

Memorandum of Understanding

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 will need to coordinate care and share accountability for individuals receiving Medicaid-funded long term care services.

This is a non-binding agreement between _____ (CCO) and the _____ (AAA or DHS-APD district office). 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.

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, _____ (CCO) and _____ (AAA or DHS-APD district office) agree to participate in the following activities:

1. Prioritization of high needs members in LTC		
CCO Expectation	AAA/APD Expectation	CCO/AAA/APD agreements:
<ul style="list-style-type: none"> • CCOs will define universal screening process that assesses individuals for critical risk factors that trigger intensive care coordination for high needs members receiving Medicaid funded LTC services. <ul style="list-style-type: none"> ○ CCO will factor in relevant referral, risk assessment and screening information from local AAA/APD offices and LTC providers. ○ CCOs will define how it will communicate and coordinate with AAA/APD when assessing members receiving Medicaid-funded LTC services. 	<ul style="list-style-type: none"> • AAA/APD will provide CCOs with access to information needed to identify members with high health care needs. • AAA/APD will define how it will integrate key health-related information, including risk assessments generated by LTC providers and local Medicaid AAA/APD offices into CCOs' individualized care plans for members with intensive care coordination needs. 	<p><i>SAMPLE LANGUAGE</i> <i>[NOTE: SAMPLe LANGUAGE HAS BEEN ADDED TO THE FIRST TWO DOMAINS FOR ILLUSTRATIVE PURPOSES ONLY, IT IS NOT COMPLETE NOR MEANT TO BE PROSCRIPTIVE, AND SHOULD BE REMOVED PRIOR TO COMPLETING THE TEMPLATE.]</i></p> <p><i>Beginning on XX date, partners will share initial information (as outlined below) about potentially high risk members, and will revisit at XX date whether these agreements have been effective in identifying high risk members.</i></p> <p><i>CCO and APD/AAA will use information available, including data provided by OHA/DHS central office, to identify a list of individuals each has in common.</i></p> <p><i>Share key information pertinent to each entity's risk assessment:</i></p> <ul style="list-style-type: none"> • <i>APD/AAA staff will share key information, listed below, for its highest needs individuals served by the CCO, such as: those identified as having the most needs for assistance with</i>
<ul style="list-style-type: none"> • MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		

1. Prioritization of high needs members in LTC		
CCO Expectation	AAA/APD Expectation	CCO/AAA/APD agreements:
		<p><i>activities of daily living - (service priority levels 1-3). APD/AAA staff will also share this information for members that are known to have other complex conditions, high ER usage, or other complicating circumstances on an ad hoc or individual basis. Key information that APD/AAA will share with CCO includes:</i></p> <ul style="list-style-type: none"> <i>○ XXX</i> <i>● CCO agrees to share key information, listed below, from individual risk assessments for individuals defined as high needs, as well as relevant information from community health assessments with designated APD/AAA staff. Key information that CCO will share with AAA/APD includes:</i> <ul style="list-style-type: none"> <i>○ XXX</i> <p><i>Methods of information sharing:</i></p> <ul style="list-style-type: none"> <i>● Information will be shared [INDICATE FREQUENCY].</i> <i>● Information will be shared electronically if available, by fax or email to the designated contact person or back-up.</i> <i>● As CCO and APD data systems are improved to provide more consumer information, new data sources will be incorporated into information sharing.</i> <p><i>Designated contact staff (if different than designated MOU contact):</i></p> <ul style="list-style-type: none"> <i>● CCO: [NAME, EMAIL, PHONE]</i> <i>● APD/AAA: [NAME, EMAIL, PHONE]</i> <p><i>CCO and APD/AAA will hold each other accountable in the following ways:</i></p> <ul style="list-style-type: none"> <i>● By X date, 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</i>

1. Prioritization of high needs members in LTC		
CCO Expectation	AAA/APD Expectation	CCO/AAA/APD agreements:
		<p><i>or barriers to meeting MOU agreements, unexpected opportunities, informal/anecdotal outcomes, and revise MOU to adjust for this new information, and</i></p> <ul style="list-style-type: none"> <i>In X months, meet to determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.</i>

