

# Maternal Infant Health Program



October 2017 Coordinator Training

We welcome our new  
section manager,  
Dawn Shanafelt

Dawn is the section manager for:

- Perinatal Care System
- Maternal Infant Health Unit
- Infant Health Unit including:
  - Early Hearing Detection and Intervention
  - Infant Wellness (Safe Sleep, Fetal Infant Mortality Review, and Infant Death Autopsy Support and Safe Delivery)



# Division of Maternal and Infant Health

Perinatal and Infant Health Section / Maternal Infant Health Unit

## MATERNAL INFANT HEALTH PROGRAM

Suzette Burkitt-Wesolek, Acting Program Coordinator

Christy Livingston, Unit Secretary



Joni Detwiler, Public Health Consultant

Ingrid Davis, Public Health Consultant

Cherie Ross-Jordan, Public Health Consultant

Chelsea Low, Public Health Consultant

Deb Marciniak, Quality Assurance Consultant

Connie Frantz, Departmental Analyst

Maria Garcia, Departmental Technician



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# MIHP Provider Resources

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Helping agencies serve Michigan's families

# MIHP BI-Monthly Community of Practice Calls

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- MIHP Bi-Monthly Community of Practice Webinar/Calls - Highly recommended, not required
- Anticipated Format and Objectives
  - Brief MDHHS MIHP Updates
  - MIHP Operational or Program Delivery Training
  - Best Practice Presentations
  - Educational Presentations



# MIHP BI-Monthly Community of Practice Calls Schedule

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## Upcoming MIHP Bi-Monthly Community of Practice Webinar/Calls

- Thurs, Nov 30, 2017 3pm-5pm
- Thurs, Jan 25, 2018 9am-11am
- Tues, Mar 20, 2018 9am-11am
- Wed, May 23, 2018 9am-11am
- Thurs, July 26, 2018 2pm-4pm
- Tues, Sept 25, 2018 10am-12pm



# Michigan's Dental Registry (MiDR<sup>SM</sup>)

- Goal is to improve oral health access and care quality for patients on Medicaid
- Allows communication, coordination and referrals between medical and dental providers
- Partners:
  - MDHHS/Oral Health Unit
  - Delta Dental
  - University of Michigan School of Dentistry



# Michigan's Dental Registry (MiDR<sup>SM</sup>)

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- All MIHP providers will have access to the MiDR<sup>SM</sup> application through the MDHHS MILogin system
- YouTube video explains how to get and use the MiDR<sup>SM</sup> application
- The MiDR<sup>SM</sup> allows you to:
  - Find a dentist in area that accepts Medicaid and send a referral to that dentist
  - Maintain security because each client gets a referral ID
  - Send dental notes to the dentist
  - Find a dentist with a specialty such as pediatric dentist who accepts Medicaid

A screenshot of the MiDR<sup>SM</sup> Login page. The page has a white background with a dark header. At the top right of the header are links for "Join now" and "Login". The main heading is "Login" in blue. Below the heading is a sub-heading: "Don't use Virb yet? [Take the tour](#) or [join now](#)." The login form consists of two input fields: "Email Address" and "Password". To the right of the Password field is a link that says "Forgot your password?". Below the Password field is a checkbox labeled "Remember me on this computer". At the bottom left of the form is a link that says "Log in with your OpenID". At the bottom right of the form is a button labeled "ENTER".



# Michigan Care Improvement Registry (MCIR)

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- Created in 1998 in order to collect reliable immunization information for children throughout the State of Michigan
- Successful in reducing both vaccine-preventable diseases and over-vaccination
- In 2006, MCIR transitioned from a child immunization registry to a lifespan registry and now includes adult immunizations as well



# Michigan Care Improvement Registry (MCIR)



- MIHP providers now have read-only access to the MCIR database
- The MIHP Personnel Roster includes a column to designate the staff members authorized by the agency to access MCIR through MILogin
- Instructions to register as a MCIR user are on the MIHP website. If you have questions, contact Maria Garcia at 517 241-9366 or [garciam14@michigan.gov](mailto:garciam14@michigan.gov)
- More information about MCIR is available at <https://www.mcir.org/>

