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SECTION 1: FORMS CHECKLIST

Beneficiary name listed:	□ Yes □ No
Name of updated Prenatal/Infant Care Provider:	□ Yes □ No □ N/A
Date of updated Prenatal/Infant Care Provider:	□ Yes □ No □ N/A
Date referral to MIHP received:	
Date of beneficiary first contact:	
Contacted within the appropriate days:	□ Yes □ No

SECTION 2: CONTACT LOG

Contact Log present in chart:	□ Yes □ No
MIHP agency name listed:	□ Yes □ No
Beneficiary name listed:	□ Yes □ No

SECTION 3: CONSENT TO PARTICIPATE

Name of Prenatal/Infant Care Provider listed:	□ Yes □ No □ N/A
Consent to Participate in MIHP Assessment Interview checked:	□ Yes □ No
Consent to Participate in MIHP checked:	□ Yes □ No
Beneficiary/Legal Rep Signature Section complete and accurate:	□ Yes □ No
Signature of MIHP SW or RN Section complete and accurate:	□ Yes □ No
Date of Beneficiary/Legal Rep Signature:	
Dated on or before Risk Identifier:	□ Yes □ No
If telehealth, was verbal consent box checked:	□ Yes □ No
If telehealth, was date added:	□ Yes □ No

SECTION 4: CONSENT TO RELEASE PHI *(if applicable)*

Consent to Release PHI checked:	□ Yes □ No □ N/A
MIHP shared information with unauthorized entity/person:	□ Yes □ No □ N/A
Beneficiary/Legal Rep Signature Section Complete:	□ Yes □ No □ N/A
Signature of MIHP SW or RN Section complete and accurate:	□ Yes □ No □ N/A

SECTION 5: RISK IDENTIFIER

Risk Identifier screening date:	
Profession that conducted Risk Identifier:	□ RN □ SW □ Neither
Completed prior to professional visit:	□ Yes □ No
If not completed, was emergency documented on PVPN or Contact Log:	□ Yes □ No □ N/A

Updated: 09/16/2025

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Risk Levels marked on Scoresheet:	□ Yes □ No
If no risk identified, is an Exception Approval in chart:	□ Yes □ No □ N/A
If completed via telehealth, is appropriate language documented in Comment Section of Risk Identifier:	□ Yes □ No □ N/A

SECTION 6: PLAN OF CARE PART 1 (POC 1) - *Maternal*

Beneficiary Name listed:	□ Yes □ No
Activity #5 (one box checked):	□ Yes □ No
Activity #11 (one box checked):	□ Yes □ No
Activity #14 Entry:	□ Yes □ No
Discussed Lead Fact Sheet during assessment:	□ Yes □ No
Signature of MIHP SW or RN Section complete and accurate:	□ Yes □ No □ N/A

SECTION 6: PLAN OF CARE PART 1 (POC 1) - *Infant*

Beneficiary Name listed:	□ Yes □ No
Activity #5 (one box checked):	□ Yes □ No
Activity #12 (one box checked):	□ Yes □ No
Activity #15 Entry:	□ Yes □ No
Discussed Lead Fact Sheet during assessment:	□ Yes □ No
Signature of MIHP SW or RN Section complete and accurate:	□ Yes □ No □ N/A

SECTION 7: WELCOME PACKET

Welcome Packet Includes the following:	
Education Tool	□ Yes □ No
Contact Information	□ Yes □ No
Lead Fact Sheet	□ Yes □ No
Your Right and Responsibilities as an MIHP Participant	□ Yes □ No
How to File a Grievance	□ Yes □ No

SECTION 8: REFERRALS

Referral follow-up occurred within 3 professional visits:	□ Yes □ No
High-Risk Domain referrals addressed during course of care:	□ Yes □ No

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SECTION 9: PLAN OF CARE PART 2 (POC 2)

POC 2 Domains from RI Score Sheet present:	□ Yes □ No
Unknown Risk Levels from RI Scoresheet are marked highest available level on POC 2:	□ Yes □ No □ N/A
If risk level changed, new intervention level checked:	□ Yes □ No □ N/A
If risk level changed, date of change documented:	□ Yes □ No □ N/A
All Domains addressed prior to discharge:	□ Yes □ No
If all Domains not addressed, reason documented on Contact Log:	□ Yes □ No □ N/A
If Maternal RI scored for Substance Misuse was Substance Exposed, Infant Domain added:	□ Yes □ No □ N/A
High-Risk Domains are addressed within first three visits:	□ Yes □ No □ N/A

SECTION 10: PLAN OF CARE PART 3 (POC 3)

