**CCO-LTSS Partnerships MOU Template:**

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

*Submit your CCO’s CCO-LTSS MOU by January 15th to CCO.MCODeliverableReports@state.or.us.*

**CCO Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OHA Contract #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**If more than one AAA/APD office in your CCO Geographic Region Please Circle or X Whichever Applies:** Single Combined MOU\_\_\_ Multiple MOUs\_\_\_

**CCO – LTSS MOU Governance Structure & Accountability:**

|  |  |
| --- | --- |
| **CCO Lead(s):** | **APD/AAA Lead(s):** |
| **CCO will clearly articulate:**  How CCO governance structure will reflect the needs of members receiving Medicaid funded Long-Term Services and Supports (LTSS), for example through representation on the governing board, community advisory council or clinical advisory panel.  How Affiliated MA or DSNP plan participates in the MOU work for FBDE. | **AAA/APD will clearly articulate:**  How AAA/APD governance Lead(s) for participation at the community level in the board / Advisory panel for LTSS perspective/Care Coordination  AAA/APD will articulate how the membership of the local governing boards, Advisory Councils, or governing structures will reflect the needs of members served by the regional CCO(s). |

**CCO-LTSS APD/AAA MOU(s): See MOU Worksheets for additional detail on MOU expectations in each domain**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MOU Service Area:** | | | | |
| **Shared Accountability Goals with APD/AAA or ODDS: Domain Addressed** | **CCO Agreed to Processes & Activities** | **LTSS Agency Agreed to Processes & Activities** | **Process Monitoring & Measurement: Specific Identified Local Identified Measures of Success** | **Annual Report on Specific Statewide Measures of Success (provide data points\*) ––monthly & annual [REQUIRED data points at mimimum}** |
| **DOMAIN 1: Prioritization of high needs members** | | | | |
| DOMAIN 1 Goals: Prioritization of high needs members |  |  |  | # of members with LTSS that prioritization data was shared during each month/year  Annual Average monthly # of members with LTSS for whom prioritization data was shared [ monthly #/total in year]—calculated by OHA from data submitted  # of CCO referrals to APD/AAA for new LTSS service assessments (for persons with unmet needs)  # of APD/AAA referrals to CCO for ICC review # of completed referrals for ICC review [Monthly/Year Total] |
| **DOMAIN 2: Interdisciplinary care teams** | | | | |
| DOMAIN 2 Goals: Interdisciplinary care teams |  |  |  | # of members with LTSS that are addressed/staffed via IDT meetings monthly  % of months 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  % of consumers that are care conferenced/total number of CCO members with LTSS (percentage of LTSS recipients served by CCO) |
| **DOMAIN 3: Development and sharing of individualized care plans** | | | | |
| 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  % 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 |
| **DOMAIN 4: Transitional care practices** | | | | |
| DOMAIN 4: Transitional care practices Goals |  |  |  | % transitions where CCO communicated about discharge planning with APD/AAA office prior to discharge/transition?  % transitions where discharge orders (DME, medications, transportation) were arranged prior to discharge/did not delay discharge?  % CCO region to CCO region transfers that communication was made to appropriate APD/AAA office(s)?  # of Debrief meetings held quarterly to post-conference transitions where transition wasn’t smooth (improvement process approach)? [Q1, Q2, Q3, Q4] |
| **DOMAIN 5: Collaborative Communication tools and processes** | | | | |
| 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  # 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  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). |
| **OPTIONAL DOMAIN A: Linking to Supportive Resources** | | | | |
| OPTIONAL DOMAIN A: Linking to Supportive Resources Goals |  |  |  |  |
| **OPTIONAL DOMAIN B: Health Promotion and Prevention** | | | | |
| OPTIONAL DOMAIN B: Safeguards for Members Goals |  |  |  |  |
| **OPTIONAL DOMAIN C: Safeguards for Members** | | | | |
| OPTIONAL DOMAIN C: Cross-System Learning Goals |  |  |  |  |

**SIGNATURES: Include Name, Job Title, Agency, Signature, Date**

Signatures of All MOU parties (APD/AAA and CCO) should be included and signed prior to December 31st. OHA/DHS review will occur after CCO submits the MOU. Neither OHA or DHS will require review or co-signature to the MOU.

CCO Authorized Signature, Name, Job Title, CCO Name, Date

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APD Field Office Authorized Signature, Name, Job Title, APD Field Office Name, Date

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AAA Office Authorized Signature, Name, Job Title, AAA Office Name, Date