Oregon’s goal is to create a health care system that emphasizes prevention and where physical health care, behavioral health care and oral health care are financially integrated within Coordinated Care Organizations (CCOs) that are community-based and given the flexibility to achieve the greatest possible health within available resources. Each CCO will operate within a global budget where they will be held accountable and rewarded for improved quality and outcomes. Medicaid-funded Long Term Care (LTC) services were legislatively excluded from CCO budgets and continue to be paid for directly by the Department of Human Services (DHS). Medicare covers limited post-hospital acute care, but Medicaid is the primary payer for LTC services.

In order to reduce costs in both systems and ensure shared responsibility for delivering high quality, person-centered care, CCOs and the LTC system must coordinate care and share accountability for outcomes and quality. The 1115(a) waiver Accountability Plan and Expenditure Trend Review sets forth the following agreement related to provision of LTC:

“Long-Term Care services: Oregon has agreed to conduct an exploratory stakeholder process that would result in a report to CMS regarding the integration of DHS Medicaid-funded long-term care for the aged or people with disabilities into CCO global budgets. The report will identify opportunities, barriers, and strategies for integrating long term care, and address issues of scope, process and timeline for integration. The report will be submitted to CMS no later than December 31, 2013.”

The final recommendations of the CMS/LTC/CCO Study Group report are not predetermined and will re-define integration and how it applies to Oregon.

### SPONSORS

| DHS: Erinn Kelley-Siel - Director | OHA: Dr. Bruce Goldberg - Director |

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### MEMBERSHIP & GOVERNANCE –

**Membership:**
- Ruth Bauman
- Liz Baxter
- Donald Bruland
- Carol Burgdorf – Lackes
- Jim Carlson
- Jerry Cohen
- Terry Coplin
- Stephanie Dockweiler
- Chris Flammang
- Ellen Garcia
- Mary Guillen
- Ruth Gulyas
- Tim Malone
- Ruth McEwen
- Wayne Miya
- Meghan Moyer
- Margaret Rowland
- Rodney Schroeder
- Tina Treasure
- Michael Volpe

**Governance:**
The study group is staffed by DHS and OHA and will be facilitated by Alice Lind, RN, MPH, from CHCS. Final recommendations for inclusion in the report to CMS will be driven by the stakeholder study group and will be compiled by DHS/OHA. Recommendations will reflect where the stakeholder group reached consensus thinking as well as to note if there are areas with strong or diverging viewpoints. Study group members will have the opportunity for comment on the draft report. The draft report will also be posted to the CMS/LTC/CCO webpage for comment prior to finalization and submission to CMS.

### CHARGE

1. Explore the integration of Department of Human Services (DHS) Medicaid-funded LTC for seniors and people with disabilities into the Coordinated Care Organization (CCO) global budget
2. Identify strategies for improving outcomes and quality for consumers of long term services and supports and consumers of the health system through better coordination and communication.
3. Address issues of scope, process, timeline and feasibility for the LTC integration into the CCO global budget
4. Production of a written first draft report to CMS addressing 1-3 above based on data driven, outcome oriented objective criteria by 11/1/13 with final version to DHS/OHA leadership by 11/15/13.

### SCOPE

The process must be inclusive of all Medicaid funded LTC services delivered through Aging and People with Disabilities Division.
**Charter: Centers for Medicaid and Medicare Services (CMS)/Long Term Care (LTC)/Coordinated Care Organization (CCO) Study Group**

**MAJOR DELIVERABLES**

Report to CMS regarding the integration of DHS Medicaid-funded long-term care for the aged or people with disabilities into CCO global budgets. The report will identify:

- Opportunities
- Barriers
- Strategies for integrating long term care

The report will address:

- Issues of scope and feasibility
- Process
- Timeline for integration

The report will define what integration means to Oregon including:

- Financial integration
- Accountability for outcomes
- Coordination of care and seamless care delivery

**EXCLUSIONS OR BOUNDARIES**

The report to CMS regarding the integration of Medicaid-funded long-term care for the aged or people with disabilities into CCO global budgets does not include Office of Developmental Disability Program services.

**ASSUMPTIONS**

- The outcome of the study group recommendations are not predetermined by agency staff, OHA/DHS leadership, stakeholders, advocates or consumers.

**EXTERNAL DEPENDENCIES**

- Legislative action and demonstration waiver amendment is required for inclusion of Medicaid-funded LTC into CCO budgets.

- Oregon is not pursuing a Demonstration grant to Integrate Care for Dually Eligible Individuals. Integration of Medicare funding would require a new state/CMS waiver or demonstration arrangement, which may not be available.

**SCHEDULE**

Study Group meetings occur:

1:00pm– 5:00pm on:

Wednesday, May 1
Charter: Centers for Medicaid and Medicare Services (CMS)/Long Term Care (LTC)/Coordinated Care Organization (CCO) Study Group

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The report will be submitted to CMS no later than December 31, 2013.