Utilization of Michigan Care Improvement Registry (MCIR) in the Maternal Infant Health Program (MIHP) Companion Guide

Immunization

Immunization assessment, education and documentation in the beneficiary record is a requirement of MIHP Medicaid Policy as documented in section 2.15.

Michigan Care Improvement Registry (MCIR) documentation must be located in the MIHP beneficiary charts (or a screen shot of attempts). A MCIR pulled at or after discharge does not meet the MCIR documentation requirement.

Home Visitor must assess whether immunizations are up to date for the beneficiary and must provide education during care. The parent(s)/caregiver should be encouraged to obtain immunizations and be assisted with appointments and transportation as needed.

Maternal Immunization Assessment and Discussion:

- Home Visitor must discuss the maternal beneficiary's immunization status and required infant immunizations at least once during the maternal course of care.
- This must be documented on the checklist and the check boxes of the PVPN.
- The MCIR must be pulled and reviewed at the first visit for all Maternal beneficiaries. It is very important that pregnant beneficiaries are up to date on immunizations including Tdap, COVID-19 and annual flu vaccination.
- If either the maternal or infant immunizations are not discussed during the course of care, the reason must be documented on the Contact Log.

Infant Immunization Assessment and Discussion:

- The MCIR record must be reviewed and included in the chart at least twice during the infant's care as follows:
 - As soon as possible following enrollment but no later than the third professional visit.
 - This promotes not only a current immunization assessment but serves as a trigger to discuss the importance of on-time vaccination and an opportunity to proactively identify and mitigate potential barriers to immunization.
 - o At the first professional visit following the infant turning 5 months of age.
 - If the infant is older than 5 months of age at enrollment, two separate MCIR reviews are still required (at the first professional visit following enrollment and at least one other professional visit prior to discharge).
 - o If the infant remains enrolled beyond 16 months of age, MCIR must be reviewed one additional time prior to discharge (for a total of three MCIR record reviews).
- This must be documented on the checklist and the check boxes of the PVPN.
- MCIR record may continue to be accessed at any time during the course of care, not just at the required timeframes.

Although MCIR is to be reviewed according to this timeframe, the Home Visitor must discuss the infant's immunization status with the caregiver at every home visit. This must be documented on the checklist of the PVPN. Home Visitor must also discuss the caregiver's immunizations at least once during the course of care. This must be documented on the checklist of the PVPN.

How to Access and Correctly document

The MCIR documentation must be accessed through the following process.

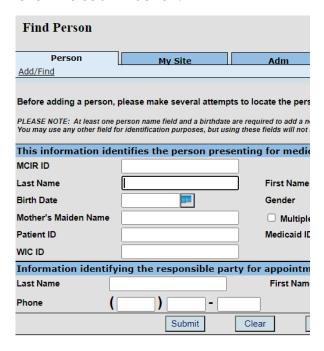
Go to "Person"

Then "Add/Find"



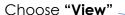
Input Last Name and/or First Name and Date of Birth.

Click the submit button.

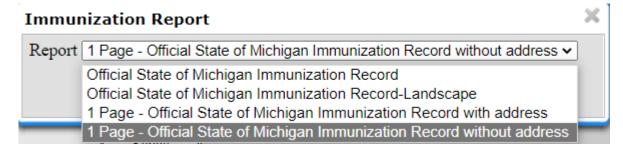


If the person's MCIR record is not found, a pop-up will appear indicating such. See next section "Documentation of the attempt to find a beneficiary in MCIR" which also includes tips on improving search results.

If search is successful, the record will appear.



A box will appear, then choose one of the **reports.** "1 Page – Official State of Michigan Immunization Record without address" is defaulted and may be selected. However, there is also a "landscape" version which can support ease in reviewing assessment status per vaccine.



Select the preferred layout and press the **submit** button.

The report will appear as a PDF document and include: the State Seal, the Official State of Michigan Immunization Record wording, and the date the record was accessed and saved, as well as the immunization dates (not shown on this snapshot).



STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES Official State of Michigan Immunization Record

MCIR 1111111111 Gender: F Patient ID#:

Name: Doe, Jane Age: 90 Years 0 Months **DOB**: 06/01/1931

Responsible
Address:
City,State,Zip:
Jane Doe
111 Main Street
Anytown, MI

Telephone:

As of: June 17, 2021

Provider: Assessment indicates that vaccinations are overdue and should be administered today if not medically contraindicated. Thi

person is at high risk and should be tested for lead poisoning.

