



Maternal Infant Health Program

June 2016 Updates



Social Work and Nursing Qualifications

Medicaid Bulletin-MSA 16-09 Program Qualifications

MIHP Policy Change MSA 1609, effective May 1, 2016

- Updates the required qualifications for licensed nurses and licensed social workers providing MIHP services

Medicaid bulletins can be accessed on the web at

www.michigan.gov/medicaidproviders

Click on Policy and Forms



Social Work and Nursing Qualifications

All Nurses Must Possess:

- Current licensure as a registered nurse by the Michigan Department of Licensing and Regulatory Affairs; and
- At least one year of experience providing community health, pediatric or maternal/infant nursing services

All Social Workers Must Possess:

- Current licensure as a social worker by the Michigan Department of Licensing and Regulatory Affairs; and
- At least one year of experience providing social work services to families.

It is the responsibility of the MIHP provider to maintain proof of professional qualifications for all professionals providing services on behalf of the agency.

Services provided by a professional that do not meet the above qualifications will not be reimbursed.

Post-Partum Lactation Support and Counseling (IBCLC)

- Registered Nurse or Licensed Social Worker who must be an International Board Certified Lactation Consultant (IBCLC)
- Provision of individual, comprehensive lactation support and counseling services for post-partum women up to and through 60 days post-delivery
- Includes assessment and the following interventions, at a minimum:

Positioning Techniques	Expression of milk
Proper Latch On	How to Tell when Baby is Getting Enough
Frequency of Feeding	When to Call a Health Care Professional
Recognizing Hunger Cues	
- One-one-one/dyad visits only





New Login Process

- Single Sign-On access for the Maternal Infant Health Program (MIHP) FileNet, Community Health Automated Medicaid Processing System (CHAMPS) and other applications will be changing it's Login process
- **Beginning June 27th, you will access MIHP through MILogin**
- MILogin will only impact how you access the current MIHP Application, CHAMPS etc. and this change should not affect the application once you have logged in

MILogin continued

- By October, all formerly DCH applications MIHP, CHAMPS, ASAP and FileNet will be accessed through MILogin
- Two MILogin webinars were held for MIHP providers on May 12, 2016 and May 25, 2016 -- an archived session is available
- To learn more about MILogin changes visit:
<http://www.michigan.gov/mdhhs-milogin-info>



Key Points to Remember...

- Personnel Roster is being revised and implemented for Cycle 6
- Submit to the MIHP@michigan.gov e-mail:
Personnel rosters, changes to MIHP coordinator directory i.e. change of address, phone, fax, specialty or counties served and complaints. Please do not cc this mailbox when you send an email to your MIHP Consultant.
- Submit to newproviderapplication@michigan.gov e-mail:
CAPs and interest in becoming an MIHP provider.
- As always, continue to contact your consultant with questions
- Unless instructed, please do not contact support staff directly
 - ✓ IT Business Analyst (Dawn Gove)
 - ✓ Departmental Analyst (Connie Frantz)
 - ✓ Departmental Technician (Maria Garcia)



CHAMPS Contact Information

CHAMPS Billing Questions & Assistance

Send an email to:

Providersupport@Michigan.gov

Subject line: Attn: Julie Withers MIHP Billing Question

Provide a description in the body of the email.



Mom's Mental Health Matters

May is Mental Health Awareness Month

May is also Post Partum Depression Awareness Month

The National Institutes of Health (NIH) has launched

Moms' Mental Health Matters

... a new initiative to raise awareness among pregnant and postpartum mothers, their families, and health care providers about depression and anxiety during pregnancy and after the baby is born.

<https://www.nichd.nih.gov/ncmhep/MMHM/Pages/index.aspx>



Free NIH Materials

The NIH has developed free materials in English and Spanish, including an action plan, posters, and a conversation starter postcard.

