

Maternal Infant Health Program Agency Voluntary Closure Protocol

The Maternal Infant Health Program (MIHP) provider must submit this completed *Voluntary Closure Protocol* in writing to the Michigan Department of Health and Human Service (MDHHS) MIHP team no later than 10 business days after the date of the voluntary closure letter. Submissions can be sent to: mdhhs-mihp-cert-review@michigan.gov

Please indicate if the MIHP agency is requesting:

Voluntary Inactive Status

Date:

Voluntary Closure

Date:

1. Name of the MIHP agency contact person(s), contact information and person(s) responsible for the *Voluntary Closure Protocol*, its implementation and completion.

Name of Agency:

Name of Agency Contact person(s) responsible for the implementation of the protocol:

Address:

Second Address:

Email:

Phone number:

Second phone number:

2. Provide the following information detailing the *Voluntary Closure Protocol*:
 - i) Describe how the MIHP provider will keep current contact information on file with MDHHS for 7 years.
 - ii) Identify how the MIHP Agency participants will be transitioned upon program closure including:
 - (1) The procedure that will occur by the assigned care coordinator(s) to review and determine if case should be transferred or discharged.
 - (2) Date all MIHP participants will be transitioned:
 - (3) How MIHP participants will be notified of program closure and options to transfer to a MIHP agency of their choice.

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(4) The name of the eligible MIHP provider(s) who will receive and deliver services to MIHP participants after this MIHP Agency closure.

MIHP agency #1:

MIHP agency #2:

MIHP agency #3:

iii) The date the following will be completed in the MIHP data base:

(1) Review of MIHP participant records in MIHP data base to determine if there are incomplete risk identifiers and discharges that must be completed prior to agency closure.

(2) All risk identifiers (MRI and IRI) associated with Medicaid reimbursement completed.

Note: Incomplete records will be automatically deleted by the MDHHS MIHP Team once the agency closure is complete.

Please check the boxes that you have reviewed and agree to follow requirements listed below.

- MIHP provider will transfer beneficiaries to the agency of the MIHP participant's choice and will follow MIHP transfer requirements including:
 1. Assure MIHP participant signs the *Consent to Transfer MIHP Record to A Different Provider* (DCH5646)
 2. Send copy the MIHP participant's records (at a minimum: Risk Identifier, Risk Identifier Scoring Results page, POC Parts 1-3, Professional Visit Progress Notes and, if applicable, ASQ®-3 and ASQ:SE-2™ Summaries) to the receiving agency within 10 working days of the signed request.
 3. Refrain from completing a Discharge Summary.
 4. Communicate appropriately and professionally with the receiving provider to expedite the transfer in the MIHP participant's best interest.
- MIHP provider will notify community partners of the agency closure and provide MIHP participant status at closure (e.g., discharge from program or transfer to another program) to each participant's:
 1. managed health care plan
 2. health care provider; and
 3. original referral source (if applicable)

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- MIHP provider will remove agency information from all social media and internet websites.
- MIHP provider will contact MI Bridges and 211 to inform them of agency closure if applicable.
- MIHP provider will assure confidential storage and maintenance of agency and MIHP participant records for at least seven years.
 1. Provide address where records will be stored
 2. Describe how MIHP participant and accounting records will be stored.
- MIHP agency will be listed in the directory until removed from the MDHHS MIHP system which is 30 days after intent to terminate was received. MIHP provider must continue to assist beneficiaries in locating another MIHP agency in the interim.
- MIHP provider will make all requested MIHP participant and accounting records available for inspection and/or audit by properly identified MDHHS staff.
- MIHP provider will notify the MDHHS MIHP team at mdhhs-mihp-cert-review@michigan.gov no later than 60 days after the MIHP agency closure date that the *Voluntary Closure Protocol* was successfully implemented.

By signing below, the MIHP provider certifies that the information provided in this *Voluntary Closure Protocol* is true, accurate, complete and will be implemented as documented in this protocol.

Name of Agency	Agency Owner(s) (Name and Title)		
Business Address	City	State	Zip Code
Agency Owner(s) Phone Number - Primary	Phone Number –	NPI Number	
Agency Owner(s) Email Address(es)			
Owner(s) Signature (written or electronic)			Date

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