



Certification Specifications

**Maternal Infant Health Program
Division of Maternal and Infant Health
Bureau of Health and Wellness
Public Health Administration
Michigan Department of Health and Human Services**

**Certification Tool: Cycle 8
Effective Date: June 1, 2020**

MIHP Certification Specifications: Cycle 8

References

Medicaid Provider Manual: Maternal Infant Health Program Chapter
Maternal Infant Health Program Operations Guide (Corresponding Section Numbers)

Scoring Information

- Each indicator has an identified weight in the right-most column, ranging from 1 to 5.
- Each indicator weight will be multiplied based on the following:
 - Met: x2
 - Partially Met: x1
 - Not Met: x0
- EXAMPLE:
 - For an indicator with a weight of 4, a provider who meets all of the requirements will earn 8 points ($4 \times 2 = 8$).
 - For an indicator with a weight of 4, a provider who meets some of the requirements will earn 4 points ($4 \times 1 = 4$).
 - For an indicator with a weight of 4, a provider who does not meet any of the requirements will earn 0 points ($4 \times 0 = 0$).
- The entire Certification Tool is worth 254 points. Certification status thresholds are as follows:
 - Extended Full Certification: 97%
 - Full Certification: 90%
 - Conditional Certification: 70%
- NOTE: Some indicators may not be relevant to all providers. Additionally, not all indicators may be seen during a chart review. In those instances, the provider will receive an NA for that indicator and the total number of points possible will be reconfigured. The percent necessary to pass will remain.

**The indicators in this document are in an abbreviated format.
For information regarding specific requirements, please see the corresponding section in the Operations Guide.**

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| Section 0 – General Certification Requirements | | | |
|---|--|---|----|
| 0.1 | Onsite Record Review | Requested records are made available to staff by 10:00 A.M. on the first day of the on-site review. | 1 |
| 0.2 | Corrective Action Plan (CAP) (Submission) | The following is accurate, when applicable: <ul style="list-style-type: none"> • Corrective Action Plan from previous review was submitted within the required timeframe • Corrective Action Plan was approved within three submissions | 1 |
| Section 1 – Personnel & Training | | | |
| 1.1^ | Roster Review | All personnel with MILogin access are identified on the current personnel roster. | 2 |
| 1.2^ | Licensure and Experience | Staff files indicate all Home Visitors conducting visits meet licensing and experience or waiver requirements. | 4 |
| 1.3^ | New Hire 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. | 2 |
| Section 2 – Facility, Technology & PHI | | | |
| 2.1 | ID Badges | Staff ID badges meet requirements. | 1 |
| 2.2 | Provider Phones | The provider’s business phone message includes after-hours emergency information, including directions to call 9-1-1 or go to the nearest emergency room. | 1 |
| 2.3 | Facility | Facility meets requirements. | 1 |
| 2.4 | PHI | All PHI is stored using a triple-locking system, unless actively in use. | 3 |
| Section 3 – Quality Assurance | | | |
| 3.1^ | Quality Assurance | Chart and billing audits at least quarterly and documented in accordance with provider protocol. | 2 |
| 3.2 | CAP (Improvement) | 75% of critical indicators (those weighted 3, 4, or 5) have demonstrated improvement since previous review. <i>(Beginning in Cycle 9)</i> | NA |
| 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 | Provider: <ul style="list-style-type: none"> • Is actively linked to the Great Start Collaborative in each of the counties in their service area | 3 |

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|--|-------------------------------|--|---|
| | | <ul style="list-style-type: none"> Demonstrates knowledge of community resources in each of the counties in their service area | |
| Section 5 – Outreach & Enrollment | | | |
| 5.1 | Outreach | There is documentation that illustrates outreach is conducted. | 2 |
| 5.2** | Referrals to MIHP | Referred beneficiary was contacted within the required timeframe. | 3 |
| 5.3^ | Consent to Participate | Consent is dated on or before the Risk Identifier date. | 3 |
| 5.4^ | Consent to Release PHI | There is no evidence that the provider has violated the beneficiary’s consent. | 4 |
| 5.5^ | Risk Identifier | Risk Identifier: <ul style="list-style-type: none"> Is conducted by a licensed social worker or registered nurse Is completed prior to additional MIHP services, unless an emergency is documented Approval of exception is included for Risk Identifiers that scored with no risk | 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"> Any intervention level change is documented appropriately Additional domains added based on professional judgement are documented appropriately | 2 |
| 5.8** | Plan of Care, Part 3 | The following is accurate: <ul style="list-style-type: none"> Both disciplines sign the form within 10 days of each other Form is dated prior to any visits, unless an emergency is documented Updated signatures are obtained within 10 days of each other when any additional POC 2 are added | 2 |
| 5.9^ | Beneficiary Transfers | Receiving provider does not serve the beneficiary prior to receiving documents from the sending provider, unless an emergency is documented. | 2 |

