

Maternal Infant Health Program Cycle 10 Protocol Specifications

Section 1: Provider Directory, Staffing, & Training

1.1 Agency Communication

- Protocol describes the process for sharing email communication with all staff, including:
 - a. Bi-Weekly Update newsletters
 - b. Coordinator meeting program updates and content
 - c. MIHP alerts
 - d. MDHHS MIHP correspondence
 - e. Updating community resources

1.2 Personnel Roster

- Protocol describes process for updating and submitting Personnel Roster to MDHHS MIHP within 10 business days of any personnel change.
- Personnel Roster also describes staff credentialing requirements for the following: coordinator, registered nurse, and licensed social worker.

Section 2: Facility, Technology, & Records

2.1 Protected Health Information (PHI) During Travel

- Protocol describes how provider will ensure staff carry the minimum identifiable information necessary when in the field and how information will be carried confidentially, using at least a double-locking system.

2.2 Email Encryption

- Protocol describes how staff communicate protected health information (PHI) electronically in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

2.3 Closed Records

- Protocol describes the security of records after a beneficiary is discharged, including:
 - a. Length of time records are maintained (minimum, 7 years).
 - b. Where closed records are maintained.
 - c. The method of securing records under triple-lock.
 - d. How hard copies and electronic records are securely destroyed.

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Section 3: Quality Assurance

3.1 Grievances

- The protocol describes
 - a. The provider's internal process for addressing beneficiary's grievances.
 - b. The staff role responsible for investigating beneficiary's concern.
 - c. The timeline of communication back to the beneficiary in reference to the concern presented.

3.2 Chart/Billing Audits and Alteration of Records

- Protocol describes internal quality assurance activities. For chart audits, detail at least:
 - a. Frequency of reviews (quarterly, at a minimum)
 - b. Staff role responsible for reviews
 - c. Number of charts to be reviewed
 - d. Tool used to document chart audits and where tool is located once complete
 - e. Review tool signed and dated by the staff member who completed the review
- For billing audits, details at least:
 - a. Frequency of reviews (quarterly, at a minimum)
 - b. Staff role responsible for reviews
 - c. Number of charts to be reviewed
 - d. Tool used to document chart audits and where tool is located once complete
 - e. Review tool signed and dated by the staff member who completed the review
- For Electronic Health Record (EHR)/Database tracking, detail at least:
 - a. Protocol lists the name of the agency's Electronic Health Record (EHR) system (if applicable)
 - b. Protocol describes how the agency's Electronic Health Record (EHR) system or database tracks any alterations/changes made to beneficiary documents within the system/database.
 - c. Tracking methods must include:
 - i. Who altered program documents.
 - ii. What content was changed.
 - iii. The date of alteration.

Section 4: Contracts & Community Engagement

4.1 Services from Supplementary Disciplines

- Protocol identifies provider and process for referring for services when provider does not have the following disciplines on staff that meets MIHP requirements:
 - a. Registered Dietician
 - b. Infant Mental Health Specialist
 - c. International Board-Certified Lactation Consultant (IBCLC)

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4.2 Child Protective Services Referrals

- Protocol complies with the reporting requirements mandated by the Michigan Child Protection Law (Act No. 238, Public Acts of 1975).
- Protocol details coordination with CPS and specifies how the provider will:
 - a. Make referrals to CPS
 - b. Attempt to participate in multidisciplinary team meetings involving infant beneficiaries

4.3 Back-Up Staffing

- Protocol describes an established back-up staffing arrangement for required disciplines including:
 - a. Name of agency or contractor who will provide back-up staffing
 - b. Documentation that back-up staff agency or contractor agrees to arrangements
 - c. Documentation that supervisors approve of back-up staffing arrangements for agencies who utilize back-up staff from an internal department within the agency.

4.4 Interpretation Services

- Protocol describes how provider assures that Limited English Proficient persons and individuals who are deaf, hard of hearing, blind, or have low vision are accommodated to participate in the program. This must include at least one of the following:
 - a. Provider staff with the skills to meet beneficiary needs
 - b. Verbal or written agreement with an identified community organization to provide interpreter services or otherwise assist the provider
 - c. Assistive technology devices for interpretation
 - d. Verbal or written agreement with another MIHP provider for the purpose of transferring beneficiaries
- Note: Family or friends over the age of 18 may be used when requested by the beneficiary but this cannot be a provider's sole interpretation plan.

Section 5: Outreach, Eligibility, & Enrollment

5.1 Outreach

- Protocol describes an outreach plan that includes the following:
 - a. Population served in the agency service area that included Medicaid and Medicaid eligible
 - b. Frequency of outreach activities
 - c. Groups/agencies selected for outreach, including medical providers
 - d. How the outreach activities are tracked and filed (e.g., dated log, outreach form, calendar file, etc.)

5.2 Referrals, Schedule Accommodation, and Transition Planning

- Protocol describes:
 - a. Agency process when beneficiary referral is received
 - b. How referrals are handled when agency is at capacity or unable to adequately serve beneficiary
 - c. How provider assures beneficiary is not enrolled with another MIHP provider

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d. How provider schedules home visits to accommodate the beneficiary's schedule, or process when agency cannot accommodate beneficiary schedule.

- Transition planning:
 - a. Protocol indicates that staff must discuss transition of care at enrollment.

5.3 Beneficiary Transfers

- Protocol describes the following for transferring beneficiaries to and from another MIHP provider:
 - a. Method and position responsible for sending a signed *Consent to Transfer MIHP Record to a Different Provider* form
 - b. Method and position responsible for sending records that include use of MIHP fax cover sheet, if applicable.

Section 6: Communication and Professional Visits

6.1 Telehealth and Home Visits

- Protocol describes the following for visits
 - a. How telehealth versus home visit is decided.
 - b. Technology used for telehealth visits.
 - c. Indicate how agency will track percentage of services offered via Telehealth to ensure that no more than 40% of services are offered via telehealth.
 - d. Procedure for securing a signature on the Consent to Release Protected Health Information, if applicable (i.e., when communication with another party is identified during a telehealth visit).

6.2 Communication with Medicaid Health Plans & Medical Providers

- Protocol describes the process for communicating with Medical Providers:
 - a. Process for managing beneficiaries who have no medical provider at time of enrollment.
 - b. If applicable, process for communicating with medical providers who are co-located within the MIHP agency and have direct access to MIHP records via an Electronic Medical Record.

6.3 Immunization, Lead Screening, Hearing Screening, and Michigan Care Improvement Registry (MCIR)

- Protocol describes the process for assessing, discussing, and documenting the following:
 - a. Immunization status including:
 - i. When MCIR is accessed and printed
 - b. Hearing screen status/results for infant beneficiaries including:
 - i. When MCIR is accessed, and results are reviewed with caregiver
 - ii. Follow up when needed
 - c. Lead
 - i. When prevention and screening discussion occurs
 - ii. Timeline for discussion of lead screening
 - iii. Review results with caregiver and follow up when needed

6.4 Early On Referral and Ages & Stages Questionnaires

- Protocol describes ASQ protocol and Early On referral procedure including:
 - a. Screening timelines
 - b. How and when Early On referrals are initiated

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- c. How Early On referral follow up occurs
- d. Timeline for administering the ASQ-3 and ASQ:SE-2 when family declines referral or infant does not qualify for services
- Protocol indicates if MIHP provider uses third party agency to complete ASQ's.
- If ASQ's are completed by a third-party vendor, protocol indicates how the provider ensures that referrals, learning activities, and required re-screening are completed per MIHP operations, if applicable.