



Certification Specifications
Maternal Infant Health Program
Division of Maternal and Infant Health
Bureau of Health & Wellness
Public Health Administration
Michigan Department of Health and Human Services

Certification Tool: Cycle 10
Updated: October 13, 2025
Effective date: August 1, 2025

Measurement Implementation Date: August 1, 2026

Section 1: Provider Directory, Staffing, and Training	
Personnel Roster	Personnel Roster must be submitted within 10 business days of any personnel change and most recent roster must be submitted with all Pre-Review documents prior to certification review.
Protocols	Agency Protocols, Protocol Signature Document, and signed Protocol Rubric are required to be submitted with all Pre-review documents (including beneficiary charts).
Staff and Credential Requirements	• Staff LARA verification of licensure, and resumes for all staff hired since last certification review need to be submitted with required Pre-review documents. • Any Waivers of Professional Staff experience need to be submitted with required Pre-Review documents.
Staff Training	Submit all staff (including clerical staff) certificates for required trainings: • Overview of Maternal Infant Health Program The following training completion forms: • New Staff- <i>Notice of New Professional Staff Training Completion</i> • Backup Staff: <i>Notice of Backup Staff Training Completion</i> • Waiver Staff- <i>Full Waiver Training Matrix or Amended Waiver Training Matrix</i> Attendance of MIHP Coordinator or designee at all MDHHS MIHP Coordinator meetings and biannual Home Visiting Conference.
Section 2: Facility, Technology, and Records	
ID Badges	Home visitors must have ID badges that include staff member name, photograph, and name of agency.
Provider Phone	Provider must have a business phone listed in MIHP directory with message that states the following: the provides after hours emergency information including directions to “call 911 “and” go to the nearest emergency room.”
Communication with MDHHS	• Provider must be responsive to MDHHS inquires and emails within the required timeframe. • When there are service delivery changes the provider communicates changes to MDHHS MIHP in a timely manner.
Storage of PHI	All PHI must be kept in a triple-locked system unless actively in use. (Ex: locked file cabinet, inside a locked room, inside a locked building)

Section 3: Quality Assurance	
Chart and Billing Audits	- MIHP providers must conduct chart and billing audits at least quarterly as part of quality assurance. - The audits must be documented using an identified audit tool. - The tool must be signed and dated by the staff member who completed the audit. - The staff member(s) responsible for conducting the audits must be identified.
EHR Tracking	Providers must demonstrate how their electronic health record tracks alterations made within the system. Indicating the change that was made, the date of change, and the staff member who made the change.
Beneficiary Grievance Process	Providers must have their process for handling beneficiary grievances documented.
Section 4: Contracts and Community Engagement	
Back-Up Staffing	Providers must arrange staffing for nursing and social work services should they become void a staff member in these areas. The arrangement should meet the following requirements: - The backup staff must meet minimum Medicaid required standards. - The arrangement must be in writing between the provider and the agency/provider who is serving as backup. Arrangement includes at least one of the following: collaboration with another MIHP provider, use of internal staff, individual professional provider, arrangements with community agency.
Required Community Partnerships & Resources	The provider must demonstrate a knowledge of community resources in each county that they serve. They must have collaboration with Early On services and Child Protective Services.
Section 5: Outreach, Eligibility, and Enrollment	
Response to MIHP Referrals	- Providers must respond to all maternal referrals within 14 calendar days after the referral is received. Infant referrals received prior to hospital discharge must have provider response within 2 business days. Infant referrals after hospital discharge must receive a provider response within 7 calendar days.
MIHP Forms Overview	- Paper documents are properly altered (if needed) by drawing a line through the error and writing initials next to the error. - Forms are complete and accurate based on MIHP Operations Guide.
Consent Forms	- Home visitor must review content and obtain beneficiary/caregiver signature and date on <i>Consent to Participate</i> prior to administering the Risk Identifier. - Home visitor must review content and obtain beneficiary/caregiver signature and date on Consent to Release PHI (if applicable).

	• Telehealth visits follow required guidelines set by MIHP Operations and Medicaid Policy.
Risk Identifier	The Risk Identifier (RI) is a mandatory tool used to identify beneficiary risks and to inform Plan of Care. It must meet the following requirements: • Must be conducted by the RN or SW. • For beneficiary enrollment, they must obtain a risk score on the RI scoresheet for at least one domain (Exceptions may be requested and should be kept on file by the provider). • If telehealth is indicated the appropriate location is documented in the “comment” section of Risk Identifier.
Welcome Packet	The Welcome Packet must include the following: • MIHP Education Packet/Text4 Baby Flyer/Pregnancy + Phone App/List of approved phone apps • Providers contact information • Lead Fact Sheet • Immunization Fact Sheet • <i>Your Rights and Responsibilities as an MIHP Participant</i> • Information on filing a Grievance with the Provider
POC 2 Documentation and Intervention Levels	• Every domain that scores on Risk Identifier or that is added based on professional judgement must have the related POC2 added to the chart. • Maternal Risk Identifiers that score for Substance Misuse must add Substance Exposed Infant POC2.
POC 2 Additions	POC2's added must have the following: • Intervention level checked • Date of change/addition
POC 3	• The nurse and social worker must sign the POC3 prior to the next visit. • Both signatures must be obtained prior to providing any services unless an emergency is documented on PVPN or Contact Log. • POC3 must be updated to reflect any domain(s) added after the initial development and it must be signed & dated by the professional who added the domain. • The Care Coordinator/Case Manager must be documented on the POC3.
Beneficiary Transfers	Provider transferring beneficiary records must: obtain Consent to Transfer, send the following documents within 10 business days of receiving the completed Consent to Transfer: RI, RI Scoresheet, POC1, POC2's, POC3, all PVPNs, MCIR records, ASQ-3, and ASQ-SE-2 (if applicable).

