

Memorandum of Understanding

Medicaid-funded long term services and supports (LTSS) 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 LTSS services. In order to reduce costs in both systems and ensure shared responsibility for delivering high quality, person-centered care, Trillium and the LTSS 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 Trillium Community Health Plan CCO, Senior & Disability Services of Lane Council of Governments (AAA), Aging and People with Disabilities (APD) District 6 (Douglas County) and District 7 (Coos County), and Douglas County Senior and Disability Services. 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 LTSS 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, Trillium Community Health Plan CCO, Senior & Disability Services of Lane Council of Governments (AAA), Aging and People with Disabilities (APD) District 6 (Douglas County) and District 7 (Coos County), and Douglas County Senior and Disability Services agree to participate in the following activities:

1. Prioritization of high needs members in LTSS				
CCO Expectation	AAA/APD Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:	2015-2016 CCO/AAA/APD agreements:
<ul style="list-style-type: none"> Trillium will define universal screening process that assesses individuals for critical risk factors that trigger intensive care coordination for high needs members receiving Medicaid funded LTSS services. <ul style="list-style-type: none"> CCO will factor in relevant referral, risk assessment 	<ul style="list-style-type: none"> LCOG will provide Trillium with access to information needed to identify members with high health care needs. LCOG will define how it will integrate key health-related information, including risk assessments generated by LTSS providers and local 	<ul style="list-style-type: none"> Trillium and S&DS: <ul style="list-style-type: none"> Will use information available, including data provided by OHA/DHS central office, to identify a list of individuals each has in common. Commit to working jointly to identify and share information pertinent to each entity's risk assessment. Will research the feasibility of sharing the following information on common clients: 	<ul style="list-style-type: none"> Trillium and LCOG: <ul style="list-style-type: none"> Will use information available, including data provided by OHA/DHS central office, to identify a list of individuals each has in common. Trillium is working to integrate key data points from the LTSS-CCO report into the CCM program. Determine if it is feasible to incorporate SPL into current risk assessment scoring stratification. 	<ul style="list-style-type: none"> CCO and AAA/APD: <ul style="list-style-type: none"> Will continue to use information available, including data provided by OHA/DHS central office, to identify a list of individuals each has in common. CCO will continue to share the ACA Hot Spotter report monthly with AAA and relevant APD offices when needed. AAA/APD will continue

1. Prioritization of high needs members in LTSS

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<p>and screening information from local LCOG offices and LTSS providers.</p> <ul style="list-style-type: none"> Trillium will define how it will communicate and coordinate with LCOG when assessing members receiving Medicaid-funded LTSS services. 	<p>Medicaid LCOG offices into Trillium' individualized care plans for members with intensive care coordination needs.</p>	<ul style="list-style-type: none"> a list of Medicaid clients eligible for long term care services, their living situation, service priority level, cognition level, and those clients that are cost of care. <ul style="list-style-type: none"> Will share initial information (as outlined above) about potentially high risk members, and will evaluate whether these agreements are feasible and have been effective in identifying high risk members by June 1, 2013. <p>Methods of information sharing will include:</p> <ul style="list-style-type: none"> An agreed upon frequency of information sharing, giving consideration to cost, staffing impact, and return on investment. Information to be shared electronically if available, by fax or email to the designated contact person or back-up. As CCO and APD data systems are improved to provide more 	<ul style="list-style-type: none"> Will continue sharing the following information on common clients: <ul style="list-style-type: none"> A list of Medicaid clients eligible for long term care services, their living situation, service priority level, and cognition level. <ul style="list-style-type: none"> Will also review clients with service plan exceptions. Will share initial information (as outlined above) about potentially high risk members, and will evaluate whether these agreements are feasible and have been effective in identifying high risk members by June 1, 2015. <p>Methods of information sharing will include:</p> <ul style="list-style-type: none"> An agreed upon frequency of information sharing, giving consideration to cost, staffing impact, and return on investment. Information to be shared electronically if available, by fax or email to the designated contact person or back-up. As CCO and APD data systems are improved to provide more consumer information, new data sources will be 	<p>to provide LTSS CCO report to Trillium. Trillium will reference the report for case manager information and other LTSS indicators to better inform Interdisciplinary Care Team (ICT) meetings.</p> <ul style="list-style-type: none"> AAA/APD will review Hot Spotter report and ED Utilization report to identify high need members. Will continue sharing the following information on common clients: <ul style="list-style-type: none"> A list of Medicaid clients eligible for long term care services, their living situation, service priority level, risk assessment, and information from the CAPS assessment. <p>Methods of information sharing will include:</p> <ul style="list-style-type: none"> An agreed upon frequency of