# Infant Mental Health Endorsement MI-AIMH

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- Endorsement® look has changed
- Neither the credential itself nor the requirements for Endorsement® have changed
- The credential will continue to be IMH-E®
- Instead of referring to an individual's Endorsement® as Level I or Level II, refer to the full Endorsement® title, such as Infant Family Associate or Infant Family Specialist, or the acronym of the title, such as IFA or IFS
- Infant Family Specialist (II) or IMH Specialist (III) are the requirements for MIHP

# Infant Mental Health Endorsement MI-AIMH

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- Using the term “category” rather than “level”
- Each category of Endorsement® is specific to an individual’s scope of practice
- MI-AIMH, along with member IMH associations of the Alliance, believe that the most important thing is that all professionals working with infants, young children and families earn Endorsement® in order to show their commitment to and mastery of infant mental health principles

# Celebrate Babies! October 16 - 20, 2017



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Michigan Association for Infant Mental Health (MI-AIMH) and partner infant mental health associations have set "Celebrate Babies!" week for  
October 16 - 20, 2017!

- During that week, 28 IMH associations will unify to keep the baby in mind!
- Two exciting Celebrate Babies! challenges in 2017
  - "Like" the Michigan Association for Infant Mental Health Facebook Page
  - Participate in the Celebrate Babies! Chapter challenge and help support your local MI-AIMH chapter and community!



## WIC Collaboration

Utilizing Coffective materials

Co-developed Fatherhood materials FY 2017-18

Breastfeeding promotion-ALL WIC offices will have an IBCLC on staff as of 10/1/2017

