

# MIHP Program Updates-MIHP Quality Assessment and Cycle 9 Certification

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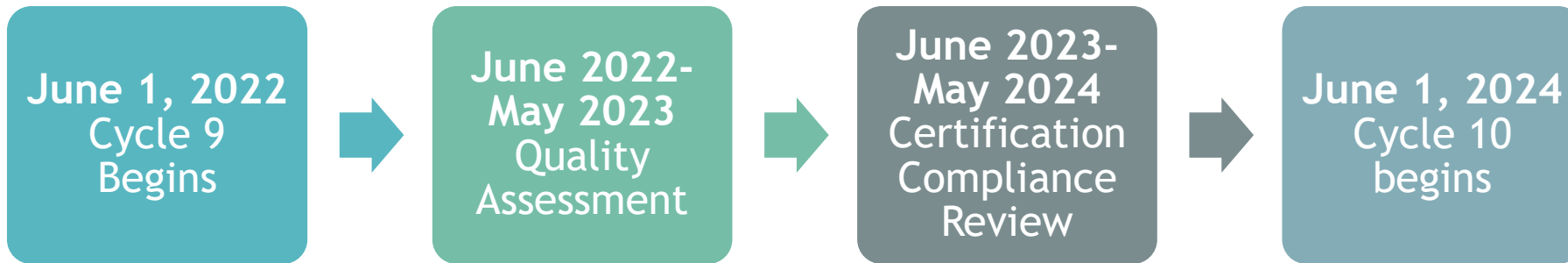
May 17, 2022

# Dates to Remember

|                             |   |
|-----------------------------|---|
| Cycle 9                     | Timeline  |
| June 1, 2022                | Protocols, MIHP Operation Guide, Companion Guides and Forms |
| June 1, 2022                | MIHP Quality Assessments Begin                              |
| June 1, 2023 - May 31, 2024 | Cycle 9 Certification Reviews                               |
| June 1, 2024                | Cycle 10  |

# Cycle 9 Timeline

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| Date                        | Activity                                    | Comment  |
|-----------------------------|---|--|
| May 17, 2022                | Coordinator Training                        | Coordinator Training - Present Cycle 9 Quality Assessment Process and Cycle 9 Certification Compliance Specifications  |
| June 1, 2022                | Cycle 9 Updated, Revised, and New Protocols | Total of sixteen Cycle 9 protocols required for the Maternal Infant Health Program. Of the 16, two are new protocols and eight protocols from Cycle 8 requires updates or revisions based on Cycle 9 guidance  |
| June 1, 2022 - May 31, 2024 | Cycle 9 effective                           | Cycle 9 Implementation: <ul style="list-style-type: none"> <li>• Protocols</li> <li>• Forms</li> <li>• Operation Guide</li> <li>• Certification Specifications</li> <li>• Quality Assessments will begin to be scheduled</li> </ul>                                |
| June 2022 - May 2023        | Quality Assessment                          | Five to seven agencies per month   |
| June 2022 - May 2023        | Cycle 8 Certification Reviews               | <ul style="list-style-type: none"> <li>• New agencies - those who began services since December 2020 and Agencies with extended Reviews</li> <li>• Reviewed using Criteria for Cycle 8</li> <li>• Responsible for Cycle 9 Requirements effective 6.1.22</li> </ul> |
| June 1, 2023 - May 31, 2024 | Cycle 9 Certification Reviews               | Five to seven agencies per month<br><br>Reviewed using Cycle 9 Certification specifications<br><br>Responsible for Cycle 9 Requirements effective 6.1.22   |
| June 1, 2024 - May 31, 2026 | Cycle 10                                    | Cycle 10 Implementation: <ul style="list-style-type: none"> <li>• Forms</li> <li>• Operation Guide</li> <li>• Protocols</li> <li>• Certification Specifications TBD</li> <li>• Quality Assessments TBD - 2025 - 2026</li> </ul>                                    |

OLD WAY

NEW WAY

# Cycle 9 Protocols

# New and Updated Protocols

Protocols no longer reviewed during the certification process

- ▶ Updated and new protocols required for every new MIHP cycle
- ▶ Must be approved before implementation
- ▶ Cycle 9 protocols must be approved or in final process June 1, 2022
- ▶ Specifications located on MIHP Website
- ▶ If protocols are updated anytime during Cycle 9, send the updated protocol and protocol signature document to the MDHHS-MIHP-CERT-REVIEW [MDHHS-MIHP-CERT-REVIEW@michigan.gov](mailto:MDHHS-MIHP-CERT-REVIEW@michigan.gov) for approval