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		<p>consumer information, new data sources will be incorporated into information sharing.</p> <p>Designated contact staff (if different than designated MOU contact):</p> <ul style="list-style-type: none"> CCO: Kim Duerst – 541-431-1949; kduerst@trilliumchp.com Lucy Zammarelli – 541-682-7256; Lucy.ZAMMARELLI@co.lane.or.us S&DS: Brooke Emery – 541-682-4456; bemery@lcof.org Brenda Lattion – 541-682-3746; blattion@lcof.org <p>Trillium and S&DS will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> Representatives from each agency will meet monthly until 03/01/2013 and then reevaluate the frequency of the meetings. 	<p>incorporated into information sharing. Designated contact staff (if different than designated MOU contact):</p> <p>CCO: Kim Duerst – 541-431-1949; kduerst@trilliumchp.com</p> <p>LCOG: Brooke Emery – 541-682-4456; bemery@lcof.org</p> <p>Sarah Ballini-Ross – 541-682-2363; sballini-ross@lcof.org</p> <p>Trillium and LCOG will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> Representatives from each organization will continue to meet at least quarterly until 06/30/2015. By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project
			<p>2015-2016 CCO/AAA/APD agreements:</p> <p>information sharing, giving consideration to cost, staffing impact, and return on investment.</p> <ul style="list-style-type: none"> Information to be shared electronically if available, by fax or email to the designated contact person or back-up. As CCO and AAA/APD data systems are improved to provide more consumer information, new data sources will be incorporated into information sharing. <p>Designated contact staff (if different than designated MOU contact):</p> <p>CCO: Kim Duerst – 541-431-1949; kduerst@trilliumchp.com</p> <p>LCOG: Brooke Emery – 541-682-4456; bemery@lcof.org</p> <p>Sarah Ballini-Ross – 541-682-2363; sballini-ross@lcof.org</p> <p>APD District 6 – Douglas County:</p>

1. Prioritization of high needs members in LTSS

CCO Expectation	AAA/APD Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:	2015-2016 CCO/AAA/APD agreements:
		<ul style="list-style-type: none"> By March 1st, 2013, meet to review the processes that have been defined in this MOU to assess whether these MOU agreements have been carried out, identify strengths of the MOU, any challenges or barriers to meeting MOU agreements, unexpected opportunities, informal/aneccdototal outcomes, and revise MOU to adjust for this new information, and By March 1st 2013, meet to determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts. 	<ul style="list-style-type: none"> By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/aneccdototal outcomes, and revise the MOU to adjust for this new information. 	<p>2015-2016 CCO/AAA/APD agreements:</p> <p>Merry Bayly -- 541-464-2443; <u>MERRY.L.BAYLY@dhsosha.state.or.us</u></p> <p>APD District 7 – Coos County: Gayle Christina – 541-756-2017; <u>gayle.m.christiana@state.or.us</u> Karen Wright – 541-756-2017; <u>karen.m.wright@state.or.us</u> Carl Fair – 541-756-2017; <u>carl.n.fair@state.or.us</u> Dena McDonald – 541-756-2017; <u>dena.l.mcdonald@state.or.us</u></p> <p>CCO and AAA/APD will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> Representatives will continue to meet at least quarterly until 06/30/2016. By January 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements,

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			2015-2016 CCO/AAA/APD agreements: unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information.