# 2017/2018 Home Visiting Continuous Quality Improvement Project Update

15

Develop consistent messaging regarding tobacco use across Home Visiting Programs

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graph LR; A[Develop consistent messaging regarding tobacco use across Home Visiting Programs] --- B[Focus on tobacco use - in alignment with our new POC]; A --- C[Survey at HV conference as part of evaluation]; A --- D[Ongoing updates will be provided];
```

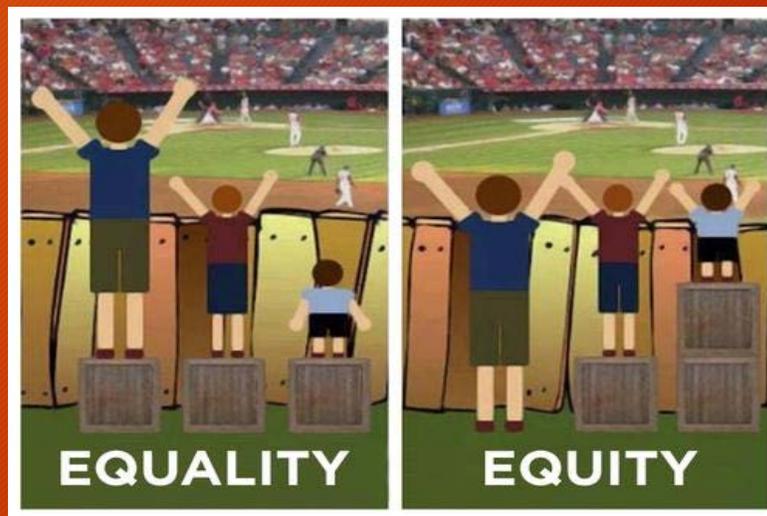
Focus on tobacco use - in alignment with our new POC

Survey at HV conference as part of evaluation

Ongoing updates will be provided

# MDHHS MIHP Health Equity Initiative

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# MDHHS MIHP Health Equity Initiative

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Bureau Director, Lynette Biery introduced a new strategy for service delivery based on Dr. David Williams' Ted Talk presentation

*Understanding Racism & Health Equity And How Racism Can Make You Sick*

[https://www.ted.com/talks/david\\_r\\_williams\\_how\\_racism\\_makes\\_us\\_sick](https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick)

# MDHHS MIHP Health Equity Initiative

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In a heightened state of tension, the body produces cortisol and other stress hormones which at continuous elevated levels can have detrimental effects on the body, leading to an increased risk of numerous health problems.

The impact of stress hormones on pregnant mothers can increase the risk for:

- Anxiety
- Depression
- Digestive problems
- Headaches
- Heart disease
- Sleep problems
- Weight gain
- Memory and concentration impairment

# MDHHS MIHP Health Equity Initiative

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## Chronic stress:

Derives from unending feelings of despair/hopelessness, as a result of factors such as poverty, family dysfunction, feelings of helplessness and/or traumatic early childhood experience.

## Chronic stressors associated with health disparities:

- ✓ perceived discrimination
- ✓ neighborhood stress
- ✓ daily stress
- ✓ family stress
- ✓ acculturative stress
- ✓ environmental stress
- ✓ maternal stress

# Understanding Racism & Health Equity

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- Dr. Williams also concluded that better understanding of the relationship between health and racism/discrimination can aid in identifying race-based risk factors and assist in developing primary prevention strategies.
- The MIHP team has chosen to incorporate Dr. Williams “short version” of the Perceived Discrimination Scale into the revised Maternal Risk Identifier.
- Knowledge gained from this tool will raise awareness of MIHP providers and give our team a baseline in terms of education that we can offer to ensure that race disparities continue to be in the conversation as we seek to reduce infant mortality rates.

# Maternal Infant Health Program Operations & Procedures

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# Revisions: Maternal Risk Identifier

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- Literature review
- Collaboration with MDHHS and public partners
- Evidence-based screeners and tools
- Maternal Risk Identifier Pilot project
  - Four agencies participating - Thank you to those agencies
  - At least 40 maternal beneficiaries
  - Evaluation

# Maternal Risk Identifier: Other Enhancements

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# Revised MIHP Forms

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Effective January 1, 2018

# Forms Changes: Maternal Professional Visit Progress Note (PVPN)

25

- Risk domains match new POC2 Substance Misuse
- New questions on page 2 added/modified:
