

CYCLE 9 OPERATIONS GUIDE CHANGES

Green highlight indicates changes since original draft

SECTION	CHANGES MADE
Section 0, Quality Assessment & Compliance Certification Requirements	<ul style="list-style-type: none"> • Describes the addition of the Quality Assessment process and details steps in the process • Added schedule for Cycle 9 Quality Assessment reviews • Added Home Visitor survey to Quality Assessment Process • Details changes to agencies' certification review scores • Added steps that take place prior to certification review • Revised certification categories descriptions; eliminated "Full Extended" category • Clarified that agencies with conditional certification will be reviewed on Cycle 9 requirements • Added notes to further clarify Voluntary Closure Protocol • Changed score to receive Full Certification to 85% • Added MDHHS MIHP consultation is required for providers who receive Conditional Certification • Reorganized section to align formatting
Section 1, Personnel and Training: Home Visitor Credential and Experience Requirements	<ul style="list-style-type: none"> • Added clarifying language regarding agency minimum staff requirements • Removed a reference to Medicaid Provider Manual regarding credentialing and experience
Section 1, Personnel and Training: Training	<ul style="list-style-type: none"> • Clarified requirements in personnel files for documenting staff training • Removed extraneous bullet points regarding documentation of training completion • Removed bullet point referencing requirement to attend the Michigan Home Visiting Conference • Clarified requirements for Amended or Full Waiver Staff training documentation
Section 3, Quality Assurance	<ul style="list-style-type: none"> • Removed extraneous reference to Cycle 9 in last bullet point of first paragraph
Section 4, Contracts & Community Engagements: Contracts	<ul style="list-style-type: none"> • Clarified language regarding contracts and letters of agreement • Clarified wording on required elements to include in contracts and letters of agreement
Section 4, Contracts & Community Engagements: Arrangements for Beneficiary Services	<ul style="list-style-type: none"> • Removed bullet point referring to Maternal-Only providers

CYCLE 9 OPERATIONS GUIDE CHANGES

Green highlight indicates changes since original draft

	<ul style="list-style-type: none"> • Added bullet point regarding serving all residents of listed counties • Added bullet point regarding notifying MDHHS MIHP team when agencies are at capacity
Section 5, Outreach & Enrollment: Outreach	<ul style="list-style-type: none"> • Expanded bullet point to include requirement that outreach must be conducted in all counties in agency service areas • Added bullet point referencing documentation of outreach activities • Removed references to MCIR from Section 5
Section 5, Outreach & Enrollment: Assessment Visit	<ul style="list-style-type: none"> • Removed extraneous bullet point referencing agency communication with medical provider • Revised “Note” to clarify domain(s)/intervention(s) completed during the Assessment Visit are not required to be repeated if documented on the Contact Log and/or POC 1. • Removed “Elective Delivery Worksheet” from Welcome Packet/Assessment Visit Documents
Section 5, Outreach & Enrollment: Plan or Care, Part 2 (POC 2)	<ul style="list-style-type: none"> • Revised POC 2 Additions section to clarify documentation requirement when adding a POC 2 prior to and after signing the POC 3
Section 5, Outreach & Enrollment: Beneficiary Transfers	<ul style="list-style-type: none"> • Added bullet to “strongly encourage” both disciplines to review the beneficiary record when the transfer documentation is received
Section 6, Communication & Professional Visits: Communication with Medicaid Health Plan	<ul style="list-style-type: none"> • Added guidance regarding beneficiary options for consents
Section 6, Communication & Professional Visits: Professional Visit Logistics	<ul style="list-style-type: none"> • Telehealth section added to provide guidance in alignment with Medicaid post-pandemic telehealth policy
Section 6, Communication & Professional Visits: Referrals	<ul style="list-style-type: none"> • Revised language in Required Referrals section • Added documentation requirement if beneficiary/caregiver is already receiving mental health services • Added “Considerations for agencies who employ RDs” section to clarify documentation requirement • Added “Note” section to clarify the RD referral must be specific to beneficiary/caregiver need
Section 6, Communication & Professional Visits: Maternal-Specific Components	<ul style="list-style-type: none"> • Removed extraneous sub bullet points referencing discussing beneficiary’s immunization status • Removed reference to Maternal-Only providers • Clarified first two bullet points regarding SEI visits

CYCLE 9 OPERATIONS GUIDE CHANGES

Green highlight indicates changes since original draft

	<ul style="list-style-type: none"> • Revised language regarding MCIR requirements to align with Companion Guide • Added guidance specific to “Medicaid Extension and Maternal Postpartum Services” • 10-6-23: Aligned Maternal-Specific Components to match that of the Infant-Specific Components with regard to “If immunization status is not discussed at a given visit or the MCIR is not reviewed at the appropriate timeframe, the Contact Log or PVPN must illustrate the reason why.”
<p>Section 6, Communication & Professional Visits: Infant-Specific Components</p>	<ul style="list-style-type: none"> • Added bullet to describing the utilization of MCIR • Revised language regarding MCIR requirements with Companion Guide (Immunizations, Lead Screening and Hearing Screening)
<p>Section 6, Communication & Professional Visits: Blended Visits</p>	<ul style="list-style-type: none"> • Added guidance and associated documentation specifications regarding MIHP maternal visits that remain after pregnancy (Medicaid extension)
<p>Section 6, Communication & Professional Visits: Multiple Births</p>	<ul style="list-style-type: none"> • 10-6-23: Added MCIR documentation to the list of documents required for each infant.
<p>Section 6, Communication & Professional Visits: Developmental Screenings</p>	<ul style="list-style-type: none"> • Revised requirement for completing ASQ-3 questionnaire within the first three home visits (originally required at the first home visit) • Added additional instructions regarding leaving ASQ-3 screener with family