

Maternal Infant Health Program Quality Assessment Aggregate Findings

Michigan Department of
Health and Human
Services

Maternal Infant Health
Program

September 2023

MIHP QUALITY ASSESSMENT

- Comparison with best practices in home visiting
- Goes beyond MIHP-specific standards
- Quality Improvement Planning
- Collecting baseline data to inform MDHHS quality improvement strategy
- No standard in place, solely for the purpose of understanding agency practices





DATA COLLECTION

Home Visitor Survey

MIHP Coordinator Interview

Tracking Documents

- People/families referred to the agency
- Family referrals to community resources
- ASQ/ASQ:SE tracking documentation
- Corrective Action Plan (CAP) monitoring

Chart Review

Administrative Data

- Previous Certification Review results
- Paid claims and encounters
- Personnel roster (case rates)

QUALITY DOMAINS

THE QUALITY ASSESSMENT TOOL IS ORGANIZED BY EIGHT DOMAINS

Recruitment &
Enrollment

Home Visitor &
Supervisor
Caseloads

Assessment of
Family Needs
and Referral to
Services

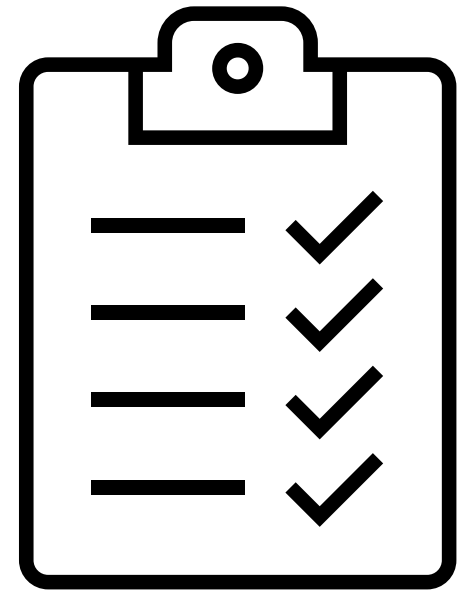
Dosage &
Duration

Home Visit
Content

Staff
Qualifications &
Supervision

Professional
Development

Organizational
Structure &
Support





BEST IN MIHP QUALITY

Indicators with a high percentage of agencies receiving the rating of “Current Practice”

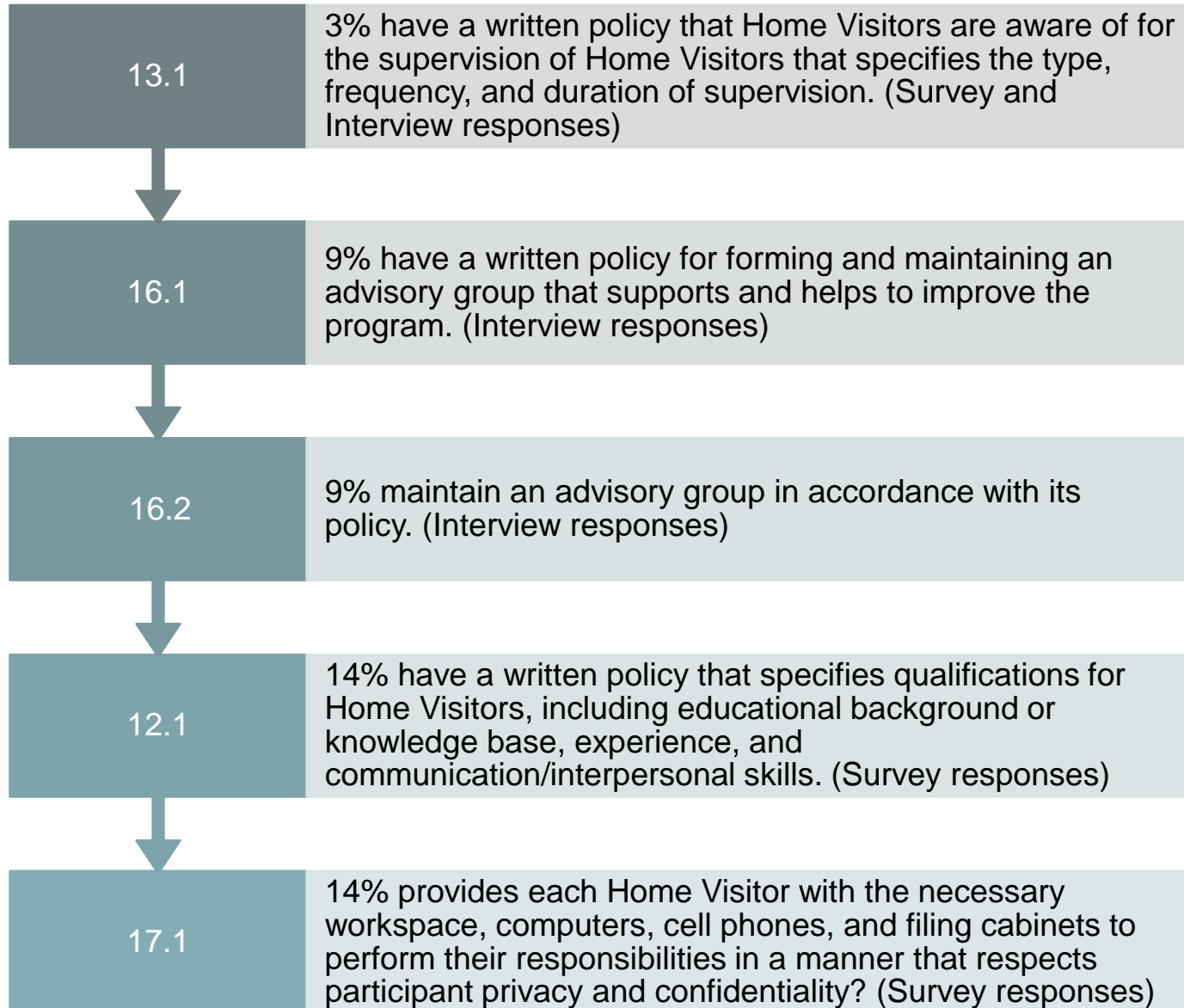
- 1.2: 98% have a written recruitment plan that aligns with their eligibility and enrollment protocol. (Based on Outreach indicator for certification)
- 12.2: 94% assure the agency is staffed by qualified Home Visitors? (Based on the Licensure and Experience indicator for certification)
- 2.3: 92% ensure Home Visitor consistency for families. (Chart review and survey responses)
- 5.4: 91% complete developmental screenings, referrals, and follow up appropriately. (Chart review, survey responses and administrative data – Certification Review indicators)
- 2.2: 88% maintain Home Visitor caseloads of 80 participants/families or less per full time equivalent staff. (Based on latest Personnel Roster at time of assessment)