  - Postpartum visit with medical provider encouraged
  - Safe Sleep addressed
  - MIHP Action Plan completed/reviewed
  - MIHP Safety Plan completed/reviewed
  - Elective delivery before 39 weeks discussed this visit
  - Beneficiary/staff asked for feedback on today's visit
- Beneficiary/staff plan for next visit
- New referrals
  - New grouping format for referrals
  - Beneficiary's feedback regarding today's referrals



# Forms Changes: Infant Professional Visit Progress Note (PVPN)

26

Risk domain sections include:

- Maternal Considerations
- Substance Exposed
- Stages of Change



Page 2 questions added/modified:

- Medical care provider appointments kept since last visit
- Safe Sleep addressed this visit
- MIHP Action Plan completed/reviewed
- MIHP Safety Plan completed/reviewed
- Breastfeeding education provided this visit
- Caregiver/Staff asked for feedback on today's visit
- Plan for next visit
  - Beneficiary
  - Staff
- Beneficiary's feedback regarding today's referrals

# Forms Changes: Plan of Care, Part 1

- Lists 12 activities that must be completed during the Risk Identifier Visit
- Captures referrals at intake
- One signature required-professional completing MRI or IRI
- Educational topics on separate document

# Forms Changes: Plan of Care, Part 2

- If referring to an internal MIHP RD who is listed on the MIHP Personnel Roster — you are not required to check the “referred to RD” box on the Plan of Care
- Only check the “referred to RD” box if you are referring outside of your MIHP
- Maternal Nutrition POC

# Forms Changes: Prenatal and Infant Communication Forms

29

The *Beneficiary Status Notification* form now replaces the Prenatal and Infant Communication letters

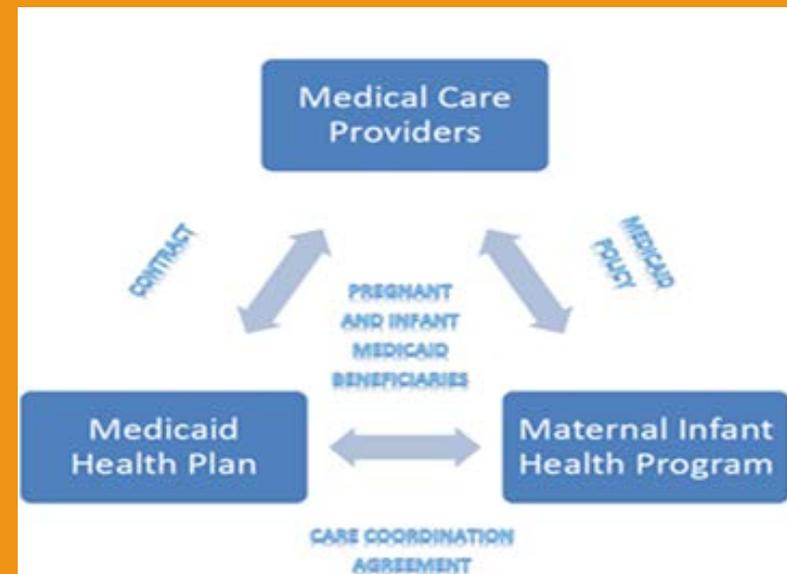
- Maternal A, B and C
- Infant A, B and C

Given to both the Medical Care Provider & Medicaid Health Plan:

- At enrollment
- Risk Level and other updates
- Discharge

## Forms Changes: Prenatal and Infant Care Communication Forms

- Updated domain names (new POC2s)
- Aligned infant domains with score sheet
- Added MIHP agency name and contact information
- Clarified whose phone number and address is requested



# Forms Changes

## IBCLC Progress Note

- Referral box matches other progress note

## Checklists

- Updated to reflect other forms changes

# Clarification on MHP Communication Form

32

- If originated by MHP with referrals to your agency, respond back monthly
- You may also use it to report beneficiaries you have located



# General Information and Reminders

34

# New MIHP Providers

Application process “re-opens” November 2017

- Inquiry meetings scheduled 4 times a year
  - 11/13/2017
  - 03/13/2018
  - 07/12/2018
  - 11/15/2018
- Application revision
- New orientation process
  - April 2018
  - November 2018

# Counties Currently Not Served by MIHP

Barry

Eaton

Hillsdale

Lenawee

# Personnel Roster Due Dates

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Quarter	Must Submit Personnel Roster Between
1 <sup>st</sup> Quarter: October 1 - December 31	January 1 – 30
2 <sup>nd</sup> Quarter: January 1 – March 31	April 1 – 30
3 <sup>rd</sup> Quarter: April 1 – June 30	July 1 – 30
4 <sup>th</sup> Quarter: July 1 – September 30	October 1 – 30

# MIHP Coordinator Directory

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- If you indicate on the directory list that you offer services in a county you must:
  - Service the entire county
  - Have the resources and staff to accommodate the needs of the beneficiaries in that county
  - Accept referrals from the Medicaid Health Plans for all counties you list on the directory

# MIHP Coordinator Directory: Specialty Designation

39

- Send in form if serving a specialty population
  - Attestation form is on the website
- This is vital for:
