

Health Information Sharing

Policy #	Policy Recommendations	Required Change/ Recommended Action	Due Date	FY18 Progress Report	Progress Clarification
9.1	The State of Michigan should develop and implement a statewide strategy for <u>aligning policy, regulatory, statutory and contractual requirements to enable the sharing of behavioral health information.</u>	<p>1) Finalize and promulgate Version 4.0 of the consent form and related guidance.</p> <p>2) Work with the Office of Recipient Rights to develop new guidance for recipient rights officers.</p> <p>3) Develop Version 5.0 of the consent form and related guidance with an emphasis on improving the reading level and translating the documents into other languages.</p> <p>4) Incorporate requirements into the Medicaid Health Plan contracts.</p> <p>5) Work with LARA to update licensing regulations for substance use disorder treatment programs</p> <p>6) Develop a standard definition for "coordination of care."</p>	<p>1.31.2018</p> <p>1.31.18</p> <p>4.30.18</p> <p>9.30.18</p> <p>2.28.18</p> <p>Dependent on changes to PA 129 of 2014</p>	<p>Complete</p> <p>Partially Complete</p> <p>Partially Complete</p> <p>Other</p> <p>Partially Complete</p> <p>Partially Complete</p>	<p>2) MDHHS legal counsel initiated this work with the Office of Recipient Rights, but the guidance is still under development.</p> <p>3) Designated MDHHS staff has collected all of the comments and feedback on Version 5.0 from the Consent Form Workgroup and pilot sites. Staff are aiming to integrate these edits into a final draft by the end of September and work with the legal and compliance offices to publish the final version by the end of October.</p> <p>4) MDHHS has opted to require the use of the standard consent form through Medicaid policy as opposed to Medicaid Health Plan contracts. MDHHS has developed a draft policy bulletin to implement this requirement, which is currently posted for public comment.</p> <p>5) MDHHS has been engaged in active discussions with LARA and provided a series of comments to help inform the revision of the licensing rules. MDHS will continue to participate in discussions in regards to the rule.</p> <p>6) MDHHS has reviewed a series of potential definitions for coordination of care and also examined whether the department has the legal authority to adopt a standard definition. MDHHS does not currently have the authority to adopt a standard definition, but MDHHS has provided several examples of definitions to its provider and payer partners.</p>
9.3	MDHHS should support local and statewide efforts to <u>build infrastructure that will enable the secure sharing of behavioral health information</u> across health care organizations.	<p>1) CC360 – Seek modifications to CC360 to incorporate behavioral health information</p> <p>2) ECMS – Secure approval of HIE APD in order to obtain funding for developing and implementing the electronic consent management infrastructure.</p> <p>3) ECMS – Work with HIT and HIE partners to pilot the electronic consent management use case.</p> <p>4) ECMS – Work with HIT and HIEpartners, substance use disorder treatment providers, and payers to promote statewide participation in the electronic consent management use case.</p> <p>5) ADT – Identify pilot sites for the inpatient psychiatric admission discharge transfer (ADT) notifications use case.</p> <p>6) ADT – Work with HIT and HIE partners to finalize the use case agreement for the inpatient psychiatric admission discharge transfer (ADT) notifications use case.</p> <p>7) ADT – Work with the MHPs and PIHPs to encourage provider participation in the inpatient psychiatric admission discharge transfer (ADT) notifications use case.</p> <p>8) HIT – Explore whether the department can include funding for supporting adoption of HIT by behavioral health providers as a future APD activity.</p>	<p>6.30.18</p> <p>Depends on CMS</p> <p>Dependent on ADP funding</p> <p>Dependent on ADP funding</p> <p>3.31.18</p> <p>6.30.18</p> <p>12.31.18</p> <p>3.31.18</p>	<p>Partially Complete</p> <p>Other</p> <p>Partially Complete</p> <p>Not Started</p> <p>Partially Complete</p> <p>Partially Complete</p> <p>Not Started</p> <p>Not Started</p>	<p>1) MDHHS has incorporated mental health service claims and encounters into CareConnect360. MDHHS is currently working on refining the granularity of the information that is displayed in CC360.</p> <p>2) MDHHS does not currently have sufficient funding to serve as the state match to draw down federal funding through the APD process.</p> <p>3) MDHHS has been working with MiHIN to develop the use case summary and technology infrastructure for electronic consent management. However, further progress on this item has been impeded by the lack of funding for electronic consent management infrastructure.</p> <p>5) MDHHS has been working with MiHIN to develop the use case summary and recruit pilot sites for the ADT use case. However, further progress on this item has been stymied by continued disagreements over the limitations of the current Michigan Mental Health Code.</p> <p>6) MDHHS has been working with MiHIN to develop the use case summary, but further progress hinges on the recruitment of pilots.</p>

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9.2	MDHHS should <u>conduct education and outreach</u> efforts to inform individuals, families, providers and payers <u>about the importance and value of health information sharing.</u>	1) Update the consent form training module.	4.30.18	Not Started	1) This action item will be commenced once Version 5.0 of the form is published.
9.4	MDHHS should create a <u>common culture of collaboration</u> where stakeholders can <u>identify, discuss, and overcome statewide barriers to health information sharing</u> on an ongoing basis.	2) Conduct training for providers and payers.	Ongoing	Complete and Ongoing	2) through 5) These activities are ongoing.
		3) Encourage providers and payers to update their Notice of Privacy Practices, privacy policies, and training manuals.	6.30.2018	Complete and Ongoing	
		4) Partner with providers, payers, and advocates to conduct outreach to primary and secondary consumers.	Ongoing	Complete and ongoing	
		5) Conduct outreach to other community-based organizations (e.g. school-based providers, correctional facilities, etc.)	6.30.18	Complete and ongoing	