

## Memorandum of Understanding

Medicaid-funded long term care (LTC) services are legislatively excluded from Coordinated Care Organization (CCO) budgets and will 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 will need to coordinate care and share accountability for individuals receiving Medicaid-funded long term care services.

This is a non-binding agreement between Intercommunity Health Network Coordinated Care Organization (IHN CCO) and Oregon Cascades West Council of Governments (OCWCOG). The mutual goal of the proposed agreement is to improve person-centered care, align care and service delivery and provide the right amount of care at the right time for beneficiaries across the LTC system.

Based on the good faith description of the roles and responsibilities of the entities participating in the proposed agreement to coordinate care and share accountability for Medicaid funded long term care, Intercommunity Health Network CCO and Oregon Cascades West Council of Governments agree to participate in the following activities (please note that this MOU does not include terms related to non emergency Medicaid transportation). The term of this agreement will start upon final approval of OHA and DHS and will end after 12 months.

1. Prioritization of high needs members in LTC		
CCO Expectation	AAA Expectation	IHN CCO/OCWCOG agreements:
<ul style="list-style-type: none"> <li>• CCO will define universal screening process that assesses individuals for critical risk factors that trigger intensive care coordination for high needs members receiving Medicaid funded LTC services.                             <ul style="list-style-type: none"> <li>○ CCO will factor in relevant referral, risk assessment and screening information from local AAA offices and LTC providers.</li> <li>○ CCO will define how it will communicate and coordinate with AAA when assessing members receiving Medicaid-funded LTC services.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• AAA will provide CCO with access to information needed to identify members with high health care needs.</li> <li>• AAA will define how it will integrate key health-related information, including risk assessments generated by LTC providers and local Medicaid AAA offices into CCOs' individualized care plans for members with intensive care coordination needs.</li> </ul>	<p>After IHN CCO contract implementation with OHA, IHN CCO and OCWCOG will move towards sharing information about potentially high risk members.</p> <p>IHN CCO and OCWCOG will determine key information generated by existing risk assessment information including those in SPL 1-3 to help determine high risk members.</p> <p>IHN CCO and OCWCOG staff will also determine information for members that are known to have complex medical conditions, high ER usage, or other complicating circumstances on an individual basis.</p> <p>IHN CCO staff will share information from existing systems and data systems under development that demonstrate patterns of high risk/utilization of medical services for shared clients.</p>

**1. Prioritization of high needs members in LTC**

CCO Expectation

AAA Expectation

IHN CCO/OCWCOG agreements:

- MOU will address how CCO and AAA will hold themselves mutually accountable to meeting these expectations.

IHN CCO staff will identify staff liaisons to work with OCWCOG in the identification of new clients or people who are transferring to the region needing assessment for Medicaid LTC services.

Methods of information sharing:

- Information will be shared monthly.
- Information will be shared electronically if available.
- As IHN CCO and DHS/OHA data systems are improved, new data sources will be incorporated into information sharing.

Designated contact staff (if different than designated MOU contact) will be designated by each entity.

IHN CCO and OCWCOG will hold each other accountable in the following ways:

- Within the timeframe of this agreement.
- Meet to review the processes that have been defined in this MOU to assess MOU agreements, identify strengths and challenges or barriers. The MOU may be modified at this time.
- Meet to evaluate MOU and determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.

## 2. Development of individualized care plans

CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• CCOs individualized person-centered care plans will include information about the supportive and therapeutic needs of each member, including LTC services and supports needs.                             <ul style="list-style-type: none"> <li>○ Plans will reflect member or family/caregiver preferences and goals captured in AAA service plans as appropriate.</li> <li>○ Individualized person-centered care plans will be jointly shared and coordinated with relevant staff from AAA and with LTC providers.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• AAA will define how it will integrate key health-related information, including risk assessments generated by LTC providers and local Medicaid AAA offices into CCOs individualized care plans for members with intensive care coordination needs.</li> </ul>	<p>Within the timeframe of this agreement, IHN CCO will share individual care plans for members with intensive care coordination needs also served by OCWCOG. The care plans will be shared as they are updated by the IHN CCO. IHN CCO will work to include OCWCOG contact information for each individual's care coordinator and/or primary care home for purposes of care coordination.</p> <p>Within the timeframe of this agreement, OCWCOG will share key client information with the IHN CCO for individuals with intensive care coordination needs that have an individual care plan with the IHN CCO. Information will include relevant items from the long term care client assessment and planning system (CAPS). OCWCOG will share this information with IHN CCO on a regular basis and when plans are updated. Key client information will include:</p> <ul style="list-style-type: none"> <li>• Clients choice of living situation and preferences.</li> <li>• OCWCOG liaison or case manager contact information.</li> <li>• LTC provider contact information.</li> </ul>
<ul style="list-style-type: none"> <li>• MOU will address how CCO and AAA will hold themselves mutually accountable to meeting these expectations.</li> </ul>		<p>IHN CCO and OCWCOG will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> <li>• Meet to review the processes that have been defined in this MOU to assess MOU agreements, identify strengths and challenges or barriers. The MOU may be modified at this time.</li> <li>• Meet to evaluate MOU and determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.</li> </ul>