  - MIHP agencies referring to other MIHP agencies with expertise
  - MHPs referral process
  - Clients access to appropriate programs

# Postpartum visits

40

One maternal visit is saved to use for postpartum

Then complete an IRI and start billing under infant's ID

# Assisting Bereaved Families

41

- Referral to healthcare & mental health providers
- Hospice-Affiliated Grief Support
- Non-profit Organizations (ex. United Way 211)
- Faith-Based Organizations
- Financial Assistance for Funerals
- State of Michigan-Financial Assistance for Funerals



# Trainings

42

- Required Training: Safe Sleep for Health Care Providers, NOT Child Care Providers
- May 2018 MIHP Coordinator Training session will be a one day session
- Ages and Stages-3™ Developmental Screening Training

# Transportation for Nurse Family Partnership

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Please remember:

MIHP agencies must provide transportation for Fee For Service Nurse Family Partnership participants

# Social Media

44

- Use professional judgement when utilizing social media
- Inappropriate Facebook posts have been noticed by state staff
  - Promising free items to join your program
  - Criticizing other MIHP agencies
  - Disparaging comments about Medicaid and the government
  - Disturbing pictures
- All MIHP providers and staff represent the program



# Transfer

45

- 10 days to get material to requesting agency
- Include all required documents, including progress notes for visits completed
- Transferring agency does not complete discharge

If CPS/Health Plan contacts you with a referral, you are still required to check the MIHP database to see if another agency is serving the family.

# Thank you for going above and beyond!

46

- Picking up counties not served
- Grant projects that improve health of moms and babes
- Coordinating efforts to address high risk domains in your community
- Working on systems change to meet the need of your families
- Collaborating with competitors
- Working with changing federal and state mandates
- Serving our collective families



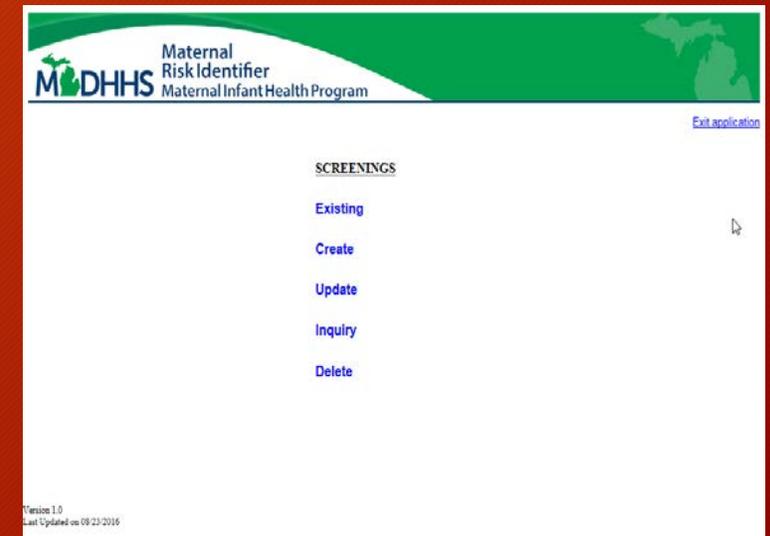
# Information Technology

47

# IT Updates

48

- New function to allow correction of MRI, IRI within 30 days of completion - if no associated discharge has been started
- No longer required to delete and re-enter if within the 30 day time frame
- Still required to request deletion and re-enter if after the 30 day window



# IT Updates

49

MDHHS is aware of and working to remedy issues in the MIHP application

- Duplicate demographic records
  - Most are “holdover” from when IRI had 2 components
- Disappearing Risk identifiers
  - Provide copy of printout of original to your MIHP Consultant
  - Consultant will work with IT team

Please contact your MIHP Consultant and she will work with the IT team to determine how to proceed.

# Certification

50

# MIHP Certification Data

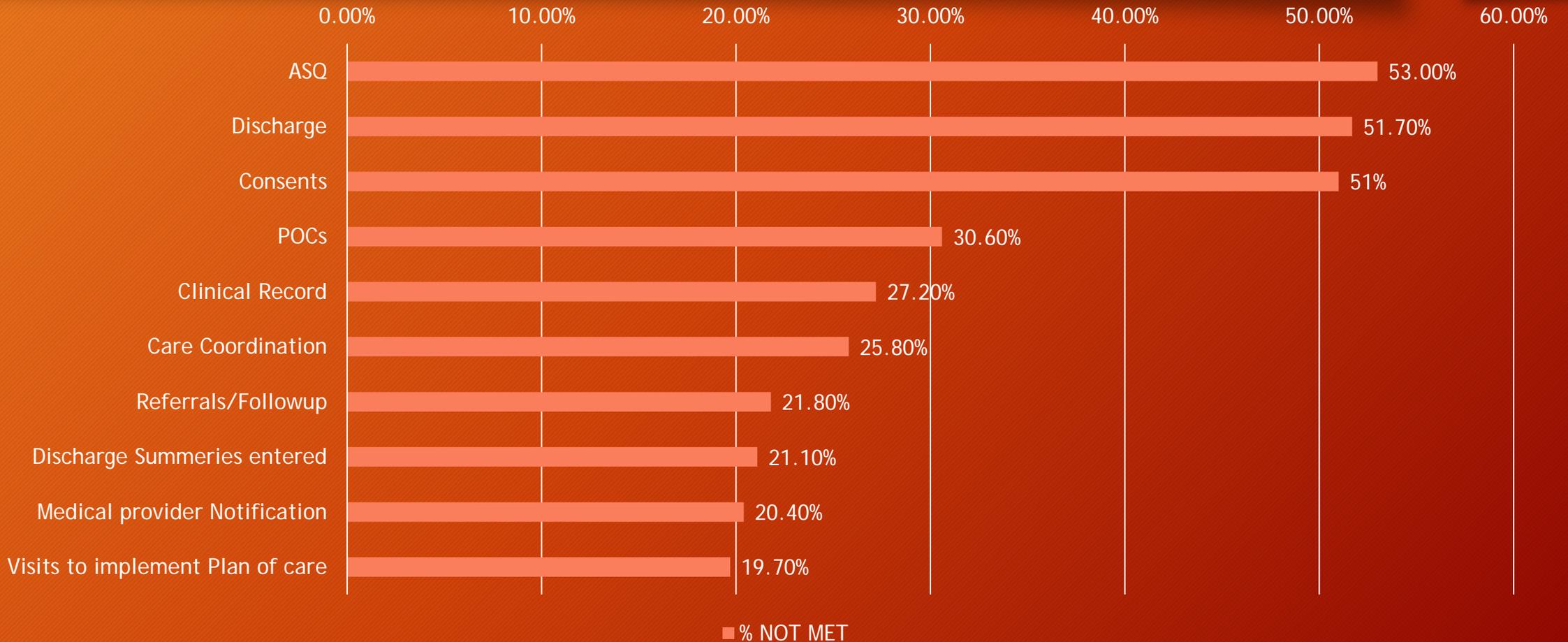
51

August 1, 2016 - July 31, 2017

- Total Certification Reviews: 114
- Reviews with Zero “Not Mets” 1

# Top Ten Indicators with "Not Met" Citations 8/1/2016 thru 7/31/2017

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# MIHP Certification Data

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August 1, 2016 - July 31, 2017

- Most Commonly Missed Non Critical Indicator:
  - #3 Signed Consents 51%
- Most Commonly Missed Critical Indicator:
  - #26 ASQ and ASQ-SE 53%

# Cycle 7 Certification - Existing Agency Process

54



# General Cycle 7 Certification Updates

55

- Met (100-90%)
- Met with Conditions (89-80%)
- Not Met(<80%)
  
- Combined and separated indicators for ease of use

## #5 Timely entry of beneficiary Discharge Summary data into the MDHHS MIHP electronic database.

56

- New Critical Indicator
