Weekly Update

Maternal Infant Health Program

Please share this information with all MIHP team members.

Monday, March 1, 2021

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Quality Corner: Changes in Cycle 8

This is the fourth in a series of articles describing the changes that have been made to Cycle 8 Certification.

Section 5 of Cycle 8 Certification measures compliance with outreach activities, timely contact of MIHP referrals, consents, risk identifiers, welcome packets, *Plans of Care 2 and 3*, beneficiary transfers, and adherence to documentation requirements.

The main difference in this section compared to Cycle 7 is the emphasis or focus on compliance with certain requirements. Cycle 7 indicators included assessing several requirements in a single indicator. Cycle 8 indicators in this section have a narrower focus on compliance requirements.

Indicators 5.3 and 5.4 – The *Consent to Participate* and *Consent to Release PHI* forms are two separate indicators in Cycle 8.

- When reviewing Indicator 5.3, reviewers look at whether the consent was signed and dated on or before the risk identifier was administered.

- When reviewing Indicator 5.4, reviewers look at whether the *Consent to Release PHI* was followed. In other words, did the beneficiary or legal representative give permission for their protected health information (PHI) to be shared with the medical care provider or other entities? When this indicator is cited, it is most likely due to the mother's or father's information being shared with the infant's physician without permission.

All other elements of the consents are reviewed but documented and measured in indicator 5.10.

To receive a "met" for each of these indicators, all required elements must be present.

Indicator 5.7 – *Plan of Care 2 (POC2)*

When reviewing Indicator 5.7, the reviewer is looking for appropriate documentation of any intervention-level change and that added domains, based on professional judgement, are documented appropriately.

All other elements of the *POC2* are reviewed but documented and measured in indicator 5.10.

To receive a "met" for this indicator, results must be 90% or greater; to receive a "partially met," results must be 70% - 89%; results less than 70% are "not met."

While *POC2* clarifications were included in an earlier weekly update, they are included here as a reminder of *POC2* requirements.

- If the *POC2* is added at admission (based on professional judgement), that date must be documented on the *POC2*.

- Agencies do not need to send a status update to the medical provider if adding a domain.

- If a need is identified during a professional visit, the agency professional may address the need and document the identified domain in the "Other visit information" section of the *Professional Visit Progress Note* or *Contact Log*.

- At the next visit, any interventions regarding the added *POC2* must be documented in the "Domain" section on the *Professional Visit Progress Note.*

Indicator 5.8 – *Plan of Care 3 (POC3)* Indicator 5.8 is measured by the reviewer confirming that the RN and SW signed the *POC 3* within 10 days of each other; that it was signed and dated prior to the 1st professional visit; and that the RN and SW signatures are dated within 10 business days of each other when a *POC2* is added.

All other elements of the *POC3* are reviewed but documented and measured in indicator 5.10.

To receive a "met" for this indicator, results must be 90% or greater; to receive a "partially met," results must be 70% - 89%; results less than 70% are "not met."

Indicator 5.10 – Forms and Documents

The assessment of this indicator is the accuracy of all standardized forms.

Measurement includes verification that:

- Provider uses current versions of the required standardized forms, or physical or electronic records include the required data elements in the same order as current versions of the required standardized forms.

- Altered chart entries follow the required guidelines.

- All required forms and documents are present, when applicable, and complete with respect to the required data elements indicated on the instructions.

To receive a "met" for this indicator, results must be 90% or greater; to receive a "partially met," results must be 70% - 89%; results less than 70% are "not met."
Next week: we will address Section 6 of the Cycle 8 Certification requirements.

COP Webinar Reminder

Reminder that the next Community of Practice (COP) webinar will be held March 17th from **9:30am - 11am** and will be focused on Birth Planning During the COVID-19 Pandemic. The time of the webinar was inadvertently omitted from the "Mark Your Calendar" notice in the February 22nd issue of the Weekly Update.

Click HERE to register.

If you are interested in sharing during the upcoming COP webinar, please contact Joni Detwiler at detwilerj@michigan.gov by **March 8th.**

Correction to the February 22nd Weekly Update

The February 22nd edition of the Weekly Update contained an error:
The form number for the *Notice of Staff Waiver Completion* form in the article "Quality Corner: Changes in Cycle 8" article was incorrect. The correct form number is 5706.

