

**MIHP Coordinator Meeting Q&A**  
**May 17, 2022**

	<b>Question</b>	<b>Answer</b>
<b>1</b>	It would be really nice to get nursing and social worker credits for this day. Just a thought.	We are looking into this. We are evaluating cost and working with a partner agency to see about CEUs for this meeting and possibly the community of practice webinars. There will also be training opportunities in the future that will provide continuing education credit. Occasionally there are training opportunities that offer CE credits listed in the Bi-Weekly Update.
<b>2</b>	Is the PowerPoint available for this presentation?	All slides have been posted on the MIHP website.
<b>3</b>	How many visits will doulas get and what would be their rate of pay?	Thank you for your question. Please refer to the Doula policy current open for public comment. <a href="https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf">https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf</a>
<b>4</b>	What is the time period allowed for health plans can do take backs?	Answered live
<b>5</b>	Have there been any discussions regarding increasing MIHP reimbursement rates?	Answered live
<b>6</b>	Do the doulas need to be on staff? If so, would they need to follow required trainings. Or can they be from the community?	Answered live- Thank you for your question. Please refer to the Doula policy current open for public comment. <a href="https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf">https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf</a>
<b>7</b>	Has there been any thought in increasing prenatal visits? Some mothers really need more than 8 visits during their pregnancy for support.	Answered live- Thank you for your question. Please refer to the Doula policy current open for public comment. <a href="https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf">https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf</a>
<b>8</b>	Will HMHB be extended into FY23? (The pilot project)	The state budget process for FY23 is underway. Funding for HMHB has been added to the overall budget for legislative approval, and we are optimistic that it will be approved. By law, the state has to have an approved budget by July 1 so we will know soon.

<b>9</b>	As far as the reimbursement, it would be awesome if MIHP could adopt the reimbursement rate for complex visits like Healthy Mom Healthy Babies pilot.	Thank you. The results of the pilot will be used to build a case for increased reimbursement and enhanced services.
<b>10</b>	Can we contract with a doula for services and bill for those services as an MIHP?	Agencies will not be able to bill for doula services. Please review the current policy open for Public Comment and feel free to provide feedback. <a href="https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf">https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf</a>
<b>11</b>	What is the best way to handle clients who only qualify for Medicaid with deductible?	Contact the local DHS worker to inquire about Group 2 Spenddown requirements; You can also refer to the policy in the Bridges Eligibility Manual (BEM) 126.
<b>12</b>	Can doula visits be done via telehealth or are they all in person?	Please refer to the policy that is currently open for public comment. <a href="https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf">https://content.govdelivery.com/attachments/MIDHHS/2022/04/20/file_attachments/2137514/2210-Doula-P.pdf</a>
<b>13</b>	Do the maternal clients receive 8 or 9 visits without an exception?	Pregnant persons enrolled in the Maternal Infant Health Program receive an assessment and 9 visits.
<b>14</b>	Gender identity is an interesting topic. I would like to be politically correct when addressing a person	Answered live - MIHP will add Gender Identity to our list of potential topics to discuss at a future meeting and/or training.
<b>15</b>	where did you find this intersectionality chart?	This comes from Sylvia Duckworth on Instagram! She has a lot of great graphics.
<b>16</b>	Maybe we should add social distancing to the wheel. Many people do not have a close connection like hugging, shaking hands etc.	Answered live
<b>17</b>	Are there CE credits we can take on the MIHP website for nurses?	Answered live -Currently no. We are evaluating cost and working with a partner agency to see about CEUs for this meeting and possibly the community of practice webinars. There will also be training opportunities in the future that will provide continuing education credit. Occasionally there are training opportunities that offer CE credits listed in the bi-weekly email.
<b>18</b>	Will the community of practice webinar be available on the MIHP website if we can't make it on July 13?	Answered live- Yes
<b>19</b>	Can I ask why no home visiting conference?	Answered live - Unfortunately there was no funding for a home visiting conference in 2022. As listed in the MIHP updates and in the bi-weekly email, the Michigan Home Visiting Initiative will be offering various virtual webinar series in lieu of the home visiting conference.