Learn more and order free materials at

<https://www.nichd.nih.gov/MaternalMentalHealth>

Talk About Depression and Anxiety During Pregnancy and After Birth

Ways You Can Help


Pregnancy and a new baby can bring also sadness and feeling overwhelmed your loved one taking care of herself dealing with deeper feelings of depression pregnant women and new moms exp

LISTEN.....
Open the line of communic
• "I know everyone is focus
• "I notice you are having tr
What's on your mind?"
• "I know a new baby is stres
seem like yourself. Tell m
• "I really want to know how

OFFER SUPPORT.....
Let her know that she's noi
• "Can I watch the baby whi
• "How can I help? I can tak
meals, cleaning, or going
• "I am here for you no matt
together, just you and mi


OFFER TO HELP.....
Ask her to let you help her re
• "Let's go online and see w
this." Visit [nichd.nih.gov/](https://www.nichd.nih.gov/)
• "Would you like me to make
Call her health care prov
Health Services Administ
(4357) for 24-hour free a
treatment, and recovery
• "I'm very concerned about
Hotline at 1-800-273-TAL
support—they talk about

¿Qué tal si en el "momento más feliz de su vida" no se siente tan feliz?



Parece que en todas partes hay mamás felices. Pero la verdad es que el embarazo y el parto pueden traer muchas emociones, como sentirse triste y agobiada. Muchas mujeres pueden tener estas emociones antes y después del parto, lo que podría ser una señal de

Comuníquese con un proveedor de servicios



Sentimientos intensos de enojo, preocupación o infelicidad
Cambios extremos en el estado de ánimo
Dificultad para dormir o a su
Cambios en sus hábitos de alimentación o de sueño

Obtenga ayuda si no se sienta bien
Para aprender más, visite [nichd.nih.gov/MaternalMentalHealth](https://www.nichd.nih.gov/MaternalMentalHealth)
Para encontrar un proveedor de servicios de salud, llame al 1-800-662-4357 (1-800-662-4357)

Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feelings sad and feeling overwhelmed. Many women experience deeper signs of depression and anxiety before and after birth. Be prepared. Watch for the signs.

If you... <ul style="list-style-type: none">Feel like you just aren't yourselfHave trouble managing your emotionsFeel overwhelmed but are still able to care for yourself and your baby	You may be experiencing mood swings that happen to many pregnant women and new moms. <p>These feelings typically go away after a couple of weeks.</p> <ul style="list-style-type: none">Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another mom to share child care so that you can rest and recharge.Continue to watch for the signs of depression and anxiety in the yellow and red sections below. If things get worse, find someone to talk to. Talk to a health care provider if you feel unsure.
If you... <ul style="list-style-type: none">Have feelings of intense anxiety that hit with no warningFeel foggy and have difficulty completing tasksFeel "robotic," like you are just going through the motionsHave little interest in things that you used to enjoyFeel very anxious around the baby and your other childrenHave scary, upsetting thoughts that don't go awayFeel guilty and feel like you are failing at motherhood	You may be experiencing postpartum depression and anxiety. <p>These feelings will not go away on their own.</p> <ul style="list-style-type: none">Get help. Contact your health care provider or visit a clinic.Call Postpartum Support International at 1-800-944-4773 (4773) to speak to a volunteer who can provide support and resources in your area.Talk to your partner, family, and friends about these feelings so they can help you.
If you... <ul style="list-style-type: none">Feel hopeless and total despairFeel out of touch with reality (you may see or hear things that other people don't)Feel that you may hurt yourself or your baby	Get help now! <ul style="list-style-type: none">Call 911 for immediate help.Call the National Suicide Prevention Hotline at 1-800-273-TALK (8255) for free and confidential emotional support—they talk about more than just suicide.Call the Substance Abuse and Mental Health Services Administration's National Helpline at 1-800-662-HELP (4357) for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.

Depression and Anxiety Happen. Getting Help Matters.
To learn more, visit [nichd.nih.gov/MaternalMentalHealth](https://www.nichd.nih.gov/MaternalMentalHealth)
To find a mental health provider in your area, call 1-800-662-HELP (4357).

