit with referrals to family planning services as needed, as documented on every *Professional Visit Progress Note (MIHP 011)*.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

IMMUNIZATION

52. Immunization status must be discussed throughout the course of care. Providers must determine the status of the MIHP beneficiary’s (i.e., mother and/or child) immunizations. The parent(s) should be encouraged to obtain immunizations and be assisted with appointments and transportation as needed. (Section 2.14 Immunizations, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. At least 80% of closed maternal charts reviewed indicate that mother’s immunization status was discussed at least once, as documented on a *Professional Visit Progress Note (MIHP 011)*.
- b. At least 80% of closed maternal charts reviewed indicate that infant immunizations are discussed at least once during pregnancy, as documented on a *Professional Visit Progress Note (MIHP 011)*.
- c. At least 80% of infant charts reviewed indicate that the infant’s immunization status was discussed at every visit, as documented on every *Professional Visit Progress Note (MIHP 011)*.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

REFERRAL RESOURCES LIST

53. The MIHP must maintain a current list of local Public Health programs such as WIC Nutrition, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Community Mental Health (CMH), Children’s Special Health Care Services (CSHCS), and other agencies that may have appropriate services to offer the beneficiary, and agree to work cooperatively with these agencies. (*Section 5.3 Operations and Certification Requirements, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. Review of referral resources list indicates that it is current and that it includes all of the agencies and programs identified above, as well as 2-1-1 and other services and supports which may be helpful to MIHP beneficiaries.

Met Not Met Met with Conditions Not Applicable

Findings:

TRANSPORTATION COORDINATION

54. Transportation services are available to help MIHP-enrolled beneficiaries access their health care and pregnancy-related appointments. The MIHP provider should assess each MIHP beneficiary’s needs and this assessment should be documented in the beneficiary’s chart. Transportation is provided by the MIHP only when no other means of transportation are available. (*Section 2.10 Transportation, MIHP, Medicaid Provider Manual*)

To fully meet this indicator:

- a. Protocol describes how:
 - 1) Transportation needs are assessed and documented for all beneficiaries.
 - 2) The beneficiary is referred to the appropriate resource (e.g., Medicaid Health Plan, DHS) when a transportation need is identified.
 - 3) Transportation to medically-related services is provided for MHP beneficiaries by the MHP.
 - 4) Transportation is provided by the MIHP only when no other means are available.
 - 5) Transportation to medically-related services is provided for FFS beneficiaries by the MIHP.
 - 6) Non-medical transportation to pregnancy-related appointments is arranged or provided by MIHP for all beneficiaries, unless it is provided by the beneficiary’s MHP.
 - 7) MIHP and the MHP coordinate transportation for all mutually served beneficiaries.
- b. At least 80% of charts reviewed which include the transportation domain in the *POC 2*, indicate that transportation was provided for the beneficiary and identify the provider in a *Professional Visit Progress Note (MIHP 011)*.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

55. The Nurse Family Partnership (NFP) beneficiary must complete and sign the *NFP Participant Consent to Use MIHP Transportation Services* before receiving transportation services from MIHP. (MIHP Operations Guide)

To fully meet this indicator:

- a. 100% of NFP beneficiary charts reviewed include signed *NFP Participant Consent to Use MIHP Transportation Services*.
- b. 100% of NFP beneficiary charts reviewed indicate appropriate transportation services are provided, as documented on transportation log.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

DISCHARGE SUMMARY

***56. The discharge summary, including the services provided, outcomes, current status, and ongoing needs of the beneficiary, must be completed and forwarded to the medical care provider when the MIHP case is closed. (Section 2.16 Communications with the Medical Care Provider, MIHP, Medicaid Provider Manual)**

To fully meet this indicator:

- a. At least 80% of closed charts reviewed include a *Maternal Discharge Summary (M200)* or *Infant Discharge Summary (I200)* that is complete and accurate with respect to each data field.
- b. At least 80% of closed charts reviewed include a *Maternal Discharge Summary (M200)* or *Infant Discharge Summary (I200)* which reflects the *POC 2* and *Professional Visit Progress Note* documentation.
- c. At least 80% of closed charts reviewed indicate that the *Discharge Summary* was sent to the medical provider, as documented by *Medical Provider Maternal Discharge Summary Form C Cover Letter (M025)* or *Medical Provider Infant Discharge Summary Form C Cover Letter (I014)* in chart, unless the MIHP is part of an OB or pediatric practice and the MIHP agency has a signed a statement indicating that notification is not necessary.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