### 3. Transitional care practices

CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• CCO will demonstrate how it will coordinate and communicate with AAA to incent and monitor improved transitions in care for members receiving LTC services and supports, so that these members receive comprehensive transitional care, as required by HB 3650.</li> </ul>	<ul style="list-style-type: none"> <li>• AAA will demonstrate how it will coordinate and communicate with CCO to incent and monitor improved transitions in care for members receiving LTC services and supports, so that these members receive comprehensive transitional care, as required by HB 3650.</li> </ul>	<p>Within the timeframe of this agreement, IHN CCO and OCWCOG will meet to determine the ways that each party will effectively and efficiently coordinate the care transitions of members receiving LTC services and supports. The details of the coordination discussions will include but is not limited to the following:</p> <ul style="list-style-type: none"> <li>• Team discharge planning.</li> <li>• Use of OCWCOG Hospital to Home Program as appropriate.</li> <li>• Fully engage member and family/natural supports.</li> <li>• Ability to coordinate funds for accommodations in the home.</li> <li>• Reporting systems that deliver data in real time.</li> <li>• Support member choice as primary consideration in planning.</li> <li>• Support least cost options for LTC expenditures.</li> <li>• Planning will include consideration of additional community supports to stabilize member health and well being.</li> </ul> <p>IHN CCO and OCWCOG will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> <li>• Meet to review the processes that have been defined in this MOU to assess MOU agreements, identify strengths and challenges or barriers. The MOU may be modified at this time.</li> <li>• Meet to evaluate MOU and determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.</li> </ul>
<ul style="list-style-type: none"> <li>• MOU will address how CCO and AAA will hold themselves mutually accountable to meeting these expectations.</li> </ul>		

**4. Member engagement and preferences**

CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• CCO will actively engage members in the design and, where applicable, implementation of their treatment and care plans, in coordination with AAA where relevant to LTC service planning.</li> </ul>	<ul style="list-style-type: none"> <li>• AAA will actively engage individuals in the design, and where applicable, implementation of their LTC service plan, in coordination with CCO where relevant to health care treatment and care planning.</li> </ul>	<p>Within the timeframe of this agreement, the parties will meet to develop an understanding of the opportunities and process for member engagement in the care planning process. The agreement will address the following:</p> <ul style="list-style-type: none"> <li>• Outline of the current care planning process that OCWCOG staff engage in with LTC service clients.</li> <li>• Outline current treatment and care planning process used by IHN CCO for shared members.</li> <li>• Develop clear guidelines on the exchange of information related to treatment and care plans for LTC service clients.</li> <li>• Establish a review date for the evaluation of activities and modifications as needed.</li> </ul>
<ul style="list-style-type: none"> <li>• MOU will address how CCO and AAA will hold themselves mutually accountable to meeting these expectations.</li> </ul>		