Self Care Action Plan Example

An example of a self care action plan has been posted on the MIHP website http://michigan.gov/mihp/0,5421,7-311-66378_66386_66390---,00.html

A copy has also been included in your packet



Depression in Mothers: More Than the Blues

A Toolkit for Family Service Providers

- Developed to improve the lives of mothers struggling with depression in diverse, low-income communities.
- For home visitors, WIC workers, Early Head Start staff, etc.
- Includes:
 - Background
 - Tips and tools for working with women who may be depressed
 - Handout for mothers with depression
 - Other depression resources
- Go to <http://store.samhsa.gov/> and enter toolkit title in search box to order a free copy or print out the toolkit



Possible Reasons for Referral to an MIHP Infant Mental Health (IMH) Specialist or to CMH for Assessment



- Handout included in your packet – 2 pages
- Lists reasons for referral during pregnancy and after birth of infant
- At certification review, staff will be asked: *Under what conditions do you make a referral for IMH?* (Cycle 6, Indicator #7)
- At our Sept 15 webcast, Mary Ludtke, Mental Health Services to Children and Families, MDHHS, will discuss making referrals to community mental health (CMH)
- Questions? Ask *Joni Detwiler or Cherie Ross-Jordan*

Transfer Requests



- When sending a request for a transfer, keep the confirmation form that indicates your fax was sent
- When sending the required documentation as indicated in the Operation's Guide, keep the confirmation that indicates your documents were sent
- As always, agencies are expected to be professional, respectful and courteous when contacting other MIHP providers

Using the Maternal or Infant Forms Checklist

When a Beneficiary Transfers to Your MIHP

- The receiving agency must use a new *Forms Checklist*, identifying the new care coordinator [*Op Guide* (pg 11.2)]
- *Forms Checklist Instructions* were just revised to include specific instructions for transfers
- Revised instructions are included as a handout in the packet and may be found on the MIHP website
- MIHP will develop a separate form and instructions for transfer requests

Fetal Alcohol Spectrum Disorders (FASD) Prevention

- **Michigan FASD Factsheet:**
[http://www.michigan.gov/documents/mdch/Final - MI FASD Fact Sheet-Q A+NONE FOR NINE V2 483081 7.pdf](http://www.michigan.gov/documents/mdch/Final_-_MI_FASD_Fact_Sheet-Q_A+NONE_FOR_NINE_V2_483081_7.pdf)
- **Alcohol Free Baby and Me** is an online education course *available at no cost* and approved for CME, Nursing and Social Work continuing education credit. The course was developed specifically for MIHP healthcare providers and Local Health Departments as a Michigan-based resource for counseling, support groups and treatment locations for alcohol and other substance use disorders at: <https://courses.mihealth.org/PUBLIC/cm710/home.html>
- **Centers for Disease Control Alcohol Prevention factsheet:**
<http://www.cdc.gov/alcohol/index.htm>
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
www.samhsa.gov



Infant Safe Sleep

- Safe sleep for your baby campaign
- Information for Families and Professionals
- Materials available in Spanish and Arabic

www.Michigan.gov/safesleep



Please note: There is a new website to order safe sleep materials

www.healthymichigan.com

*Tomorrow's Child is no longer providing safe sleep resources as of 12/31/2015

Zika Virus Information

- Zika virus is spread to people primarily through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon.
- In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. The outbreak in Brazil led to reports of Guillain-Barré syndrome and pregnant women giving birth to babies with birth defects and poor pregnancy outcomes.
- Updated information about areas experiencing local transmission of Zika virus can be found at:
<http://www.cdc.gov/zika/geo/index.html>
- For the most up-to-date Zika virus information, please visit:
<http://www.michigan.gov/emergingdiseases/0,4579,7-186--376021-,00.html>
or <http://www.cdc.gov/>



Save the Date..... Home Visiting Conference

2016 Michigan Home Visiting Conference: Partners in Progress
Detroit Marriott at the Renaissance Center

Wed Aug 3	MIHP Model Day	“ All About Breastfeeding ” 1:00-4:30 p.m.
Thurs Aug 4	9:00am to 6:00pm	Conference Day
Fri Aug 5	9:00am to 2:30pm	Conference Day

Registration materials may be found by visiting:
<https://events.mphi.org/michiganhomevisitingconference>





“Successful implementation of a QI program begins with an honest and objective assessment of an organization's current culture, and its commitment to improving the quality of its care and services.”