TRANSFERRING BENEFICIARY

57. The referring MIHP provider must consult with the new provider about the case and transfer necessary information or records in compliance with privacy and security requirements of Health Insurance Portability and Accountability Act of 1996 (HIPPA) regulations. A copy of the completed Risk Identifier, POC, and visit notes must be shared with the new provider. Close coordination between providers should avoid duplication of services. A release of information from the beneficiary is necessary. (Sec 2.13 Transfer of Care/Records, MIHP, Medicaid Provider Manual)

To fully meet this indicator:

- a. Protocol describes:
 - 1) The process for transferring an enrolled beneficiary to another MIHP provider, describing how agency will:
 - a) Obtain *Consent to Transfer MIHP Record to a Different Provider* from beneficiary.

- b) Send the beneficiary's records (*Risk Identifier*, *Risk Identifier Scoring Results Page*, and *POC Parts 1-3*) to the receiving provider within 10 working days of the request.
 - c) Refrain from completing a *Discharge Summary*.
 - d) Refrain from providing copies of *Consent* forms signed at the time of MIHP enrollment to the receiving agency.
 - e) Communicate appropriately and professionally with receiving provider to expedite the transfer in the beneficiary's best interest.
- 2) The process for receiving a beneficiary who is transferring in from another MIHP provider, describing how agency will:
- a) Refrain from serving the beneficiary until the beneficiary's records are received from transferring MIHP, unless an emergency is documented.
 - b) Contact the state consultant if the records are not received within 10 working days.
 - c) File a copy of *Consent to Transfer MIHP Record to a Different Provider* in beneficiary's chart.
 - d) Obtain *Consent to Participate in MIHP* and *Consent to Release Protected Health Information* from beneficiary.
 - e) Notify the medical care provider that beneficiary has transferred to a different MIHP.
 - f) Implement the transferred *POC*, using a new *Forms Checklist*.
 - g) Communicate appropriately and professionally with receiving provider to expedite the transfer in the beneficiary's best interest.
- b. 100% of charts reviewed which document beneficiary transfer to another provider, include a complete and accurate (with respect to each data field) *Consent to Transfer MIHP Record to a Different Provider (Consent to Release Protected Health Information) (M402)*, signed by the beneficiary and maintained on file after beneficiary information is sent to the new provider.
- c. Discussion with coordinator indicates that provider complies with transfer protocol when a beneficiary transfers to a new provider, sending the appropriate records (*Risk Identifier*, *Risk Identifier Score Sheet*, *POC Parts 1-3* and *Professional Visit Progress Notes*) to the new provider within 10 working days of the request.
- d. At least 80% of charts reviewed which document that the beneficiary was transferred from another MIHP provider, indicate that the receiving provider obtained the beneficiary's information from the transferring provider before providing services to the beneficiary, except in an emergency situation which is documented in the chart.
- e. At least 80% of charts reviewed which document that the beneficiary was transferred from another MIHP provider, indicate that the receiving provider notified the medical care provider of the transfer.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

BILLING AND REIMBURSEMENT

58. The MIHP provider must bill only the procedure codes listed in the MDCH Maternal Infant Health Program Database located on the MDCH website. (*Section 3 Reimbursement, MIHP, Medicaid Provider Manual*)

To fully meet this indicator (which has billing implications):

- a. At least 80% of charts reviewed indicate that the correct procedure code is used for billing each service provided.
- b. At least 80% of charts reviewed indicate that there is a *Risk Identifier* or *Professional Visit Progress Note* on file for every *Risk Identifier* visit and professional visit billed.
- c. At least 80% of charts reviewed indicate the date of service on each claim matches the date of service on the *Risk Identifier* or *Professional Visit Progress Note*.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

