

Post-Session Summary
CCO 2.0 Learning Collaborative – Care Coordination (CC) and Intensive Care Coordination (ICC)
January 20, 2022 Session

Session Objectives

- Understand format and goals of CC/ICC learning collaborative
- Connect with colleagues across agencies, organizations, and offices who work on CC/ICC for OHP members
- Learn more about Oregon requirements for CC/ICC
- Gather input about future session logistics

Summary of Session

The session included an activity to engage LC participants in sharing high level goals, objectives and expectations for the LC series.

Themes from participants demonstrate the commitment of this group to the importance and effectiveness of the care coordination model. Specifically, participants expressed interest in:

- 1) using care coordination to address the houseless population;
- 2) including members in discussions about their care;
- 3) addressing social determinants of health and assuring health equity; and
- 4) using traditional health workers as part of the care team.

The top priority of participants is a focus on the OARs and the questions that CCO care coordination teams have about the application of these rules.

OAR Questions and Participant Requests:

- Clinical Services is working on our Coordination of Care Transitions Policy, and we need some help interpreting the intent of the requirement in OAR 410-141-3865 (12) Care Coordination Requirements. We all tend to agree that (a) and (b) seem to be specific to discharges from a behavioral health facility, however, (c) and (d) are not as clear. Can you help us get clear guidance on whether or not these rules are related to BH admissions/discharges or are they for ANY inpatient admission/discharge. There is a huge difference as far as staffing resources and oversight to meet these requirements for ANY inpatient admission/discharge. Are there any other disease/condition specific hospitals in our state? Shriner's Children's Hospital is the only one that comes to my mind.
- We are looking for help with interpreting the intent of the requirement in OAR 410-141-3865 Care Coordination Requirements, specifically 12 C&D. We are unclear if the face-to-face requirement is specific to BH or if it encompasses all inpatient stays and long-term care facilities.
- Re: staff/member ratios. ICC does not have the "protection" that we have for our Wraparound programs (max of 15:1), even though, overall, our ICC folks are often more complex and acute than Wrap youth and families, as in Wraparound, there is a longitudinal variation in terms of acuity....whereas in ICC, the teams are "handing off" their members who have dropped below those highest acuity needs.
- I suggest we use one of these sessions to map out a Visio diagram of the OAR with timelines.