CCO 2.0 Deliverable CCO-APD/AAA MOU Summary Annual Report Table:

**MOU Report Period: Contract Year Jan. 1, 20\_\_\_\_\_ thru Dec. 31, \_\_\_\_\_**

**Report Due March 15th Annually [for previous calendar contract year]**

*Submit your CCO’s Report to: CCO-LTSS MOU Annual Report to CCO.MCODeliverableReports@dhsoha.state.or.us*

**CCO Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OHA Contract #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Partner AAA/APD District (s) Names/Locations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Report submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This report contains two key sections:**

**SECTION A: MOU MEASURES OF SUCCESS and**

**SECTION B: REPORT ON WORK TO IMPROVE QUALITY AND METRICS THROUGH CCO-LTSS MOU ACTIVITIES**

# Section A: MOU Measures of Success:

**This section for reporting required domain metrics and any local MOU metrics**

*See measurement specs included in CCO-Specific Guidance Overview document for any question on each metric.*

## CCO-LTSS APD/AAA MOU(s):

### DOMAIN 1: Prioritization of high needs members

|  |  |  |  |
| --- | --- | --- | --- |
| **Shared Accountability Goals with APD/AAA or ODDS** | **MOU Activities (from MOU)** | **Process Monitoring & Measurement: Specific Local Identified Measures of Success (from MOU)** | **Annual Report on Specific Statewide Measures of Success (provide data points\*) –monthly & annual [REQUIRED data points at minimum}** |
| DOMAIN 1 MOU Goals: Prioritization of high needs members |  |  | # of members with LTSS that prioritization data was shared during each month [Monthly/Year Total] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| # of CCO referrals to APD/AAA for new LTSS service assessments (for persons with unmet needs) [Monthly/Year Total] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| # of APD/AAA referrals to CCO for ICC review [Month and Year Totals] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

### DOMAIN 2: Interdisciplinary care teams

|  |  |  |  |
| --- | --- | --- | --- |
| **Shared Accountability Goals with APD/AAA or ODDS:** | **MOU Activities (from MOU)** | **Process Monitoring & Measurement: Specific Local Identified Measures of Success (from MOU)** | **Annual Report on Specific Statewide Measures of Success (provide data points\*) –monthly & annual [REQUIRED data points at minimum}** |
| DOMAIN 2 Goals: Interdisciplinary care teams  |  |  | # of members with LTSS that are addressed/staffed via IDT meetings monthly [Monthly/Year Total] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_% of months in year where IDT care conference meetings with CCO and APD/AAA occurred at least twice per month |
| \_\_\_\_\_total # Annual IDT meetings completed by CCO-APD/AAA teams |
| % of times consumers participate/attend the care conference (IDT) by month/year |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Avg** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| % of consumers that are care conferenced/total number of CCO members with LTSS (percentage of LTSS recipients served by CCO) [Monthly/Year] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Avg** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

### DOMAIN 3: Development and sharing of individualized care plans

|  |  |  |  |
| --- | --- | --- | --- |
| **Shared Accountability Goals with APD/AAA or ODDS:**  | **MOU Activities (from MOU)** | **Process Monitoring & Measurement: Specific Local Identified Measures of Success (from MOU)** | **Annual Report on Specific Statewide Measures of Success (provide data points\*) –monthly & annual [REQUIRED data points at minimum}** |
| DOMAIN 3 Goals: Development and sharing of individualized care plans |  |  | % of CCO individualized person-centered care coordination plans for CCO members with LTSS that incorporate/document member preferences and goals [month/year] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Avg** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_% of CCO person-centered care plans for members with LTSS that are updated at least every 90 days/quarterly and shared with all relevant parties [Annual]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quarter 1 | Quarter 2  | Quarter 3 | Quarter 4 | Annual |
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Avg |
|  |  |  |  |  |