- Replaces Critical Indicator \*56

# #16 Maintain adequate and confidential beneficiary record system

57

- A double-locking system (two locked mechanisms between records and people who have not signed the staff confidentiality agreement) is used in office to secure MIHP records.
- All staff maintain security during service delivery, carrying only the minimum identifiable information necessary to provide service in the field.



# #17: The MIHP must demonstrate a system for handling beneficiaries grievances (Updated)

58

Protocol

Written document provided to the beneficiary (MIHP, MDHHS, MHP)

MIHP Participant Rights Form

Can be copied front & back

## #18: After Hours Emergency (Updated)

59

- Phone answering system (all-times)
- Visit accommodate the needs of the client
- MIHP Phone not accessible to family or others not authorized to handle PHI
- Written material provided to client-(emergency protocol)

## #29 New - Physician Orders

60

Beneficiary charts include:

- Physician order for services requiring a physician order
- Documentation of the reason for and purpose of services requiring a physician
- Physician orders must include the following elements:
  - printed MIHP agency name
  - printed medical provider name, address, and phone number
  - medical provider signature, credentials (MD, DO, FNP, PA), and date of signature.
  - updated annually

# #31: Implementing the Beneficiary's Plan of Care (New)

61

- Plan of Care risk domains; issues identified by the beneficiary; or issues identified through professional judgement of provider was addressed at every visit, OR
- If no risk was assessed, include documentation related to the rationale for services
- Infant Professional Visit Progress Notes document substance exposed infant interventions are implemented at each SEI visit
- Infant charts document the Substance Exposed Infant(SEI) Plan of Care was utilized upon positive assessment of SEI risk

# #36: (SEI) Substance Exposed Intervention

62

A SEI must be  
addressed when  
billing SEI code  
#96154  
(visits 19-36)

SEI must be  
addressed as soon as  
it is identified  
(visits 1-18)

# #49: Coordination with Medicaid Health Plans (New)

63

MIHP agencies must:

- Notify the Medicaid Health Plan (MHP) of their members enrolled in your MIHP on the Prenatal or Infant Care Communication form.
- You must also report the status of the beneficiary on the *MIHP-MHP Referral and Communication Tool*.
- Notify the MHP if the beneficiary transfers to your MIHP. You may choose to use the form, write a note, or call the MHP. If you call, it must be documented in the chart on the *Contact Log*.

# #49: Coordination with Medicaid Health Plans (New)

64

MIHP agencies must:

- Contact the MHP contact person who is designated to work with MIHPs in order to coordinate transportation for mutual beneficiaries.
- Notify the MHP within 24 hours when emergency interventions are implemented by using the *Care Communications* form.
- Send the *Notice of Beneficiary Discharge* to the MHP within 14 calendar days, without the *Discharge Summary*, when the beneficiary is discharged.

# #52: Immunization Status (Updated)

65

- MCIR documentation is placed in the mother's closed chart (or documentation of why not) for visits occurring after 1/1/18
- MCIR Immunization (or screen shot of attempt) placed in chart for all infant charts opened after 1/1/18
  - Expectation is for a 4, 6, and 12 month print out
  - 18 months If applicable

# Resources



# New study shows Tdap vaccination during pregnancy can prevent whooping cough in babies

67

Whooping cough is a serious disease that can cause uncontrollable, violent coughing that often makes it hard to breathe.

Babies younger than one year are at the highest risk for severe complications or death.

