

**FamilyCare of Oregon / Clackamas, Washington, and Multnomah Counties  
Aging and Disability Network  
Memorandum of Understanding**

This is a Memorandum of Understanding (MOU) between FamilyCare, Inc., Multnomah County Aging, Disability, and Veterans Services Division, Washington County Disability, Aging and Veterans Services, Clackamas County Social Services Division, and the Washington and Clackamas APD districts (APD/AAAs). All parties to the MOU share a goal to improve person-centered care, and align community services, long-term services and supports, and healthcare delivery to provide the right amount of care at the right time for beneficiaries across all of the participating systems.

**Description of the Parties to the MOU**

FamilyCare, Inc. (FamilyCare) is a Medicare and Medicaid managed care organization providing patient-centered healthcare to Oregonians for more than 30 years. FamilyCare was the first health plan in Oregon to integrate models of physical and mental health and was the first Coordinated Care Organization in the tri-county area certified by the Oregon Health Authority. The health plan serves more than 115,000 members. FamilyCare's mission is, "Creating healthy individuals through innovative systems".

Oregon statutes exclude Medicaid-funded long-term care services and supports (LTSS) from Coordinated Care Organization (CCO) budgets; the Department of Human Services (DHS) through the Adults and Persons with Disabilities Division (APD) will continue to pay for LTSS directly. Medicare covers limited post-hospital acute care, but Medicaid is the primary payer for LTSS through APD. LTSS includes financial/service eligibility, LTSS authorization and placement in home and community-based as well as nursing facility (except when Medicare skilled), case management coordination and trouble-shooting, Adult Protective Services, contracting for Medicaid LTC providers, licensing and quality assurance, nursing facility transition and diversion program, State Plan Personal Care for APD, Adult Day Services, Contract Nursing Program, Home delivered meals, administrative examinations and reports, non-medical transportation, and Program for all-inclusive Care for the Elderly (PACE).

Local Area Agencies on Aging and Disabilities (AAAs) offer a wide array of community and health-related services to residents of Clackamas, Multnomah and Washington counties. AAAs are funded by diverse sources including the federal government, state and local general funds, and through various grants or contracts. Further, AAAs in each area are responsible to provide comprehensive, coordinated planning and services delivery and to advocate for continual improvement in the options available in each community to help all seniors and adults with disabilities prolong independence and improve quality of life. CCOs and their health system partners, as well as the AAA, desire to work together to expand their mutual ability to address the social determinants of health, reduce health disparities, and improve health outcomes for low income and at-risk seniors and adults with disabilities.

The APD/AAA systems together serve as the Aging and Disability Resource Connection to provide a large array of public services and benefits including: information and assistance, options counseling, care transitions coaching, connection to evidence-based chronic disease health promotion and self-management, supplemental nutrition assistance program (SNAP), Veterans Services, Medicare assistance programs and Older American's Act Services to seniors and adults with disabilities.

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In order to

- a) Maximize effective health outcomes,
- b) Improve both the care experience and quality of life,
- c) Reduce costs in both healthcare delivery, and
- d) Ensure shared responsibility for delivering high quality, person-centered care.

FamilyCare and the APD/AAA system plan to coordinate care and share accountability for Medicaid beneficiaries, with a primary focus on those receiving Medicaid-funded long-term care services. FamilyCare, as well as APD/AAA, also desires to work together to expand their mutual ability to address the social determinants of health, reduce health disparities, and improve health outcomes for low income and at-risk seniors and adults with disabilities.

### MOU Domains

Based on a good faith description of the roles and responsibilities of the entities participating in this MOU to coordinate care and share accountability, FamilyCare and APD/AAAs agree to participate in the following activities to support health care transformation as follows:

