Intensive Care Coordination Policies and Procedures Deliverable Evaluation

CCO Name:	
Date of Review:	
Reviewer:	

Intensive Care Coordination ***OHA Health Plan Services CCO 2.0 Contract, Exhibit B, Part 2(8); Exhibit B, Part 4(11); Exhibit M(11)***		
Category	**Required Components**	**Score**
Intensive Care Coordination (ICC)	**In addition to general coordinated care services, the CCO makes available and provides intensive care coordination in accordance with the following elements:**	
Exhibit B, Part 2(8) *Exhibit B, Part 4(8-9)* *OAR 410-141-3870* *OAR 410-141-3860*	1. Care coordination activities shall include the following: a. Early identification of members eligible for ICC services, b. Assistance to ensure timely access to medical providers and capitated services, c. Coordination with medical, Long Term Care Services (LTC), and Supports (LTSS) providers and case managers to ensure consideration is given to unique needs in treatment planning based on the State's 1915(i) or 1915(k) State Plan Amendments or the 1915(c) HCBS Waiver, d. Assistance to medical providers with coordination of capitated services and discharge planning, e. Aid with coordinating necessary and appropriate linkage of community support and social service systems with medical care systems, f. Subcontractors shall be monitored to ensure language and disability access are provided consistently across services and settings of care, and, g. Services and Supports partnerships maintained through a Memorandum of Understanding (MOU) that monitors care planning, care transitions, and communication (2020 CCO-LTSS Guidance Document), a. Report of Care Coordination activities to OHA (OAR 410-141-3860) b. Timeframe i. Initial MOU no later than January 15, 2021 ii. Annual updates no later than January 31 each subsequent year iii. Beginning 2022, MOU report on coordination activities and required domain metrics for the preceding year	Y ☐ N ☐
	2. The CCO's ICC policies and procedures must include a narrative that details how such policies and procedures will enable the CCO to meet the needs, in complexity, scope, and intensity, of all members, who qualify for ICC services. a. ICC policies and procedures are not implemented until approved in writing by OHA, or	Y ☐ N ☐

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	b. Attestation by CEO or CFO stating that no changes have been made and approved by OHA	
	3. The CCO provides trauma-informed, culturally and linguistically appropriate ICC services to members receiving Medicaid Funded Long Term Services and Supports including those receiving services in home- or community-based settings for State's 1915(i) or 1915(k) State Plan Amendments or the 1915(c) Home and Community-Based Services (HCBS) Waiver or those in Long Term Care settings. a. Referrals can be made by the Member themselves, a representative of the member, a provider including HCBS or LTSS provider / case manager	Y ☐ N ☐
	4. The CCO provides trauma-informed, culturally and linguistically appropriate ICC services and behavioral health services to children and adolescent members according to presenting needs.	Y ☐ N ☐
	5. The CCO provides ICC services in accordance with the CCO 2.0 Contract to members who are children and adolescents in the custody of Department of Human Services (DHS) and those children and adolescents otherwise identified in Ex. B, Part 4, and Exhibit M.	Y ☐ N ☐
	6. The CCO periodically informs all participating providers of the availability of ICC services, providing training to Patient-Centered Primary Care Homes (PCPCHs) and other primary care provider (PCP) staff regarding ICC screenings and services and other support services available to members.	Y ☐ N ☐
	7. The CCO ensures that a member's DHS Area Agency on Aging/Aging and People with Disabilities, Office of Developmental Disability Services or local Developmental Disability service provider, LTC, or LTSS case manager, have a direct method to contact the member's ICC care coordination team.	Y ☐ N ☐
	8. The CCO ensures that the member's ICC care coordinator's name and telephone number are available to agency staff and members or their representative when ICC services are provided to the member.	Y ☐ N ☐
	9. The CCO ensures that the number of members who are assigned to each care coordinator does not exceed each care coordinator's capacity to meet all the ICC needs of such assigned members.	Y ☐ N ☐
Comments:		
ICC Screening	**The CCO screens its members for ICC services in accordance with the following elements:**	
Exhibit B, Part 2(8) *OAR 410-141-3870*	10. Without requiring a referral, the CCO automatically screens all members of prioritized populations for ICC services. As a result of screening, the CCO provides trauma-informed, culturally and linguistically appropriate ICC services to members who qualify for ICC services.	Y ☐ N ☐