Typically, between five and 15 babies die from whooping cough each year in the United States.

Most deaths are in those too young to be protected by getting their own whooping cough vaccines.

Babies do not get vaccinated to start building their own protection against whooping cough until they are two months old.

# Tdap vaccination during pregnancy

68

Women can help to protect their babies before they enter the world by getting Tdap vaccine while pregnant.



Babies can benefit when their mothers get the Tdap vaccine in the third trimester of each pregnancy."

<https://www.cdc.gov/media/releases/2017/p0928-tdap-pregnancy-whooping-cough.html>

# Certified Lactation Consultant (CLC) Courses in Michigan in 2018

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- Wyoming, MI Feb 5-9 2018
- Battle Creek, MI April 23-27 2018

Comprehensive, evidence based, college level, breastfeeding management course that includes practical skills, theoretical foundations and competency verification.

[www.centerforbreastfeeding.org](http://www.centerforbreastfeeding.org)

# October is #RSV Awareness Month

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## Respiratory Syncytial Virus (RSV)

- Most young children encounter what's known as Respiratory Syncytial Virus, or RSV, before age two. It's a common seasonal virus with flu-like symptoms. Learn more at [www.infanthealth.org/rsv](http://www.infanthealth.org/rsv)
- You can also access information on the CDC website <https://www.cdc.gov/rsv/index.html>



# Flu Vaccine for Pregnant Women and Infants

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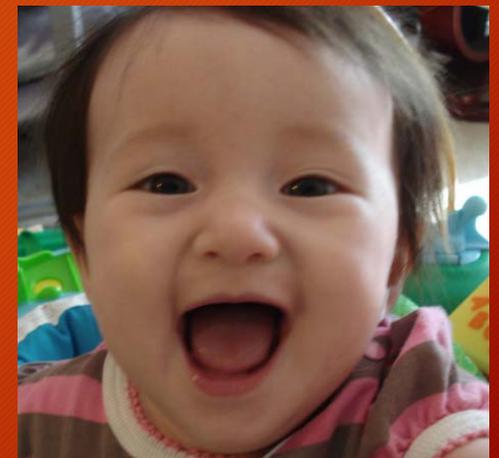
- A yearly flu vaccination recommended for everyone 6 months and older every year
- Especially important that young children and children with certain long-term health problems get vaccinated.
- Caregivers of children at high risk of flu complications should get a flu vaccine. (Babies younger than 6 months are at high risk for serious flu complications, but too young to get a flu vaccine.)
- Pregnant women should get a flu vaccine to protect themselves and their baby from flu. Research shows that flu vaccination protects the baby from flu for several months after birth.
- As part of prenatal care, doctors recommend getting a flu shot anytime during pregnancy.
- For more information on Prevention and Control of Seasonal Influenza with Vaccines, 2017-18 <https://www.cdc.gov/flu/professionals/acip/index.htm>

# ZERO TO THREE

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- Offers two monthly e-newsletters for parents
  - Evidence based
  - Free
  - Easy to subscribe
  - Easy to read on cell phone
- Baby Steps
  - In-depth advice on a common child-rearing issue each month (e.g., sleep problems, challenging behaviors, etc.)
- From Baby to Big Kid
  - Info on how children learn and grow each month from birth to age 3

<https://www.zerotothree.org/resources/series/newsletters>



# New Child Health Fact Sheets Now Available

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- The Michigan Council for Maternal and Child Health (MCMCH) has partnered with fellow advocates and health professionals to produce five policy briefs as a resource for policymakers, and to provide background, data, and contact information for questions/discussion.
- The briefs, in infographic form, focus on timely policy priorities in five key topic areas:

[Immunizations](#)

[Infant Mortality](#)

[Mental Wellness](#)

[Childhood Obesity](#)

[Oral Health](#)

- You can access the infographic sheets at: <http://mcmch.org/resources/>



# MIHP Updates

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Please write questions on the index cards at your table  
and MIHP staff will collect them

## THANK YOU