MIHP Quarterly Report Data

Information in the quarterly reports that can assist with Quality and Utilization Management in **YOUR** agency:

- Screens Completed
- Discharges Completed
- Demographics
- Risk Screening Domain Scores
- Referrals
- Education Provided
- Breastfeeding Information



MIHP Quarterly Report Data

MIHP quarterly data reports are available in your CHAMPS inbox

- Archived data reports from FY 2013 and FY 2014 will remain available on MIHP File Transfer
- Going forward, your agency MIHP quarterly data reports will be available via CHAMPS

Data Period

Q1 (Oct – Dec)

Q2 (Jan – Mar)

Q3 (Apr – June)

Q4 (Jul – Sept)

Distribution Period

1st week in July 2016

1st week in October 2016

1st week in January 2017

1st week in April 2017

Distribution Method

Distributed to CHAMPS agency inboxes

Cycle 5 MIHP Certification Data

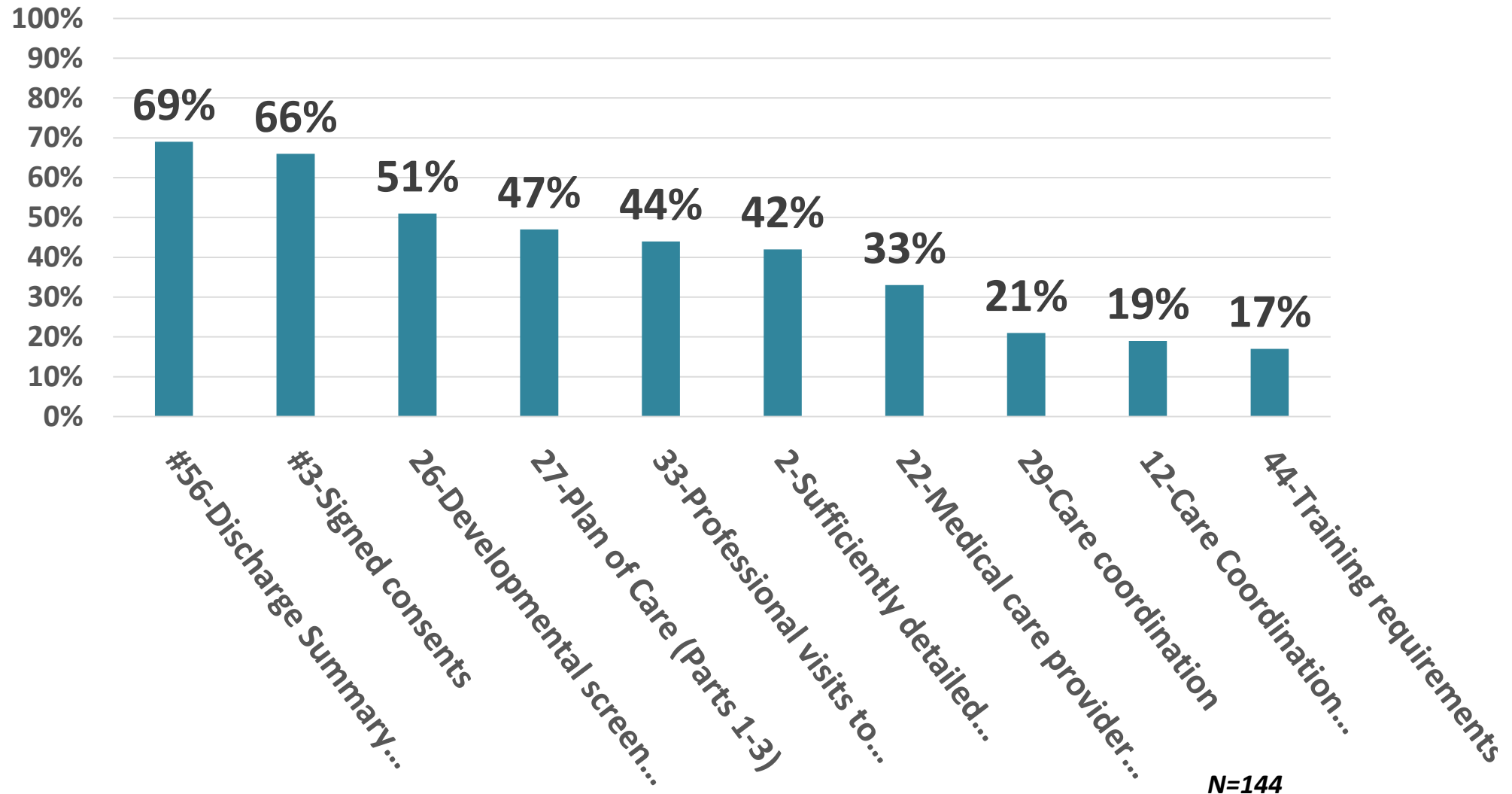
November 1, 2014 – May 15, 2016

• Total Certification Reviews	158
• Total Full Certification Status	100
• Reviews with Zero “Not Mets”	4
• Caring and Sharing Family Life Services	
• Ionia County Health Department	
• Sparrow MIHP	
• District Health Department #2	
