

To: TSG Board
 From: Laura Vredevelde
 Re: Potential TSG Projects for Board Consideration

At its September 2011 meeting, the TSG Executive Committee supported four potential projects for TSG for FY 2012, with the recommendation that these be discussed in additional detail with the Full TSG Board in October 2011. The table below describes the projects discussed at the Executive Committee and the current status of each of those.

Proposed Project	Status/Next Steps
<p>Agreement and planning for the behavioral health service array to be provided in an integrated care environment. This would begin with a description/index of the baseline benefit structure currently in place. This would build on TSG work completed for the Access Technical Resource Manual. Ideally, this would be structured from a “needs-based” framework rather than waiver-specific or purely population based. Would recommend a separate document for kids and adults and would capture ALL services currently offered now for SUD, MH, DD and SED.</p>	<p>Since the TSG Executive Committee met, MSA and MDCH have developed a benefits matrix as part of the dual eligibles planning. Per Lynda Zeller, TSG should work to ensure communication with representatives from the Dual Eligibles workgroup assigned to look at service array, but hold off additional work on this until that workgroup has developed its recommendations.</p>
<p>Development of common standards for IT Interface to allow exchange of essential health/clinical information across different providers, PIHP’s and varied Electronic Health Records. Analysis of the type of standards necessary for data exchange within and across our clinical record systems (beyond claims & encounters) in order to avoid duplicate data entry or shared ECR requirements.</p>	<p>The CIO Forum had an initial discussion on this topic and agrees this is a priority. This project would be led by the Data Exchange Workgroup and would start with an analysis of current issues and barriers, examination of data exchange needs, identification of any currently-available solutions, and analysis of what it would take to develop potential solutions. Lynda Zeller also recommends working with Beth Nagel (MI HIN) on this project and initial contact has been made.</p>
<p>Minimizing non-value added steps and processes within and across PIHP’s in the following areas: Recipient Rights Training & Monitoring, Direct Support Staff Training, Access - streamline process for access for consumers transferring from one provider or PIHP to another, minimize transition</p>	<p>MDCH is reconvening the 490 workgroup and is planning to convene a 494 workgroup related to deemed status. In addition, the PALS group is working to develop a common PIHP-MHP Coordinating Agreement for 2012 and is also working to address monitoring reciprocity for</p>

barriers, PIHP monitoring of provider network – sharing reports	provider audits. TSG Director will be included on all of these workgroups.
Staff Development and Competencies related to integrated care models – developing statewide plan for competency development and training in key areas of integrated health (ie: health homes for chronic conditions, integrated care management, disease management)	This remains a high priority for MDCH. Several training and technical assistance resources have been identified by members of the MACMHB Health Care Reform workgroup. TSG Director will work with Liz Knisely to develop a detailed plan.

We invite further dialogue on these and other ideas for TSG initiatives at our October 21, 2011 TSG Full Board meeting.