

**Long Term Care Coordination Agreement  
Aging and People with Disabilities  
Columbia County**

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 the CCO for Columbia County, ColumbiaPacific Coordinated Care Organization (CPCCO), and the local Aging and People with Disabilities offices (APD) for Columbia County. 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, CPCCO and Aging and People with Disabilities for Columbia County agree to participate in the following activities:

1. Prioritization of high needs members in LTC

CPCCO and APD will establish a standard definition of high needs members and criteria for assessing individuals by November 15, 2012. CPCCO and APD will collaborate to establish this process, to promote: sharing of information regarding risk criteria for health system and long-term care system; education regarding critical risk factors for each system of care; cross-education of the assessment processes of each system, etc.

Beginning on January 15, 2013, partners will share initial information about potentially high risk members. The parties will revisit by April 1, 2013 whether these agreements have been effective in identifying high risk members and make adjustments to the definition and processes as needed.

CPCCO and APD will establish a process for using available information, including data provided by OHA/DHS central office, to identify a list of individuals each has in common.

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CPCCO and APD shall share key information pertinent to each entity's risk assessment. APD LTC 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 activities of daily living - (service priority levels 1-3). APD staff will also share this information for members that are known to have other complex conditions, high Emergency Department (ED) usage, or other complicating circumstances on an ad hoc or individual basis. Key LTC client information that APD will share with CPCCO includes:

- Case manager contact information
- Service Priority Level
- LTC provider contact information
- Member's LTC goals/preferences
- Service Plan, including Contract RN involvement
- Risks
- Natural Supports
- Last assessment date
- Monitoring frequency

CPCCO 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 staff. Key information that the CCO will share with APD includes:

- Key risk factors;
- Treatment and care plan' and
- Interdisciplinary Team lead members.

Methods of information sharing:

- Information will be shared monthly.
- Information will be shared electronically if available, by fax or email to the designated contact person or back-up.
- New data sources will be incorporated into information sharing as CCO and State data systems are improved to provide more consumer information,.
- CPCCO and APD will periodically review the data sharing content and process to ensure the information shared is useful and the process is timely and efficient.
- An updated contact list for designated staff to be liaison for problem-solving, information sharing and other key communication will be shared between CPCCO and APD programs at least quarterly.

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CPCCO and APD programs will do the following:

- By January 15, 2013, will develop a mutually agreed upon list of high risk members; and
- By January 15, 2013, identify the strengths of the work to date, any challenges or barriers to achieving the Triple Aim, and any unexpected opportunities. The parties will document any insights and will update and amend this Agreement as necessary.
- By February 15, 2013, meet to determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts.
- By April 1, 2013, meet to review and assess whether the parties have successfully identified and prioritized high risk members.

### 2. Development of individualized care plans

By January 15, 2013, CPCCO and APD will share individual care plans for members who are also receiving Medicaid long-term care services and who have an individual care plan with the CPCCO provider. The above information will be shared at least semi-annually, more frequently according to individual need or as new care plans are developed.

By January 15, 2013, APD will share key client information with the CPCCO health team or the appropriate provider for individuals for whom the CPCCO health team has developed an individual care plan, including information documented in the long term care client assessment and planning system (CAPS). APD will share this information with the health team on a monthly basis or as new care plans are developed. Key LTC client information will include:

- APD LTC case manager contact information
- LTC provider contact information
- Service Priority level
- Member's LTC goals/preferences
- Service Plan, including Contract RN involvement
- Risks
- Natural Supports
- Last assessment date
- Monitoring frequency

By February 1, 2013, the member care plans shall include key LTC client information identified in Section 1 above.

### 3. Transitional care practices

APD has primary responsibility for supporting individuals receiving Medicaid LTC services and transitions across LTC care settings, from hospital or nursing facility to home or residence of choice.

- By December 15, 2012, CPCCO shall develop agreements with hospital providers asking that they partner with APD LTC case managers and LTC Transition/Diversion Specialists to support transition planning, including advanced notification of hospital

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discharges and collaboration during discharge planning process to ensure an appropriate and safe transition and a person-centered care plan

- By January 15, 2013 CPCCO shall develop agreements with nursing facility, or other LTC provider, requirements to support effective care and transition planning, including notification of admissions, hospitalizations, and other relevant status changes; and collaboration to ensure proactive and person-centered care planning and an appropriate and safe transition.
- By January 15, 2013 CPCCO will develop agreements with its hospital providers a requirement that the hospital providers will integrate APD LTC staff into hospital care transitions teams to identify and follow individuals who would benefit from community-based care transitions supports.

### **4. Member engagement and preferences**

By January 1, 2013, CPCCO and APD will identify the roles, responsibilities and scope for CPCCP care coordinators and APD LTC case managers to:

- Actively engage individuals in their health and LTC service plans,
- Coordinate care/service planning processes,
- Communicate regularly with the CPCCO member and members of the care team regarding the coordinated care/service plan,
- Respond to urgent situations or when care plan becomes unstable; and
- Update the care/service plan to reflect changes in the members' needs or preferences.

