

*Responsibilities and information to assist you in your role as the Lead MiFAST reviewer. This includes information to share with team, Assistant Reviewers and Shadow Reviewers.*

**MiFAST visits are intended to rate how thoroughly a practice is implemented when compared to the MiFAST tool.**

**The visit is not an audit or a Medicaid site review. When you hear these terms, please gently explain that the purpose of the visit is to assist with implementation improvements, provide assistance and is not an audit or site review.**

As the lead for this visit, your *responsibility* is to both guide and direct the process, your role includes sharing the following information with the assistant and shadow reviewers as well as with the team; please be sure to include the following activities:

1. You volunteered to be the lead reviewer and so will receive team contact information, assistant reviewer contact information and possibly (if participating) shadow reviewer contact information
2. Verify with the Team and the person listed as the contact the review date, time, location address
3. Provide to the team your contact information and role, the MiFAST tool, provide suggested information to help the team prepare for the visit and a tentative schedule
4. Confirm with the assistant reviewer date, time, location address and if shadow reviewers are attending, provide the same information
5. Day of visit, finalize the schedule with the team leader- be sure there are opportunities and time included to meet with the team, consumers, families and administrators and for records and policy review (and add a bit of time to talk with the review team after for questions, process, etc.)
6. Suggestion-learn from the team specific areas of difficulty that might improve with reviewer and report assistance and attention, include it!
7. Divide and assign visit activities among Lead, Assistant and Shadows
8. Conduct the visit (probing questions are available to assist you all)
9. At agreed upon time, meet with Assistant and Shadows to consolidate information from the visit. Scores for items should be agreed upon, key strengths and areas to improve model implementation noted. Areas noted for improvement must be written from a strength based perspective, and provide clear direction and recommendations. In the report, identify and include where the targeted improvement is to begin/occur (such as PIHP, SMHSP, Agency, Team) and the expected result
10. Meet with Team Leader, any interested team members and Administrators to discuss visit observations and gathered information. This is a good time to begin thinking about TA needed and offered to team. Examples of TA could include 'focused training, coaching, consultation for specific areas of need'
11. Facilitate a consultative follow-up conference call time and date with Shadow Reviewers to consolidate their experience and assist them in their path to Assistant, then Lead Reviewers
12. Agree on a consultative follow-up conference call time and date (include on report) with the Team Leader
13. Write the report (the report is a completed MiFAST tool. To use the tool, open, enable editing; then tab and enter information. Helpful hint: tab to Strengths, Recommendations and Work plan areas; the Alt+Enter keys will give you a new line for lists, etc. within the box.)
14. Submit the report and tables sheet by email as attachment to [MDHHS-MIFAST@michigan.gov](mailto:MDHHS-MIFAST@michigan.gov) (this is a new mailbox just for MiFAST); the MDHHS specialist will review the report, discuss if needed, approve and notify you. You will send report to the team and use as basis for consultative phone call.
15. The report must be submitted for any MiFAST team members to be reimbursed
16. Facilitate the consultative follow-up call and determine workplan from recommendations; discuss what type of TA might be useful, etc. (You will seek and provide or arrange for most TA to occur after the call.)
17. Submit your Reviewer invoice and supporting documents to Community Mental Health Association of Michigan. (TA, approved by Alyson-MDHHS specialist, may occur after the visit and report is submitted and it will incur a separate invoice.)

Information for you to share with **Assistant Reviewer** related to roles and activities:

1. Confirm visit date, time, meeting address
2. Provide same information as #2 above to the Assistant Reviewer
3. Assists Lead to complete activities outlined in the finalized schedule
4. Consultative phone call w/ Lead/Assist/Shadow (and Alyson) to consolidate experience and answer questions
5. Participate in agreed on a consultative follow-up conference call with team
6. Submit your Assistant Reviewer invoice and supporting documents to Community Mental Health Association of Michigan. (TA, approved by Alyson, may occur after the visit and report is submitted and it will incur a separate invoice.)

Information for you to share with **Shadow Reviewers**:

1. Confirm visit date, time, meeting address
2. Provide same information as #2 above to the Shadows
3. At visit, depending on experience, etc. assign to accompany Lead or Assistant or allow meeting with consumer, family, etc. As the Lead Reviewer, use your judgment on participation for the best learning experience for Shadows
4. Consultative phone call w/ Lead/Assist/Shadow (and Alyson) to consolidate experience and answer questions
5. Submit invoice for travel expenses.

Subscales on the tool to use for MiFAST ACT team visits: GOI, ACT and IDDT. Please note the tool is currently being revised and when complete will be sent out; scoring parameters will also be sent out soon.

Major components of Visit:

- Team meeting
- Prescriber meeting
- Group or consumer discussion
- Consumer community visit
- Administrative meeting
- Policy review
- Records review

If you need more info or wish to give me feedback regarding the instructions, PLEASE do so, so that we can continue to define and improve the MiFAST process improvement process for everyone involved.