# MIHP Operation Guide, Companion Guides, and Forms



## Operations - Final Cycle 9 Documents

- MIHP Operations Guide: Cycle 9 Updated 3.24.2022
  - MIHP Operations Guide: Cycle 9 Table of Changes
- 
- MIHP Companion Guide: Overview
  - MIHP Companion Guide: Becoming a New MIHP Provider
  - MIHP Companion Guide: Utilization of MCIR in MIHP New for Cycle 9! Updated 5.2.2022
  - MIHP Companion Guide: Medicaid Health Plans
  - MIHP Companion Guide: Blended Visits - Multiple Births
  - MIHP Companion Guide: Protected Health Security Requirement
  - MIHP Companion Guide: Waiver Process New!
  - MIHP Field Confidentiality Guidelines

## Cycle 9 forms

**As of March 3, 2022, final form revisions are complete**

- Forms changes for Cycle 9

## Consent Forms

- 5652 Maternal Consent to Participate
- 5652 Maternal Consent to Participate - Arabic Version
- 5652 Maternal Consent to Participate - Spanish Version
- 5645 Maternal Consent to Release Protected Health Information
- 5645 Maternal Consent to Release Protected Health Information - Arabic Version
- 5645 Maternal Consent to Release Protected Health Information - Spanish Version
- 5646 Consent to Transfer



### Forms

Maternal Forms

Infant Forms

### Intervention Resources

Maternal Intervention Resources

Infant Intervention Resources

# Compliance versus Quality

# Compliance . . . Quality

## What's the difference?

- ▶ Compliance Lives on Paper



- ▶ Quality lives in processes resulting in people centered and individualized care!

# MIHP Certification

## MIHP Quality Assessment

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### Certification Compliance Review

- Compliance with Medicaid policies and MDHHS standards
- Medicaid defines timelines
- Corrective Action Plans
- Decertification
- Requirements for billable visits done through the Office of Inspector General and Medicaid Health Plans

### 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

# Quality Assessment

June 2022 through May 2023

# Michigan Home Visiting

## Michigan's Home Visiting Initiative

- ▶ Part of Michigan's Early Childhood System
- ▶ Committed to offering all children a Great Start.

Michigan Home Visiting Initiative has evidenced-based programs

- ▶ Federal funding
- ▶ State funding

The Maternal Infant Health Program is a part of the Michigan Home Visiting Initiative models.

[www.michigan.gov/homevisiting](http://www.michigan.gov/homevisiting)

# Quality Assessment

Michigan has many home visiting program models.

These models include:

- ▶ Early Head Start Home Based (EHS)
- ▶ Family Spirit (FS)
- ▶ Healthy Families America (HFA)
- ▶ Infant Mental Health (IMH)
- ▶ Maternal Infant Health Program (MIHP)
- ▶ Nurse-Family Partnership
- ▶ Parents as Teachers (PAT)
- ▶ Play and Learning Strategies-Infant (PALS) \* Program in Kent County



# Quality Assessment

These models are all different.

The state's role in quality:

- ▶ Ensure that, across models, quality programming is implemented throughout the home visiting system
- ▶ Define expectations for assuring a quality program based on current research

[www.michigan.gov/homevisiting](http://www.michigan.gov/homevisiting)

# How does the Quality Assessment help Michigan Families?



MDHHS Home Visiting Initiative and the MDHHS MIHP staff predicts the following benefits for Michigan families.

*The State Home Visiting System will demonstrate quality implementation, which will:*

- ▶ *Improve outcomes for families*
- ▶ *Assure healthy pregnancies*
- ▶ *Assure parents are supported to help their children grow and develop in a safe and stimulating environment.*

## How does the Quality Assessment help my Agency?

MDHHS MIHP staff predicts the following benefits for MIHP agencies.

Agencies will:

- ▶ Have clear guidance regarding quality implementation in home visiting
- ▶ Receive routine feedback that will guide quality improvement efforts (as desired)
- ▶ Improve the quality of program implementation, which will improve outcomes for families



# The MIHP Quality Assessment Tool

# Quality Assessment for Michigan Home Visiting Models

- ▶ A comprehensive quality assurance tool designed to assess quality and fidelity across home visiting models and support quality improvement.
- ▶ Michigan's Home Visiting Quality Assurance System (MHVQAS) tool Validated Tool
- ▶ Michigan began by requiring home visiting programs funded with Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds (including Healthy Families America, Early Head Start, Parents as Teachers, and Nurse Family Partnership).
- ▶ Now includes all home visiting programs who receive Federal and state home visiting funding be reviewed with the MHVQAS at least once every 3 years.

