

# Health Share of Oregon / Clackamas, Washington, and Multnomah Counties Aging and Disability Network

## Memorandum of Understanding

Medicaid-funded long-term care services and supports (LTSS) are legislatively excluded from Coordinated Care Organization (CCO) budgets and will continue to be paid for directly by the Department of Human Services (DHS) through Aging and People with Disabilities (APD). Medicare covers limited post-hospital acute care, but Medicaid is the primary payer for LTSS through APD. LTSS includes financial and service eligibility, LTSS authorization and placement in home and community-based as well as nursing facility (except when Medicare skilled), case management coordination, 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 (AAAs) offer a wide array of community and health-related services to Oregonians. 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.

Together, the APD/AAA system serves 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.

In order to maximize effective health outcomes, improve both the care experience and quality of life, reduce costs in both healthcare delivery and long-term care systems, and ensure shared responsibility for delivering high quality, person-centered care, Health Share of Oregon (Health Share) 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. Health Share and its health partners, as well as APD/AAA, also desire to work together to expand their mutual ability to address the social determinants of health, reduce health disparities, prevent or delay need for LTSS, and improve health outcomes for low income and at-risk seniors and adults with disabilities.

## Health Share of Oregon / Clackamas, Washington, and Multnomah Counties Aging and Disability Network

This is a Memorandum of Understanding (MOU) between Health Share, 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 County APD offices (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, especially Medicaid LTSS beneficiaries.

Based on a good faith description of the roles and responsibilities of the entities participating in the proposed agreement to coordinate care and share accountability, Health Share 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) Health Share will work with APD/AAA to identify additional data sources that could be shared and to implement data sharing as feasible to assist in the stratification of members most at risk.</li> <li>b) APD/AAAs and Health Share 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, Health Share will review with its health plan partners the 2014 criteria for defining high utilizing members (6 + ED visits and any or no in-patient hospital (IP) admissions over a rolling 12 month period; 0-5 ED visits plus 1 or more non-obstetric IP admission over a rolling 12 month period) to determine whether to maintain these criteria as the primary means of</li> </ul>	<ul style="list-style-type: none"> <li>a) APD/AAAs will continue to provide monthly reports to Health Share for inclusion in the Health Share High Utilizer Dashboard; APD/AAAs will also continue to share information, as available from APD, about other high risk Medicaid clients who receive services through APD branch offices.</li> <li>b) By June 30, 2016 APD/AAAs will utilize the High Utilizer</li> </ul>

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

	<p>identifying high risk members; As feasible, Health Share and its health plan partners may utilize other measures of risk such as multiple chronic illnesses or other factors to identify and prioritize high needs members.</p> <p>b) By June 30, 2016 Health Share will participate in one or more meetings between its health plan partners and the APD/AAAs to explore how to best disseminate and utilize the High Utilizer Dashboard.</p>	<p>Dashboard, as well as other data sources as access is granted or programs are made available by either the State or other funding entities, such as the PH Tech, EPIC hospital records, and Pre-Manage to enhance coordinated care planning between Health Share/health plan partners and APD/AAA staff.</p>
--	---	---

**2. Joint Care Coordination for High Utilizers (HUs)**

MOU Work Plan 2015-2016	CCO Accountability	APD/AAA Accountability
<p>a) Health Share and APD/AAAs will work together to convene, develop metrics for, and track regularly-occurring inter-disciplinary care coordination conferences involving APD/AAA staff, contractors, facilities, care providers, and community partners,</p>	<p>a) By June 30, 2016 Health Share will facilitate the formation of a work group to review the data available in the High Utilizer Dashboard and develop a plan to expand utilization of the dashboard by health system</p>	<p>a) By June 30, 2016 APD/AAAs staff in all branches will participate regularly in care coordination conferences and will implement appropriate and feasible APD/AAA activities/services agreed to in the care coordination conference;</p> <p>b) By June 30, 2016</p>

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

<p>as well as primary care providers, Care Management staff, mental health and substance use disorder providers, and any ancillary health providers.</p>	<p>partners to plan inter-disciplinary care coordination conferences. The work group will also develop a common set of protocols to be utilized by all participants to schedule, document, track, and communicate outcomes of care plans developed in inter-disciplinary care coordination conferences.</p>	<p>APD/AAAs will share responsibility with Health Share, Kaiser, Providence, CareOregon, and Tuality care coordination staff to identify and invite participants for each care coordination conference, to schedule the care coordination conferences, and to document, and track outcomes of the coordinated care conferences.</p>
--	---	---