2. Development of individualized care plans			
CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
<ul style="list-style-type: none"> Trillium individualized person-centered care plans will include information about the supportive and therapeutic needs of each member, including LTSS services and supports needs. <ul style="list-style-type: none"> Plans will reflect member or family/caregiver preferences and goals captured in LCOG service plans as appropriate. Individualized person-centered care plans will be jointly shared and coordinated with relevant staff from LCOG and with LTSS providers. 	<ul style="list-style-type: none"> LCOG will define how it will integrate key health-related information, including risk assessments generated by LTSS providers and local Medicaid LCOG offices into Trillium's individualized care plans for members with intensive care coordination needs. 	<p>By March 1st, 2013, S&DS will establish a procedure in which the Oregon ACCESS CAPS Service Care Plan form #001 and the Client Details Care Plan form #003 are sent to Trillium for Trillium clients receiving Medicaid waived services. On request, a signed copy of the Service Care Plan will be provided to Trillium. These forms will provide the following information:</p> <ul style="list-style-type: none"> Evidence of an individualized care plan Client choice of living situation and preferences APD/AAA case manager contact information LTSS provider contact information <p>Trillium and S&DS will hold each other</p>	<p>By September 1, 2014 LCOG and Trillium will begin a roll out of a pilot program (CCM) to increase electronic communication around transitions of care and the creation of shared individualized person centered care plan.</p> <p>By November 1, 2014 LCOG and Trillium will evaluate the effectiveness of pilot and determine expansion to additional LCOG Units.</p> <p>By October 1st, 2014, LCOG will determine if it is feasible to include Service Plan hours on the LTSS-CCO Report.</p> <p>By January 1st, 2015, Trillium will</p>
			2015-2016 CCO/AAA/APD agreements: By August 1, 2015, individualized care plans that are created at interdisciplinary care team meeting will include member, family/caregiver preferences and goals captured in LTSS service plans. By October 1, 2015, the process for sharing and coordinating individualized person-centered care plans with relevant AAA/APD and CCO staff and LTSS provider when appropriate will be developed. Community health workers will be engaged as appropriate based on the individualized care plan. CCO and AAA/APD will hold each other accountable in the following

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CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
		<p>accountable in the following ways:</p> <ul style="list-style-type: none"> By March 1st, 2013, meet to review the processes that have been defined in this MOU to assess whether these MOU agreements have been carried out, identify strengths of the MOU, any challenges or barriers to meeting MOU agreements, unexpected opportunities, informal/anecdotal outcomes, and revise MOU to adjust for this new information, and By March 1st, 2013, meet to determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts. 	<p>2014-2015 Trillium/LCOG agreements:</p> <p>determine if it is feasible to include uploading the Service Plan hours into CCM.</p> <p>Trillium and LCOG will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> Representatives will continue to meet at least quarterly until 06/30/2015. By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the
			<p>2015-2016 CCO/AAA/APD agreements:</p> <ul style="list-style-type: none"> Representatives will continue to meet at least quarterly until 06/30/2016. Establish focused care plan pathways that are mutually agreed upon to help improve member's health and wellness while supporting their choice. (ex: ICPs will have listing of annual wellness screenings appropriate for member) By January 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information.

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CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
			domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/aneccotal outcomes, and revise the MOU to adjust for this new information.
			2015-2016 CCO/AAA/APD agreements:

