

## LONG TERM CARE MEMORANDUM OF UNDERSTANDING

**BETWEEN:** Mid Rogue Independent Physician Association, Inc.,  
an Oregon corporation, dba AllCare Health Plan

**AND:** DHS Aging and People with Disabilities District 7

**EFFECTIVE  
DATE:** August 1, 2012

### RECITALS

- A. 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 need to coordinate care and share accountability for individuals receiving Medicaid-funded long term care services.
- B. This is an agreement between AllCare and APD District 7. 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.
- C. 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, AllCare and APD District 7 agree to the following:

### MEMORANDUM OF UNDERSTANDING

#### 1. Prioritization of High Needs Members in LTC.

1.1. AllCare Responsibilities. AllCare will define a universal screening process that assesses individuals for critical risk factors that trigger intensive care coordination for high needs members receiving Medicaid-funded LTC services. AllCare will factor in relevant referral, readily available risk assessment and screening information from local APD District 7 and LTC providers. AllCare will define how it will communicate and coordinate with APD District 7 when assessing members receiving Medicaid-funded LTC services by August 1, 2012.

1.2. APD District 7 Responsibilities. APD District 7 will provide AllCare with access to information needed to identify members with high health care needs. APD District 7 and AllCare will define how they will integrate key health-related information, eventually including risk assessments generated by LTC providers and local Medicaid APD offices into AllCare's individualized care plans for members with intensive care coordination needs.

1.3. Screening Process. AllCare will identify high needs members by reviewing members' utilization of emergency services, including frequency and repetitiveness of use. In consultation with

APD District 7, AllCare will develop a list of additional risk factors to identify high needs members. AllCare will review the identification criteria no less than quarterly and adjust the factors to address any deficiencies.

1.4. Information Sharing. Beginning on August 1, 2012, Partners will begin sharing information about potentially high risk members pertinent to each entity's risk assessment at least monthly. Partners will use information available, including data provided by OHA/DHS, to identify a list of members they have in common. Information will be shared electronically if available, by fax or email to the designated contact person or back-up. As AllCare and APD data systems are improved, new data sources will be incorporated into information sharing. Partners will revisit no later than January 31, 2013 whether these procedures have been effective in identifying high risk members. Designated contact information is:

- AllCare Health Plan-
- APD: Diversion/Transition Team:
  - 
  - 
  -
- APD: Diversion/Transition Support Staff:
  - 
  -

1.4.1. APD District 7 staff will share key information for its highest needs individuals served by AllCare, including members identified as having the most need for assistance with activities of daily living (service priority levels 1-3), and members known to have other complex conditions, high ER usage, or other complicating circumstances on an ad hoc or individual basis. Key information that APD District 7 will share with AllCare includes:

- Service Priority levels of identified high needs members in LTC including service planning and assessment information.
- APD will notify CCO when a LTC member experiences a change of condition resulting in higher level of care or multiple failed placements
- APD will notify CCO about LTC member hospitalizations and known ER visits
- APD will provide CCO with LTC Medicaid service eligibility dates.
- APD will contact non LTC Medicaid members regarding LTC services and eligibility as referred by the CCO.
- APD will follow up with CCO contact staff on status of LTC service referrals initiated by CCO.

1.4.2. AllCare agrees to share key information from individual risk assessments for individuals defined as high needs, as well as relevant information from community health assessments with designated APD District 7 staff. Key information that AllCare will share with APD District 7 includes:

- Designated CCO contact staff.
- CCO will notify APD District 7 of additional care or support services provided to identified high need LTC members.
- APD and CCO agree to collaborate with identifying high needs members and developing appropriate LTC plans.
- CCO will share individualized care plans per individualized high needs members.

## 2. Development of Individualized Care Plans

2.1. AllCare Responsibilities. AllCare's individualized person-centered care plans will include information about the supportive and therapeutic needs of each member, including LTC services and supports needs. Plans will reflect member or family/caregiver preferences and goals captured in APD District 7 service plans as appropriate. Individualized person-centered care plans will be jointly shared and coordinated with relevant staff from APD District 7 and with LTC providers.

2.2. APD District 7 Responsibilities. APD District 7 will define how it will integrate key health-related information, including risk assessments generated by LTC providers and local APD District 7 into AllCare's individualized care plans for members with intensive care coordination needs. Beginning August, 2012, APD District 7 will share key information with the CCO for individuals that the CCO has developed an individual care plan, including information documented in the LTC member assessment and planning system (CAPS). APD District 7 will share this information with CCO as needed or as new care plans are developed. Key member information will include:

- Member choice of living situation preferences and most cost effective option to meet member care needs.
- APD case manager contact information.
- CCO contact information
- LTC provider contact information
- Primary care physician/Patient Centered Primary Care Home (PCPCH) contact information
- Care plan will be agreed upon by member or representative.