<b>20</b>	Could we have a training session over the MiBridges? Also, contact information on how to get through the 844 number to assist clients with difficulties with MiBridges. This seems to be the most difficult and frustrating for families.	Yes, once the MiBridges and 2-1-1 updates are complete there will be an optional training for providers regarding the use of both resources. As far as the difficulty of getting through the 844 number, we will bring that concern to the MiBridges team.
<b>21</b>	For the parent opportunity do families need to be active MIHP or can they be past MIHP families?	They can be past participants as well.
<b>22</b>	More of a thought, not a question. It would be nice if MIHP had its own system (like WIC) vs each agency having their own electronic health record. It's difficult to have our own IT do what we need in a timely manner, or for electronic software agency we hire to get this done in timely manner. Really, it's very frustrating!!! It would help connect risk identifiers, through service, to discharge. Just a thought. Has this ever been talked about?	We are currently exploring a statewide EMR type system. Stay tuned for additional information over the next six months or so.
<b>23</b>	Cycle 9 will start with any MSS or ISS enrolled after 6-1-22? Do families enrolled prior to this date need to follow rules re: cycle 9?	For families enrolled in the program prior to June 1, 2022, cycle 8 requirements apply.
<b>24</b>	Just a suggestion help with protocols would be nice.	Thank you for your suggestion. In the future, we will try to provide more clarification and better guidance. It is difficult for us to determine what agency practices may be in place to assist with protocols. There are many agencies who have internal policies that must be completed as well. If you have a need for clarification for a particular protocol, please reach out to MIHP via the mailbox.
<b>25</b>	So, we will have our regular review and quality assessment as well?	Yes, agencies will have a Quality Assessment sometime between June 1, 2022, thru May 31, 2023. Agencies will have a Cycle 9 certification review June 1, 2023, thru May 31, 2024.
<b>26</b>	Are agencies required to participate in the Quality Assessment Review?	Yes, all agencies must participate in the Quality Assessment Review.
<b>27</b>	This isn't really a question, but there is so much information that I am missing trying to take notes and it would be so much better to have the copy of the slides in front of me. I won't be able to remember what my notes were trying to say by the time I get the slides to review again??	All slides have been shared on the MIHP website. We will make every effort to provide slides to participants in advance of the meeting in the future.
<b>28</b>	How often we must participate in the quality assessment?	It will be a requirement to participate in the Quality Assessment every 3 to 4 years.

29	Where is the Quality Assessment document located?	The Quality Assessment will be sent to you during your scheduled month. It is a snapshot or real time assessment of the agency and therefore will not be made available prior. We do not want the assessment to be burdensome; there is no need for agencies to "prepare" for the assessment. This is not a compliance measure. You will receive an email by June 1, 2022, that will indicate the month your Quality Assessment will occur.
30	For the Quality Assessment. Are all agency assessments taking place in June?	No. Beginning June 1, 2022, we will be selecting 5-7 agencies per month for the Quality Assessment. You will receive an email by June 1, 2022, that will indicate the month your Quality Assessment will occur.
31	If someone on the survey doesn't need consultation at the time of the survey but then decide they do prior to the next survey can they still request it?	There will be opportunities to select consultation over the next two month, or four-month period. In addition, questions can be sent to the <a href="mailto:mihp@michigan.gov">mihp@michigan.gov</a> mailbox at any time. You can also call and request that a consultant contact you. To manage the availability of the consultants, additional support will be on a case-by-case basis. Please feel free to reach out to MDHHS MIHP for further assessment.
32	Will Lead and Hearing discussion ever be listed on Infant/Maternal Forms Checklist or on the PVPN??	Beginning June 1, 2022, cycle 9 specifications strongly encourage lead and hearing follow-up. There is additional information regarding documentation in the companion guide, <i>Utilization of MCIR in MIHP</i> , on the website. Thank you for your suggestion regarding additional documentation.
33	Our home visitors asked if there is something specific that must be said in the other visit information regarding the hearing screen and/or lead discussion?	There is no specific language regarding the discussion of hearing and lead, however guidance may be found in the <i>Utilization of MCIR in MIHP</i> companion guide on the MIHP website.
34	Is the link to register for classes on MIHP website?	Yes, the links to register for the Community of Practice webinars mentioned in Maria's presentation are located on the "Provider Training" portion of the MIHP website. Scroll down to the section labeled "Future MIHP Community of Practice Webinars" to find the individual registration links.
35	Why do we print off 2nd child MCIR by 5 months of age? Wouldn't after 6th month make more sense?	This allows for assessment of the current immunization status and provides information to prepare the family for upcoming 6-month vaccines. However, MCIR can be pulled at additional timeframes beyond those that are required.