Beneficiary name listed:	□ Yes □ No
Case Manager name listed:	□ Yes □ No
Initial Plan of Care (RN and SW signatures) are dated prior to the first visit:	□ Yes □ No
If professional visit occurred prior to signature dates, emergency documented on PVPN or Contact Log:	□ Yes □ No
Home visitor signature present on POC 3 when POC 2 is added:	□ Yes □ No □ N/A
Home visitor date present on POC 3 addition when a POC 2 is added *(date must be prior to next professional visit):*	□ Yes □ No □ N/A

SECTION 11: COMMUNICATION WITH PRENATAL/INFANT CARE PROVIDER

Sent within 14 calendar days after completion of the RI:	□ Yes □ No
If Prenatal/Infant Care Provider is updated during course of care, communications sent within 14 calendar days of update:	□ Yes □ No □ N/A
If no Prenatal/Infant Care Provider at the time of enrollment, then "No Provider" is documented on the "Medical Provider" field of Consent to Participate:	□ Yes □ No □ N/A

SECTION 12: BENEFICARY STATUS NOTIFICATION AT ENROLLMENT

Beneficiary Status Notification form present at enrollment:	□ Yes □ No
Beneficiary info section complete:	□ Yes □ No
Checkbox section complete:	□ Yes □ No
Staff info section complete:	□ Yes □ No
Sent within 14 calendar days of RI completion:	□ Yes □ No
If Prenatal/Infant Care Provider is updated during	□ Yes □ No □ N/A

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the course of care, communications sent within 14 calendar days of update:	

SECTION 13: COMMUNICATION FORM

Communication Form present:	□ Yes □ No
Beneficiary info section complete:	□ Yes □ No
RI Score Summary matches POC 2 from RI:	□ Yes □ No
Professional signature section complete:	□ Yes □ No
If Prenatal/Infant Care Provider is not identified at time of enrollment, communications sent within 14 calendar days of update:	□ Yes □ No □ N/A

SECTION 14: BENEFICIARY STATUS NOTIFICATION AT TRANSFER

Beneficiary Status Notification form present at transfer:	□ Yes □ No
Beneficiary info section complete:	□ Yes □ No
Checkbox section complete:	□ Yes □ No
Staff info section complete:	□ Yes □ No
Sent within 14 calendar days of transfer:	□ Yes □ No
If Prenatal/Infant Care Provider is not identified at time of enrollment, communications sent within 14 calendar days of update:	□ Yes □ No □ N/A

SECTION 15: BENEFICIARY STATUS NOTIFICATION AT DISCHARGE

Beneficiary Status Notification form present at discharge:	□ Yes □ No
Beneficiary info section complete:	□ Yes □ No
Checkbox section complete:	□ Yes □ No
Discharge Summary attached:	□ Yes □ No
Staff info section complete:	□ Yes □ No
Sent within 14 calendar days of Discharge Summary date:	□ Yes □ No

SECTION 16: CONSENT TO TRANSFER MIHP RECORD TO A DIFFERENT PROVIDER

Consent to transfer MIHP records present:	□ Yes □ No □ N/A
Both providers listed:	□ Yes □ No □ N/A
Health info checkbox (one or both checked):	□ Yes □ No □ N/A
Consent checkbox (one checked):	□ Yes □ No □ N/A
Beneficiary info section complete:	□ Yes □ No □ N/A
If telehealth, was verbal consent box checked:	□ Yes □ No
Signature of MIHP Staff complete:	□ Yes □ No □ N/A

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Documents received prior to first professional visit:	□ Yes □ No □ N/A
If not, was emergency documented on PVPN or Contact Log:	□ Yes □ No □ N/A

SECTION 17: INFANT DISCHARGE SUMMARY

Infant date of 18-month birthday:	
Infant Discharge Summary completed within 30 Days of 18-month birthday:	□ Yes □ No
Infant visits continued past 18 months:	□ Yes □ No
If applicable, Exception present after 18 months:	□ Yes □ No □ N/A

SECTION 17: MATERNAL DISCHARGE SUMMARY

Date of 12-Months post-delivery:	
Date 9 maternal visits completed:	
Maternal Discharge Summary completed within 30 days of postpartum or completion of visits:	□ Yes □ No
If applicable, Exception present if over 9 visits:	□ Yes □ No □ N/A

SECTION 18: NOTIFICATION OF MULTIPLE CHARTS OPEN

Notification form present, if applicable:	□ Yes □ No

SECTION 19: IMMUNIZATIONS AND MICHIGAN CARE IMPROVEMENT REGISTRY (MCIR)- *Maternal*

Maternal Chart:	
Maternal immunizations are discussed at first professional visit:	□ Yes □ No
Maternal MCIR record (or screenshot of attempt) included in chart, prior to the last home visit:	□ Yes □ No
Infant immunizations are discussed at least once during the course of care:	□ Yes □ No
If immunizations are not discussed or the MCIR record is not included in the beneficiary chart, the reason is documented on the Contact Log or PVPN:	□ Yes □ No □ N/A