History of Vaccinations Given By Series							
Vaccine Series	Date#1	Date#2	Date#3	Date#4	Date#5	Date#6	Date#

Documentation of the attempt to find a beneficiary in MCIR:

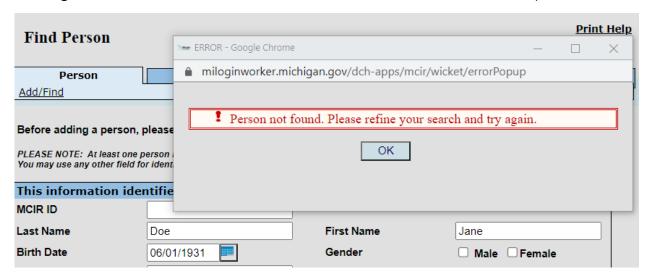
Go to "Person"

Then "Add/Find"

Input Last Name and/or First Name and Date of Birth. If the person is not in MCIR, a pop-up error will appear and advises searching again. Attempt searching again; Use the following tip to enhance search outcomes:

- Use an asterisk to perform a "wildcard search" which may capture more results, particularly if the beneficiary's name could vary in spelling. A "wildcard search" involves inserting an asterisk (*) in search parameters to help locate records. Examples include:
 - Jacquelyn could be spelled Jacqueline, Jaclyn, Jacklyn, etc. To perform a "wildcard search", search first name as J*.
 - A hyphenated last name such as Amaro-Alvarez. To perform a "wildcard search", search last name as *Amaro* or *Alvarez*.

If search is unsuccessful despite multiple attempts, take a screen shot of Person Not Found error message. You must include the name and date of birth of the beneficiary in the screenshot.



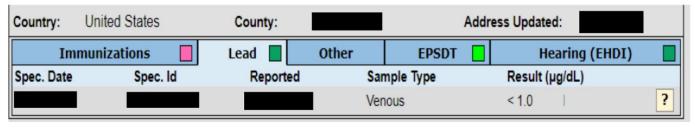
Note: MCIR records print out with a signature line. The signature is designed to be obtained from an Immunization Official at a Local Health Department or physician's office. MIHP providers should not sign the MCIR record. Instead, review it with the beneficiary and place it in their chart.

Infant Lead Screening education and results documentation:

"All children covered by Medicaid are considered at high risk for blood lead poisoning. The AAP periodicity schedule requires children to be tested for blood lead poisoning at 12 and 24 months of age." Early and Periodic Screening, Diagnosis and Treatment Policy, Medicaid Provider Manual, Section 9.6

Home Visitors must discuss lead screening, access lead screening results, and follow up, as appropriate.

- Discuss lead exposure prevention and provide Lead Fact Sheet at enrollment.
- Discuss need for Lead Screening at age 12 months at visit between 10 and 12 months.
- If infant continues to receive services beyond 12 months of age, access MCIR and review Lead Screening results with family after 12 months of age.



• Review lab results with family. Record results and follow up in the "other visit information" section on the PVPN.

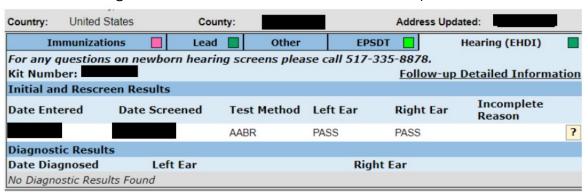
Lead Screening Follow up:

- Discuss need for Lead Screening if it hasn't occurred yet.
- If results less than 3.5 µg/dL
 - Discuss the need for a repeat the blood lead level in 6-12 months if the child is at high risk or risk changes during the time frame.
 - o If child screened at <12 months of age, recommend caregiver discuss with primary care provider the need for retesting in 3-6 months.
- If results 3.5 µg/dL or greater
 - o Refer the family to the Local Health Department to determine if blood lead poisoning follow-up services are available.

Infant Hearing results documentation:

"All newborns must be screened using evoked otoacoustic emissions (EOAE) and/or auditory brainstem response (ABR) methods. The hospital must provide newborn hearing screenings for Medicaid-covered newborns as indicated by the AAP." Early and Periodic Screening, Diagnosis and Treatment Policy, Medicaid Provider Manual, Section 5.2A

Hearing results are located in MCIR. Access and discuss results with the family as soon as possible following enrollment but no later than the third professional visit.



Record results and follow up in the "other visit information" section on the PVPN.

Follow up:

- If no results are located in MCIR or family does not have hearing results
 - o Discuss need for hearing screening if it hasn't occurred yet.
 - o Refer to beneficiaries PCP and/or Audiologist.
 - Assess on subsequent visits follow through with infant hearing screening.
- If results show the infant failed screening in one or both ears
 - Discuss need for audiological and medical evaluations to confirm permanent hearing loss.
 - o Refer to the beneficiary's PCP and/or an audiologist no later than 3 months of age.
 - Assess for follow through with further evaluation on subsequent visits
- If infants have confirmed permanent hearing loss:
 - Discuss importance of early intervention and refer beneficiary to the Early Hearing Detection and Intervention (EHDI) program.
 - o Assess for follow through with early intervention on subsequent visits.