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

MOU Work Plan 2015-2016	CCO Accountability	APD/AAA Accountability
<ul style="list-style-type: none"> <li>a) APD/AAAs and FAMILYCARE will work together with the State to identify additional data sources that would be helpful if shared and will implement improved and/or expanded data sharing as feasible.</li> <li>b) APD/AAAs and FAMILYCARE will share information about progress in this domain and any changes in staff liaisons at regular Tri-County CCO/APD/AAA meetings;</li> </ul>	<ul style="list-style-type: none"> <li>a) By June 30, 2016, FAMILYCARE will identify members who are at heightened risk due to recent inpatient admission or readmission; as feasible, FAMILYCARE may utilize other measures of risk such as multiple chronic illnesses or other factors to identify and prioritize high needs members.</li> <li>b) By June 30, 2016, FAMILYCARE will participate in a work plan to share or exchange information with APD/AAAs to enable timely identification of mutually served high-risk members for care coordination and transition planning purposes.</li> </ul>	<ul style="list-style-type: none"> <li>a) APD/AAAs will continue to provide monthly reports to FAMILYCARE regarding LTSS clients. APD/AAAs will also continue to share information, as available from the State, about other high risk Medicaid clients who receive services through APD offices.</li> <li>b) By June 30, 2016. APD/AAAs will utilize data sources provided by/exchanged with FAMILYCARE to enhance coordinated care and transitions planning between FAMILYCARE Care Management staff and provider networks and APD/AAA staff.</li> </ul>

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### 2. Joint Care Coordination for High Utilizers (HUs) and Jointly-Established Member Care Teams

MOU Work Plan 2015-2016	CCO Accountability	APD/AAA Accountability
<p>a) FAMILYCARE and APD/AAAs will work together to develop clear communication around member needs, barriers, and possible improvements in partnership resources as they relate to mutual participation in interdisciplinary care coordination conferences (ICCCs) .</p>	<p>a) By June 30, 2016, FAMILYCARE will participate in a joint meeting with APD/AAA to share information about FAMILYCARE 's current interdisciplinary care teams and to make mutual decisions about the protocols we will follow in FAMILYCARE ICCCs about inviting and communicating with health and mental/behavioral health care team participants.</p> <p>b) By June 30, 2016, FAMILYCARE will include APD/AAA in ICCC meetings at FAMILYCARE regarding mutually served high-risk members/clients.</p> <p>c) By June 30, 2016, FAMILYCARE will work with APD/AAAs to develop protocols for regular ongoing communication and review of ICCC care plans.</p>	<p>a) By June 30, 2016, APD/AAAs will participate in a joint meeting with FAMILYCARE to share information about case management service planning and to make mutual decisions about the protocols to follow in ICCCs with FAMILYCARE about inviting and communicating with LTSS and AAA care team participants.</p> <p>b) By June 30, 2016 APD/AAAs case management staff in all branches will participate regularly in FAMILYCARE ICCCs and will track implementation of any changes to the service plan agreed to as a result of the ICCCs</p> <p>c) By June 30, 2016 APD/AAAs work with FAMILYCARE to develop outcome metrics as well as protocols for regular ongoing communication and review of ICCC care plans.</p>

### 3. Development of Individualized Care Plans

MOU Work Plan 2015-2016	CCO Accountability	APD/AAA Accountability
<p>APD/AAAs and FAMILYCARE, with its health care partners, will work together to ensure that the care plans developed by each member's primary care health home as well as in ICCCs are individualized and person-centered.</p>	<p>a) By June 30, 2016, FAMILYCARE will incorporate into its ICCC process the information provided by the APD/AAA case manager functional assessments and service plans</p>	<p>a) By June 30, 2016, APD/AAAs will develop common coordinated processes to share and update information about individualized care plans from FAMILYCARE ICCCs with the relevant members of the LTSS service network for each client.</p>

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		b) By June 30, 2016, APD/AAAs will develop common coordinated processes to share assessment, service plan, and other specific information necessary for effective ICCCs for mutual clients with FAMILYCARE.
	b) By June 30, FAMILYCARE will meet with key APD/AAA stakeholders to discuss the feasibility of making appropriate health records accessible to APD/AAA transition services, intake, and case management staff.	c) By June 30, 2016, APD/AAAs will present information to key FAMILYCARE staff and stakeholders about the transition services it provides to both OHP and Medicare members.