59. Placeholder for indicator in next review cycle.

60. The Risk Identifier is required to be completed and entered into the MIHP database before the service is billed. (Section 3 Reimbursement, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. Protocol describes:
 - 1) Process for entering *Risk Identifiers* into the MIHP database, specifying who is responsible for data entry.
 - 2) Number of days that persons responsible for data entry have to complete data entry and obtain scoring results page after *Risk Identifier* is administered.
- b. At least 80% of charts reviewed indicate that *Risk Identifier* is completed and entered into the database before the service is billed.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

61. Reimbursement for a professional visit is based on place of service. The place of service must be documented in each professional visit note and billed accordingly. (Section 3 Reimbursement, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. At least 80% of charts reviewed indicate that the place of service code used when billing for the *Risk Identifier* correctly reflects the place of service documented on the *Risk Identifier*.
- b. At least 80% of charts reviewed indicate that the place of service code used when billing for professional visits correctly reflects the place of service documented on the *Professional Visit Progress Note*.

Met Not Met Met with Conditions Not Applicable

Findings: A total of _____ charts were reviewed.

62. An infant case and a maternal case can both be open at the same time in some incidences. If the MIHP is seeing an infant and the mother becomes pregnant, a maternal risk identifier assessment visit can be completed and billed as such. After this initial risk identifier assessment visit is completed, all subsequent professional visits for that family should be blended visits and billed under one Medicaid ID. The program is based on the family dyad, and both the infant and parent are to be assessed at each visit and billed as “blended visits” under either the parent’s or the infant’s Medicaid ID. (Section 1.3 Eligibility, MIHP, Medicaid Provider Manual)

Transportation services may be billed under the mother’s ID for the pregnant woman and under the infant’s ID for the infant. (Section 2.10 Transportation, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. At least 80% of charts reviewed indicate that blended visits are consistently billed under the mother’s Medicaid ID or the infant’s Medicaid ID, and not under both.
- b. At least 80% of charts reviewed indicate that transportation services for the pregnant woman are billed under her Medicaid ID and transportation services for the infant are billed under the infant’s Medicaid ID.

- c. At least 80% of charts reviewed have *Notification of Multiple Charts Open (099)* on file in both the maternal chart and the infant charts when blended visits are being provided unless a family chart is used.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

63. Placeholder for indicator in next review cycle.

64. The MIHP provider must maintain documentation of transportation for each beneficiary for each trip billed. (Section 2.10 Transportation, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. At least 80% of charts reviewed indicate that transportation services are provided to allowable destinations only and are appropriately billed and paid.
- b. At least 80% of charts reviewed indicate that transportation services are documented for each beneficiary for each trip billed, incorporating all required elements.
- c. At least 80% of charts reviewed indicate that provider does not provide medical transportation for MHP members.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

65. The initial assessment visit and up to 9 professional visits per woman per pregnancy are billable. (Section 2.1 Maternal Risk Identifier, MIHP, Medicaid Provider Manual). **The initial assessment visit and up to 9 professional visits per infant/family are billable.** (Section 2.2 Infant Risk Identifier, MIHP, Medicaid Provider Manual)

To fully meet this indicator (which has billing implications):

- a. At least 80% of charts reviewed indicate that one *Maternal Risk Identifier* per pregnancy or one *Infant Risk Identifier* per infant is billed and paid.
- b. At least 80% of maternal charts reviewed indicate that no more than 9 professional visits are billed and paid.
- c. At least 80% of infant charts reviewed indicate that no more than 36 infant visits are billed and paid.

Met Not Met Met with Conditions Not Applicable

Findings: A total of charts were reviewed.

INTERNAL QUALITY ASSURANCE

66. MIHP coordinators are expected to routinely conduct their own internal quality assurance activities, including chart reviews and billing audits. (MIHP Operations Guide)

To fully meet this indicator:

- a. Protocol:
- 1) Describes internal quality assurance activities.
 - 2) Specifies that chart reviews and billing audits are conducted quarterly, or more frequently.