 |

### DOMAIN 4: Transitional care practices

| **Shared Accountability Goals with APD/AAA or ODDS:**  | **MOU Activities (from MOU)** | **Process Monitoring & Measurement: Specific Local Identified Measures of Success (from MOU)** | **Annual Report on Specific Statewide Measures of Success (provide data points\*) –monthly & annual [REQUIRED data points at minimum}** |
| --- | --- | --- | --- |
| DOMAIN 4: Transitional care practices Goals |  |  | % transitions where CCO communicated about discharge planning with APD/AAA office prior to discharge/transition? [Monthly/Year] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Avg** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| % transitions where discharge orders (DME, medications, transportation) were arranged prior to discharge/did not delay discharge? [Monthly/Year] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Avg** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| % CCO region to CCO region transfers that communication was made to appropriate APD/AAA office(s)?  |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Avg** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_# of Debrief meetings held quarterly to post-conference transitions where transition wasn’t smooth (improvement process approach)? [Q1, Q2, Q3, Q4]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quarter 1 | Quarter 2  | Quarter 3 | Quarter 4 | Annual |
| JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | Avg. |
|  |  |  |  |  |

 |

### DOMAIN 5: Collaborative Communication tools and processes

| **Shared Accountability Goals with APD/AAA or ODDS:**  | **MOU Activities (from MOU)** | **Process Monitoring & Measurement: Specific Local Identified Measures of Success (from MOU)** | **Annual Report on Specific Statewide Measures of Success (provide data points\*) –monthly & annual [REQUIRED data points at minimum}** |
| --- | --- | --- | --- |
| DOMAIN 5: Collaborative Communication tools and processes Goals |  |  | # of CCO Collective Platform HEN notifications monthly result in follow-up or consultation with APD/AAA teams for members with LTSS or new in-need of LTSS assessments. [Monthly/Year] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| # of CCO Collective Platform SNF notifications monthly that result in follow-up or consultation with APD/AAA teams for members with LTSS or new in-need of LTSS assessments. [Monthly/Year] |
| **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **Total** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_MOU includes written process documents (prioritization, IDT, care planning, transitions) that clearly designate leads from each agency for ensuring communication for roles and responsibilities for key activities and is shared and updated as needed (such as when lead contacts change). Documentation: Attach 4 written process documents |

### OPTIONAL DOMAIN A: Linking to Supportive Resources

|  |  |  |
| --- | --- | --- |
| **Shared Accountability Goals with APD/AAA or ODDS:**  | **MOU Activities (from MOU)** | **Process Monitoring & Measurement: Specific Local Identified Measures of Success (from MOU)** |
| OPTIONAL DOMAIN A: Linking to Supportive Resources Goals |  |  |

### OPTIONAL DOMAIN B: Health Promotion and Prevention

|  |  |  |
| --- | --- | --- |
| **Shared Accountability Goals with APD/AAA or ODDS:**  | **MOU Activities (from MOU)** | **Process Monitoring & Measurement: Specific Local Identified Measures of Success (from MOU)** |
| OPTIONAL DOMAIN B: Health Promotion and Prevention Goals |  |  |

### OPTIONAL DOMAIN C: Safeguards for Members

|  |  |  |
| --- | --- | --- |
| **Shared Accountability Goals with APD/AAA or ODDS:**  | **MOU Activities (from MOU)** | **Process Monitoring & Measurement: Specific Local Identified Measures of Success (from MOU)** |
| OPTIONAL DOMAIN C: Safeguards for Members Goals |  |  |

# SECTION B: REPORT ON WORK TO IMPROVE QUALITY AND INCENTIVE METRICS THROUGH CCO-LTSS MOU ACTIVITIES:

For each section, check the box for each activity your CCO LTSS partnership completed during CY 2021. For each activity, indicate whether the activity utilized ICC staff, THWs or Collective Event Notifications by checking the box(es) next to each activity.

## 1. Statewide Quality Metric for CCO: All-cause readmissions

|  | **Which of the following actions did your CCO-LTSS partnership take during CY 2021?**  | **Utilized ICC Staff?** | **Utilized THWs?** | **Utilized Collective Event Notifications?** |
| --- | --- | --- | --- | --- |
| **[ ]**  | **Focus on reducing readmissions post-hospitalization for nursing home residents** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Focus on reducing readmissions post-hospitalization to those discharged to home** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Focus on high-risk transition period of Skilled Nursing Facility or/PHEC discharge to home**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Ensure hospital discharge plans are available to member, member’s caregiver, Primary Care Provider and LTSS facility and family member/representative immediately** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **On-site/home visits post hospitalization for those discharged**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Remote member health status monitoring post hospitalization (i.e. telemonitoring)** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Tracking completion of post-hospitalization follow-up appointments** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **TQS or PIP project focused on reducing preventable re-hospitalizations** **in members receiving LTSS services****If yes, Project Completed in CY 2021?** Yes \_\_\_\_ No \_\_\_\_\_**If applicable:** TQS Project Component TQS Project Number TQS project submission year  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Other Specific Activity:**  | **[ ]**  | **[ ]**  | **[ ]**  |