3. Transitional care practices			
CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
<ul style="list-style-type: none"> CCO will demonstrate how it will coordinate and communicate with LCOG to incnet and monitor improved transitions in care for members receiving LTSS services and supports, so that these members receive comprehensive transitional care, as required by HB 3650. 	<ul style="list-style-type: none"> LCOG will demonstrate how it will coordinate and communicate with CCO to incnet and monitor improved transitions in care for members receiving LTSS services and supports, so that these members receive comprehensive transitional care, as required by HB 3650. 	<p>By March 1st, 2013, Trillium will establish a procedure to communicate transitions reported via hospital admit, and ED visit notifications. This communication will be used to:</p> <ul style="list-style-type: none"> Increase awareness of unplanned transfers to all involved stakeholders. Develop a more proactive response to member's new, increased or unmet needs. <p>On a monthly basis, S&DS will share a list of Trillium clients currently being assessed for transition and diversion from nursing facility level care.</p> <p>Trillium and S&DS staff agree to hold multi-disciplinary care planning</p>	<p>By Augusts 1, 2014, Trillium Care Coordination Team and LCOG Transition and Diversion Unit will have a joint meeting to establish working relationships and clear communication pathways to better address high risk transitions.</p> <p>By September 1, 2014, LCOG and Trillium will begin a roll out of a pilot program (CCM) to increase electronic communication around transitions of care and the creation of shared individualized person centered care plan.</p> <p>By November 1, 2014, evaluate the effectiveness of pilot program and determine expansion to additional</p>
			2015-2016 CCO/AAA/APD agreements:
			<p>By August 1, 2015, CCO and AAA will develop a pilot to determine the best way to share the SNF log and coordinate on shared consumers.</p> <p>By October 1, 2015, CCO and AAA will work together to determine if Care Accord can be utilized to communicate real time care transitions from the hospitals.</p> <p>By March 1st, 2016, CCO will establish a procedure to communicate transitions reported via hospital admit, and ED visit notifications. This communication will be used to:</p> <ul style="list-style-type: none"> Increase awareness of unplanned transfers to all involved stakeholders.

3. Transitional care practices

CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:	2015-2016 CCO/AAA/APD agreements:
		<p>meetings as needed to address care transition needs of common clients, coordinate services and problem solve potential barriers to successful transition.</p>	<p>LCOG Units.</p> <p>On a monthly basis, Trillium will share with LCOG a list of identified high risk shared clients that are currently inpatient or in a skilled nursing facility.</p> <p>Trillium and LCOG staff agree to hold multi-disciplinary care planning meetings as needed to address care transition needs of high risk clients, coordinate services and problem solve potential barriers to successful transition.</p> <p>Trillium and LCOG will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> Representatives will meet at least quarterly until 06/30/2015. By November 1, 2014 representatives will assess the CCM pilot project and determine the next steps necessary to expand to additional LCOG units. By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, 	<ul style="list-style-type: none"> Develop a more proactive response to member's new, increased or unmet needs. <p>By January 1, 2016 AAA will develop a process to share the list of Trillium clients currently being assessed for transition and diversion from nursing facility level of care on a monthly basis. APD Districts 6 & 7 will share information on complex cases as needed.</p> <p>CCO and AAA/APD staff agree to hold multi-disciplinary care planning meetings as needed to address care transition needs of common clients, coordinate services and problem solve potential barriers to successful transition.</p> <p>CCO and AAA/APD will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> Representatives will continue to meet at least quarterly until 06/30/2016. By January 1st, 2016, meet to review the processes that have been defined in this domain to assess

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CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
			<ul style="list-style-type: none"> any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this information. By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information.
			whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information.

4. Member engagement and preferences			
CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
<ul style="list-style-type: none"> CCO will actively engage members in the design and, where applicable, implementation of their treatment and care plans, in coordination with LCOG where relevant 	<ul style="list-style-type: none"> LCOG will actively engage individuals in the design, and where applicable, implementation of their LTSS service plan, in coordination with CCO where relevant to health 	By March 1 st , 2013, S&DS will establish a procedure in which the Oregon ACCESS CAPS Service Care Plan form #001 and the Client Details Care Plan form #003 are sent to Trillium for Trillium clients receiving Medicaid waived services. A signed copy of the Service Care Plan will be kept in the client file at LCOG (S&DS). These forms will provide the following	By January 1, 2015 Trillium and LCOG will meet to develop an understanding of the opportunities and processes for member engagement in the care planning process. By June 1, 2015, Trillium and LCOG will create an agreement that will address the following:
			During individualized care plan development, both CCO and AAA/APD will take into consideration consumer preferences and share relevant information. By September 1, 2015, member engagement and preferences will be included in the ICT meeting template