<https://link.springer.com/content/pdf/10.1007/s10995-018-2538-6.pdf>

Heany, J., Torres, J., Zagar, C. *et al.* Monitoring Quality Across Home Visiting Models: A Field Test of Michigan's Home Visiting Quality Assurance System. *Matern Child Health J* 22, 13–21 (2018). <https://doi.org/10.1007/s10995-018-2538-6>

# The MDHHS MIHP team using adapted MHVQAS

What do we mean by an "adapted version"?

- ▶ Michigan defined their expectations for assuring a quality home visiting program based on current research. However, it does not capture individual program model standards or requirements.
- ▶ The MHVQAS was adapted to remove criteria that do not apply to the MIHP and add criteria specific to MIHP.
- ▶ The Quality Assessment will yield information and data to better determine quality programming across the model as well as in relation to other models in the state.

# Quality Domains

The Quality Assessment Tool is organized by the following eight domains of implementation quality and an Administrative Page

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Recruitment & Enrollment

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Home Visitor & Supervisor Caseloads

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Assessment of Family Needs and Referral to Services

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Dosage & Duration

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Home Visit Content

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Staff Qualifications & Supervision

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Professional Development

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Organizational Structure & Support

# MIHP Quality Assessment Process



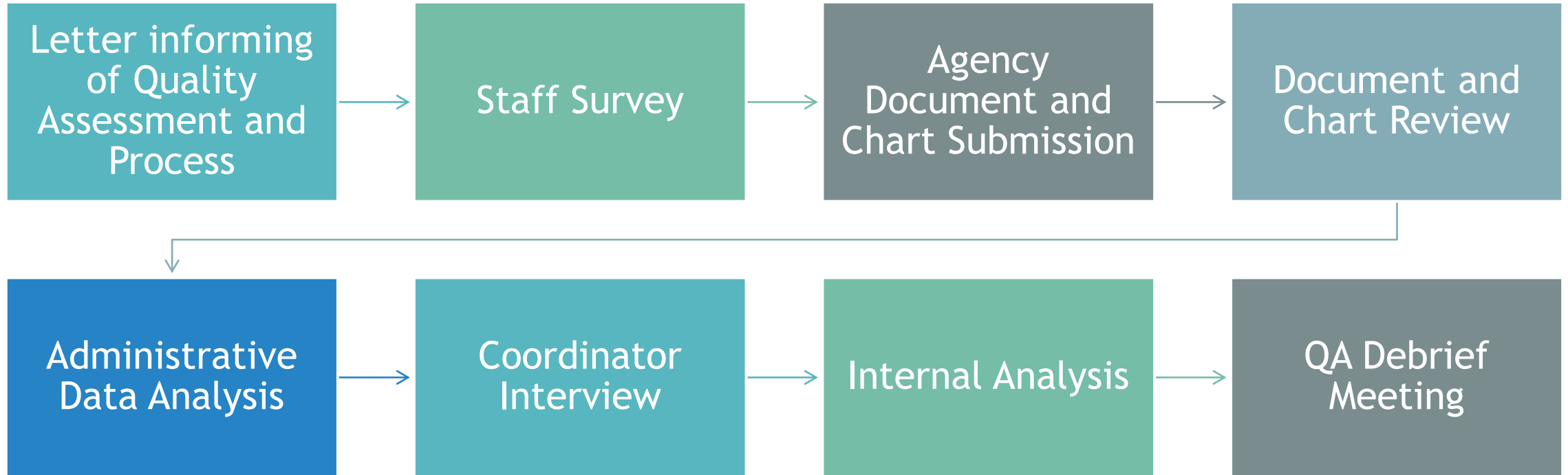
# Additional Information

## Quality Assessment

All providers will receive a baseline quality assessment between June 1, 2022, and May 31, 2023