SECTION 19: IMMUNIZATIONS AND MICHIGAN CARE IMPROVEMENT REGISTRY (MCIR)- *Infant*

Infant Chart:	
Infant immunizations discussed at every visit:	□ Yes □ No

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Infant MCIR record (or screenshot of attempt) included in chart, prior to the last home visit:	□ Yes □ No
Maternal/caregiver immunization status discussed at least once during the course of care:	□ Yes □ No
If immunizations are not discussed or the MCIR record is not included in the beneficiary chart, the reason is documented on the Contact Log or PVPN:	□ Yes □ No □ N/A

SECTION 20: Professional Visit Progress Note (PVPN):

Complete PVPN Documentation in the following boxes:

Section 1:	
• Visit type (Blended, Non-billable, Complex, Additional)	• Telehealth, Telephone, If telephone, why?
• Beneficiary name, Medicaid Number, Medicaid Health Plan	• Date of Visit
• Location of Visit (Home, Office, Other, If other, why?)	• Education Tool discussed
• Trimester	• Time In/Time Out
Section 2, 3, 6, & 7:	
• Domain/Risk Addressed	• Interventions provided
• Narrative about beneficiary's reaction to intervention provided	
Section 4: (at least one box is checked per bullet, or section is completed)	
• Other visit information	• Action plan completed/reviewed
• Medical care provider appointments kept	• Safe Sleep addressed
• Breastfeeding education provided	• Encouraged to attend group childbirth education
• Infant immunizations discussed	• Maternal immunizations discussed
• Infant hearing screening discussed	• Infant lead levels discussed
• Outcomes of previous referrals	• Postpartum visit with medical provider encouraged
Section 5:	
• New referral/s identified in checkbox	• Signature of MIHP Professional
• Credentials of MIHP Professional	• Date

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	PVPN Complete	Signed & Dated by MIHP Professional
PVPN #1	□ Yes □ No	□ Yes □ No
PVPN #2	□ Yes □ No	□ Yes □ No
PVPN #3	□ Yes □ No	□ Yes □ No
PVPN #4	□ Yes □ No	□ Yes □ No
PVPN #5	□ Yes □ No	□ Yes □ No

SECTION 21: REQUIRED DISCIPLINES

RN & LSW both conducted a visit:	□ Yes □ No
If both disciplines did not conduct a visit, reason documented on Contact Log:	□ Yes □ No □ N/A

SECTION 22: SAFETY PLAN

Safety Plan completed & intervention documented for the following domains that are designated as high-risk during the course of care:

• Abuse/Violence- **Intervention #12**	□ Yes □ No □ N/A
• Infant Safety- **Intervention #6**	□ Yes □ No □ N/A
• Stress/Depression- **Intervention #13**	□ Yes □ No □ N/A
If Safety Plan and Intervention are not completed, reason documented on the Contact Log:	□ Yes □ No □ N/A

SECTION 23: PLAN OF SAFE CARE

Document and discuss the appropriate intervention number when any of the following domains are identified for a beneficiary during the course of care:

• Substance Exposed Infants: **Intervention #9**	□ Yes □ No □ N/A
• Substance Misuse: **Intervention #18**	□ Yes □ No □ N/A
• Alcohol: **Intervention #18**	□ Yes □ No □ N/A

SECTION 24: STRESS/DEPRESSION

Stress/Depression domain present:	□ Yes □ No □ N/A
If domain scored moderate or high, during the course of care the referral was documented in "*New Referrals*" section of PVPN:	□ Yes □ No □ N/A
• If beneficiary/caregiver is <u>not</u> receiving mental health services, the home visitor provided a referral and documented **intervention #12** on PVPN:	□ Yes □ No □ N/A
• If the referral is <u>declined</u>, documentation of declination of referral and **intervention #12** is documented on PVPN:	□ Yes □ No □ N/A

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• If beneficiary/caregiver is receiving mental health services, the home visitor documented **intervention #11** on the PVPN:	□ Yes □ No □ N/A
If no referral documented, reason for lack of referral documented on Contact Log:	□ Yes □ No □ N/A

SECTION 25: SUBSTANCE EXPOSED INFANT (SEI)

SEI interventions presented within 3 visits of POC addition:	□ Yes □ No □ N/A
SEI interventions present on all PVPNs after 18th visit:	□ Yes □ No □ N/A