• Total Conditional Certification Status	45
• Total Discontinued Agencies	13



10 Top Not Met Indicators

November 2014 – May 2016



MIHP Certification Data

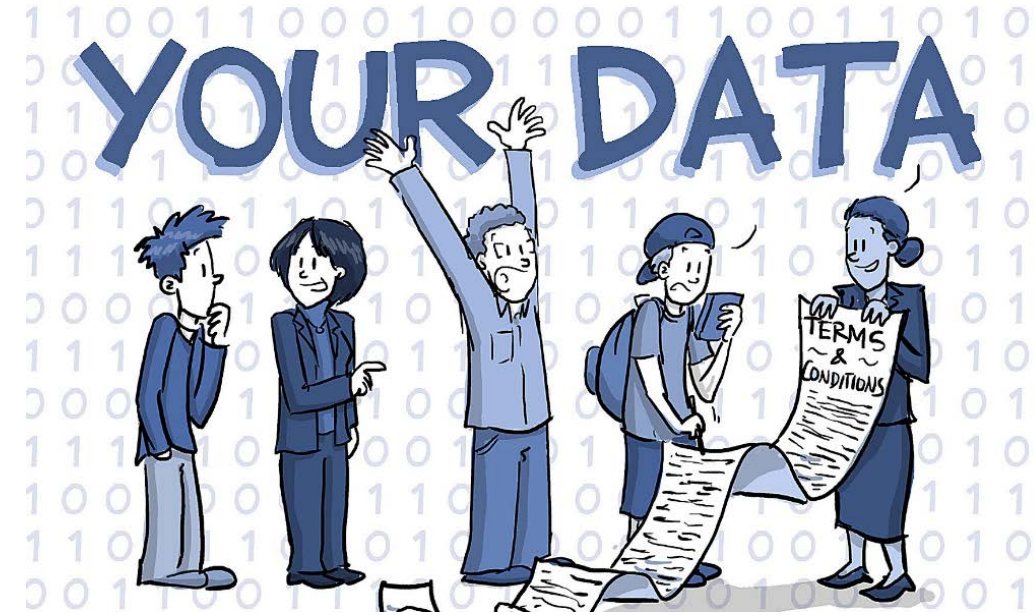
November 1, 2014 – May 15, 2016

Most Commonly Missed Non-Critical Indicator:

- #3 Signed Consents
- 95 Not Mets

Most Commonly Missed Critical Indicator:

- #56 Discharge Summaries Accurate and Complete
- 100 Not Mets



Certification Cycle 6



- Effective August 1, 2016
- Certification Criteria Remains the Same as Cycle 5 for Existing Agencies.

New Agencies:

★ Full Certification

★ Conditional Certification

★ Decertification

6 or Less Not Mets and 2 or Less Critical

7 – 17 Not Mets

18 or More Not Mets

Chart Review

MIHP QI Coordinator will select the charts for program and billing portions of the certification review.

Desk audit done prior to each review to select the charts based on paid claims data...

- Billing review charts with identified billing discrepancies will be selected for review first; a random selection process will be used for the remaining charts.
- Program review charts will be selected using an entirely random selection process.