**5. Establishing member care teams**

CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• CCO will support the flow of information to AAA.</li> <li>• The CCO appointed lead provider or care team will confer with all providers responsible for a member's care, including LTC providers and AAA.</li> <li>• To support care teams, CCO will             <ul style="list-style-type: none"> <li>○ Work with AAA to ensure that it identifies members receiving LTC services.</li> <li>○ Include LTC providers and</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• AAA will define roles, responsibilities and process for assignment of and participation in the CCO care team, including coordination with CCO lead care coordinator, for members needing routine and intensive care coordination.</li> <li>• AAA will ensure that CCO providers/care teams are notified of which CCO members are receiving LTC, the relevant</li> </ul>	<p>The parties will work with each other as outlined in previous sections of this MOU to designate lead staff members for assisting in the determination of the appropriate members for care teams. The care team membership will vary according to the needs of the members and will focus on members needing the highest level of care coordination.</p> <p>The Medicaid LTC provider network (CBC) will participate in the discussions of what role and responsibilities they will play for care coordination to insure the best care plan for each member.</p> <p>The use of technology will be investigated to maximize that ability</p>

<b>5. Establishing member care teams</b>		
CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<p>AAA case managers as part of the team based care approach.</p> <ul style="list-style-type: none"> <li>Adapt team-based care approaches and the use of the lead coordinator to accommodate the unique needs of individuals receiving LTC services.</li> </ul>	<p>local AAA office contact, and contact for relevant LTC provider.</p> <ul style="list-style-type: none"> <li>AAA will have knowledge of and actively participate in CCO team based care processes when appropriate.</li> <li>DHS will provide minimum standards to ensure participation by LTC providers in CCO care teams.</li> </ul>	<p>to include relevant parties in the discussion including phone, video, and computer based interactions.</p> <p>Both parties will review by July 2013, this section of the agreement to evaluate progress and make adjustments in the development of care teams to support members in LTC services.</p>
<ul style="list-style-type: none"> <li>MOU will address how CCO and AAA will hold themselves mutually accountable to meeting these expectations.</li> </ul>		

<b>6. Use of best practice</b>		
CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>CCO will describe capacity and plans for ensuring that best practices are applied to individuals in LTC settings, including best practices related to care coordination and care transitions.</li> </ul>	<ul style="list-style-type: none"> <li>AAA will support CCO efforts to implement best practices approaches, and will share promising and best practices including care coordination, care transitions and evidence based healthy aging programs related to serving individuals in LTC settings with CCOs.</li> </ul>	<p>Within the timeframe of this agreement, the parties will meet to discuss options for addressing this domain.</p>

**7. Use of health information**

CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• As part of the HIT improvement plan, CCO will identify a strategy to partner with the LTC system to improve upon any existing efforts to share information electronically.</li> </ul>	<ul style="list-style-type: none"> <li>• AAA will partner with CCO in developing electronic information sharing strategy.</li> <li>• DHS/APD will develop mechanisms to improve the sharing of relevant DHS Information with CCOs.</li> </ul>	<p>Within the timeframes of this agreement, the parties will meet to evaluate the HIT options and systems from IHN CCO as well as DHS and determine if there are opportunities to improve communication with HIT not already in use. IHN CCO will work with OCWCOG to ensure integration into the CCO planning and collaborative processes around HIT.</p>

**8. Member Access and Provider Responsibilities**

CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• CCO describes:               <ul style="list-style-type: none"> <li>○ How it will work with their providers to develop the partnerships necessary to allow for access to and coordination with social and support services, including long-term care services and crisis management services.</li> <li>○ How it will develop a tool for provider use to assist in the education of members about care coordination and the responsibilities of both parties in the process of communication.</li> <li>○ How members will be informed about access to nontraditional providers, if</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• AAA will provide education materials to Medicaid clients, contracted providers, family caregivers and client-employed providers on member access to services through the CCO.</li> </ul>	<p>Within the timeframe of this agreement, the parties will meet to review member education materials and discuss improvements to the materials as well as ongoing cross training of staff from each organization to ensure member access. IHN CCO will work with OCWCOG to ensure integration into the CCO planning and collaborative processes around member access and provider responsibilities.</p>

<p>available through the CCO, including personal health navigators, peer wellness specialists where appropriate, and community health workers.</p> <ul style="list-style-type: none"> <li>• Tools developed for members should be accessible to individuals receiving LTC services and supports and/or their family or representative.</li> </ul>		
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<b>9. Outcome and quality measures</b>		
CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• CCO will demonstrate an acceptable level of performance related to shared accountability for individuals receiving LTC services and supports.</li> </ul>	<ul style="list-style-type: none"> <li>• AAA will demonstrate an acceptable level of performance related to shared accountability for individuals served by the CCO and receiving LTC services and supports.</li> </ul>	<p>IHN CCO will work with OCWCOG to ensure integration into the CCO planning and collaboration processes around outcome and quality measures.</p>