BEST IN MIHP QUALITY

- 18.6: 82% follow appropriate billing practices (Administrative data – paid claims and encounters)
- 8.2: 77% maintain written goals for each family as well as document that goals are monitored and updated in accordance with policy. (Chart review)
- 6.3: 74% monitor and have strategies to improve service dosage. (Interview responses)
- 19.2: 74% partner with local agencies to meet the needs of families. (Interview responses)
- 1.6: 71% appropriately address demand that exceeds capacity or work to expand its capacity to serve more families. (Interview and Survey responses)
- 19.3: 69% establish and leverage relationships with other MIHP providers and/or home visiting programs. (Interview Responses)





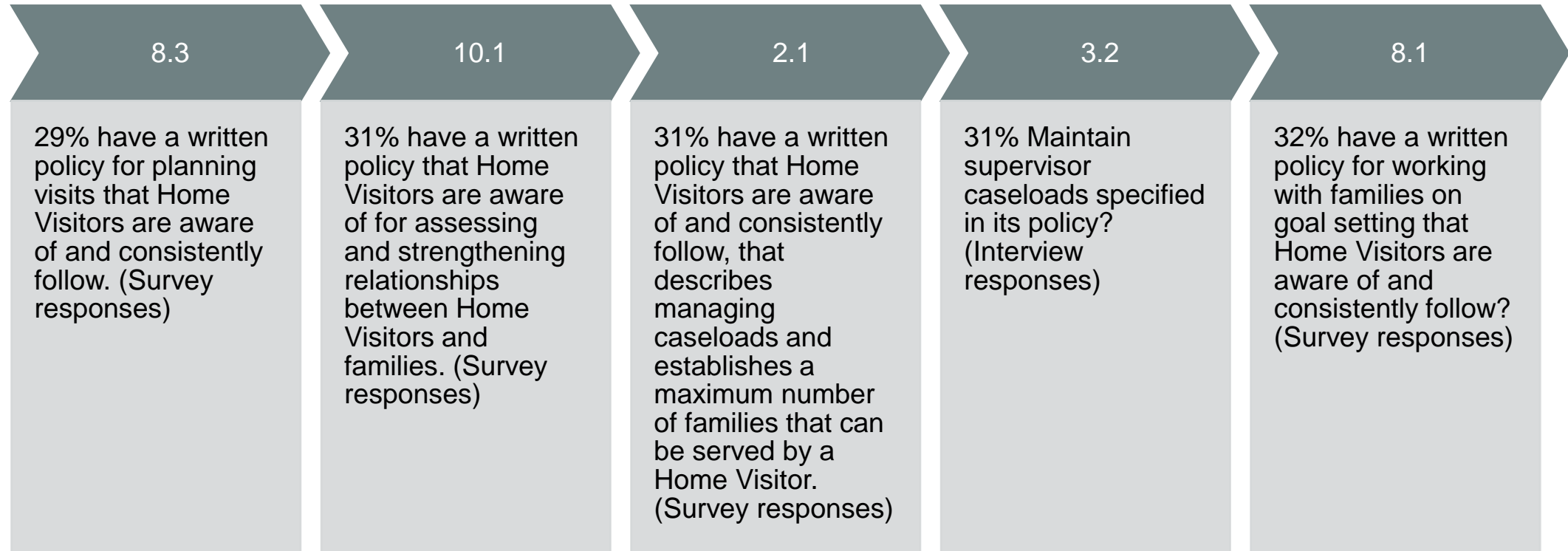
NEEDS IMPROVEMENT

INDICATORS WITH A
LOW PERCENTAGE
OF AGENCIES
RECEIVING THE
RATING OF
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NEEDS IMPROVEMENT

INDICATORS WITH A LOW PERCENTAGE OF AGENCIES RECEIVING THE RATING OF “CURRENTLY ALIGNED” OR “INCONSISTENCIES”



AGGREGATE QUALITY ASSESSMENT FINDINGS

Program Best

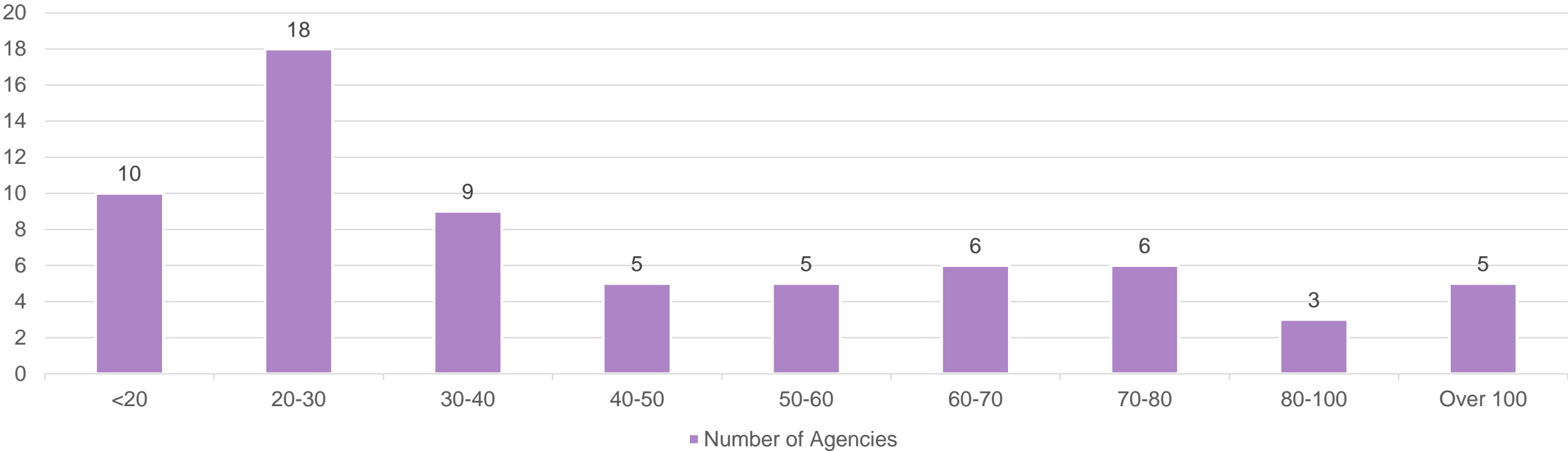
- Eligibility and Enrollment in Program
- Staff Qualifications
- Billing
- Developmental screening/Referrals/Follow-up
- Maintaining written family goals
- Partnerships with local community resources and home agencies
- Caseloads and Home Visitor Consistency
- Monitoring and improvement of Dosage

Needs Improvement

- Written policies
 - Family goal setting
 - Home Visiting Content – Planning home visits
 - Addressing how to strengthen family/home visitor relationships
- Home visitor caseload
- Supervisor caseload
- Agency specific home visitor qualifications
- Advisory Groups



Case Load Per One Full Time Employee Equivalent



CASE LOAD FINDINGS





REFLECTION REPORTS



REFLECTION REPORTS

- Document intended to assist providers and home visitors to:
 - Reflect on data and information presented in the MIHP Quality Assessment Tool.
 - Reflect and celebrate where the team has experienced alignment with the baseline criteria or has shown movement toward the performance measures.
 - Reflect on areas where current practices may not be in alignment with baseline standards.
 - Consider dedicating time to identify and address one or more measures as opportunities for improvement over the next two years.