**4. Member Engagement**

<b>MOU Work Plan 2015-16</b>	<b>CCO Accountability</b>	<b>APD/AAA Accountability</b>
APD/AAAs and FAMILYCARE will work together to enhance the engagement of FAMILYCARE members in self-management of chronic illnesses and in evidence-based health promotion activities as well as their participation in person-centered care planning in ICCCs and within their primary care health homes.	<p>a) By June 30, 2016 FAMILYCARE will facilitate information-sharing within its network about the evidence-based self-management and health promotion options available currently in each local community;</p> <p>b) By June 30, 2016, FAMILYCARE will participate in a community process to identify best practices, identify current available resources, analyze the gap between the need for such services and the resources available in the community to meet those needs, and collaborate with APD/AAAs and other stakeholders to enhance resources to address unmet needs.</p>	<p>a) By June 30, 2016 APD/AAAs will lead/facilitate a community process to catalogue existing community resources to address self-management of chronic illnesses and health promotion, identify disparities in access to these resources, identify best practices, maximize the utilization of current resources, identify resource gaps, and work with community partners to close resource gaps.</p> <p>b) By June 30, 2016 APD/AAAs will work with FAMILYCARE to encourage member participation in interdisciplinary care coordination conferences, where appropriate and feasible, as well as participation in person-centered care planning with their primary care provider and other members of their care team.</p>

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### 5. Process Improvement and Promotion of Best Practices

APD/AAAs and FamilyCare are committed to working together to improve care for FamilyCare members. Because APD/AAAs have a statutory responsibility to assist Members with enrollment and eligibility determination and to protect their rights related to Medicaid and Area Agency on Aging and Disability services, they have accumulated knowledge of Member challenges that are critical to inform health transformation efforts. APD/AAAs and FAMILYCARE, with other stakeholders, will collaborate to remove duplication of efforts and partner together to share resources and reach out to members regarding the following issues and services:

- **Transitions across Settings:** By June 30, 2016, FAMILYCARE and APD/AAAs will work within regularly scheduled joint APD/AAA and CCO meetings to co-host a learning collaborative to exchange information and provide cross training regarding the transitions work done in hospital, plan-based care management teams, primary care, nursing facility, and community settings by CCOs, health systems and APD/AAAs. Invitees will include hospital, primary care clinic, nursing facility, paramedical, home health, home care agency, and APD/AAAs.
- **Medicare and Medicaid Alignment:** By June 30, 2016, FAMILYCARE and APD/AAAs will hold a meeting with stakeholders to discuss how to improve Medicare and Medicaid alignment for FAMILYCARE members whose dual enrollment is not currently aligned.

### 6. Use of health information

APD/AAAs and FAMILYCARE/health care partners shall exchange information, which may include protected health information (PHI), in accordance with federal Health Insurance Portability and Accountability (HIPAA) and 42 CFR part 2 requirements, and as allowed by ORS 414.679, SB 1580 (2012), and DHS Policy Transmittal APD-PT-13-001. As new tools become available, FAMILYCARE and APD/AAAs will collaborate to improve the efficiency and effectiveness of shared health information to improve inter-disciplinary care coordination, transitions work, and member engagement.

### 7. Coordinate Outcome and quality measures

Throughout the term of the MOU, FAMILYCARE will participate and APD/AAAs will convene and staff regular Tri-County Joint CCO/APD/AAA meetings. The Tri-County Joint Meeting participants will hear regular reports regarding progress regarding shared accountability and outcomes regarding all the domains included in this Agreement. As FAMILYCARE and APD/AAAs work together on the specified domains, they will develop and incorporate additional shared outcome, quality and performance measures as feasible.

#### Effective Date and Termination:

- The effective date of this MOU shall be July 1, 2015 or the date on which each party has signed this agreement, whichever is later. Unless earlier terminated upon mutual consent of all parties, this MOU shall terminate on June 30, 2017.
- By June 30 of each year this MOU is in effect, the parties shall review the MOU to develop a work plan for the ensuing twelve months. The work plan will become effective upon written endorsement by persons with signatory authority for each party to the MOU.

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- Any such termination of this Agreement shall be without prejudice to any obligations or liabilities of either party already accrued prior to such termination.
- FAMILYCARE and APD/AAAs may jointly agree to renew this Agreement upon expiration.

**Amendments:**

Given the complexity of Oregon's health care initiative, it is understood that during the term of this MOU many details regarding the participating systems, the State's priorities, and funding mechanisms may be re-designed or altered. Upon mutual consent of all parties, this MOU may be revised to reflect these changes as needed and as mutually agreed. All amendments must be in writing and signed by all parties.

