

**Health Share of Oregon / Medicaid Long-Term Care
Long Term Care Coordination Agreement
Clackamas, Multnomah and Washington Counties**

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 Memorandum of Understanding between Health Share of Oregon (Health Share), Multnomah County Aging and Disability Services Division (ADS), and the local Aging and People with Disabilities offices (APD) for Clackamas and Washington Counties. 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, **Health Share of Oregon (Health Share), Multnomah County Aging and Disability Services Division (ADS) and Aging and People with Disabilities (APD) for Clackamas and Washington Counties** agree to participate in the following activities to support health care transformation as follows:

1. Joint Care Coordination for High Utilizers facilitated by Information Sharing

Health Share, ADS and APD will collaborate to identify Health Share members (Members) also served by ADS/APD who have patterns of high utilization. ADS/APD will receive regular reports of Members with patterns of high utilization from Health Share. The parties or stakeholders may identify and refer Members who would benefit from services and support that do not meet the high utilizer criteria. The parties may revise the definition of high utilization to best meet the needs of Members. The current Health Share report uses the following criteria, from the Health Commons Project, over a twelve (12) month rolling period to identify Members with high utilization patterns:

- No inpatient admissions/6+ Emergency Department (ED) visits
- 1 non-OB inpatient admission/0 – 5 ED visits
- 2+ non-OB inpatient admissions OR 1 non-OB inpatient admission /6+ ED visits
- ADS/APD will participate in the Health Share Care Management work group to further identify information to be shared and the methods by which the information can be shared. The Care Management work group will be convened by December 31, 2013.
 - The Care Management work group will conduct a three phase project to 1) determine the information that should be shared 2) the methods by which the information should be shared and 3) implement agreed upon methods by which information will be shared

Health Share of Oregon / Medicaid Long-Term Care

- In Phase 1, a stakeholder group, which will include a representative from ADS/APD, will be convened to gain consensus about what information should be shared to effectively coordinate care for Health Share members. The group will also need to identify gaps in the identified information and develop plans to address the gaps.
 - In Phase 2, methods by which information sharing could be effective, learning from existing community information sharing systems and processes, the literature and the experience of others will be outlined. The group will evaluate whether existing tools and processes can be used to accomplish our goals and whether new technology is required.
 - In Phase 3, we will define and execute a work plan enabling committed stakeholders to implement agreed upon methods by which information is to be shared to optimize care coordination. Where newly purchased technology is to play a role, tasks will include the implementation and integration of technology within the IT infrastructure underlying Health Share and its partners.
- As Health Share, ADS, APD and State data systems are improved to provide more consumer information, new data sources will be incorporated into information sharing.
 - Health Share, ADS 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 liaisons for problem-solving, information sharing and other key communication will be shared between Health Share, ADS and APD programs at least quarterly.

In recognizing the importance of continual dialogue and learning, Health Share, ADS and APD programs will do the following to enable a Plan Do Study Act (PDSA) cycle:

- Convene regular meetings to review Members on the high utilization report that are also served by ADS and APD. Meetings will take place at least quarterly and will begin by November 1, 2013. Meetings will include representatives of Multnomah, Clackamas and Washington counties.
 - Discuss Members served by ADS, APD and Health Share to identify Members who could benefit from changes in their plan of care, stratify Members for intervention, coordinate interventions and measure impact of interventions.
 - Health Share will work with ADS and APD to establish processes for reviewing members with patterns of high utilization, stratifying members for further discussion, and holding care conferences. Our goal is to establish effective practices that can be maintained by ADS and APD.
 - Convene care conferences as indicated including appropriate Health Share partners across the community that are involved in the Member's care. Health Share will assist in identifying and involving community partners in initial care conferences. Coordinating care for Members could include exchange of care plans between APD and Health Share partner organizations and identifying a case management lead for complex cases.
 - Health Share, ADS and APD will identify the roles, responsibilities and scope for ADS/APD LTC case managers and partner organization case managers to:
 - Actively engage individuals in their health, LTC service plans, and partner organization care plans,
 - Coordinate care/service planning processes,
 - Communicate regularly with the Health Share Member and members of the care team regarding the coordinated care/service plan,

Health Share of Oregon / Medicaid Long-Term Care

- 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.
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- Health Share, ADS and APD will coordinate in identifying and pursuing new funding opportunities, such as grants, for developing and expanding cross-system care coordination. Health Share will facilitate conversations and collaborations between ADS/APD and the Risk Accepting Entities (RAEs) and Health Share health providers.

