

Maternal Infant Health Program Required Timelines

ACTIVITY	PROMPTED BY	TIMELINE	RESPONSIBLE PARTY
ENROLLMENT			
Contact beneficiary/caregiver upon receipt of referral to MIHP and check eligibility using Name/D.O.B. and Medicaid number separately	Referral of pregnant woman	Within 14 calendar days	Agency
	Referral of infant	Within 7 calendar days	Agency
	Hospital referral of infant	Within 2 business days of hospital discharge	Agency
Request MDHHS MIHP approval to enroll infant over 12 months of age	RN and SW determine that infant over 12 months should be enrolled in MIHP	Before administering the RI	Coordinator, RN or SW
Obtain signed consents from beneficiary/caregiver	First meeting with beneficiary/caregiver	Before administering Risk Identifier (RI)	Registered Nurse (RN) or Social Worker (SW)
Use two visits to administer RI, if necessary	First visit is not sufficient to administer the entire RI	Second visit must be within 14 calendar days of first visit	RN or SW
Enter RI into database	RI has been fully administered	Before <i>Plan of Care</i> (POC) is developed and before first professional visit or other MIHP service is provided	Agency
Enter electronic RI into chart	Electronic RI is printed out or is ready to input into EMR system	Before first professional visit or other MIHP service provided	Agency
Sign the <i>Plan of Care 1</i> (POC)	RI visit is completed	Day of RI administration	Professional who administers RI - RN or SW
Request MDHHS MIHP approval to serve beneficiary with no scored risks	RI indicates no scored risks, but RN and SW determine that beneficiary/caregiver could benefit from MIHP	Before providing additional MIHP services of any kind	Coordinator, RN or SW

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Develop the <i>POC 2</i>	RI score summary is available	Before first professional visit or other MIHP service is provided (except in an emergency)	RN or SW
Sign the <i>POC 3</i>	<i>POC 2</i> has been developed	Both professionals sign within 10 business days of each other before first professional visit or other MIHP service is provided (except in an emergency)	RN and SW
POC IMPLEMENTATION			
Conduct the first professional visit (if applicable, administer the ASQ- 3 with infant)	Beneficiary is enrolled	Within 30 calendar days of MIHP enrollment (date RI was fully administered)	RN, SW, RD, IMHS, IBCLC®
Address high-risk domains	RI score summary is reviewed	Within the first 3 professional visits	RN, SW, RD, IMHS, IBCLC®
Document on <i>Contact Log</i> whether or not the beneficiary has been seen once in a given month	Case management chart review; service dates are reviewed	At least quarterly, as scheduled by agency	Case manager
Follow up on referrals that have been made by MIHP staff	Staff reviews all Professional Visit Progress Notes (PVPN) in the chart	Before every visit	RN, SW, RD, IMHS, IBCLC®
Update physician standing order	Standing order expires	Annually	Agency
Assist beneficiary to complete <i>MIHP Safety Plan</i>	When safety concern is identified	At least once during the course of care	RN, SW, RD, IMHS, IBCLC®
Assist beneficiary to complete <i>MIHP Action Plan</i>	Beneficiary/Caregiver identifies a goal they would like to pursue	At least once during the course of care	RN, SW, RD, IMHS, IBCLC®

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ACTIVITY	PROMPTED BY	TIMELINE	RESPONSIBLE PARTY
Delete RI from database	Notification that beneficiary's MA application was denied		Agency/MDHHS MIHP
Request MDHHS MIHP approval to continue to serve infant who reaches 18 months	RN and SW determine that child reaching 18 months should continue to receive MIHP services	Before providing any additional MIHP services	Coordinator, RN or SW
DISCHARGE			
Enter <i>Discharge Summary</i> into database	MIHP eligibility ends, services are concluded, or family lost to service	Within 30 calendar days after beneficiary eligibility ends	Agency
Enter <i>Discharge Summary</i> into chart	<i>Discharge Summary</i> has been entered into the MIHP database	Before <i>Beneficiary Status Notification</i> informing of discharge is sent to medical care provider	Agency
TRANSFER			
Send transfer records to new agency	Upon receipt of beneficiary transfer request	Within 10 working days of the request	Transferring agency
Conduct first meeting with transferred beneficiary	After receipt of beneficiary's records from prior MIHP agency	Within 30 calendar days	Receiving agency
Contact MDHHS MIHP	Transfer records not received from transferring agency	After 10 working days from transfer request date	Receiving agency
Delete <i>Discharge Summary</i>	Receipt of transfer request from another agency for beneficiary who was discharged from current agency before using total number of allowed visits	Within 10 working days	Transferring agency

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MEDICAL CARE PROVIDER COMMUNICATION			
Communicate with the medical care provider using <i>Beneficiary Status Notification</i> form	Beneficiary enrolled in MIHP	Within 14 calendar days of completion of RI	Agency
	Emergency intervention is implemented	Within 24 hours	Agency
	Beneficiary transfers to your MIHP	Within 14 calendar days	Agency
	Beneficiary notifies you that they have a new medical care provider	Within 14 calendar days	Agency
	<i>Discharge Summary</i> has been entered into the MIHP database	Within 14 calendar days	Agency
Follow up with medical care provider	Medical care provider does not return signed order after giving verbal order	Within 48 hours	Case manager
MEDICAID HEALTH PLAN			
Communicate with MHP using the <i>MHP-MIHP Communication Tool</i>	Report status of referrals made by MHP	At least a monthly basis or as agreed to in the <i>Care Coordination Agreement</i>	Agency
	MHP member enrolled in MIHP	Within 14 calendar days	Agency
	Physician Order is in place for a beneficiary	Within 14 calendar days	Agency
	Change in beneficiary/caregiver contact information	Within 14 calendar days	Agency
	Beneficiary transfers to your MIHP	Within 14 calendar days	Agency
	<i>Discharge Summary</i> has been entered into database	Within 14 calendar days	Agency

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ACTIVITY	PROMPTED BY	TIMELINE	RESPONSIBLE PARTY
STAFFING			
Notify MDHHS MIHP when void of required discipline	Void of discipline for 6 consecutive weeks	Within 5 business days	Coordinator
Submit updated Personnel Rosters to MDHHS	Update Personnel Roster to authorize a new staff member to use the MI Login System or to deactivate a user when a staff member leaves the agency	Within 10 business days of the personnel change	Coordinator
CERTIFICATION			
Ensure all pre-review certification materials are received by MDHHS MIHP	Receipt of certification review scheduling letter	Receipt by MDHHS MIHP no later than 14 calendar days before the onsite review	Coordinator
Provide reviewer with all requested charts for program and billing review	Receive list of beneficiary records requested by MDHHS MIHP	Paper Charts: five days prior to certification review Electronic Medical Records: by 10:00AM first day of the review	Agency
Submit Corrective Action Plan	Receipt of certification notification letter and associated documents	Within 21 calendar days	Coordinator
Submit revised Corrective Action Plan	Receipt of email requesting revisions	Within 5 business days	Coordinator
AGENCY CLOSURE			
Close charts or transfer beneficiaries to other MIHPs in order to implement MIHP Termination Protocol	Receipt of MDHHS decertification letter specifying termination date OR Agency notifies MDHHS of voluntarily termination date	Within 14 business days	Coordinator
Send notification to MDHHS that termination plan was successfully implemented	Agency completes voluntary or involuntary termination requirements	Within 30 days of termination date	Coordinator