Action Plan: By August 1, 2012, AllCare will share individual care plans for AllCare members also served by the APD District 7 with APD District 7. APD District 7 will share key client information with AllCare regarding members for whom AllCare has developed an individual care plan, including information documented in the LTC client assessment and planning system (CAPS). The above information will be shared at least monthly or as new care plans are developed. AllCare will include APD District 7 contact information for each individual's care coordinator and/or primary care home for purposes of care coordination. At a minimum, key client information will include: client choice of living situation and preferences; most cost effective option; APD District 7 case manager contact information; LTC provider contact information. AllCare and APD District 7 will review the types of key information shared no less than quarterly to evaluate whether additional categories of information are necessary.

## 3. Transitional Care Practices.

3.1. Responsibilities. AllCare and APD District 7 will coordinate and communicate with each other to monitor improved transitions in care for members receiving LTC services and support, so these members receive comprehensive transitional care, as required by HB 3650.

### 3.2. Action Plan.

3.2.1. Monitoring. AllCare and APD District 7 will mutually develop criteria to monitor transition care.

3.2.2. *Oversight.* AllCare and APD District 7 will review transitional efforts and monitoring criteria and will make adjustments as needed at an agreed upon schedule.

4. Member Engagement and Preferences

4.1. AllCare Responsibilities. AllCare will actively engage members in the design and, where applicable, implementation of their treatment and care plans, in coordination with APD District 7 where relevant to LTC service planning.

4.2. APD District 7 Responsibilities. APD District 7 will actively engage individuals in the design, and where applicable, implementation of their LTC service plans in coordination with AllCare when relevant to health care treatment and care planning.

Action Plan. AllCare and APD District 7 will identify mutually agreed upon opportunities and mechanisms to engage members in creating their care and treatment plans:

5. Establishing Member Care Teams

5.1. AllCare Responsibilities. AllCare will support the flow of information to APD District 7. The AllCare-appointed lead provider or care team will confer with all providers responsible for a member's care, including LTC providers and APD District 7. To support care teams, AllCare will work with APD District 7 to ensure it identifies members receiving LTC services. AllCare will include LTC providers and APD District 7 case managers as part of the team-based care approach, and will adapt care approaches and the use of the lead coordinator to accommodate the unique needs of individuals receiving LTC services.

5.2. APD District 7 Responsibilities. APD District 7 will define roles, responsibilities, and process for assignment of and participation in the AllCare care team, including coordination with AllCare lead care coordinator, for members needing routine and intensive care coordination. APD District 7 will ensure that AllCare providers/care teams are notified of which AllCare members are receiving LTC, the relevant local APD District 7 office contact, and contact for relevant LTC provider. APD District 7 will have knowledge of and actively participate in AllCare team based care processes when appropriate. APD has developed a single point of entry for CCO engagement, consisting of the previously described Diversion/Transition and support staff team. The point of entry (POE) team will triage requests and direct to the appropriate LTC case manager if needed. POE will assist the CCO with the information requested. Diversion/Transition coordinators will assist CCO and LTC case managers with complex cases. LTC case managers will coordinate with CCO regarding identified LTC member service planning. LTC Diversion/Transition team or case managers will participate in ITC meetings or other person centered care coordination meetings as needed.

5.3. Action Plan. AllCare and APD District 7 will facilitate communication between health treatment and LTC providers through case management or other team based process beginning August 1, 2012.

6. Accountability and Review. AllCare and APD District 7 will hold each other accountable in the following ways:

6.1. By January 2, 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

6.2. By July 31, 2013 meet to determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.

6.3. No less than quarterly, meet to determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.

**SIGNATURES AND CONTACTS**

6-22-12

**APD District 7 Office**

The designated contact person is:

<u>Michael Marchant</u>	
Name	
<u>Michael.m.marchant@state.or.us</u>	<u>(541) 756-2017</u>
Email	Phone
<u>Michael M. Marchant</u>	<u>6/22/12</u>
Authorizing Signature	Date

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

The designated contact person is:

<u>Patricia Baxter</u>	
Name	
<u>patricia.e.baxter@state.or.us</u>	<u>503-945-5858</u>
Email	Phone
<u>Patricia E. Baxter</u>	<u>7/2/12</u>
Authorizing Signature - Signed as to form	Date