

## Cycle 7 – 8 Certification and Documentation Crosswalk

### Michigan Care Improvement Registry (MCIR) Certification Requirements

Infants enrolled prior to June 1, 2020	Infants enrolled on or after June 1, 2020
Younger than 5 months old as of June 1, 2020: <ul style="list-style-type: none"> <li>- Follow Cycle 8 guidelines: MCIR record must be discussed and included in the infant chart when the infant reaches five months of age or at the first visit after the infant reaches five months of age.</li> </ul>	Younger than 5 months old: <ul style="list-style-type: none"> <li>- MCIR record must be accessed and discussed when the infant is five months of age or at the first visit after the infant has reached five months of age and included in the chart.</li> </ul>
5 months or older as of June 1, 2020: <ul style="list-style-type: none"> <li>- One MCIR report must be assessed after the infant reaches five months of age and included in the chart.</li> </ul>	5 months or older: <ul style="list-style-type: none"> <li>- MCIR must be assessed and discussed at the first professional visit and included in the chart.</li> </ul>

### Family Planning Discussion at Every Visit

- Professional visits conducted prior to June 1, 2020:
  - o Family Planning must be discussed at every visit and documented in the checkbox section on the *Professional Visit Progress Note (PVPN)*.
- Professional visits conducted after June 1, 2020:
  - o Discussing family planning is no longer required at every professional visit for visits conducted after June 1, 2020. If Family Planning is discussed at a professional visit but is not a Plan of Care, Part Two within the beneficiary/caregiver’s chart, document that intervention in the “Other visit information” section or as an Education Packet topic on the PVPN.

### Safety Plan Documentation

- Beneficiaries enrolled prior to June 1, 2020:
  - o Safety Plan documentation accepted through intervention number, beneficiary feedback narrative, Safety Plan checkbox or Contact Log (declining intervention only).
- Beneficiaries enrolled on or after June 1, 2020:
  - o Home visitors must use the intervention number associated with the required POC 2 to document discussing the Safety Plan. If the beneficiary declines to create a Safety Plan, the intervention number is still required on the PVPN to document the required intervention attempt.
  - o If the Home Visitor does not provide the Safety Plan intervention under the required circumstances, the reason why must be documented on the Contact Log prior to discharge.

### Action Plan Requirement and Documentation

- Beneficiaries enrolled prior to June 1, 2020:
  - o Action Plan documentation accepted through Action Plan checkbox or Contact Log (declining intervention only).
- Beneficiaries enrolled on or after June 1, 2020:

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- Home Visitor must assist every beneficiary/caregiver to create at least one Action Plan. To document the development or discussion of an Action Plan, check the appropriate box on the *Professional Visit Progress Note*. If the Action Plan is discussed and the beneficiary/caregiver declines to create an Action Plan, document the attempt and compliance with this requirement by checking the “Yes” checkbox associated with the Action Plan on the PVPN.
- If an Action Plan was not discussed, the reason why must be documented on the Contact Log prior to discharge.

### Professional Visit Progress Note – “Beneficiary feedback and desired plan for next visit”

- Professional visits conducted prior to June 1, 2020:
  - Home Visitor documentation is required in both “Beneficiary feedback” and “Specific Plan for Next Visit – Beneficiary” sections of the PVPN.
- Professional visits conducted after June 1, 2020:
  - Home Visitor documentation is required in the combined “Beneficiary feedback and desired plan for next visit” section of the PVPN.

### Documentation on the Contact Log

- Beneficiaries enrolled on or after June 1, 2020:
  - Please refer to Section 5, pages 18-19 of the MIHP Operations Guide for the Cycle 8 standard of documentation on the *Contact Log*.

### Stress/Depression – Mental Health Referral

- Beneficiaries enrolled prior to June 1, 2020:
  - Moderate or high risk in Stress/Depression POC 2 requires a referral to mental health services from a mental health professional.
- Beneficiaries enrolled after June 1, 2020:
  - Any beneficiary with a Stress/Depression POC 2 (regardless of risk level) in their plan of care must have a referral to mental health services from a mental health professional or medical care provider.

### ASQ-3 Timeframe

- Beneficiaries enrolled prior to June 1, 2020:
  - ASQ-3 conducted at the first professional visit after the infant is two months of age.
- Beneficiaries enrolled on or after June 1, 2020:
  - ASQ-3 conducted at the first professional visit after the infant is one month of age.
  - Document clearly in the chart why the questionnaire was not completed at the appropriate visit.

### Discharge Summary Timeframe

- All beneficiaries open on June 1, 2020:
  - Follow Cycle 8 timeframe requirements for Discharge Summary completion.
    - Provider must discharge beneficiaries within 30 days of the end of eligibility.

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- Maternal beneficiaries are eligible for participation up to 60 days postpartum, or the last day of the month in which the 60th day postpartum falls.
- Maternity Outpatient Medical Services Program (MOMS) beneficiary Discharge Summary must be completed within 30 days of delivery.
  - MOMS beneficiary eligibility ends at delivery and as such are not eligible to receive any MIHP postpartum services.
- Infant beneficiaries are eligible until they turn 18 months of age.

### **Documentation Required for 1+ Professional Visits in a Month**

- For all beneficiaries open on June 1, 2020:
  - If a beneficiary is seen more than once in a given month, document the reason on the PVPN or Contact Log.