By February 1, 2013, CPCCO care coordinators and APD case managers shall perform their duties in a manner that is consistent with the Agreement.

### **5. Establishing member care teams**

By December 31, 2012, CPCCO will ensure that appointed lead providers or care teams will confer with all providers responsible for a members care, including LTC providers and APD LTC case managers and diversion coordinators.

By January 15, 2013, CPCCO will work with APD programs to identify all high needs members receiving LTC services and APD programs shall provide relevant information regarding the members' LTC services.

By December 1, 2012, CPCCO and APD programs shall include APD LTC case managers as part of the team based care approach and shall require all providers to confer with APD case managers.

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### 6. Use of best practice

By February 1, 2013, APD will incorporate information from the CCO into the care planning of the individual. Information will include best practice approaches, and other health-related, evidence-based practices that support the individual in a LTC setting.

### 7. Use of health information

Data sharing agreements will be established by November 1, 2012 with APD LTC program to facilitate cross-system communication and protocols for using information to coordinate care across settings and systems.

CPCCO and APD will pilot access to electronic health records for key LTC staff and develop strategy and agreement for access and security by December 31, 2013.

### 8. Member Access and Provider Responsibilities

By January 15, 2013, CPCCO and APD will establish a process to include Medicaid LTC program in their comprehensive communication approach with Medicaid LTC beneficiaries to ensure maximum impact to engage beneficiaries in their health care. Specific aspects may include:

- Having Member handbooks and newsletters available at Medicaid LTC offices and at LTC network community locations;
- Disseminating CPCCO plan written materials at Aging and Disability Services advisory councils;
- Including link to CPCCO web-site and calendar of wellness events on the [ADRCofOregon.gov](http://ADRCofOregon.gov) and on APD's Aging & Disability Services web-site.

CPCCO will engage the Columbia County Community Advisory Council to monitor and measure patient engagement and activation. CPCCO to communicate with APD LTC offices regarding feedback sessions/focus groups to solicit member feedback.

### 9. Outcome and quality measures

As guidance is made available by OHA/DHS, CPCCO and APD LTC program will coordinate to establish shared accountability performance measures. By April 1, 2013 the parties will revisit whether these agreements have been effective and make adjustments to the definition and processes as needed.

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### 10. Governance Structure

Columbia County Community Advisory Council: A charter will be established no later than November 1, 2012 that outlines the roles and responsibilities of consumers and community representatives serving on the CAC, ensuring that a majority of the CAC representation is made up of consumers and that older adults and people with disabilities are represented. Community representatives will include at least one Medicaid LTC agency or LTC provider representative. CPCCO will coordinate with APD LTC program to conduct recruitment for LTC Medicaid consumer participation on the CAC.

CPCCO Clinical Advisory Panel will include representatives from each of APD Medicaid LTC programs on the Clinical Advisory Panel, in the appropriate sub-committees, to represent the clinical and health needs of Medicaid LTC beneficiaries

### 11. Learning Collaborative

CPCCO and APD LTC program will coordinate regarding opportunities to increase staff and community partner education in the areas of health literacy, motivational interviewing, person-centered/directed planning, practices to promote member engagement.

CPCCO and APD LTC program will develop a schedule of training and education of each others systems of care and ensure attendance of inter-disciplinary staff from health and LTC systems. Topics may include:

- LTC assessment and planning processes
- Elder abuse reporting and prevention
- Primary health homes
- Health Literacy
- Other topics to be developed
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### 12. Role of person-centered primary care home (PCPCH)

By February 2013, CPCCO will coordinate with APD LTC program to develop protocols to ensure APD LTC staff are part of the PCPCH teams.

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**13. Safeguards for members**

By November 1, 2012, CPCCO and APD Medicaid LTC program will establish protocols for managing member complaints and grievances pertaining to their health plan or coverage.

By November 1, 2012, CPCCO and APD Medicaid LTC program will establish protocols for communicating CCO plan materials during initial eligibility determination, at subsequent re-determinations, and at any time there are plan changes.

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Signatures and Contacts

Columbia Pacific Coordinated Care Organization

By \_\_\_\_\_  
Title: \_\_\_\_\_ Date: 11/8/12

The designated contact person is:

_____	_____
First name	Last name
_____	_____
Email	Phone

Department of Human Services, Aging and People with Disabilities

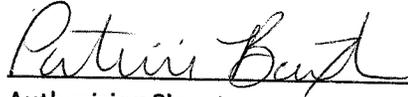
By: Jessica Soltesz  
Title: Interim District Manager Date: 9/10/12

The designated contact person is:

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Email	Phone

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

The designated contact person is:

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Authorizing Signature	Date
- Signed as to form -	