4. Member engagement and preferences			
CCO Expectation to LTSS service planning:	LCOG Expectation care treatment and care planning.	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
		<p>Information:</p> <ul style="list-style-type: none"> Evidence of an individualized care plan Client choice of living situation and preferences APD/AAA case manager contact information LTSS provider contact information <p>Trillium will work closely with S&DS to determine data available to the plan that may be relevant to person-centered care planning and transition intervention.</p> <p>Types of data may include:</p> <ul style="list-style-type: none"> Refill data for medications and supplies Reported falls from claims data Access to care (PCP fires member) 	<ul style="list-style-type: none"> Outline of the current care planning process that LCOG staff engage in with LTSS service clients. Outline current treatment and care planning process used by Trillium for shared members. Develop clear guidelines on the exchange of information related to treatment and care plans for LTSS service clients. Establish a review date for the evaluation of activities and modifications as needed. <p>Member engagement and preference will be an integral part of any member care team. The member care team shall provide an opportunity for the member to be present at any care team meetings.</p> <p>Trillium and LCOG will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> Representatives will meet at least quarterly until 06/30/2015 and will continue to develop and use a process flow and continue to use rapid process improvement.
			<p>2015-2016 CCO/AAA/APD agreements: and it will be addressed during the ICT meeting.</p> <p>By June 1, 2016, CCO and AAA will develop a process to identify members who may benefit from receiving information regarding evidence-based chronic disease self-management programs.</p> <p>CCO and AAA/APD will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> Representatives will continue to meet at least quarterly until 06/30/2016. By January 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information.

5. Establishing member care teams				
CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:	2015-2016 CCO/AAA/APD agreements:
<ul style="list-style-type: none"> CCO will support the flow of information to LCOG. The CCO-appointed lead provider or care team will confer with all providers responsible for a member's care, including LTSS providers and LCOG. To support care teams, CCO will <ul style="list-style-type: none"> Work with LCOG to ensure that it identifies members receiving LTSS services. Include LTSS providers and LCOG case managers as part of the team based care approach. Adapt team-based care approaches and the use of the lead coordinator to accommodate the 	<ul style="list-style-type: none"> LCOG 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. LCOG will ensure that CCO providers/care teams are notified of which CCO members are receiving LTSS, the relevant local LCOG office contact, and contact for relevant LTSS provider. LCOG will have knowledge of and actively participate in CCO team based care processes when appropriate. DHS will provide minimum standards 	<p>Trillium will develop electronic health information technologies to ensure open and real time communication between S&DS and LTSS providers. Until those are developed, use of telephone, fax and secure email will provide virtual Care Team communication.</p> <p>Elements of information to be shared include contact information for Trillium and S&DS staff members working on the Care Teams, as well as contact information for the community LTSS provider.</p> <p>Trillium and S&DS will hold each other accountable in the following ways:</p> <p>Meet monthly until March 1st, 2013 and then quarterly thereafter. Meetings will include a broad spectrum of community and governmental LTSS providers in Lane County to understand Care Team elements and to refine care coordination systems.</p>	<p>By June 30, 2015 Trillium and LCOG will create a standardized process of development of the member care teams. A care conference may be called by either LCOG or Trillium staff. The member will be given the opportunity to participate in the care team meeting.</p> <p>The member care team will identify data to measure. Member care teams will record the following information for each meeting:</p> <ul style="list-style-type: none"> If the member was present If PCP access is an issue If the care provider was present <p>Information brought to the member care team meetings will include:</p> <ul style="list-style-type: none"> CAPS Information Client choice of living situation and preferences APD/AAA case manager contact information LTSS provider contact information Clinical involvement Refill data for medications and supplies Reported falls from claims data Access to care issues 	<p>By August 1, 2015 CCO and AAA/APD will create a standardized process of development of the member care teams. A care conference may be called by either AAA/APD or CCO staff. The member or representative will be given the opportunity to participate in the care team meeting.</p> <p>The member care team will identify data to measure. Member care teams will record the following information for each meeting:</p> <ul style="list-style-type: none"> If the member was present If PCP access is an issue If the care provider was present <p>Information brought to the member care team meetings will include:</p> <ul style="list-style-type: none"> CAPS Information Client choice of living situation and preferences AAA/APD case manager contact information LTSS provider contact information Clinical involvement Refill data for medications and supplies Access to care issues