Chart Review

This means that:

- Your agency will not be required to submit lists of beneficiary names prior to the onsite review
- Your agency will not have advance notice of the charts that have been selected for the billing review
- The reviewer will not randomly select charts for the program review upon arrival
- The reviewer will provide list of the beneficiary names whose charts you will pull for the billing component and for the program component of the review
- All charts and billing records must be presented upon request by the reviewer

Chart Review

- **Billing Review:** The following items available for each chart selected:
 - Documentation for MIHP services billed and paid

Chart Review

- Program Review:

- Complete and legible charts provided
- Paper Charts must have electronic copies of the Risk Identifier and Discharge Summary (closed charts only). The reviewer will not accept Risk Identifier or Discharge Summary worksheets (completed on paper by hand) for review
- Electronic charts must have staff to assist the reviewer with medical record system



Chart Review

Agencies with Satellite Offices

- Agencies with satellite offices: review conducted at the satellite office serving the greatest number of MIHP beneficiaries
- Only charts from this satellite office will be reviewed
- Prior to review, agency will submit a list of all beneficiaries served at this office since the last review
- MIHP QI Coordinator will randomly select the charts and provide the list to the reviewer. The reviewer will present this list to you at the onset of your review

Certification Cycle 6

Indicator # 4

Providers must provide requested medical records

- Provider maintains a single official chart for each beneficiary that contains all applicable MIHP forms and is accessible to all agency, and state or federal government staff
- 100% of requested records are made available for review

Certification Cycle 6

Indicator # 5

***Discharge Summary* entered into the MDHHS MIHP electronic database timely**

- All (open and closed) charts reviewed indicate that *Discharge Summaries* are entered into MDHHS database within 30 calendar days after:
 - The pregnant woman's MIHP eligibility period ends
 - Infant services are concluded or there are four consecutive months of inactivity, unless there is documentation on the contact log that the case is being kept open for a specific purpose and the purpose is stated

Certification Cycle 6

Indicator # 7

Staffing

Onsite Document Review

- Review of personnel files and *MIHP Personnel Roster* indicates that:
 - The provider directly provides (supervises hired staff and/or independent contractors) the services of at least a registered nurse **or** a social worker; the provider directly or indirectly (via contract with another agency) provides the services of the other required discipline.
 - **The MDHHS waiver approval letter and *Notice of Waiver Completion* is on file for all staff waived since the previous review.**
 - **The *Professional Staff Waiver Training Matrix* is also on file for all staff waived since the previous review.**

Certification Cycle 6

Indicator # 17

The MIHP provider must demonstrate a system for handling beneficiary grievances

Protocol describes:

- Internal review steps for addressing beneficiary grievances
- How beneficiary is notified of the internal grievance procedure
- **How beneficiary is notified of how to contact MDHHS with a grievance**
- **Written materials provided to the beneficiary regarding the grievance procedure at time of enrollment**

Certification Cycle 6

Indicator #24 & #35

Written Authorization from MIHP Consultant and Documentation to track purpose for these services for:

- #24 – Risk Identifier scores as no risk
- #24 – Infant who begin MIHP services over the age of 12.0 months
- #35 – Infant received MIHP services over the age of 18.0 months

MDHHS will track and monitor these services



Certification Cycle 6

Indicator # 26

Developmental Screening

- Divided into three parts (similar to the Plan of Care [#27])
- Infant charts document that learning activities were shared with the family when an *ASQ-3* and *ASQ:SE-2* scored in the gray area in one or more domains
- Infant charts that document a referral to Early On was indicated but the family declined referral or the child did not qualify for Early On, indicate that learning activities were shared with the family

Certification Cycle 6

Indicator # 27

Plan of Care (POC)

- Discussion with staff indicates they can describe how they include the beneficiary in selecting domains that are priorities for the beneficiary and that she wishes to address



Certification Cycle 6

Indicator # 29

Care Coordination – Pre Review Protocol

- Protocol for conducting quarterly chart reviews
 - Beneficiary seen within the last 30 days
 - *POC* is being implemented as developed and need for modification
 - Appropriate interventions being implemented
 - Appropriate referrals made and followed up on
 - *POC* meeting the beneficiary's needs

Certification Cycle 6

Indicator # 29 (continued)

Care Coordination

Staff Interview

- Staff interview indicates that staff can generally describe the protocol.
- Staff interview indicates that staff can describe when they complete care coordination chart reviews and number of charts reviewed per quarter.

