

### Maternal Infant Health Program Cycle 9 Protocols

Please provide the information below, sign and submit this document with the agency updated protocols.

**No Change in protocol:** Click box if no change

**Date Protocol Updated:** Insert date protocol updated by agency

**Date of New Protocol:** Insert date new protocol implemented by agency

Protocol Number	Protocol	No Change in Protocol	Date Protocol Updated	Date of New Protocol
1.1	Agency Communication			
2.1	PHI During Travel			
2.2	Email Encryption			
2.3	Closed Records			
3.1	Grievances			
3.2	Chart / Billing Audits and EHR Systems/Databases			
4.1	Services from Supplementary Disciplines			
4.2	Early On Services And ASQ Protocol			
4.3	Child Protective Services Referrals			
4.4	Back-Up Staffing			
4.5	Interpretation Services			
5.1	Outreach			
5.2	Referrals and Schedule Accommodation			
5.3	Beneficiary Transfers			

Protocol Number	Protocol	No Change in Protocol	Date Protocol Updated	Date of New Protocol
5.4	Immunization, Lead Screening, Hearing Screening, and accessing Michigan Care Improvement Registry (MCIR)			
6.1	Telehealth and Home Visits			
Name of Agency		MIHP Coordinator		
MIHP Coordinator's Email Address	Phone Number	Fax Number		
<b>By signing below, the agency coordinator certifies that the protocol information provided in this document is accurate, and complete.</b>				
MIHP Coordinator Signature			Date	
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