**Signatures and Contacts**

FamilyCare of Oregon

Signature Authority:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The designated contact person is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Multnomah County Aging, Disability, and Veterans Services Division

Signature Authority:

By: Reggy J. Bray

Title: Director of Aging, Disability & Veteran's Svcs

Date: 6/26/15

The designated contact person is:

**FamilyCare of Oregon / Clackamas, Washington, and Multnomah Counties  
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**Signatures and Contacts**

FamilyCare of Oregon

Signature Authority:

By: 

Title: COO

Date: 6/30/15

The designated contact person is:

OSCAR CLARK  
Name

VP, INTEGRATED SERVICES  
Title

OSCARC@familycareinc.org  
Email

503-345-5790  
Phone

Multnomah County Aging, Disability, and Veterans Services Division

Signature Authority:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The designated contact person is:

**FamilyCare of Oregon / Clackamas, Washington, and Multnomah Counties  
Aging and Disability Network**

Jan McManus or Kris Boler

LTSS Innovator Agents

Name

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Janet.mcmanus@multco.us or

503-988-2853 or 541-506-3517

kris.boler@state.or.us

Email

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Washington County Disability, Aging and Veterans Services

Signature Authority:

*Sia Lindstrom*

By: \_\_\_\_\_

Title: Sr Deputy County Admin.

Date: 6/30/2015

Clackamas County Social Services Division

Signature Authority:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Oregon Department of Human Services, Aging and People with Disabilities

Clackamas County APD

Signature Authority:

By: \_\_\_\_\_

Title: District Manager

Date: \_\_\_\_\_

Washington County APD

Signature Authority:

By: \_\_\_\_\_

Title: District Manager

Date: \_\_\_\_\_

June 8, 2015

7

**FamilyCare of Oregon / Clackamas, Washington, and Multnomah Counties  
Aging and Disability Network**

Jan McManus or Kris Boler

LTSS Innovator Agents

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Washington County Disability, Aging and Veterans Services

Signature Authority:

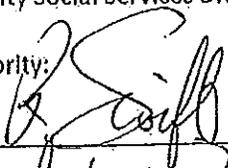
By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Clackamas County Social Services Division

Signature Authority:

By:  \_\_\_\_\_

Title: Kevin Director

Date: 6.25.15

Oregon Department of Human Services, Aging and People with Disabilities

Clackamas County APD

Signature Authority:

By: \_\_\_\_\_

Title: District Manager

Date: \_\_\_\_\_

Washington County APD

Signature Authority:

By: \_\_\_\_\_

Title: District Manager

Date: \_\_\_\_\_

June 8, 2015

**FamilyCare of Oregon / Clackamas, Washington, and Multnomah Counties  
Aging and Disability Network**

Jan McManus or Kris Boler

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Signature Authority:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Clackamas County Social Services Division

Signature Authority:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Oregon Department of Human Services, Aging and People with Disabilities

Clackamas County APD

Signature Authority:

By:



Title: District Manager

Date: 6/25/15

Washington County APD

Signature Authority:

June 8, 2015

FamilyCare of Oregon / Clackamas, Washington, and Multnomah Counties  
Aging and Disability Network

Jan McManus or Krls Boler

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Washington County Disability, Aging and Veterans Services

Signature Authority:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Clackamas County Social Services Division

Signature Authority:

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Oregon Department of Human Services, Aging and People with Disabilities

Clackamas County APD

Signature Authority:

By: \_\_\_\_\_

Title: District Manager

Date: \_\_\_\_\_

Washington County APD

Signature Authority:

By: 

Title: District Manager

Date: 6-17-15

June 8, 2015

FamilyCare of Oregon/Clackamas, Washington, and Multnomah Counties  
Aging and Disability Network

For Department of Human Services, Aging and People with Disabilities, Central Office,

Designated Contact Person is:

DONALD A. ERICKSON \_\_\_\_\_  
First Name Last Name  
donald.a.erickson@state.or.us 503-945-6640  
Email Phone  
Donald A. Erickson \_\_\_\_\_  
Authorizing Signature Date 7/15/15