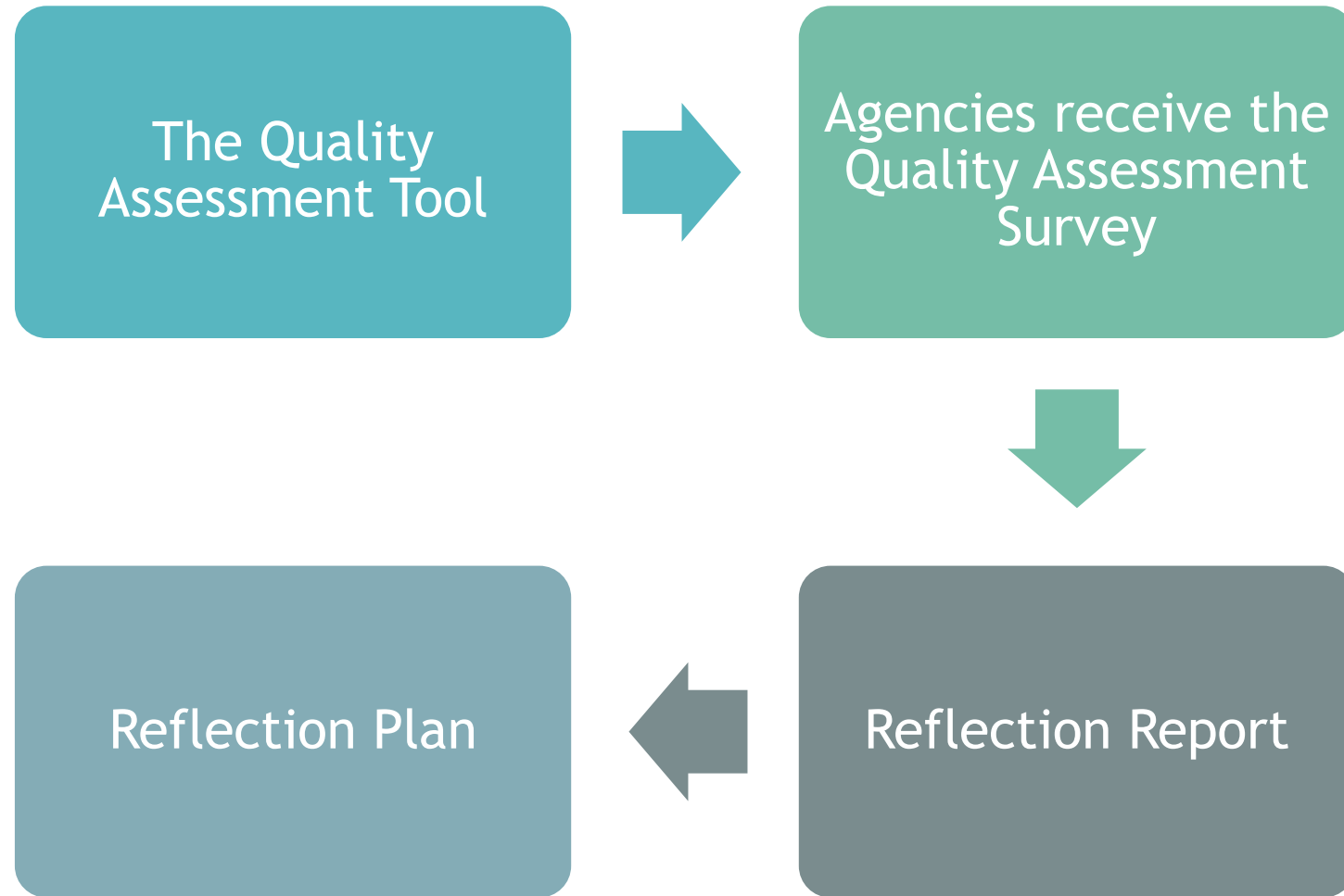
## Certification Compliance Review

Will resume in June 2023 and occur for all agencies between June 1, 2023, and May 31, 2024



# Quality Assessment Process

# Process



# Quality Assessment Survey rating scale

MDHHS MIHP will interpret each measure utilizing process, procedures, and an adapted rating scale from the MHVQAS. There are three rating categories that will be used for reporting:

## **Current Practice**

Agency information aligns with the measures set forth by the MHVQAS document as listed in the tool.

## **Inconsistencies**

Agency information meets at least one criterion, but not all measures were present or clear and concise as set forth in the MHVQAS document as listed in the tool.

## **Not Currently Aligned**

Agency information does not show evidence or is missing clear, concise alignment with the measure set forth by the MHVQAS document as listed in the tool.