35	Are the education packets we have to print ourselves or can we order from MIHP?	The Education Packet must be provided to families as either a physical or electronic copy. Currently, ordering a physical copy of the Education Packet through MIHP is not available.
37	Where do we register for these webinars?	The links to register for the Community of Practice webinars are located on the "Provider Training" portion of the MIHP website. Scroll down to the section labeled "Future MIHP Community of Practice Webinars" to find the individual registration links.
38	I am confused when exactly the Quality Assessment will take place for agencies. In the Q&A I have seen start dates of June 1st, 2022, and also "5-7 agencies per month taking place over June 1st, 2023, through May 31st, 2024." Can you please clarify?	We greatly apologize for the confusion. All agencies will participate in the Quality Assessment between June 2022 - June 2023 (May 31, 2023, is the final day). Agencies will be notified about scheduling and receive a detailed outline of the process, documentation, and timeline. The slides from the presentations today and a QA document with responses to these questions will be shared.
39	Maria, one of my staff suggested/requested Vaccine Educational material in TIKTOK or YouTube video format that she could share with clients. She said parents were not engaging with the written flyer/info pages format. Just a thought.	Note taken! We will be sure to incorporate videos as a resource to share with clients. Great suggestion and I appreciate your input! If any other suggestions come to mind, don't hesitate to reach out.
40	Loved the look of the ACEs companion guide handouts, how will those be made available?	In May 2023, there will be a full training regarding the implementation of the new ACEs Plan of Care. Resources will be shared at that time. MIHP agencies will be able to begin utilizing the POC in June 2023. It will not be a requirement until June 2024.
41	Is there a plan for the ACES POC2 to score out on the risk identifier in the future?	As we are in the process of creating a new health assessment (formerly risk identifier), we will discuss the possibility for ACEs to score out. Thank you for the suggestion.
42	Definition of enrollment? Appointment made or assessment completed? Did the client complete additional visits?	We defined "enrolled" as having completed the MIHP enrollment appointment. We hope to look at completion rates for additional visits soon!
43	Is this the only job the CHW did daily? I think it's difficult for most agencies to make more than 3 contacts due to high caseloads and extreme amounts of paperwork. Also how frequently were they reaching out – weekly/monthly?	Yes, outreach was the primary job responsibility for the CHW. I think your assessment of the challenges most agencies face in terms of making more contact attempts is spot on.
44	When did the CHW/AGENCY stop contacting a potential client when there was no response using the variety of methods mentioned?	This varied by site, but we set suggested upper limits on the number of contact attempts CHWs should make per method (for example, up to 6 phone calls).

45	When will the Healthy Baby project pilot go live for all MIHP programs?	It is a pilot project, therefore only a limited number of agencies participated. As noted above, the results of the pilot will be used to build a case for increased reimbursement and enhanced services. When this is accomplished, all agencies will benefit.
46	How are referrals placed without violating HIPPA?	<p>The Community Health Workers who were employed for this project were employees of the MIHP agencies where they worked. All agency procedures/protocols to protect potential beneficiaries' safety and confidentiality were followed. CHWs were responsible for contacting families that were randomly assigned to them and encouraging the families to enroll in MIHP. CHWs did not make any referrals to outside organizations on behalf of the family. Once the family enrolled in MIHP, the family's assigned Home Visitor assumed responsibility for all further contact with the family, and the CHW did not continue to contact the family after enrollment.</p> <p>Incoming referrals to pilot sites were randomized by site staff at sites based on their date of birth. If an incoming referral had an odd birth date, the agency's referral coordinator assigned them to the Control (usual outreach) group. If an incoming referral had an even date of birth, the agency's referral coordinator assigned them to the Treatment (CHW outreach) group and passed the referral to the CHW, who would then begin attempting contact with that family. Sites did not share any personally identifiable information with YPL about the referrals received, thus protecting the referral's identity. Sites did share the referral's Medicaid Beneficiary ID with YPL so that we could match those records with administrative data. However, no other personally identifiable information was shared with YPL, and both the University of Michigan Institutional Review Board (IRB) and the MDHHS IRB approved the sharing of this limited data between sites and YPL.</p>
47	Were the CHW able to enroll or were they solely focusing on outreach?	CHWs focused primarily on outreach. They helped to schedule the enrollment appointment, but the appointment itself was conducted by a Home Visitor.
48	How often will we have these Coordinator meetings?	Currently they are held annually in the month of May.
49	What about vaccination in relates to specific population that don't believe in vaccine and don't feel comfortable with our staff?	There are various reasons why families may be vaccine hesitant. This will be covered at the July Community of Practice webinar on Wednesday, July 13th from 9:00 AM - 10:30 AM, <i>Discussing Immunizations and Addressing Vaccine Hesitancy, will provide additional information.</i>

50	For progress notes--do we use the new progress notes for any visits made after June 1st even if the beneficiary was enrolled before then?	Yes, the cycle 9 progress note must be used for all visits beginning June 1, 2022, for all beneficiaries in the program.
51	Can we continue to add to the current (old) consent to release forms if a need comes up? For example, we need to add Early On for consent to release. The beneficiary was enrolled prior to June 1st. Can we add Early On to their original consent to release, or do we have to do a whole new consent to release because it is after June 1st?	If you need to add information to the consent to release form for a beneficiary enrolled in the program prior to June 1, 2022, you do not need to utilize a new consent form. You would use the consent form currently on file, making the appropriate updates, which would include beneficiary initials and date of addition. The agency can also elect to include a new cycle 9 consent form in the file with the updated information added.
52	For infant beneficiaries enrolled prior to June 1st, we do not have to document hearing or lead test results, nor more than one MCIR at visit after 5 months old?	Cycle 9 guidance as it relates to MCIR assessments and discussions for immunizations, hearing, and lead is <b>required for all beneficiaries enrolled on or after June 1, 2022</b> . Please ensure the appropriate timeframes are utilized for applicable beneficiaries. While not required, it is strongly <b>recommended</b> that these components are also applied to beneficiaries enrolled prior to June 1, 2022