**3. Establish Member Care Teams**

<b>MOU Work Plan 2015-2016</b>	<b>CCO Accountability</b>	<b>APD/AAA Accountability</b>
<p>Health Share and APD/AAAs will identify all of the diverse elements of the healthcare delivery and LTSS &amp; community services systems that are engaged with each member for the purpose of each care coordination conference. Members of the health care delivery team may include, in addition to the PCP, clinic or plan-based care managers, home health agency, hospital staff, pharmacy consultant, paramedical provider, hospice or palliative care team, behavioral health consultant, or others. Members of the LTSS &amp; community services care</p>	<p>By June 30, 2016, Health Share will facilitate the formation of a joint Health Share / health plan partners/APD/AAA work group to develop a common set of protocols to be utilized by all participants to identify, invite, and provide necessary communication with all of the relevant health care team participants for each inter-disciplinary care coordination conference.</p>	<p>By June 30, 2016, APD/AAAs will develop a common set of protocols to be utilized by APD/AAA staff to identify, invite, and provide necessary communication with all of the relevant LTSS and community service participants for each inter-disciplinary care coordination conference.</p>

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

<p>team may include, in addition to the LTSS case manager, an LTSS Community RN, a homecare agency, a homecare worker, a Behavioral Support Consultant, an LTSS care provider, a housing manager, or others.</p>		
--	--	--

**4. Development of Individualized Care Plans**

MOU Work Plan 2015-2016	CCO Accountability	APD/AAA Accountability
<p>APD/AAAs and Health Share , 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 a result of inter-disciplinary coordinated care conferences are individualized and person-centered.</p>	<p>a) By June 30, 2016 Health Share will utilize an inter-disciplinary work group to develop common, coordinated processes to share and update information to improve transitions across settings, to assist the LTSS system to provide the services needed at the right time and at the right place, to reduce hospital re-admissions, to minimize emergency department utilization, and to maximize the effectiveness of inter-disciplinary care coordination .</p>	<p>a) By June 30, 2016 APD/AAAs in all 3 counties will also develop common coordinated processes to share and update information about individualized care plans from inter-disciplinary care conferences with case managers, homecare and facility providers, LTSS Community RNs, and other members of the care team.</p> <p>b) By June 30, 2016, APD/AAAs will develop common coordinated HIPPA compliant processes to share assessment, service plan, and other specific information necessary to facilitate effective care coordination for mutual clients with Health Share and its health system partners.</p>
	<p>b) The Health Share work group cited above will develop</p>	<p>c) By June 30, 2016, APD/AAAs will develop coordinated protocols for</p>

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

	<p>a communication process , feedback and accountability loop to share and update information about individualized care plans within appropriate electronic health records for hospitals, emergency departments, mental health and substance abuse disorder providers, and primary care providers.</p>	<p>documenting inter-disciplinary care coordination agreements and care team members.</p>
--	--	---

**5. Member Engagement**

<b>MOU Work Plan 2015-16</b>	<b>CCO Accountability</b>	<b>APD/AAA Accountability</b>
<p>APD/AAAs and Health Share will work together to enhance the engagement of Health Share members in self-management of chronic illnesses and in evidence-based health promotion activities as well as their participation in person-centered care planning within their primary care health homes.</p>	<p>a) By June 30, 2016 Health Share will facilitate information-sharing within its health plan partners' provider networks about the evidence-based self-management and health promotion options available currently in each local community;</p> <p>b) By June 30, 2016 Health Share 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</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 facilitate the direct engagement of members in inter-disciplinary care coordination</p>

## Health Share of Oregon / Clackamas, Washington, and Multnomah Counties Aging and Disability Network

	collaborate with APD/AAAs and other stakeholders to enhance resources to address unmet needs.	conferences and encourage their direct participation in person-centered care planning with their primary care provider and other members of their care team.
--	---	--

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

APD/AAAs and Health Share are committed to working together to improve care for Health Share 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 Health Share, with other stakeholders, will collaborate to maximize the effective use of current resources within each system to address areas of mutual concern.

- **Transitions Across Settings:** By June 30, 2016 Health Share and APD/AAAs will schedule and facilitate a learning collaborative to exchange information and provide cross-training regarding the transition work being done in hospitals, care management teams, primary care and nursing facility settings. The desired outcome will be to leverage current resources in all systems and maximize their effectiveness to ensure transitions that are appropriate, safe, least restrictive, and person-directed according to the member's expressed preferences.
- **Reducing Inpatient and Emergency Department Utilization and Hospital Re-admissions:** By June 30, 2016, Health Share and APD/AAAs will schedule and facilitate a learning collaborative to exchange information and provide cross-training among the hospital, primary care clinic, nursing facility, paramedical, home health, homecare agency, and APD/AAA teams regarding best practices currently available to lower utilization of health and community resources.
- **Medicare and Medicaid Alignment:** By June 30, 2016, Health Share and APD/AAAs will hold a meeting with stakeholders to enhance Medicare and Medicaid alignment for the benefit of members/beneficiaries. The focus of the meeting will be to gather information on how to better meet the needs of members/beneficiaries with the following:
  - Prescription and durable medical equipment needs,
  - Improving home safety and environment to meet health and daily-living related needs,
  - Types of back-up systems that reduce the need for human assistance, and
  - Acquiring, enhancing, and maintaining skills necessary to perform health-related tasks or activities of daily living.