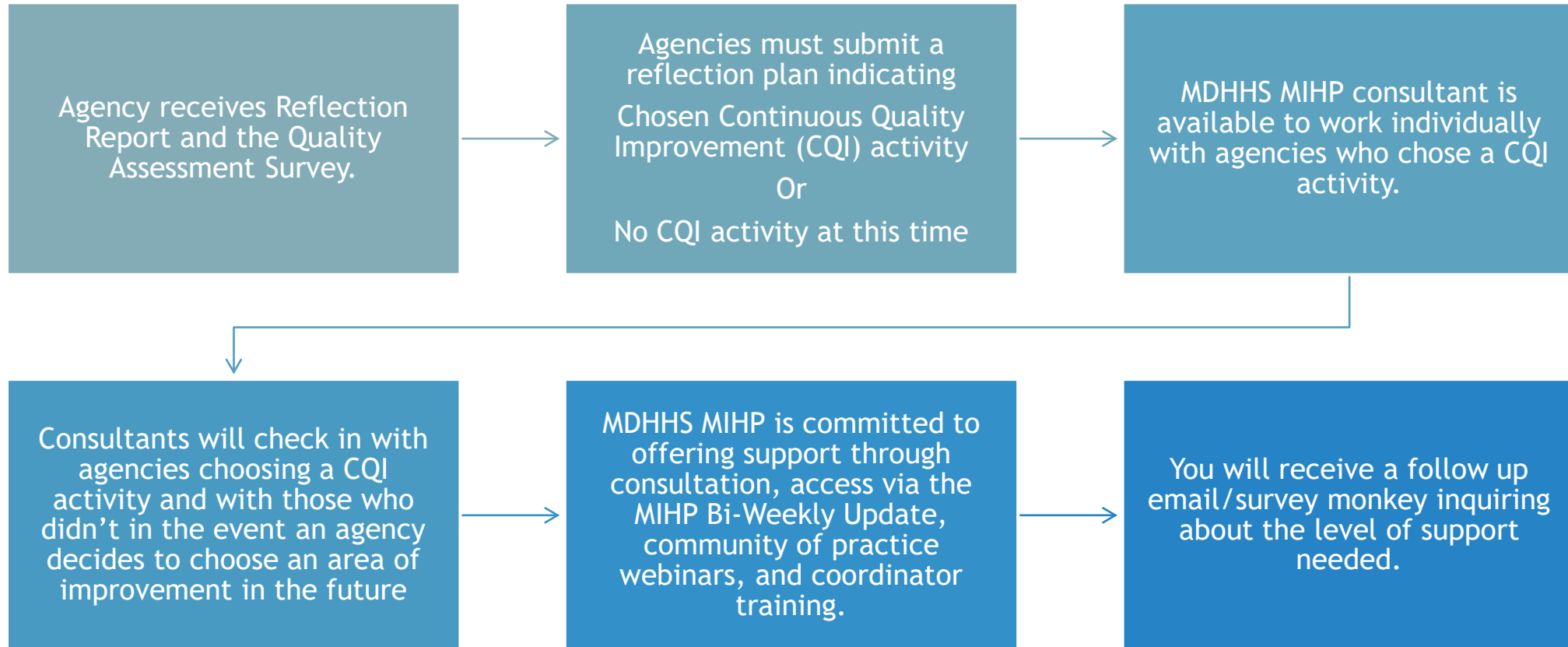
# Quality Assessment Outcomes

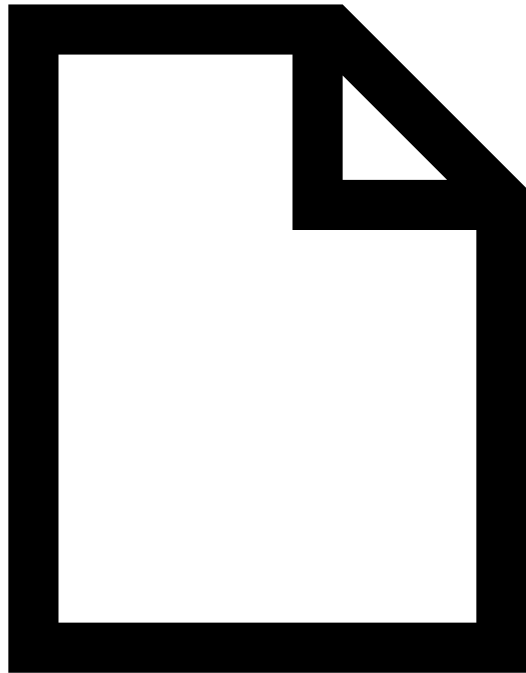
“**Inconsistencies**” and “**Not Currently Aligned**” measures present opportunities for improvement.

A MDHHS MIHP Consultant will provide information for criterion that receive these ratings (See accompanying Quality Assessment Survey).

The MDHHS MIHP Consultant will also highlight agency strengths as well as present any upcoming opportunities provided by MDHHS MIHP that could assist in supporting areas of improvement.

# Continuous Quality Improvement





# IMPORTANT!

Most agencies will not have everything we are asking for and that is okay!

It isn't expected that agencies will have everything requested and there will be no negative implications.

# What's Next?



Reviews will occur first full year of Cycle 9 with plans to repeat Quality Assessment every 3 - 4 Years.