	Provider accepting a transfer should ensure Consent to Transfer is obtained, use the Forms Checklist for Transfer Received, obtain Consent to Participate & Consent to Release PHI, notify beneficiary's medical provider of transfer, and address high risk POC2s within the first 3 visits following transfer.
Section 6: Communication and Professional Visits	
Communication with Medical Provider	Providers must send the Beneficiary Status Notification and Communication form within 14 calendar days of the following circumstances: • Beneficiary enrollment in MIHP • Once a provider is identified (after enrollment) • Beneficiary transfers to new MIHP provider • Beneficiary is discharged from MIHP. If beneficiary does not have a medical provider within the first three visits, then: • MIHP Provider must add the Pregnancy Health POC 2 or Infant Health POC 2
Physician Orders	Physician orders must be on file for the following: • Beneficiary receives nutrition counseling from RD • Infant needs additional visits beyond the standard 9. • Infant needs visits for substance exposure (visits 19-36). The physician order must include: • MIHP agency name • Medical providers name, address, & phone • Medical providers signature & credentials • Date of signature • Rationale for visits on the physician order
Visit frequency & Duration	• The home visitor must conduct a professional visit with the beneficiary each month. If a visit does not occur each month, rationale must be documented on the Contact Log. • Each visit must be a minimum of 30 minutes. • If the beneficiary receives more than 1 visit per month rationale must be documented on Contact Log.

Staff Discipline Conducting Visits	A nurse and social worker must each conduct a visit with the beneficiary during care. If this does not occur rationale for lack of visit must be documented on the Contact Log.
Professional Visit Content	At each visit a home visitor must address at a minimum: • POC 2 domain(s) and/or; • Topic(s) identified by beneficiary and/or; • Topic(s) identified by professional judgement and/or; • Identified educational topic All high-risk domains must be addressed within the first 3 professional visits. If this does not occur, then rationale must be documented on the “Other Visit Information” section of PVPN.
Safety Plan	Home visitor must discuss a safety plan and document the appropriate intervention number when any of the following domains are designated as high risk: • Abuse/Violence: Intervention #12 • Infant Safety: Intervention #6 • Stress/Depression: Intervention #13
Plan of Safe Care	Plan of Safe Care is required for all maternal beneficiaries with the Alcohol or Substance Misuse POC 2 and all infant beneficiaries with the Substance Exposed Infant POC 2. The home visitor must discuss and document the appropriate intervention number when any of the following domains are identified for a beneficiary: • Substance Exposed Infants: Intervention #9 • Substance Misuse: Intervention #18 • Alcohol: Intervention #18
Action Plan	Home visitor must assist every beneficiary/caregiver to create at least one Action Plan and/or a Plan of Safe Care.
Required Referrals	• When referrals are required, the respective domain has a specific intervention which must be used. • If a required referral is not discussed, there must be documentation on the “Outcomes from Previous Referral” section of the PVPN.

	- Home visitor must make referrals throughout the course of care and document on the “New Referrals” section of the PVPN and follow up on referrals within 3 subsequent visits. The discussion of a referral is required for the following domains: - Moderate or High Score in Stress/Depression domain (Intervention #11 or #12). - High score in Food/Nutrition domain- referral to Registered Dietitian (Intervention #13).
Maternal Specific Components	- Maternal immunization must be assessed and discussed at the first professional visit. If not, reason documented on Contact Log or PVPN. - Infant immunizations must be discussed at least once during course of care and documented on PVPN checklist. If not, reason documented on Contact Log or PVPN.
Infant Specific Components	Home visitor must discuss the infant immunizations at least once during care but no later than the 3rd professional visit
Developmental Screenings	- Home visitor must complete the age-appropriate ASQ-3 & ASQ: SE-2 questionnaire within the first 3 visits. - Provider must follow guidelines outlined in the ASQ-3 & ASQ: SE-2 User Guides.
Substance Exposed Infant Visits	- Home visitor must utilize interventions from the SEI POC2 within the first 3 visits once the POC2 is added to the beneficiary’s plan of care (Intervention #9 required for those scoring high-risk). - Home visitors must utilize interventions from the SEI POC2 every visit after the first 18 visits. - If at any time during course of care the home visitor determines a possible risk for substance exposure a Substance Exposed Infant POC2 should be added.
Beneficiary Discharge	- Provider must discharge beneficiaries within 30 days of the end of eligibility. - The Home Visitor must address all domains in the beneficiary’s POC2 prior to discharge