- 3) Indicates the minimum number of charts reviewed per chart review and per billing audit.
 - 4) Describes how staff are trained and supported to ensure that the *Risk Identifier*, *POC*, *Professional Visit Progress Notes*, and *Discharge Summaries* are linked.
 - 5) Describes how staff works with the beneficiary to identify her needs at program entry and periodically asks beneficiary if services being provided are meeting her needs.
- b. Review of completed forms, checklists or other tools used in the last quarter’s internal chart review and billing audit, indicates that reviews and audits are being conducted or staff interview indicates that reviews and audits are being conducted.
- c. Staff interview indicates that staff can generally describe the protocol.
- d. Staff interview indicates that staff can explain how the *Risk Identifier*, *POC*, *Professional Visit Progress Notes*, and *Discharge Summaries* are linked.

Met Not Met Met with Conditions Not Applicable

Findings:

Overall Comments on this Review

Indicators by Number	
1.	Use of standardized forms
2.*	Sufficiently detailed clinical record
3.	Signed consents
4.	Staff authorized to use electronic database
5.	<i>Maternal and Infant Discharge Summaries</i> entered into database
6.	OB-based maternal-only programs: provision of maternal home visits and infant services
7.	Staffing
8.	<i>MIHP Personnel Roster</i>
9.	Physician order required for registered dietitian
10.	Nutrition counseling services
11.	MIHP services provided through contract or letter of agreement with another agency
12.	<i>Care Coordination Agreements</i> with Medicaid Health Plans
13.	Physical facilities for seeing beneficiaries
14.	MIHP office in provider residence or other location where beneficiaries are not seen
15.	Reporting MIHP enrollment to Medicaid Health Plan
16.	Confidential (HIPAA compliant) beneficiary record system
17.	Beneficiary grievances
18.	Emergency services
19.	Accommodations for Limited English Proficient, deaf and hard of hearing, and blind and visually impaired persons
20.	Outreach to target population and medical providers
21.	Prompt response to receipt of referral
22.	Medical care provider notified within 14 days of beneficiary enrollment
23.	Medical care provider notified when a significant change occurs
24.	<i>Maternal or Infant Risk Identifier</i> completed to determine needed services
25.	Linkage to Early On Interagency Coordinating Council and Great Start Collaborative
26.*	Developmental screening for all infant beneficiaries using <i>Bright Futures</i> and <i>ASQ-3</i> and <i>ASQ: SE</i>
27.*	<i>Plan of Care (Parts 1-3)</i>
28.	Care coordinator identification
29.	Care coordination

30.	Making and following-up on referrals
31.	(Placeholder for indicator in next review cycle)
32.	Scheduling visits to accommodate beneficiary's situation
33.	Professional visits to implement beneficiary's <i>Plan of Care</i>
34.	On average, 80% of professional infant interventions in beneficiary's home; initial assessment visit in home 90% of the time
35.	Additional nine infant visits when requested by medical care provider
36.	Drug-exposed infant visits and procedure code
37.	Multiple births (blended visits)
38.	(Placeholder for indicator in next review cycle)
39.	(Placeholder for indicator in next review cycle)
40.	Identification cards or badges
41.	Community visits
42.	Maternal prenatal home visit
43.	Maternal postpartum home visit
44.	Training requirements
45.	First-time mothers encouraged to complete childbirth education course
46.	Childbirth education in beneficiary's home in unusual circumstances
47.	Childbirth education course
48.	Parenting education course
49.	(Placeholder for indicator in next review cycle)
50.	Children's Protective Services
51.	Family planning discussed at every maternal visit
52.	Immunization status discussed throughout course of care
53.	Referral resources list
54.	Transportation coordination
55.	Transportation for Nurse Family Partnership beneficiary
56.*	<i>Discharge Summary</i> completed and send to medical care provider
57.	Transferring beneficiary
58.	Use of billing procedure codes listed in MDCH MIHP database
59.	(Placeholder for indicator in next review cycle)
60.	<i>Risk Identifier</i> entered into database before service is billed
61.	Place of service documented in professional visit note and billed accordingly
62.	Infant and maternal cases open at the same time in some instances (blended visits)
63.	(Placeholder for indicator in next review cycle)
64.	Transportation documentation for each beneficiary for each trip billed
65.	Initial assessment and up to 9 professional visits per pregnancy or per infant/family billed
66.	Internal quality assurance

*MIHP Critical Indicator