Scheduling letters will be sent June 1, 2022 for agencies who will have their assessments in June



It is very important for agencies to read all emails from the MDHHS MIHP Staff. The Quality Assessment Documents must be submitted timely.



6 - 8 Quality Assessments per month



2 virtual meetings with Consultants - 1 hour each



Agency tasks: submit home visiting staff emails; collect and submit requested documentation;



Consultant interview with the coordinator  
QA debrief session at the end of the process



After debrief session, agencies offered consultation twice a year



# Quality Assessment Pilot Participant Panel

- ▶ Karen Sall, KENT COUNTY HEALTH DEPARTMENT
- ▶ Leann Espinoza, LUCE, MACKINAC, ALGER, AND SCHOOLCRAFT DISTRICT HEALTH DEPARTMENT-LUCE COUNTY
- ▶ Connie Braxton, SILVERSPoon HOME SERVICES

# Cycle 9 Certification

# Compliance Review Exceptions

Agencies who will have Certification Compliance Reviews between June 1, 2022, and May 31, 2023, will be reviewed using Cycle 8 criteria.

These agencies include:

- Agencies who received extended full certification status in Cycle 7 and who are due for recertification after June 1, 2022
- New Agencies with conditional certification status (agencies who began in December 2019 and 2020)
- New Agencies with provisional certification status (agencies who began after December 1, 2021)

Note: The Quality Assessment for these agencies will be scheduled in spring of 2023.

# MIHP Certification Forms

MIHP > For Providers > Current MIHP Providers > New Staff and Certification > MIHP Certification Forms

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## Cycle 9 Certification Forms

- [Cycle 9 Certification Specifications](#) Re-posted 3.29.22
  - [Cycle 9 Protocols](#) Re-posted 3.29.22
  - [Chart Review Tool](#) Re-posted 4.4.22
  - [Billing Chart Review Tool](#) Re-posted 4.13.22
  - [Optional Case Manager Chart Review Tool](#) Posted 5.4.22
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# Cycle 9 Certification Compliance Review

- ▶ Cycled 9 Certification Compliance Reviews begin June 1, 2023.
- ▶ Requirements begin with beneficiaries enrolled on or after June 1, 2022
- ▶ Changes in the Certification Specifications highlighted in *MHP Certification Specifications: Cycle 9* document
- ▶ Certification status thresholds are as follows:
  - Full Certification: 85%
  - Conditional Certification: 70%

# Cycle 9 Specifications Section 0 - 2

| Section 0 – General Certification Requirements |   |  |   |
|--|---|--|---|
| 0.1  | Protocol and Document Submission          | Protocols and Pre-review Documents (including beneficiary charts records) are submitted as required.<br>NOTE REGARDING CLOSED CHARTS: only documents submitted as requested will be reviewed.  | 2 |
| 0.2  | Corrective Action Plan (CAP) (Submission) | The following is accurate, when applicable: <ul style="list-style-type: none"> <li>• Corrective Action Plan from previous review was submitted within the required timeframe</li> <li>• Corrective Action Plan was approved within three submissions</li> </ul>  | 3 |
| Section 1 – Personnel & Training               |   |  |   |
| 1.1^   | Personnel Rosters                         | Personnel rosters are submitted as required.   | 2 |
| 1.2^   | Licensure and Experience                  | Staff files indicate all Home Visitors conducting visits meet licensing and experience or waiver requirements.   | 4 |
| 1.3^   | Staff Training                            | Review of staff files indicates all training and additional waiver staff requirements are met.   | 4 |
| 1.4  | Ongoing Trainings                         | MDHHS attendance certificates indicate coordinator or designee attended all required trainings since the previous review.  | 3 |
| Section 2 – Facility, Technology & PHI         |   |  |   |
| 2.1  | ID Badges                                 | Staff ID badges meet requirements.   | 1 |
| 2.2  | Provider Communication                    | The following is accurate: <ul style="list-style-type: none"> <li>• The provider’s business phone is <u>up-to-date</u> and the message includes after-hours emergency information, including directions to call 9-1-1 or go to the nearest emergency room.</li> <li>• The provider communicates service delivery changes to MDHHS.</li> <li>• The provider is responsive to MDHHS inquiries and emails within the required timeframe.</li> </ul> | 2 |
| 2.3  | Facility                                  | Facility meets requirements.   | 3 |