5. Establishing member care teams			
CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
unique needs of individuals receiving LTSS services.	to ensure participation by LTSS providers in CCO care teams.	<p>Trillium and LCOG will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/aneccdotal outcomes, and revise the project tracker to adjust for this new information. By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/aneccdotal outcomes, and revise the MOU to adjust for this new information. 	<p>2015-2016 CCO/AAA/APD agreements:</p> <p>By September 1, 2015, CCO will develop a tracking tool for monitoring the meeting care team</p> <ul style="list-style-type: none"> General Issue Care team composition Date of care team conference <p>By December 1, 2015, Older Adult Behavioral Health Specialists will be included in the member care teams when appropriate.</p> <p>CCO and AAA/APD will hold each other accountable in the following ways:</p> <ul style="list-style-type: none"> Representatives will continue to meet at least quarterly until 06/30/2016. By January 1st, 2016, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths of the domain, any challenges or barriers to meeting agreements, unexpected opportunities, informal/aneccdotal outcomes, and revise the project tracker to adjust for this new information.
6. Governance Structure			

5. Establishing member care teams			
CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
<ul style="list-style-type: none"> How CCO governance structure will reflect the needs of members receiving LTSS services and supports through representation on the governing board or community advisory council. 	<ul style="list-style-type: none"> LCOG will participate at the community level in the board / Advisory panel for LTSS perspective as needed. AAA will articulate how the membership of the local governing boards, Advisory Councils, or governing structures will reflect the needs of clients served by the regional CCO(s). DHS/APD will articulate how APD will include CCO participation in their policy development structures. 	<p>Trillium's Governing Board membership has representation for Long Term Care. The involvement of a long term care representative will ensure that the Governing Board is providing leadership and oversight to the LTSS perspective. This representative will have access to community advisory boards that serve members of this identified population.</p>	<p>Trillium's Governing Board membership has representation for Long Term Care. The involvement of a long term care representative will ensure that the Governing Board is providing leadership and oversight to the LTSS perspective. This representative will have access to community advisory boards that serve members of this identified population.</p>
			<p>2015-2016 CCO/AAA/APD agreements:</p> <p>Trillium's CCO Governing Board membership has representation for Long Term Services and Supports. The involvement of a LTSS representative will ensure that the Governing Board is providing leadership and oversight to the LTSS perspective. This representative will have access to community advisory boards that serve members of this identified population.</p>

7. Use of health information			
CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
<ul style="list-style-type: none"> As part of the HIT improvement plan, CCO will identify a strategy to partner with the LTSS system to improve upon any existing efforts to share information electronically. 	<ul style="list-style-type: none"> LCOG will partner with CCO in developing electronic information sharing strategy. DHS/APD will develop mechanisms to improve the sharing of relevant DHS information with Trillium. 		By June 30, 2015, LCOG staff will have access to CCM.
			2015-2016 CCO/AAA/APD agreements:
			By October 1, 2015, CCO and AAA will work together to determine if Care Accord can be utilized to communicate real time care transitions from the hospitals.

8. Quality Health Outcomes			
CCO Expectation	LCOG Expectation	2012-2013 Trillium/LCOG agreements:	2014-2015 Trillium/LCOG agreements:
<ul style="list-style-type: none"> As part of the HIT improvement plan, CCO will identify a strategy to partner with the LTSS system to improve upon any existing efforts to share information electronically. 	<ul style="list-style-type: none"> LCOG will partner with CCO in developing electronic information sharing strategy. DHS/APD will develop mechanisms to improve the sharing of relevant DHS information with Trillium. 		By June 30, 2015, LCOG staff will have access to CCM.
			2015-2016 CCO/AAA/APD agreements:
			By June 30, 2016, CCO and AAA/APD will develop a pilot to address quality and health outcomes for shared members. This pilot will include 1 to 2 chronic conditions and associated CCO measures. Data will be provided by the CCO and jointly used to identify members for the pilot.

Signatures and Contacts

Trillium Community Health Plan CCO

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Phone

Authorizing Signature

Date

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Terry J. Cline

07.07.15

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