MIHP PROVIDER APPLICATION

Michigan Department of Health and Human Services (MDHHS)
Maternal Infant Health Program (MIHP)

SECTION 1- CALENDAR YEAR 2025 APPLICATION PROCESS

Becoming a Maternal Infant Health Program (MIHP) provider requires significant time, commitment, and accountability. The application and certification process requires adherence to program policies and procedures, which are outlined in the Medicaid Provider Manual and the MIHP Operations Guide.

Once an organization has reviewed MIHP requirements, and decides to apply to become an MIHP provider, the next steps for your organization include the following:

1. Participate in a New Provider Inquiry webinar.
2. Submit a complete application by the deadline specified in the New Provider Inquiry webinar and listed on the MIHP website. Applications must be submitted to the MIHP certification mailbox at MDHHS-MIHP-CERT-REVIEW@michgian.gov. No extensions to the deadline will be granted.

The MDHHS MIHP Application Committee will process the application with the 45 days.

1. Applications that are incomplete or unsatisfactory will be denied, with an explanation provided. Agencies whose applications are denied are eligible to re-apply the following calendar year. When re-applying applicants must attend the New Provider Inquiry webinar and submit an updated New Provider Application.
2. If the application is approved, the applicant will be notified of New Provider Orientation requirements and must provide the documents below, no later than 14 days before the first scheduled day of the New Provider Orientation.
    a. An agency Personnel Roster detailing the required professional staff.
    b. List of orientation attendees including names and email addresses.
    c. Current resumes and LARA verification for Registered Nurse and Social Worker.
    d. Provide training certificates for the following courses: Overview of Maternal Infant Health Program Training course, Introduction to Health Equity, and Home Visiting 101.

Additional instructions:

- Attachments or supplemental information other than what is specified in the sections below will not be accepted or reviewed.
- Applications that contain wording or sections copied directly from the MIHP Operations Guide or other official MIHP documents will be rejected as “unsatisfactory.”
- Note that each section has an 8,000-character limit, including spaces. This is equivalent to approximately three single-spaced pages.

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SECTION 2—REQUIRED APPLICATION ELEMENTS

Name of Applicant: _____

Date of Application: _____

Name of Agency: _____

Type of Business (E.G. Local Health Department, Limited Liability Corporation, etc.):

Date of Business Establishment: _____

Business Address:

Phone Number: _____

Email: _____

Name of Business Owners: _____

Provide Percentage of Business Ownership for Each Owner:

Name of MIHP Coordinator(s):

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Name of Registered Nurse(s):

Name of Licensed Social Worker(s):

List of County's Agency will Serve:

1. **ADMINISTRATION**_____
   a. Describe why you are interested in becoming an MIHP provider.

   b. Describe your staffing structure that will compose your MIHP agency. Include MIHP Coordinator, Registered Nurse, Social Worker and any additional staff.

c. Describe the community(s) you plan to serve; indicate if special populations will be served (e.g. blind or visually impaired, deaf or hard of hearing, etc.).

d. MIHP requires a Registered Nurse and Licensed Social Worker. Have these staff positions been hired yet? If not, will staff be hired after application approval?

e. Describe agency staff's home visiting experience in delivering services to the population to be served, if any.

f. List other MIHP program(s) for which the owner and coordinator have worked or volunteered.

g. If applicant has owned or held the role of a MIHP coordinator for an agency that was decertified by MDHHS, explain measures that will be implemented to address the deficiencies that resulted in the agency's decertification.

h. Describe how your agency will maintain adequate cash flow until reimbursement for services begins (approximately 4-6 months) or if there is a delay in reimbursement.

2. **BILLING AND MEDICAID HEALTH PLAN CONTRACTING**_____

   a. Describe how billing for services will be implemented (e.g. agency direct billing, contracted vendor, clearinghouse, etc.).

3. **INFORMATION TECHNOLOGY AND PROTECTED HEALTH INFORMATION SECURITY**

   a. Describe the agency's plan for securing technological support when issues arise. Include name of contracted agencies, if applicable.

b. Describe how the agency will assure that Protected Health Information (PHI) will be secured in all electronic transmissions. Identify name of software used, if applicable.

c. MIHP requires a triple lock system to secure PHI. Describe how your agency will assure that non-electronic PHI will be secured using a triple lock system as indicated in the MIHP Operations Guide.

4. **STAFFING**_____

a. If a Registered Dietitian (RD) is not on staff, identify the entity your agency will refer beneficiaries to for dietitian services.

b. If an Infant Mental Health Specialist (IMHS) is not on staff, identify the entity your agency will refer beneficiaries to for Infant Mental Health Services.

c. If an International Board-Certified Lactation Consultant (IBCLC) is not on staff, identify the entity your agency will refer beneficiaries to for Lactation services.

d. Describe the backup plan to be implemented if the agency is void one of the required disciplines on staff. In alignment, with the MIHP Operations Guide.

5. **HEALTH EQUITY** _____

a. Describe the agency's plan to hire staff that reflect the communities served.

b. Indicate how services will be provided to populations under the Limited English Proficiency (LEP) mandate.

c. Indicate how services for people who are deaf or hard of hearing will be accommodated.

d. Indicate how services for people who are blind and visually impaired will be accommodated.

6. **MARKETING AND OUTREACH** _____

a. Describe how the agency will establish a highly effective referral procedure to ensure an adequate number of voluntary enrollments in the program.

7. **COMMUNITY RESOURCE UTILIZATION** _____

a. Describe the network of support services providers in the agency service area, including providers of basic needs, WIC, food pantries, homeless shelters, and other referral locations in the community.

b. Describe any connections to systems that support pregnancy and early childhood development (i.e. Great Start Collaboratives, local perinatal care systems and/or leadership groups, etc.).

c. List the perinatal clinical landscape in the proposed service area (i.e. OB/GYN, pediatric providers and birthing hospitals).

d. Describe your understanding of the current home visiting landscape in your proposed service area (i.e. MIHP, Infant Mental Health Services, Early Head Start, etc.).

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SECTION 3 - TERMS OF AGREEMENT

If approved as a new Maternal Infant Health Program (MIHP) provider, I agree to the following:

- Adhere to requirements of the MIHP Chapter of the Michigan Medicaid Provider Manual.
- Adhere to the program requirements detailed in the MIHP Operations Guide and Certification requirements.
- Read all communications from the MDHHS MIHP team and share with agency staff in a timely manner.
- Attend the required MIHP meetings in their entirety.
- Use required MIHP forms.

By signing below, the agency owner certifies that the information provide in this application is true, accurate, and complete.

Applicant's Printed Name: _____ **Date:** _____

Applicants Signature: _____

Applicant's Email Address: _____

EIN (Federal ID Number): _____

NPI Number: _____