Not required but a strongly encouraged opportunity.

67 Agencies Received Quality Assessment

51 submitted the required Reflection Report

22 submitted at least one quality improvement Project

QUALITY IMPROVEMENT PROJECTS

Top Areas Chosen to Address

- Assessment of Family Needs and Referral to Services (7)
- Dosage & Duration (9)
- Home Visiting Content (5)
- Home Visitor and Supervisor Caseloads (3)
- Organizational Structure & Support (5)
- Professional Development (3)
- Recruitment and Enrollment (4)
- Staff Qualifications & Supervision (1)



QUALITY IMPROVEMENT DOMAINS ADDRESSED

| Subject #1 Quality Domains | |
|---|---|
| Quality Domain Category | Number of Agencies Selecting Domain for QA |
| Assessment of Family Needs and Referral to Services | 4 |
| Dosage & Duration | 2 |
| Home Visiting Content | 4 |
| Home Visitor and Supervisor Caseloads | 2 |
| Organizational Structure & Support | 4 |
| Professional Development | 2 |
| Recruitment and Enrollment | 3 |
| Staff Qualifications & Supervision | 1 |



QUALITY IMPROVEMENT DOMAINS ADDRESSED

| Subject #2 Quality Domains | |
|---|--|
| Quality Domain Category | Number of Agencies Selecting Domain for QA |
| Assessment of Family Needs and Referral to Services | 3 |
| Dosage & Duration | 6 |
| Home Visiting Content | 1 |
| Home Visitor and Supervisor Caseloads | 1 |
| Organizational Structure & Support | 1 |
| Professional Development | 1 |
| Recruitment and Enrollment | 1 |





ACTION STEP EXAMPLES

- Discussion and development of procedure for transition planning
- Increase immunization education, develop reference tool, survey families
- Improve process for scheduling, confirming visits – identify barriers to missed visits
- Improve home visitor understanding of Case Management through training and developing written procedure for home visits
- Gathering feedback from families regarding MIHP services through survey
- Improve home visitor engagement with families through goal setting and use of action plans – track use and provide home visitor education and training
- Develop written policy on maximum number of families served by home visit – address managing caseloads



ACTION STEP EXAMPLES

- Develop Survey to engage families in guiding and improving MIHP. Translate to different languages, provide electronic survey, create data collection process
- Create policy and procedure manual guiding agency expectations
- Provide evidence-based webinars, provide flyers, all day staff training to address safety and self care
- Improve ways to contact families contact WIC/leave card at home/call/text
- Develop process/policy regarding expected time frames for contact and enrollment of families
- Develop written policy for supervision of home visitors

NEXT STEPS

Cycle 10 Quality Assessment



CERTIFICATION UPDATES AND REMINDERS



Certification Scheduling

Certification Results

**CERTIFICATION
SCHEDULING
AND RESULTS**



REMINDER

Lead and Hearing

MIHP Operation Guide
Page 26

Immunization

MIHP Operation Guide
Pages 25 and 26
Utilization of MCIR in MIHP
Companion Guide





REMINDER

Contact Log

MIHP Operation Guide
(Page 19 and throughout
guide)

Protocols

Protocols document what is
being implemented in the
agency (MIHP Certification
Specifications: Cycle 9)

CONSENTS VIA TELEHEALTH (VERBAL CONSENT)





OBSERVATIONS IN CONSENT DOCUMENTATION

- Varying approaches to documenting verbal consent
- Forgetting to obtain beneficiary signature at the first in person visit

TELEHEALTH CONSENT DOCUMENTATION

- Originally developed during COVID-19
- Applicable to all Consents:
 - In the Legal Representative text box write “Verbal Consent – MM/DD/YY”
- At the next in-person visit, the beneficiary/caregiver must initial the verbal consent entry and sign and date the document.
- Verbal consents **not** able to be initialed, signed and dated by the beneficiary at the first in person visit, must have rationale of why this did not occur documented on the *Contact Log*.



PROTOCOL AND CERTIFICATION SPECIFICATIONS: CONSENTS

- Protocol Specifications
 - 6.1 – Telehealth and Home Visits
 - Procedure for verbal consents including securing a signature at the first in person visit.
- Certification Specifications:
 - “Consent is signed by beneficiary/caregiver”
 - Specification #5.3 and #5.4



MEDICAID BULLETIN UPDATE



QUESTIONS?

Thank you