

LONG TERM CARE MEMORANDUM OF UNDERSTANDING

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

AND: Senior and Disability Services/Rogue Valley Council of Governments (SDS/RVCOG) Aging and People with Disabilities/Department of Human Services District 8 Referred to in this Document as "APD/AAA D8"

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 a non-binding agreement between AllCare and the APD/AAA D8 (collectively, Entities). 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/AAA D8 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 and readily available referral, risk assessment and screening information from APD/AAA D 8 and LTC providers. In conjunction with APD/AAA D8 AllCare will define how it will communicate and coordinate with APD/AAA D8 when assessing members receiving Medicaid-funded LTC services.

1.2. APD/AAA D8 Responsibilities. APD/AAA D8 work with APD Central Supports to develop ways to provide access to information needed to identify members with high health care needs on a case by case basis. APD/AAA D8 and AllCare will mutually define how it will integrate key health-related information, eventually including risk assessments generated by LTC providers and APD/APD D8 into AllCare's individualized care plans for members with intensive care coordination needs.

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/AAA D8, AllCare will develop a list of additional risk factors to identify the highest needs members. AllCare will review the identification criteria no less than quarterly and adjust the factors to address any deficiencies.

1.3. Information Sharing. Beginning on August 1, 2012, Entities will begin sharing information as available and mutually defined, about potentially high risk members pertinent to each entity's risk assessment at least monthly. Entities 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/AAA D8 data systems are improved, new data sources will be incorporated into information sharing. Entities will revisit no later than January 2, 2013 whether these procedures have been effective in identifying the highest risk members.

APD/AAA D8 staff will share key information as available for its highest needs individuals served by AllCare, including members identified as having the most need for assistance with activities of daily living, and members known to have other complex conditions, high ER usage, or other complicating circumstances on an ad hoc or individual basis.

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/AAA D8 staff.

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 as available. Plans will reflect member or family/caregiver preferences and goals captured in AAA/APD/AAA D8 service plans as appropriate and available. Individualized person-centered care plans will be jointly shared and coordinated with relevant staff from APD/AAA D8 and eventually with LTC providers.

2.2. APD/AAA D8 Responsibilities. APD/AAA D8 with AllCare will mutually determine how it will integrate key health-related information, eventually including risk assessments generated by LTC providers, and APD/AAA D8 into AllCare's individualized care plans for members with intensive care coordination needs.

2.3. Action Plan. Beginning August 1, 2012, AllCare will share individual care plans for AllCare members also served by the APD/AAA D8 with APD/AAA D8. APD/AAA D8 and AllCare will mutually determine methods to share key client information with AllCare regarding members for whom AllCare has developed an individual care plan, including information documented, and as available, in the LTC client assessment and planning system (CAPS) for mutually agreed upon members. The above information will be shared at least monthly. AllCare will include APD/AAA D8 contact information for each individual's care coordinator and/or primary care home for purposes of care coordination. At a minimum for the highest needs members, key client information may include: client choice of living situation and preferences; APD/AAA D8 case manager contact information; LTC provider contact information. AllCare and APD/AAA D8 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/AAA D8 will mutually determine methods in which to coordinate and communicate with each other to incentivize and 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.

Monitoring. AllCare and APD/AAA D8 will mutually develop criteria to monitor transition care.

3.2.1. *Incentives.* AllCare and APD/AAA D8 will mutually develop incentives for maintaining or improving upon monitored components of transition care. AllCare and APD/AAA D8 will individually monitor the measures set forth in paragraph 3.2.1 above on an ongoing basis and apply incentives when earned. AllCare and APD/AAA D8 will report to each other at an agreed upon time frame.

3.2.2. *Oversight.* AllCare and APD/AAA D8 will develop a review plan to monitored areas and qualification for incentives at an agreed upon time frame and will make adjustments as needed.

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/AAA D8 where relevant to LTC service planning.

4.2. APD/AAA D8 Responsibilities. APD/AAA D8 may actively engage individuals in the design, and where applicable, implementation of their LTC service plan, in coordination with AllCare where relevant to health care treatment and care planning for its highest needs members.

4.3. Action Plan. AllCare and APD/AAA D8 will identify mutually agreed upon opportunities and mechanisms to engage members in creating their treatment plans.

5. Establishing Member Care Teams

5.1. AllCare Responsibilities. AllCare will support the flow of information to APD/AAA D8. The AllCare-appointed lead provider or care team will confer with all providers responsible for a member's care, including LTC providers and APD/AAA D8. To support care teams, AllCare will work collaboratively with APD/AAA D8 and APD Central Supports to identify members receiving LTC services. AllCare will include LTC providers and APD/AAA D8 staff 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. AAA/APD Responsibilities. APD/AAA D8 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 the mutually agreed upon definition of intensive care coordination. APD/AAA D8 will work with APD Central Supports to develop electronic lists of AllCare members who receive LTC services as well as the relevant local APD/AAA D8 office contact, and contact for relevant LTC provider. AAA/APD will participate in AllCare team based care processes as available and when appropriate.

5.3. Action Plan. AllCare will facilitate communication between providers by asking the Care Coordinator to reach out to all providers that have members that are in need of intensive care coordination and who also receive LTC services to define processes and a reporting structure for these members. These reports will be shared with APD/AAA to better facilitate care for LTC enrollees.

6. Accountability and Review. AllCare and APD/AAA D8 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. 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

Mid Rogue Independent Physician Association, Inc., dba AllCare Health Plan (AllCare)


_____ 6-22-12

(AAA/APD District Office)

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Authorizing Signature

6-22-12

Date

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Authorizing Signature

7/2/12

Date

- Signed as to form