SECTION 26: REGISTERED DIETICIAN REFERRAL

Food/Nutrition Domain Present and High Risk:	□ Yes □ No
If Yes, Internal RD Conducted Visit or RD Referral Documented:	□ Yes □ No
If RD did not conduct a visit and/or no RD referral occurred, reason documented on the Contact Log:	□ Yes □ No □ N/A
If RD referral is declined, the provider documented **intervention #13** and documented the declination within the PVPN section:	□ Yes □ No □ N/A

SECTION 27: PHYSICIAN ORDER - RD SERVICES

RD conducted a professional visit:	□ Yes □ No □ N/A
Order for RD present in chart:	□ Yes □ No □ N/A
Physician order has provider's signature, credentials, and date of signature:	□ Yes □ No □ N/A
Physician order has provider's name, address, and phone number:	□ Yes □ No □ N/A

SECTION 27: PHYSICIAN ORDER - MORE THAN 9 VISITS

More than 9 Visits conducted:	□ Yes □ No
Physician Order for additional visits in chart:	□ Yes □ No □ N/A
Physician Order Has Provider's signature, credentials, and date of signature:	□ Yes □ No □ N/A
Physician Order has Provider's name, address, and phone number:	□ Yes □ No □ N/A

SECTION 27: PHYSICIAN ORDER - MORE THAN 18 VISITS

More than 18 Visits conducted:	□ Yes □ No
Physician Order for additional visits in chart prior to the visit:	□ Yes □ No □ N/A
Physician Order Has Provider's signature, credentials, and date of signature:	□ Yes □ No □ N/A

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Physician Order has Provider's name, address, and phone number:	□ Yes □ No □ N/A

SECTION 28: ASQ

A complete ASQ includes the following:

Date of administration	If applicable, document reason not completed on PVPN or Contact Log
Correct screener used	Information Summary complete
Outcome documented (white, gray, black)	Referral present (if applicable)
Learning materials provided (if applicable)	Rescreen requirement (2 months, 4 months, n/a)
If ASQ is completed by another entity, the Information Summary Sheet must be obtained and filed in the beneficiary's chart:	□ Yes □ No □ N/A
If the Information Summary Sheet is not present in the chart, documentation attempts on the PVPN or Contact Log:	□ Yes □ No □ N/A
Follow up occurred in alignment with ASQ and MIHP requirements:	□ Yes □ No □ N/A

Date of First Visit: _____

1st ASQ Complete:	□ Yes □ No □ NA
2nd ASQ Complete:	□ Yes □ No □ NA
3rd ASQ Complete:	□ Yes □ No □ NA
4th ASQ Complete:	□ Yes □ No □ NA
5th ASQ Complete:	□ Yes □ No □ NA
6th ASQ Complete:	□ Yes □ No □ NA

SECTION 28: ASQ SE-2

A complete ASQ: SE-2 includes the following:

Date of administration	If applicable, document reason not completed on PVPN or Contact Log
Completed in correct time frame	Information Summary complete
Outcome documented (white, gray, black)	Referral present (if applicable)
Learning materials provided (if applicable)	

If ASQ is completed by another entity, the Information Summary Sheet must be obtained and filed in the beneficiary's chart:	□ Yes □ No □ N/A
If the Information Summary Sheet is not present in the chart, documentation attempts on the PVPN or Contact Log:	□ Yes □ No □ N/A
Follow up occurred in alignment with ASQ and MIHP requirements:	□ Yes □ No □ N/A

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2 Month ASQ SE-2 Complete:	□ Yes □ No □ NA
4 Month ASQ SE-2 Complete:	□ Yes □ No □ NA
6 Month ASQ SE-2 Complete:	□ Yes □ No □ NA
12 Month ASQ SE-2 Complete	□ Yes □ No □ NA
18 Month ASQ SE-2 Complete:	□ Yes □ No □ NA

SECTION 29: MONTHLY VISITS

Contact with family occurred every month or rationale documented:	□ Yes □ No
If more than one visit within a month is conducted with same beneficiary, justification must be entered on the Contact Log:	□ Yes □ No □ NA

SECTION 30: CARE COORDINATION

Care Coordination form in the chart:	□ Yes □ No □ NA
No more than 1 Care Coordination form per month per beneficiary:	□ Yes □ No □ NA
Care Coordination documentation indicates at least 30 minutes of activity:	□ Yes □ No □ NA
Care Coordination activities documented:	□ Yes □ No □ NA
Care Coordination activities are signed by the nurse or social worker:	□ Yes □ No □ NA

SECTION 31: SIGNATURE (REQUIRED)

Signature of Reviewer: _____ Date: _____