2. Process Improvement and Promotion of Best Practices

ADS, APD and Health Share are committed to working together to improve care for Health Share members. Because ADS and APD have a statutory responsibility to assist Members with enrollment and eligibility determination and to protect their rights related to Medicaid services, they have accumulated knowledge of Member challenges that is critical to inform improvement efforts. As opportunities for improvement are identified, ADS, APD and Health Share, along with other stakeholders, will collaborate to make positive change incorporating best practices when available. Examples of such collaboration include:

- Health Share will work with its partner organizations to integrate ADS/APD LTC staff into hospital care transitions teams to identify and follow individuals who would benefit from community-based care transition supports.
- Health Share, ADS, APD and partner organizations will evaluate the option of co-location of ADS/APD LTC care coordination staff in health home settings to facilitate an integrated approach to care for individuals needing long-term services and supports. The option of providing matching funding for the co-location of LTC care coordination staff in hospital and provider settings may be explored with Health Share providers and RAEs.
- Representatives of ADS/APD will participate in the Health Share Care Management Taskforce to share their experience and expertise while learning from others so that we can accelerate our collective impact in the community through shared learning.
- ADS and APD staff are actively involved in the Health Share coordinated effort that is developing ways for Member choice and existing provider relationships to be preserved during the Medicaid expansion enrollment and assignment process.

3. Improve Transitional Care Practices

ADS/APD has responsibility for supporting individuals receiving Medicaid LTC services and when transitioning across LTC settings, from hospital or nursing facility to home or residence of choice.

Health Share will work to include Health Share partner organizations in conversations with ADS and APD to improve processes for supporting individuals who transition across care settings. At a minimum the following principles will be addressed:

- Methods by which ADS/APD LTC case managers and LTC Transition/Diversion Specialists can support transition planning, including how to identify involved APD staff, advance notification

Health Share of Oregon / Medicaid Long-Term Care

of hospital discharges, and collaboration during the discharge planning process to ensure transitions that are appropriate, safe, least restrictive and person-directed.

- Health Share will work with ADS, APD and its community partners to use an evidence-based model for care transitions of Members and establish process and outcome measures that ensure coordination of care across health and LTC systems.
- Health Share, ADS and APD will share learning and identify future shared practice models established from regional pilots on care transitions practices.

4. Use of health information

ADS, APD and Health Share will 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.

5. Coordinate Outcome and quality measures

As guidance is made available by OHA/DHS, Health Share and ADS/APD LTC programs will coordinate to establish shared accountability performance measures.

6. Learning Collaborative Activity

Health Share, ADS and APD will coordinate regarding opportunities to increase staff and community partner education.

Health Share and ADS/APD LTC will develop a schedule of training and education, in coordination with the Health Share Care Management taskforce, of each other's systems of care and encourage attendance of inter-disciplinary staff from health and LTC systems. Topics may include:

- LTC assessment and planning processes
- Elder abuse reporting and prevention
- Patient Centered Primary Care Homes
- Health Literacy
- Motivational Interviewing
- Person-centered/directed care planning
- Promoting Member engagement

Health Share of Oregon / Medicaid Long-Term Care

Effective Date and Termination:

- The effective date of this Agreement shall be November 1, 2013 or the date on which each party has signed this agreement, whichever is later. Unless earlier terminated as provided below, the termination shall be October 31, 2016.
- This Agreement may be terminated by mutual consent of both parties at any time.
- Either party may terminate this Agreement effective upon delivery of written notice to the other party or at such later date as may be established.
- Any such termination of this Agreement shall be without prejudice to any obligations or liabilities of either party already accrued prior to such termination.
- This Agreement and any changes, alterations, modifications, or amendments will be effective when approved in writing by the authorized representative of the parties hereto as of the effective date set forth herein.

Amendments:

Given the complexity of Oregon's health care initiative, it is understood that during the term of this Agreement many details regarding the partnership and funding mechanisms will be designed or altered. This Agreement will be reviewed annually and revised periodically within its effective term. All amendments must be in writing and signed by the parties. It is the intent of ADS, APD and Health Share that this Agreement be modified as jointly agreed upon and may be renewed upon expiration.