2. Development of individualized care plans		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> CCOs' individualized person-centered care plans will include information about the supportive and therapeutic needs of each member, including LTC services and supports needs. <ul style="list-style-type: none"> Plans will reflect member or family/caregiver preferences and goals captured in AAA/APD service plans as appropriate. Individualized person-centered care plans will be jointly shared and coordinated with relevant staff from AAA/APD and with LTC providers. 	<ul style="list-style-type: none"> AAA/APD will define how it will integrate key health-related information, including risk assessments generated by LTC providers and local Medicaid AAA/APD offices into CCOs' individualized care plans for members with intensive care coordination needs. 	<p>SAMPLE LANGUAGE:</p> <p><i>By XXX date, the CCO will share individual care plans for members also served by the APD/AAA office, for those with CCO individual care plans. CCO will share this information with APD/AAA. The above information will be shared [INDICATE FREQUENCY] or as new care plans are developed. CCOs will include APD/AAA contact information for each individual's care coordinator and/or primary care home for purposes of care coordination.</i></p> <p><i>By the XXX date, APD /AAA will share key client information with the CCO for individuals that the CCO has developed an individual care plan, including information documented in the long term care client assessment and planning system (CAPS). APD/AAA will share this information with CCO shared [INDICATE FREQUENCY] or as new care plans are developed. Key client information will include:</i></p> <ul style="list-style-type: none"> <i>Client choice of living situation and preferences</i> <i>APD/AAA case manager contact information</i> <i>LTC provider contact information</i> <i>XXX</i>
<ul style="list-style-type: none"> MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		

2. Development of individualized care plans	
	<p><i>CCO and APD/AAA will hold each other accountable in the following ways:</i></p> <ul style="list-style-type: none"> <i>• By X date, 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</i> <i>• In X months, meet to determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.</i>

3. Transitional care practices		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • CCO will demonstrate how it will coordinate and communicate with AAA/APD to incent and monitor improved transitions in care for members receiving LTC services and supports, so that these members receive comprehensive transitional care, as required by HB 3650. 	<ul style="list-style-type: none"> • AAA/APD will demonstrate how it will coordinate and communicate with CCO to incent and monitor improved transitions in care for members receiving LTC services and supports, so that these members receive comprehensive transitional care, as required by HB 3650. 	
<ul style="list-style-type: none"> • MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		

4. Member engagement and preferences		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • CCO will actively engage members in the design and, where applicable, implementation of their treatment and care plans, in coordination with AAA/APD where relevant to LTC service planning. 	<ul style="list-style-type: none"> • AAA/APD will actively engage individuals in the design, and where applicable, implementation of their LTC service plan, in coordination with CCO where relevant to health care treatment and care planning. 	
<ul style="list-style-type: none"> • MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		

5. Establishing member care teams		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • CCO will support the flow of information to AAA/APD. • The CCO-appointed lead provider or care team will confer with all providers responsible for a member’s care, including LTC providers and AAA/APD. • To support care teams, CCO will <ul style="list-style-type: none"> ○ Work with AAA/APD to ensure that it identifies members receiving LTC services. ○ Include LTC providers and AAA/APD case managers as part of the team based care approach. 	<ul style="list-style-type: none"> • AAA/APD will define roles, responsibilities and process for assignment of and participation in the CCO care team, including coordination with CCO lead care coordinator, for members needing routine and intensive care coordination. • AAA/APD will ensure that CCO providers/care teams are notified of which CCO members are receiving LTC, the relevant local AAA/APD office contact, and contact for relevant LTC provider. • AAA/APD will have knowledge 	

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5. Establishing member care teams		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> Adapt team-based care approaches and the use of the lead coordinator to accommodate the unique needs of individuals receiving LTC services. 	<ul style="list-style-type: none"> of and actively participate in CCO team based care processes when appropriate. DHS will provide minimum standards to ensure participation by LTC providers in CCO care teams. 	
<ul style="list-style-type: none"> MOU will address how CCO and APD/AAA will hold themselves mutually accountable to meeting these expectations. 		

Signatures and Contacts

For _____ (CCO)

The designated contact person is:

_____	_____
First name	Last name
_____	_____
Email	Phone
_____	_____
Authorizing Signature	Date

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For _____ (AAA/APD District Office)

The designated contact person is:

_____ First name	_____ Last name
_____ Email	_____ Phone
_____ Authorizing Signature	_____ Date

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

The designated contact person is:

_____ First name	_____ Last name
_____ Email	_____ Phone
_____ Authorizing Signature	_____ Date

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Optional Domains for MOU CCO/LTC

Below are additional domains of coordination and alignment found in the Strategic Framework for Coordination and Alignment between CCOs and Long Term Care.¹ These elements are included for consideration because of the potential for improved coordination and alignment of LTC and CCO activities, but are not required to be addressed.