| Section 3 – Quality Assurance                |                   |   |   |
|--|-------------------|---|---|
| 3.1**  | Quality Assurance | Chart and billing audits at least quarterly and documented in accordance with provider protocol.  | 3 |
| 3.2  | CAP (Improvement) | <p>Critical indicators (those weighted 3, 4, or 5) have demonstrated improvement since previous review based on percentage documented on data sheet of certification tool.</p> <ul style="list-style-type: none"> <li>• 6 or more indicators – 4 or more</li> <li>• 4 – 5 indicators – 3 or more</li> <li>• 1 – 3 indicators – 1 or more</li> </ul> | 2 |
| Section 4 – Contracts & Community Engagement |                   |   |   |
| 4.1  | Contracts         | Contracts for billable MIHP services are current.   | 1 |
| 4.2  | Backup Staffing   | Provider has written verification that backup staffing provider or individual identified in protocol has agreed to the backup staffing plan.  | 1 |
| 4.3  | Resources         | <p>Provider:</p> <ul style="list-style-type: none"> <li>• Is actively linked to the Great Start Collaborative in each of the counties in their service area</li> <li>• Demonstrates knowledge of community resources in each of the counties in their service area</li> </ul>   | 2 |

# Cycle 9 Specifications Section 3

| Section 5 – Outreach & Enrollment |                        |  |   |
|-----------------------------------|------------------------|--|---|
| 5.1                               | Outreach               | <ul style="list-style-type: none"> <li>Outreach is conducted and documented in accordance with provider protocol and illustrates outreach is conducted in each county served by the provider.</li> <li>Documentation must be maintained in one location.</li> </ul>  | 2 |
| 5.2**                             | Referrals to MIHP      | Referred beneficiary was contacted within the required timeframe.  | 3 |
| 5.3^                              | Consent to Participate | <ul style="list-style-type: none"> <li>Appropriate consent is dated on or before the Risk Identifier date and there are no alterations to the document.</li> <li>Consent is signed by beneficiary/caregiver.</li> </ul>  | 3 |
| 5.4^                              | Consent to Release PHI | <ul style="list-style-type: none"> <li>There is no evidence that the provider has violated the beneficiary's consent and there are no alterations to the document.</li> <li>Consent is signed by beneficiary/caregiver.</li> </ul>   | 4 |
| 5.5^                              | Risk Identifier        | Risk Identifier: <ul style="list-style-type: none"> <li>Is conducted by a licensed social worker or registered nurse</li> <li>Is completed prior to additional MIHP services, unless an emergency is documented</li> <li>Approval of exception is included for Risk Identifiers that scored with no risk</li> </ul>  | 4 |
| 5.6^                              | Welcome Packet         | Welcome Packet includes all required documents.  | 2 |
| 5.7**                             | Plan of Care, Part 2   | The following is accurate: <ul style="list-style-type: none"> <li>All POC2 domains identified on the Risk Identifier scoresheet or by professional judgement must be added to the beneficiary's chart</li> <li>Any intervention level change is documented appropriately</li> <li>Additional domains added based on professional judgement are documented appropriately</li> </ul> | 3 |
| 5.8**                             | Plan of Care           | The following is accurate:   | 3 |

# Cycle 9 Specifications Section 5



|  |  | auduu  |   |
|--|--|--|---|
| 5.9  | <b>Beneficiary Transfers</b>                                       | Receiving provider does not serve the beneficiary prior to receiving documents from the sending provider, unless an emergency is documented.   | 2 |
| 5.10**   | <b>Forms / Documents</b>   | The following is accurate: <ul style="list-style-type: none"> <li>• Provider uses current versions of the required standardized forms, <i>or</i></li> <li>• Physical or electronic records include the required data elements in the same order as current versions of the required standardized forms</li> <li>• Altered chart entries follow the required guidelines.</li> <li>• All required forms and documents are present, when applicable, and complete with respect to the required data elements indicated on the instructions.</li> </ul>  | 2 |
| 5.11**   | <b>Immunizations and Michigan Care Improvement Registry (MCIR)</b> | Michigan Care Improvement Registry (MCIR) immunization assessment, discussion and documentation required: <ul style="list-style-type: none"> <li>• At the first visit for all maternal beneficiaries.</li> <li>• At least twice during the infant’s care as follows: <ul style="list-style-type: none"> <li>○ As soon as possible following enrollment but no later than the third professional visit.</li> <li>○ At first professional visit after 5 months of age for infants (or if enrolled after five months, a second time prior to discharge)</li> <li>○ If infant remains enrolled beyond 16 months of age, an additional/third MCIR pulled prior to discharge</li> </ul> </li> <li>• MCIR documentation must be located in the MIHP beneficiary charts (or a screen shot of attempts). A MCIR pulled at or after discharge does not meet the MCIR documentation requirement.</li> <li>• If immunization status is not discussed at a given visit or the MCIR is not reviewed at the appropriate timeframe, PVPN or Contact Log must illustrate the reason why.</li> </ul> | 4 |
| <b>Section 6 – Communication &amp; Professional Visits</b> |  |  |   |