Black Maternal Health Virtual Conference

The 2021 Black Maternal Health Virtual Conference will be held on April 16th and 17th. **Registration is now open!**

Founded and led by the Black Mamas Matter Alliance (BMMA), the Black Maternal Health Conference (BMHC) is the premiere assembly for Black women, clinicians, professionals, advocates, and other stakeholders working to improve maternal health using the birth justice, reproductive justice, and human rights frameworks. This year's virtual conference will offer a national space for learning, rich discussions, and mobilization to transform Black maternal health, rights, and justice. We need a place to be in community together, to vision and dream, and to celebrate each other.

For more information, click HERE.

EmbraceRace: Teaching and Talking to Kids About Race

EmbraceRace is a multiracial community dedicated to sharing and developing best practices for raising and caring for kids—all kids—in the context of race. They have partnered with MomsRising—a transformative multicultural organization of more than a million members working to increase family economic security and end discrimination against women and mothers—to create 10 tips for teaching and talking to kids about race.

They are designed to help parents of all backgrounds talk to and guide their children about race early and often by lifting up age-appropriate activities that can be incorporated easily into your daily life. We hope these tips provide some much-needed support for families committed to building tolerance, racial equity, and a social culture where all kids and families can thrive!

Click HERE to see the 10 tips and download posters in English or Spanish.

Intersectionality While Working on Diversity and Inclusion

Diversity and inclusion work in the Michigan Department of Health and Human Services (MDHHS) and in the Maternal Infant Health Program is rooted in racial justice and equity. That said, it is important to understand how racism is connected to other systems of oppression. People engaged in diversity and inclusion work are encouraged to have an intersectional perspective. Without it, we cannot effectively address the needs of marginalized communities and bring an end to the harm caused by systems of oppression.

An intersectional perspective comes from understanding that most of us hold social identities that are part of both privileged and oppressed groups. Valerie Batts describes how people are members of these groups based on cultural norms about what is normal, true, right, beautiful, etc. in the United States.

The table below illustrates a non-exhaustive list of types of oppression. Please share with your MIHP team. It is offered as a starting point to discuss how we can experience both oppression and privilege.

Types of Oppression	Variable	Oppressed Groups	Privileged Groups
1. Racism	Race/Color	People of Color (African American/Black, Asian, Native American, Arab Chaldean Americans, Latino/a Americans)	White People
2. Classism	Socio-Economic Class	People in Poverty, Working Class	Middle, Upper Class
3. Sexism	Gender	Women	Men
4. Heterosexism	Sexual Orientation	LGBTQ+ Lesbian, Gay, Bisexual, Transgender, Questioning and/or Queer	Heterosexuals
5. Cissexism	Gender Identity Assigned at Birth	People Who are Transgender	People Who are Cisgender
6. Ableism	Physical or Mental Ability	People with Disabilities	People without disabilities
7. Ageism	Age	Older Adults	Young Adults
8. Adultism	Age	Children	Adults
9. Elitism	Education Level Place in Hierarchy	People without College Degrees Clerical, Non-exempt, Students	People with College Degrees Managers, Exempt, Faculty
10. Linguistic Oppression	Language	Non-English speaking, LEP	English Speaking
11. Xenophobia	Immigrant Status	Immigrant	U.S. Born
12. Religious Oppression	Religion	Muslims, Catholics and Others	Christians, Protestants
13. Anti-Semitism	Religion	Jews	Christians

Coordinator Directory
To view the most recent Coordinator Directory, please click here.

Topic Submission
If you have suggestions for topics to be addressed in future additions of the MIHP Weekly Update, please submit your ideas here.

Previously Released MIHP Weekly Updates
To review any previously released MIHP Weekly Updates, they can be found by visiting the MIHP webpage Michigan.gov/MIHP or by clicking here.

Our communication for the Maternal Infant Health Program has been streamlined to a single email address and phone number. Please forward all email to MIHP@michigan.gov.
For further assistance, contact the state office
@ **1-833-MI4-MIHP (1-833-644-6447).** Thank you.