A. Use of best practice		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • CCO will describe capacity and plans for ensuring that best practices are applied to individuals in LTC settings, including best practices related to care coordination and care transitions. 	<ul style="list-style-type: none"> • AAA/APD will support CCO efforts to implement best practices approaches, and will share promising and best practices including care coordination; care transitions and evidence based healthy aging programs related to serving individuals in LTC settings with CCOs. 	

B. Use of health information		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • As part of the HIT improvement plan, CCO will identify a strategy to partner with the LTC system to improve upon any existing efforts to share information electronically. 	<ul style="list-style-type: none"> • AAA/APD will partner with CCO in developing electronic information sharing strategy. • DHS/APD will develop mechanisms to improve the sharing of relevant DHS Information with CCOs. 	

¹ <http://www.oregon.gov/OHA/OHPB/meetings/2012/2012-0214-cco-strategic-framework.pdf>

C. Member Access and Provider Responsibilities		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> ● CCO describes: <ul style="list-style-type: none"> ○ How it will work with their providers to develop the partnerships necessary to allow for access to and coordination with social and support services, including long-term care services and crisis management services. ○ How it will develop a tool for provider use to assist in the education of members about care coordination and the responsibilities of both parties in the process of communication. ○ How members will be informed about access to nontraditional providers, if available through the CCO, including personal health navigators, peer wellness specialists where appropriate, and community health workers. ● Tools developed for members should be accessible to individuals receiving LTC services and supports and/or their family or representative. 	<ul style="list-style-type: none"> ● AAA/APD will provide education materials to Medicaid clients, contracted providers, family caregivers and client-employed providers on member access to services through the CCO. 	

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D. Outcome and quality measures		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • CCO will demonstrate an acceptable level of performance related to shared accountability for individuals receiving LTC services and supports. 	<ul style="list-style-type: none"> • AAA/APD will demonstrate an acceptable level of performance related to shared accountability for individuals served by the CCO and receiving LTC services and supports. 	

E. Governance Structure		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> • How CCO governance structure will reflect the needs of members receiving LTC services and supports through representation on the governing board or community advisory council. 	<ul style="list-style-type: none"> • AAA/APD will participate at the community level in the board / Advisory panel for LTC perspective as needed. • AAA will articulate how the membership of the local governing boards, Advisory Councils, or governing structures will reflect the needs of clients served by the regional CCO(s). • DHS/APD will articulate how APD will include CCO participation in their policy development structures. 	

F. Learning Collaborative		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> Each CCO participates in the learning collaborative described in ORS 442.210. 	<ul style="list-style-type: none"> AAA/APD will participate in learning collaborative on relevant topics such as care coordination, LTC, best practices. 	

G. Role of person centered primary care home (PCPCH)		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> CCO will partner with the local AAA/APD office to develop a method for coordinating services with PCPCH providers for members receiving LTC services. 	<ul style="list-style-type: none"> AAA/APD will develop methods and protocols for supporting and coordinating with PCPCH providers. AAA/APD will support coordination between LTC providers and PCPCH providers. 	

H. Safeguards for members		
CCO Expectation	AAA/APD Expectation	MOU activities
<ul style="list-style-type: none"> CCO will coordinate safeguards, including access to peer wellness specialists, personal health navigators, and community health workers where appropriate and develop processes ensuring these services are coordinated with LTC 	<ul style="list-style-type: none"> AAA/APD will ensure that choice counseling materials and processes reflect member rights, responsibilities, and understanding of benefits. AAA/APD will ensure that staff understand and communicate 	

H. Safeguards for members		
CCO Expectation	AAA/APD Expectation	MOU activities
<p>services to maximize efficiencies.</p> <ul style="list-style-type: none"> • CCO will describe how planned or established mechanisms for managing member complaints and grievances will be linked to, coordinated with, and inform team-based care practices for members in LTC. 	<p>safeguards, including use of peer wellness specialists, personal health navigators, and community health workers and ensure that these services are coordinated with LTC services to maximize efficiencies.</p> <ul style="list-style-type: none"> • AAA/APD will coordinate with CCOs to manage member complaints and grievances for CCO members. 	