

MIHP Protocol Specifications: Cycle 9

Revisions and Additions are highlighted

Section 1 – Personnel & Training		
1.1	Agency Communication	<p>Protocol describes the process for sharing email communication with all staff, including:</p> <ul style="list-style-type: none"> • Bi-Weekly Update newsletters • Coordinator meeting program updates and content • MIHP alerts • MDHHS MIHP correspondence • Great Start Collaborative correspondence • Updating community resources
Section 2 – Facility, Technology & PHI		
2.1	PHI During Travel	<p>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.</p>
2.2	Email Encryption	<p>Protocol describes how staff communicate PHI electronically in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).</p>
2.3	Closed Records	<p>Protocol describes the security of records after a beneficiary is discharged, including:</p> <ul style="list-style-type: none"> • Length of time records are maintained (minimum, 7 years) • Where closed records are maintained • The method used to secure records under triple-lock • How hard copy and electronic records are securely destroyed
Section 3 – Quality Assurance		
3.1	Grievances	<p>Protocol describes</p> <ul style="list-style-type: none"> • The provider’s internal process for addressing beneficiary grievances. • The staff role responsible for investigating beneficiary’s concern. • The timeline of communication back to the beneficiary in reference to the concern presented.

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3.2	Chart / Billing Audits	<p>Protocol describes internal quality assurance activities. For Chart Audits, detail at least:</p> <ul style="list-style-type: none"> • Frequency of reviews (quarterly, at minimum) • Staff role responsible for reviews • Number of charts to be reviewed • Tool used to document chart audits and where tool is located once complete • Review tool signed and dated by the staff member who completed the review <p>For Billing Audits, detail at least:</p> <ul style="list-style-type: none"> • Frequency of reviews (quarterly, at minimum) • Staff role responsible for reviews • Number of charts to be reviewed • Tool used to document billing audits and where tool is located once complete • Review tool signed and dated by the staff member who completed the review
Section 4 – Contracts & Community Engagement		
4.1	Services from Supplementary Disciplines	<p>Protocol identifies provider and describes process for referring for services when provider does not have the following disciplines on staff that meets MIHP requirements:</p> <ul style="list-style-type: none"> • Registered Dietician • Infant Mental Health Specialist • International Board-Certified Lactation Consultant (IBCLC®)
4.2	Early On Services and ASQ Protocol	<p>Protocol describes ASQ protocol and <i>Early On</i> referral procedure including.</p> <ul style="list-style-type: none"> • Screening timelines • How and when referrals are initiated • How referral follow up occurs • Timeline for administering the ASQ-3 and ASQ:SE-2 when family declines referral or infant does not qualify for services

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<p>4.3</p>	<p>Child Protective Services Referrals</p>	<p>Protocol complies with the reporting requirements mandated by the Michigan Child Protection Law (Act No. 238, Public Acts of 1975).</p> <p>Protocol details coordination with CPS and specifies how the provider will:</p> <ul style="list-style-type: none"> • Make referrals to CPS • Initiate follow-up contact with CPS • Attempt to participate in multidisciplinary team meetings involving infant beneficiaries
<p>4.4</p>	<p>Back-Up Staffing</p>	<p>Protocol describes back-up staffing arrangements for required disciplines including:</p> <ul style="list-style-type: none"> • Name of agency or contractor who will provide back-up staffing • Documentation that back-up staff agency or contractor agrees to arrangements • Documentation that supervisors approve of back-up staffing arrangements for agencies who utilize back-up staff from an internal department within the agency
<p>4.5</p>	<p>Interpretation Services</p>	<p>Protocol describes how provider assures that Limited English Proficient persons, deaf and hard of hearing persons, and blind and visually impaired persons are accommodated to participate in the program. This must include at least one of the following:</p> <ul style="list-style-type: none"> • Provider staff with the skills to meet beneficiary needs • Verbal or written agreement with an identified community organization to provide interpreter services or otherwise assist the provider • Assistive technology devices for interpretation • Verbal or written agreement with another MIHP provider for the purpose of transferring beneficiaries • <i>Note:</i> Use of family or friends over the age of 18 may be used when requested by the beneficiary – this cannot be a provider’s sole interpretation services plan <p>Protocol references the federal Limited English Proficiency (LEP) mandate (Executive Order 13166, August 11, 2000)</p>

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Section 5 – Outreach & Enrollment		
5.1	Outreach	<p>Protocol describes an outreach plan that includes the following:</p> <ul style="list-style-type: none"> • Population served in the agency service area • Frequency of outreach activities • Groups/agencies selected for outreach, including medical providers • The location and type of outreach documentation (e.g., log, outreach form, calendar, file, etc.)
5.2	Referrals and Schedule Accommodation	<p>Protocol describes</p> <ul style="list-style-type: none"> • Agency process when beneficiary referral is received • How referrals are handled when agency is at capacity or unable to adequately serve beneficiary • How provider assures beneficiary is not enrolled with another MIHP provider • How provider schedules home visits to accommodate the beneficiary’s schedule, or process when agency cannot accommodate beneficiary schedule
5.3	Beneficiary Transfers	<p>Protocol describes the following for transferring beneficiaries to and from another MIHP provider:</p> <ul style="list-style-type: none"> • Method and position responsible for sending a signed <i>Consent to Transfer MIHP Record to a Different Provider</i> form • Method and position responsible for sending records that include use of MIHP fax cover sheet, if applicable
5.4	Immunization, Lead Screening, Hearing Screening, and accessing Michigan Care Improvement Registry (MCIR)	<p>Protocol describes the process for assessing, discussing, and documenting the following:</p> <ul style="list-style-type: none"> • Immunization status including: <ul style="list-style-type: none"> ○ When MCIR is accessed and printed • Hearing screen status/results for infant beneficiaries including: <ul style="list-style-type: none"> ○ When MCIR is accessed, and results reviewed with caregiver ○ Follow up when needed

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		<ul style="list-style-type: none">• Lead<ul style="list-style-type: none">○ When prevention and screening discussion occurs○ Timeline for discussion for lead screening○ If infant continues to receive services beyond 12 months of age, access MCIR and assess lead screening and results○ Review results with caregiver and follow up when needed
Section 6 – Professional Visits & Communication		
6.1	Telehealth and Home Visits	Protocol describes the following for telehealth visits <ul style="list-style-type: none">• Technology used for telehealth visits• Procedure for verbal consents including securing a signature at the first in person visit• How telehealth vs home visit is decided