Health Share of Oregon / Medicaid Long-Term Care

Multnomah County Aging and Disability Services Division

Reviewed by: Lee A. Smith

Date: 11/26/13

Signature Authority:

By: Peggy J. Brey

Title: Director of Aging and Disability Services Date: 11/26/13

The designated contact person is:

Cathy Clay-Eckton Long Term Care Manager
Name Title

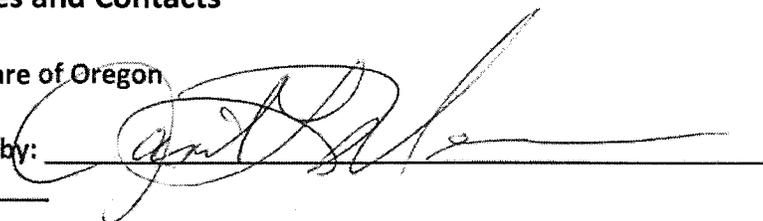
cathy.clay-eckton@multco.us 503-988-6947
Email Phone

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Signatures and Contacts

Health Share of Oregon

Reviewed by: _____



Date:

11/18/2013

Signature Authority:

By: _____

Janet Meyer

Title: _____

Chief Executive Officer

Date:

The designated contact person is:

Name

Ann Kirby

Title

Clinical Transformation

Program Manager

Email

annk@healthshareoregon.org

Phone

503-416-4978

Health Share of Oregon / Medicaid Long-Term Care

Department of Human Services, Aging and People with Disabilities

Reviewed by: Genevieve M. Sundet

Date: 12/13/2013

Reviewed by: Clackamas APD
Jessica Soltesz

Date: 12/13/13

Washington APD

Signature Authority:

By: [Signature]

Title: APD Director

Date: 4/22/14

The designated contact person is:

Clackamas:

Genevieve M. Sundet	District Manager
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Email	Phone

Washington:

Jessica Soltesz	District Manager
Name	Title
jessica.m.soltesz@state.or.us	503-330-2975
Email	Phone

**Amendment No. 1 to Health Share of Oregon / Medicaid Long Term Care
LTC Coordination Agreement, Clackamas, Multnomah, Washington Counties**

Section 1:

ADS/APD is receiving regular reports of Members with high patterns of utilization from Health Share. Health Share, ADS and APD will identify the roles, responsibilities and scope for ADS/APD LTC case managers and partner organization case managers to:

- Actively engage individuals, and invite them to participate in, their health, LTC service plans, and partner organization care plans.
- Update the care/service plan to reflect changes in the Members' needs or preferences as stated by the Member.

Section 2:

Health Share will work with its partner organizations to integrate ADS/APD LTC staff into its primary care coordination teams to participate in inter-disciplinary care planning and share information about LTC service plans and other ADS/APD resources as part of a team-based care approach.

Section 3:

Health Share will work to include Health Share partner organizations in conversations with ADS and APD to improve processes for supporting individuals who transition across care settings and address, at a minimum the following principles:

- Methods by which ADS/APD LTC case managers and LTC Transition/Diversion Specialists can support transition planning, including how to identify involved APD staff, advance notification of hospital discharges, and collaboration during the discharge planning process to ensure transitions that are appropriate, safe, least restrictive, and person-directed according to Members' expressed preferences.

Effective Date and Termination:

At least twice a year, Health Share, ADS, and APD will meet to review progress related to the goals of this Agreement and to make adjustments or revisions as needed. The Agreement as a whole will be reviewed annually on or before the anniversary of its signing.

Amendments:

Given the complexity of Oregon's health care initiative, it is understood that, during the term of this Agreement many details regarding the partnership and funding mechanisms will be designed or altered. This Agreement will be revised to reflect these changes as needed. All amendments must be in writing and signed by all parties. It is the intent of ADS, APD, and Health Share that this Agreement be modified as jointly agreed upon and that it may be renewed upon expiration.

Signatures

Health Share of Oregon

Reviewed by: _____ Date: _____

Signature Authority:

By: _____

Title: _____ Date: _____

Multnomah County Aging and Disability Services Division

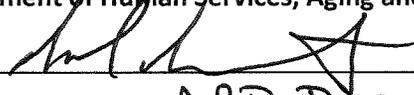
Reviewed by: _____ Date: _____

Signature Authority:

By: _____

Title: _____ Date: _____

Oregon Department of Human Services, Aging and People with Disabilities

Reviewed by:  _____ Date: 4/22/14

Clackamas County APD *APD Director*

Signature Authority:

By: _____

Title: _____ Date: _____

Washington County APD

By: _____

Title: _____ Date: _____