## 2. Statewide Quality Metric for CCO: Ambulatory care: Avoidable emergency department utilization

|  | **Which of the following actions did your CCO-LTSS partnership take during CY 2021?**  | **Utilized ICC Staff?** | **Utilized THWs?** | **Utilized Collective Event Notifications?** |
| --- | --- | --- | --- | --- |
| **[ ]**  | **Focus on high-prioritized members in nursing homes and/or Skilled nursing facilities to reduce avoidable ED visits (could include home visits)** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Focus on high-prioritized members receiving home and community-based (HCBS) services to reduce avoidable ED visits (could include home visits)** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Close monitoring of member health status in those with LTSS and chronic and on-going conditions through primary care and LTSS provider via comprehensive care plans and/regular follow-up**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Outreach to impact social determinants of health in high prioritized or high-risk members with LTSS** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **TQS or PIP project focused on reducing preventable re-hospitalizations** **in members receiving LTSS services****If yes, Project Completed in CY 2021?** Yes \_\_\_\_ No \_\_\_\_\_**If applicable:** TQS Project Component TQS Project Number TQS project submission year  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Other Specific Activity:**  | **[ ]**  | **[ ]**  | **[ ]**  |

## 3. CCO Incentive Metric: Screening for Depression and Follow-Up Plan:

|  | **Which of the following actions did your CCO-LTSS partnership take during CY 2021?**  | **Utilized ICC Staff?** | **Utilized THWs?** | **Utilized Collective Event Notifications?** |
| --- | --- | --- | --- | --- |
| **[ ]**  | **All high risk prioritized members with LTSS and 2 chronic conditions are prioritized for depression screening and follow-up plans** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Primary Care Providers prompted through HIE or other follow-up to ensure Depression screenings provided to CCO prioritized populations with LTSS**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **IDT care conferences include status of member completed depression screening and building on any follow-up plan with providers & partners** | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Process to ensure members transitioning care (with LTSS or newly in need of LTSS services) receive priority for depression screening and follow-up plan**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **TQS or PIP project focused on screening for depression and follow-up in members receiving LTSS services****If yes, Project Completed in CY 2021?** Yes \_\_\_\_ No \_\_\_\_\_**If applicable:** TQS Project Component TQS Project Number TQS project submission year  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Other Specific Activity:**  | **[ ]**  | **[ ]**  | **[ ]**  |

## 4. Other Metrics (select any that apply)

|  | **MOU activities specifically targeted members with LTSS for improvement in this metric** | **Domain #** | **Activity #** | **Utilized ICC Staff?** | **Utilized THWs?** | **Utilized Collective Event Notifications?** |
| --- | --- | --- | --- | --- | --- | --- |
| **[ ]**  | **Disparity Measure: Emergency Department Utilization among Members with Mental Illness** |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control;** |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **Drug or alcohol misuse screening (SBIRT)** |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **PQI 01: Diabetes short-term complication admission rate;** |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **PQI 05: COPD or asthma in older adults admission rate;** |  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| **[ ]**  | **PQI 08: Congestive heart failure admission rate;** |  |  | **[ ]**  | **[ ]**  |  |
| **[ ]**  | **PQI 15: Asthma in younger adults admission rate** |  |  | **[ ]**  | **[ ]**  |  |
| **[ ]**  | **Other Specific Activity:**  |  |  | **[ ]**  | **[ ]**  | **[ ]**  |

##

## 5. TQS Quality Improvement Projects:

**Complete this section if you have a Quality Improvement Project that includes a focus on members with LTSS or specific activities that align with your MOU [not previously reported on metrics grid in Section A].**

|  |  |  |
| --- | --- | --- |
| **Please let us know if you had a TQS project that aligned with your CCO-LTSS MOU for members with LTSS checking or circling:**  | No \_\_\_\_\_ | Yes \_\_\_\_ |
| **If yes, please provide the following information about your project.**  |  |
| **TQS Project Component & Project #** |  |
| **TQS Project Submission Year**  |  |
| **TQS Project Status****If you have more than one project to report, copy this grid and add the information below.** | Complete \_\_\_\_\_ | In Progress \_\_\_\_\_ |