# Cycle 9 Specifications Section 5

|           |                                   |  |   |
|-----------|-----------------------------------|--|---|
| 6.7**/**  | <b>Safety Plan</b>                | Safety plan is discussed/developed with the beneficiary caregiver under the required circumstances, and the POC2 intervention number for that domain is documented, or there is documentation on the Contact Log as to why not.  | 4 |
| 6.8**/**  | <b>Action Plan</b>                | At least one Action Plan is developed during the course of care, the development or review of the Action Plan is documented on the PVPN checkbox, or there is documentation on the Contact Log as to why not.  | 4 |
| 6.9**     | <b>Referrals</b>                  | <ul style="list-style-type: none"> <li>• Home Visitor makes referrals throughout the beneficiary's course of care</li> <li>• Referrals documented on the PVPN</li> <li>• Home Visitor follows up on all referrals within three visits of the referral date</li> <li>• Documentation of follow up in the Outcome of Previous Referrals section, or there is documentation on the PVPN or Contact Log as to why not</li> </ul>                 | 5 |
| 6.10^^    | <b>Telehealth and Home Visits</b> | Provider follows telehealth protocol and requirements.   | 3 |
| 6.11**/** | <b>Stress / Depression</b>        | <ul style="list-style-type: none"> <li>• Home Visitor provides a referral for beneficiary whose POC 2 includes the Stress/Depression domain at moderate or high level</li> <li>• Intervention #11 or #12 documented in the domain section</li> <li>• When referral made, documentation present in the New Referral section of the PVPN</li> <li>• If not done, there is documentation on the Contact Log as to why not</li> </ul>            | 5 |
| 6.12**/** | <b>Registered Dietician</b>       | <ul style="list-style-type: none"> <li>• Home Visitor provides a referral or RD provides nutrition counseling for a beneficiary whose POC 2 includes high risk on Food/Nutrition domain</li> <li>• When referral provided, Intervention #13 is documented in the domain section and documentation present in the New Referral section of the PVPN</li> <li>• If not done, there is documentation on the Contact Log as to why not</li> </ul> | 5 |

## Cycle 9 Specifications Section 6

|               |                              |   |   |
|---------------|------------------------------|---|---|
|               |                              | <ul style="list-style-type: none"> <li>• Substance Exposed Infant interventions are initiated within the first three visits of addition to POC 2, regardless of risk level</li> <li>• Substance Exposed Infant interventions are implemented at every visit after the first 18 visits</li> </ul>  |   |
| <b>6.14**</b> | <b>Physician Orders</b>      | <p>The following is accurate, when required:</p> <ul style="list-style-type: none"> <li>• Provider must add the date the order is implemented and the rationale for the order to the Forms Checklist.</li> <li>• All necessary physician's orders are present and include all required elements.</li> </ul>   | 3 |
| <b>6.15^^</b> | <b>Monthly Contact</b>       | All beneficiaries receive contact at least monthly.   | 4 |
| <b>6.16**</b> | <b>Bright Futures /ASQ-3</b> | <ul style="list-style-type: none"> <li>• Screening repeated within two weeks utilizing the appropriate Bright Futures or ASQ-3 questionnaires if the Risk Identifier scores for Infant Development</li> <li>• ASQ-3 screenings and follow up are conducted in accordance with the Operations Guide including: <ul style="list-style-type: none"> <li>○ Home Visitor must complete the age-appropriate ASQ-3 questionnaire within the first three visits</li> <li>○ Home Visitor must complete ASQ-3 questionnaire with the caregiver every three to four months for infant whose score is in the white area</li> </ul> </li> <li>• Follow up occurs in accordance with the Operation Guide</li> </ul> | 5 |
| <b>6.17**</b> | <b>ASQ: SE-2</b>             | <ul style="list-style-type: none"> <li>• Age appropriate ASQ:SE-2 screenings conducted at the times documented in the Operations Guide.</li> </ul>  | 5 |

## Cycle 9 Specifications Section 6

# Consultation

- ▶ A survey will be sent to all agencies biannually offering opportunities for consultation and support.
- ▶ If you choose consultation, you will be contacted to schedule an appointment.

Thank you for your continued  
commitment to providing quality  
services to families!

Maria McGinnis will focus on **Hearing,  
Immunization, Lead and MCIR**