## **Health Share of Oregon / Clackamas, Washington, and Multnomah Counties Aging and Disability Network**

- **Collaborative Training, Cross-system Education:** By June 30, 2016, Health Share and APD/AAAs will work to develop a training and cross-education plan to enhance the ability of each system to advance health transformation.

### **7. Use of health information**

APD/AAAs and Health Share /health plan 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, Health Share 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.

### **8. Coordinate Outcome and quality measures**

Health Share or its delegated health plan partners will participate and APD/AAAs will convene and staff regular Tri-County Joint CCO/APD/AAA meetings on an ongoing basis. This group will hear regular reports regarding progress on all domains in this Agreement. This joint group also serves as Health Share's Long Term Care Steering Committee. As Health Share and APD/AAAs work together on all of the specified domains, the parties will develop and incorporate additional shared outcome, quality and performance measures as feasible.

#### **Effective Date and Termination:**

- The effective date of this Agreement shall be July 1, 2015 or the date on which each party has signed this agreement, whichever is later. Unless earlier terminated as provided below, the termination shall be June 30, 2017.
- The Agreement will be reviewed and an annual work plan endorsed in writing by all parties by June 30 of each year it is in effect.
- 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.
- Health Share 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 Agreement many details regarding the participating systems, the State's priorities, and funding mechanisms may be re-designed or altered. This agreement may be revised to reflect these changes as needed and as jointly agreed upon. All amendments must be in writing and signed by all parties.

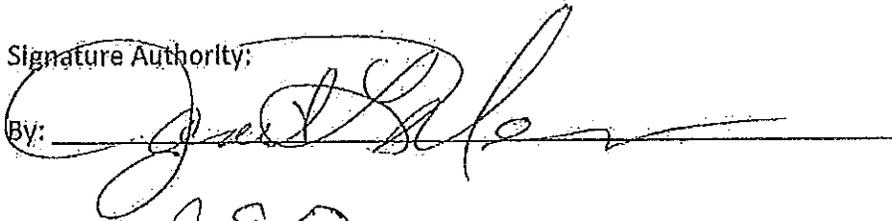
Health Share of Oregon / Clackamas, Washington, and Multnomah Counties  
Aging and Disability Network

Signatures and Contacts

Health Share of Oregon

Reviewed by: Janet L. Meyer Date: 06/15/15

Signature Authority:

By: 

Title: CEO Date: 06/15/15

The designated contact person is:

Deborah Friedman Chief Operations Officer  
Name Title

deborah@healthshareoregon.org 503-416-2169  
Email Phone

Multnomah County Aging, Disability, and Veterans Services Division

Signature Authority:

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

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

The designated contact person is:

<u>Jan McManus or Kris Boler</u>	<u>LTSS Innovator Agents</u>
_____ Name	_____ Title
<u>Janet.mcmanus@multco.us or</u> <u>Kris.Boler@state.or.us</u>	<u>503-988-2853</u> <u>541-506-3517</u>
_____ Email	_____ Phone

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

**Signatures and Contacts**

Health Share of Oregon

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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: Peggy J Bray \_\_\_\_\_

Title: Director of Aging, Disability & Veterans Services Date: 6/26/15

The designated contact person is:

Jan McManus or Kris Boler	LTSS Innovator Agents
_____	_____
Name	Title
<u>Janet.mcmanus@multco.us</u> or	503-988-2853
<u>Kris.Boler@state.or.us</u>	541-506-3517
_____	_____
Email	Phone

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

Washington County Disability, Aging, and Veterans Services

Signature Authority:

By:  \_\_\_\_\_  
Sia Lindstrom

Title: St. 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: \_\_\_\_\_

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

Washington County Disability, Aging, and Veterans Services

Signature Authority:

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

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

Clackamas County Social Services Division

Signature Authority:

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

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

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

Washington County Disability, Aging, and Veterans Services

Signature Authority:

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

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

Clackamas County Social Services Division

Signature Authority:

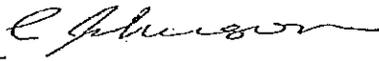
By: \_\_\_\_\_

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

Oregon Department of Human Services, Aging and People with Disabilities

Clackamas County APD

Signature Authority:

By: 

\_\_\_\_\_

Title: District Manager Date: 6/25/15

Washington County APD

Signature Authority:

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

Title: District Manager Date: \_\_\_\_\_

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

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

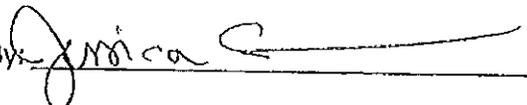
Signature Authority:

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

Title: District Manager Date: \_\_\_\_\_

Washington County APD

Signature Authority:

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

Title: District Manager Date: 6-17-15

Health Share 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:

<u>Donald A.</u>	<u>ERICKSON</u>
First Name	Last Name
<u>donald.a.ericlson@state.or.us</u>	<u>503-945-6648</u>
Email	Phone
<u>Donald A. Erickson</u>	<u>7/15/15</u>
Authorizing Signature	Date