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	11. The CCO screens members who exhibit inappropriate, disruptive, or threatening behaviors in a practitioner's office or clinic or other health care setting for ICC services.	Y ☐ N ☐
	12. For members not designated as prioritized populations, the CCO screens members for ICC services when referred by: a. The member themselves, b. The member's representative, c. A provider, including without limitation an HCBS provider, and d. Any medical personnel serving as a member's Medicaid LTSS case manager.	Y ☐ N ☐
	13. The CCO shall have processes to receive referrals for health care assessments.	Y ☐ N ☐
	14. The CCO shall respond to requests for ICC screening services with an initial response by the next business day following the request.	Y ☐ N ☐
	15. The CCO shall complete and document an initial screening within 90 days of the effective date of enrollment for all new members, or within 30 days when the member is referred or is receiving Medicaid LTC or LTSS, or as quickly as the member's health condition requires.	Y ☐ N ☐
	16. The CCO maintains documentation on the risk screening process used for compliance. If the risk screening requires additional information from the member, the CCO shall document all attempts to reach the member by telephone and mail, including subsequent attempts, to demonstrate compliance.	Y ☐ N ☐
Comments:		
ICC for Prioritized Populations and Members with Special Health Care Needs (SHCN)	**The CCO provides ICC services for prioritized populations and SHCN members in accordance with the following elements:**	
Exhibit B, Part 2(8) *Exhibit B, Part 4(10)* *OAR 410-17-0090* *42 CFR §438.208*	17. The CCO shall prioritize working with members who are eligible for ICC Services and communities experiencing health disparities (as identified in the Community Health Assessment). The CCO shall actively engage such members in accessing and managing appropriate preventive, remedial and supportive care and services to reduce the use of avoidable emergency department visits and hospital admissions.	Y ☐ N ☐

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	18. The CCO shall actively engage ICC members in accessing and managing appropriate preventive, remedial and supportive care and services to reduce the use of avoidable emergency department visits and hospital admissions.	Y ☐ N ☐
	19. For children and adolescents in foster care or under the custody of DHS (a prioritized population), the CCO shall prioritize ICC services of physical, behavioral health, and oral health services, regardless of whether the services are covered or non-covered services, utilizing the CCO's participating providers or, if none are available, non-participating providers, to children and adolescents placed by DHS outside of the CCO's service area for the purpose of participating in a behavior rehabilitation services program that meets the criteria set forth in OAR 410-170-0090 (1) – (5) or for any other reason that DHS deems necessary.	Y ☐ N ☐
	20. The CCO shall implement procedures to share with participating providers, in order to avoid the duplication of services and activities, the results of its identification and assessment of any member identified as: a. having SHCN, including older adults, b. being blind, deaf, hard of hearing, or have other disabilities, c. having complex medical health needs, high health care needs, multiple chronic conditions, behavioral health issues, including Substance Use Disorder (SUD), and d. receiving Medicaid-funded LTC or LTSS receiving HCBS consistent with 42 CFR §438.208.	Y ☐ N ☐
	21. CCOs shall implement an information sharing process to reduce duplication of services among entities serving members as follows: a. DHS Aging and People with Disabilities and the Office of Developmental Disability Services Case Managers for members enrolled with Medicaid LTC or LTSS, b. Other CCOs serving members, and c. Skilled Nursing Facilities when applicable, and d. MA plans serving FBDE members.	Y ☐ N ☐
	22. The CCO shall create procedures and share information (e.g. via health information exchange or regularly scheduled interdisciplinary or multidisciplinary care conferences) for the purposes permitted under ORS 414.607 and subject to the information security and confidentiality requirements set forth therein as well as any other confidentiality and information security requirements of the CCO 2.0 Contract and other applicable laws.	Y ☐ N ☐

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Comments:		
Treatment Planning	**The CCO plans treatment for SHCN members in accordance with the following elements:**	
Exhibit B, Part 2(10) *OAR 410-141-3225*	23. The CCO shall establish a system supported by written policies and procedures, for identifying, assessing and producing a treatment plan for each member identified as having SHCN or receiving LTSS, including a standing referral process for direct access to specialists.	Y ☐ N ☐
	24. The CCO shall ensure that each treatment plan: a. is developed by the member's designated PCP or other practitioner with the member's participation, b. includes consultation with any specialist caring for the member, c. is approved by the CCO in a timely manner, if such approval is required, d. is in alignment with rules outlined in OAR 410-141-3225, and e. accords with any applicable State Quality Assurance and utilization review standards.	Y ☐ N ☐
Comments:		
Behavioral Health Care Coordination / ICC	**The CCO provides behavioral care services in accordance with the following elements:**	
Exhibit M(11) *OAR 410-141-3160* *OAR 410-141-3870*	25. The CCO shall provide care coordination and ICC services for members with behavioral health disorders in accordance with OARs 410-141-3160 and 410-141-3870 and the applicable sections in Ex. B, Parts 2 and 4 of the CCO 2.0 Contract.	Y ☐ N ☐
	26. The CCO shall ensure all care coordinators work with provider team members to coordinate integrated care. This includes but is not limited to coordination of physical health, behavioral health, intellectual and developmental disability, DHS, Oregon Youth Authority, social determinants of health, and ancillary services. *[Oral health is not included in this portion of the contract but is included in the proposed rules.]*	Y ☐ N ☐
	27. The CCO shall ensure coordination and appropriate referral to ICC services to ensure that the member's rights are met and there is post-discharge support (including member discharges from the Oregon State Hospital).	Y ☐ N ☐
	28. The CCO shall authorize and reimburse for ICC Services, in accordance with OAR 410-141-3160 and 410-141-3870.	Y ☐ N ☐

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	29. The CCO shall track and coordinate for ICC reassessment triggers and ensure there are multiple rescreening points for Members based on reassessment triggers for ICC.	Y ☐ N ☐
Comments:		

Total # Applicable Elements	
Total # Compliant Elements	
Total Percent Compliant	