<b>10. Governance Structure</b>		
CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• How CCO governance structure will reflect the needs of members receiving LTC services and supports through representation on the governing board or community advisory council.</li> </ul>	<ul style="list-style-type: none"> <li>• AAA will participate at the community level in the board / Advisory panel for LTC perspective as needed.</li> <li>• AAA will articulate how the membership of the local</li> </ul>	<p>IHN CCO will support the recruitment of OCWCOG SSAC and DSAC members to participate in the CAC.</p> <p>IHN CCO will designate an appropriate staff member to participate on the OCWCOG SSAC/DSAC as a member and liaison for CCO services.</p>

	<p>governing boards, Advisory Councils, or governing structures will reflect the needs of clients served by the regional CCO(s).</p> <ul style="list-style-type: none"> <li>• DHS/APD will articulate how APD will include CCO participation in their policy development structures.</li> </ul>	<p>OCWCOG staff will participate in the Operations group to insure ongoing input to the development of the CCO and maximize the coordination between the parties.</p>
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<b>11. Learning Collaborative</b>		
CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• Each CCO participates in the learning collaborative described in ORS 442.210.</li> </ul>	<ul style="list-style-type: none"> <li>• AAA will participate in learning collaborative on relevant topics such as care coordination, LTC, best practices.</li> </ul>	<p>IHN CCO and OCWCOG will participate in learning collaborative as needed.</p>

<b>12. Role of person centered primary care home (PCPCH)</b>		
CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• CCO will partner with the local AAA office to develop a method for coordinating services with PCPCH providers for members receiving LTC services.</li> </ul>	<ul style="list-style-type: none"> <li>• AAA will develop methods and protocols for supporting and coordinating with PCPCH providers.</li> <li>• AAA will support coordination between LTC providers and PCPCH providers.</li> </ul>	<p>Within the timeframe of this agreement, the parties will review the IHN CCO progress in developing PCPCH for members and discuss opportunities for support.</p>

**13. Safeguards for members**

CCO Expectation	AAA Expectation	IHN CCO/OCWCOG activities
<ul style="list-style-type: none"> <li>• CCO will coordinate safeguards, including access to peer wellness specialists, personal health navigators, and community health workers where appropriate and develop processes ensuring these services are coordinated with LTC services to maximize efficiencies.</li> <li>• CCO will describe how planned or established mechanisms for managing member complaints and grievances will be linked to, coordinated with, and inform team-based care practices for members in LTC.</li> </ul>	<ul style="list-style-type: none"> <li>• AAA will ensure that choice counseling materials and processes reflect member rights, responsibilities, and understanding of benefits.</li> <li>• AAA will ensure that staff understand and communicate safeguards, including use of peer wellness specialists, personal health navigators, and community health workers and ensure that these services are coordinated with LTC services to maximize efficiencies.</li> <li>• AAA will coordinate with CCO to manage member complaints and grievances for CCO members.</li> </ul>	<p>Within the timeframe of this agreement, IHN CCO will work with OCWCOG to ensure integration into the CCO implementation planning and collaborative processes around safeguards for members.</p>

**14. Administrative Expectations**

IHN CCO and OCWCOG will meet at least every other month. The parties will draft a report of progress based on the agreement to report to the IHN CCO Board, the OCWCOG Board and interested parties quarterly, beginning Quarter 1, 2013. The parties will also draft a report based on this agreement annually for the IHN-CCO Board, the OCWCOG Board and interested parties.

**Signatures and Contacts**

**For: Intercommunity Health Network CCO**

**The designated contact person is:**

_____	_____
First name	Last name
_____	_____
Email	Phone
_____	_____
Authorizing Signature	Date
_____	June 15, 2012

**For: Oregon Cascades West Council of Governments**

**The designated contact person is:**

_____	_____
First name	Last name
_____	_____
Email	Phone
_____	_____
Authorizing Signature	Date
_____	6/15/12

For DHS, Aging and People with Disabilities Division, Central Office

The designated contact person is:

Patricia Baxter  
First name Last name

patricia.e.baxter@state.or.us 503-945-5858  
Email: Phone:

Patricia Baxter 7/2/12  
Authorizing Signature - Signed as to form Date