Chart Review

- Charts include contact log that documents attempts to contact the beneficiary between professional visits, to coordinate care, and from the last professional visit to discharge
- Charts indicate visits are conducted at least monthly or documentation why this did not occur

Certification Cycle 6

Indicator # 30

Referrals – Chart Review



- Referrals being made and documented.
- Referral outcomes documented on *Professional Visit Progress Notes (MIHP 011)* under “outcome of previous referrals” and include which referral is being addressed and the status of the referral.
- Documentation that beneficiary scoring moderate or high on the stress/depression domain, indicate that a mental health referral was made (may be an infant mental health referral) or documentation why referral not made.

Certification Cycle 6

Indicator # 38

Timely and accurate submission of pre-review materials

- Provider sends requested certification documentation to the reviewer by mail only, (**not** via fax or email)
- **All** pre-review documents requested are received by the reviewer no later than 14 calendar days before the onsite review
- All documents submitted must be legible

Certification Cycle 6

Indicator # 39

Staff interview participation:

The number of professional staff who participate in the staff interview in person or via conference call, in addition to the coordinator meets the applicable criterion listed below:

- Agency employing 2-3 professional staff: All must participate.
- Agency employing 4-5 professional staff: at least three must participate.
- Agency employing 6 or more professional staff: at least 50% must participate.

Certification Cycle 6

Indicator # 42

A second maternal home visit must be made after the birth of the infant, and a maternal postpartum professional visit may be made on the same date of service as the Infant Risk Identifier visit with supporting documentation.

- Closed maternal charts indicate that one post-partum home visit was made
- Charts which document a maternal postpartum visit and *Infant Risk Identifier* visit on the same day, indicate the reason why both visits needed to be on the same date of service.

Certification Cycle 6

Indicator # 43

Coordinator disseminates information received from the MIHP state team to professional and administrative staff

- Staff can explain how and when:
 - MIHP coordinator shares the coordinator email.
 - MIHP Coordinator shares updates and training content received at the regional coordinator meetings.
 - MIHP coordinator shares special communications, webinar announcements or other MIHP information.

Certification Cycle 6

Indicator # 44

NEW REQUIRED TRAINING

- Overview of the MIHP Training Course (formerly titled MIHP Billing and Overview)
- Alcohol Free Baby and Me
- Smoke Free Baby and Me
- Reaching the Most Difficult to Reach Families: An Attachment Perspective
- Interpersonal Violence and MIHP
- Intimate Partner Violence: More than meets the eye
- Breastfeeding and MIHP
- Prevention of Early Elective Delivery
- Motivational Interviewing and the Theory Behind MIHP Interventions
- Ages and Stages Questionnaires (3rd Edition) and ASQ: SE
- Implementing the MIHP Depression Interventions
- Infant Safe Sleep
- Infant Mental Health Services (when available)



Certification Cycle 6

Indicator # 51

Family Planning

- Charts document that family planning is discussed with the mother or father (if he is the primary caregiver) at every infant visit unless the mother has undergone operative or non-operative permanent sterilization, or the mother or father (if he is the primary caregiver) refuses.

Indicator # 53

Referral Lists

- Staff interview indicates that staff can explain how they use the referral list and where it is located.

Important to Remember

“An important measure of quality is the extent to which patients’ needs and expectations are met.”¹

“A key component of a well-functioning QI team is an effective infrastructure, such as, leadership, and policies and procedures to organize and facilitate the work of the team. Infrastructure support affords the team with tools, resources, clear expectations, and a forum for communication.”¹

¹QUALITYIMPROVEMENT U. S. Department of Health and Human Services Health Resources and Services Administration April 2011
<http://www.hrsa.gov/quality/toolbox/508pdfs/qualityimprovement.pdf>

QUESTIONS

Contact:

MIHP QI Coordinator

Suzette Burkitt-Wesolek

BurkittWesolekS@michigan.gov

MIHP Consultants

Ingrid Davis: davisi1@michigan.gov

Joni Detwiler: detwilerJ@michigan.gov

Cherie Ross Jordan: rossJordanC@michigan.gov

