



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

JAMES K. HAVEMAN
DIRECTOR

December 12, 2013

Jane Doe
MIHP Coordinator
ABC, MIHP
1234 Main Street
Anytown, MI 40000

Dear Ms. Doe:

The Michigan Department of Community Health (MDCH) conducted a certification review of your Maternal Infant Health Program (MIHP) on **December 2, 2013**. Your reviewer was Kathy Schoenberger. Based on the review findings, your program has received the certification checked below:

- A. Full certification (18 months), existing provider
 - 1. No Corrective Action Plan required
 - 2. Pending MDCH approval of you Corrective Action Plan

- B. Full Certification (12 months), new provider
 - 1. No Corrective Action Plan required
 - 2. Pending MDCH approval of you Corrective Action Plan

- C. Conditional certification (6 months) pending MDCH approval of your Corrective Action Plan

This certification is valid for the specified number of months shown in parenthesis (above) from the date of your review.

Your certification is based on:

1. The number of *Not Met indicator* ratings you received
2. The number of *Not Met critical indicator* ratings you received
3. Your previous certification (unless this was your first review)

If this was not your first review, a summary titled *Follow-up on Not- Met Indicators from Previous Certification Review* is enclosed.

MIHP Certification Tool

Enclosed with this letter is your agency's MIHP certification report (completed *MIHP Certification Tool*). Each indicator in the tool includes a reference to the current *Medicaid Provider Manual* or *MIHP Operations Guide*. Four of the indicators are designated as *critical indicators* because they are fundamental to the implementation of MIHP. These are: #2 (sufficiently detailed clinical record), #26 (conducting developmental screening using the ASQ), #27 (correct completion of the *Plan of Care*), and #56 (correct completion of *Discharge Summaries*).

Each indicator in your completed *MIHP Certification Tool* has been given one of the following four ratings: *Met*, *Not Met*, *Met with Conditions*, or *Not Applicable*. A *Not Met* rating means that you are out of compliance on that indicator and must submit a *Corrective Action Plan*. The *Certification Tool* explains each *Not Met* rating and identifies the concerns that must be addressed in the *Corrective Action Plan*.

A *Met with Conditions* rating means that the indicator was essentially met; however, there is an issue that could use refinement. The *Certification Tool* explains the issue and provides recommendations for improvement. A *Met with Conditions* rating does not require a *Corrective Action Plan*.

Not Met* Indicators Requiring *MIHP Corrective Action Plan

Your program's completed *MIHP Certification Tool* documents **four** *Not Met* indicators. The *Not Met* indicator numbers are as follows:

***2, *26, 44, and *56**

Three of these *Not Met* indicators are *critical indicators* (designated above by an asterisk).

Instructions for Completing *MIHP Corrective Action Plan*

All *Not Met* indicators must be addressed in a written *MIHP Corrective Action Plan (CAP)*, using the enclosed form. For each *Not Met* indicator, the form requires you to specify the corrective action steps you will take, the projected dates for initiation and completion of each step, and the progress you have made to date. You must also describe how you will assure ongoing compliance for each *Not Met* indicator.

As you were advised at the conclusion of your review, corrective actions should have been initiated immediately after the certification review exit meeting, when you were notified of any *Not Mets*. Therefore, your *CAP* may include corrective actions you have already initiated or completed. A copy of *MIHP Certification Review Exit Meeting Preliminary Findings of Not Met Indicators*, which your reviewer gave you at the conclusion of your review, is enclosed.

Note that the findings documented in this letter may be different from the preliminary findings noted by your reviewer at your exit meeting, based on MDCH review.

Also enclosed are the *MIHP Corrective Action Plan (CAP) Instructions*, including the form and two sample *CAPs*. Please review the instructions and samples carefully to ensure that your *CAP* will be approved without having to modify it. Please pay special attention to the following *CAP* requirements:

1. Your entire *MIHP Corrective Action Plan*, addressing **all Not Mets**, must be emailed (to newproviderapplication@michigan.gov with “Corrective Action Plan” and your MIHP name in the subject line) by **January 4, 2014**.

You must submit your *CAP* by email so we can process it efficiently. If you wait until the day that your *CAP* is due and encounter a technical problem as you attempt to submit it, you may fax it to MDCH to show that you have completed it. However, your *CAP* will not be processed until you submit it by email.

2. At the top of the *CAP*, after you type in the *Not Met Indicator #*, you are instructed (in yellow highlighting) to:

Insert the reviewer’s Explanation/Comments in their entirety, including the findings of non-compliance and the statement specifying what you must include in this Corrective Action Plan, exactly as written in Certification Tool.

If you do not include ALL of the reviewer’s comments for that indicator, as written in your *Certification Tool*, you will be asked to resubmit your *CAP*.

3. A partially completed *CAP* will not be accepted.

You may contact your MIHP consultant if you have questions about developing your *CAP*. If you have more than six *Not Met* indicators or more than two *Not Met* critical indicators, your consultant will contact you to assist with development of your *CAP*.

Within 30 days of submission of your completed *CAP*, you will receive notification that it has been approved or that modifications are required. If modifications are required, you will have 7 calendar days to resubmit your *CAP*.

***Met with Conditions* Indicators**

Your program’s completed *MIHP Certification Tool* documents **four *Met with Conditions*** indicators. The *Met with Conditions* indicator numbers are as follows:

1, 5, 10, and *27 Part 2

These indicators do not require a *Corrective Action Plan*, but you are strongly encouraged to implement the reviewer’s suggestions, as given in the *MIHP Certification Tool*.

Guidance and Oversight to be Provided by Your Consultant

If your certification requires you to submit a *Corrective Action Plan*, your consultant may contact you to provide guidance and oversight as you implement your plan. This is to help you assure that corrective actions are taken to address all *Not Met* indicators, so that you are well-positioned for your next review. If you received certification C, this will include an onsite visit within three months of the review date. Your consultant will contact you to schedule this visit. In some cases, more than one onsite visit may be indicated.

Scheduling Your Next Review

If you received certification C, your reviewer will contact you to schedule your next review to be conducted six months from your last review.

Consultant Contact Information

If you have questions regarding this letter, please contact your consultant as follows:

Name:	Joni Detwiler
Mailing address	109 W. Michigan Avenue, 3 rd Floor P.O. Box 30195 Lansing, MI 49809
Email address	detwilerj@michigan.gov
Phone	(517) 335-6659
Fax	(517) 335-8822

Thank you and the MIHP staff for the hospitality and cooperation during the certification review.

Sincerely,

Rose Mary Asman, R.N., M.P.A.
Perinatal Health Unit Manager
Division of Family and Community Health
Michigan Department of Community Health

Enclosures

MIHP Certification Tool
Follow-up on *Not-Met* Indicators from Previous Certification Review (if applicable)
MIHP Certification Review Exit Meeting Preliminary Findings of *Not Met* Indicators (if applicable)
MIHP Corrective Action Plan (CAP) Instructions (including form and two samples) (if applicable)

c: Deb Marciniak
Joni Detwiler
Kathy Schoenberger