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| 5.10** | Forms / Documents | <p>The following is accurate:</p> <ul style="list-style-type: none"> • Provider uses current versions of the required standardized forms, <i>or</i> • Physical or electronic records include the required data elements in the same order as current versions of the required standardized forms • Altered chart entries follow the required guidelines. • All required forms and documents are present, when applicable, and complete with respect to the required data elements indicated on the instructions. | 2 |
| Section 6 – Communication & Professional Visits | | | |
| 6.1*/** | Communication with Medical Care Provider | Medical care provider was sent the required documentation in the required timeframes. | 3 |
| 6.2*/^^ | Visits from Required Disciplines | The beneficiary received at least one visit from both the nurse and the social worker during the course of service, or there is documentation on the Contact Log as to why not. | 4 |
| 6.3*/^^ | Maternal Home Visits | The required prenatal and postpartum home visits were conducted, unless documentation on the Contact Log shows the beneficiary declined. | 4 |
| 6.4** | Professional Visit Progress Note | <p>The following is accurate:</p> <ul style="list-style-type: none"> • At least one of the following is addressed at every visit: <ul style="list-style-type: none"> ○ Plan of Care risk domain interventions ○ Issues identified by the beneficiary ○ Issues identified through professional judgement of the provider • Beneficiary/caregiver’s response to the intervention(s) is documented, when applicable • Beneficiary/caregiver’s feedback regarding the visit is documented • Documentation illustrates visits last a minimum of 30 minutes • Reason for community visit is documented, when applicable | 5 |
| 6.5*/^^ | POC 2 Domains | All domains are addressed prior to discharge, or there is documentation on the Contact Log as to why not. | 3 |
| 6.6** | High Risk Domains | High risk domains are addressed within the first three visits, or there is documentation on the PVPN or Contact Log as to why not. | 5 |

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| 6.7*/** | Safety Plan | Safety plan intervention is present under the required circumstances, or there is documentation on the Contact Log as to why not. | 4 |
| 6.8*/** | Action Plan | At least one Action Plan is developed during the course of care, or there is documentation on the Contact Log as to why not. | 3 |
| 6.9** | Referrals | Home Visitor follows up on all referrals within three visits of the referral date, as documented in the Outcome of Previous Referrals section, or there is documentation on the PVPN or Contact Log as to why not. | 5 |
| 6.10*/^ | Maternal-Only Provider Referrals | Provider refers infants to another MIHP provider for infant services. | 5 |
| 6.11*/** | Stress / Depression | Home Visitor provides a referral for beneficiary whose POC 2 includes the Stress/Depression domain, or there is documentation on the Contact Log as to why not. | 5 |
| 6.12*/** | Registered Dietician | Home Visitor provides a referral or RD provides nutrition counseling for a beneficiary whose POC 2 includes high risk on Food/Nutrition domain, or there is documentation on the Contact Log as to why not. | 5 |
| 6.13** | Substance-Exposed Infant | The following is accurate for beneficiary whose POC 2 includes Substance Exposed Infant: <ul style="list-style-type: none"> • Plan of Care domain is added to the POC 2 as soon as the risk was identified • Substance Exposed Infant interventions are implemented at every visit after 18 | 4 |
| 6.14** | Physician Orders | All necessary physician's orders are present and include all required elements. | 3 |
| 6.15*/** | Multiple Births | Separate Infant Risk Identifiers, Plans of Care, ASQs, and Discharge Summaries are completed. | 5 |
| 6.16** | Bright Futures / ASQ-3 | Bright Futures and ASQ-3 screenings and follow up are conducted in accordance with the Operations Guide. | 5 |
| 6.17** | ASQ: SE-2 | ASQ:SE-2 screenings and follow up are conducted in accordance with the Operations Guide. | 5 |
| 6.18*/** | Discharge Summary | Discharge summary is completed within the required timeframe. | 1 |

* Denotes the indicator is for closed charts only.

** Denotes the indicator is scored based on the following: 90%-100%=Met; 70-89%=Partially Met; 0%-69%=Not Met

^ Denotes the indicator is scored based on the following: 100%=Met; 0%-99%=Not Met

^^ Denotes the indicator is scored based on the following: 90%-100%=Met; 0%-89%=Not Met

NOTE: Indicators without (**) (^) (^^) are scored based on the following: 100%=Met; 1%-99%=Partially Met; 0%=Not Met

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