# Memorandum of Understanding

Medicaid-funded long term services and supports (LTSS) 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 LTSS services. In order to reduce costs in both systems and ensure shared responsibility for delivering high quality, person-centered care, CCOs and the LTSS 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 Intercommunity Health Network Coordinated Care Organization (IHN-CCO) and Oregon Cascades West Council of Governments (OCWCOG). 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 LTSS 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, Intercommunity Health Network CCO and Oregon Cascades West Council of Governments agree to participate in the following activities:

| **1. Prioritization of high needs members in LTSS** | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG agreements 2012-2013: | IHN-CCO/OCWCOG agreements 2014-2015: |
| • 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 LTSS services.<br>o CCO will factor in relevant referral, | • AAA will provide CCOs with access to information needed to identify members with high health care needs.<br>• AAA will define how it will integrate key health-related information, including risk assessments generated by LTSS | After IHN-CCO contract implementation with OHA, IHN-CCO and OCWCOG will move towards sharing information about potentially high risk members.<br><br>IHN-CCO and OCWCOG staff will also determine information for members that are known to have complex medical conditions, high ER usage or other complicating circumstances on an individual basis. | Identify key information from the LTSS risk assessment tool to assist in identify high risk members by September 2014.<br><br>Develop a shared definition of high needs members by September 2014.<br><br>Develop a reporting mechanism to share high needs members between IHN and OCWCOG by January 2015. |

| 1. Prioritization of high needs members in LTSS | | | |
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| risk assessment and screening information from local AAA offices and LTSS providers.<br>○ CCOs will define how it will communicate and coordinate with AAA when assessing members receiving Medicaid-funded LTSS services. | providers and local Medicaid AAA offices into CCOs' individualized care plans for members with intensive care coordination needs. | IHN-CCO staff will share information from existing systems and data systems under development that demonstrate patterns of high risk/utilization of medical services for shared Consumers.<br><br>IHN-CCO staff will identify staff liaisons to work with OCWCOG in the identification of new Consumers or people who are transferring to the region needing assessment for Medicaid LTSS services.<br><br>Methods of information sharing:<br>• Information will be shared monthly.<br>• Information will be shared electronically if available.<br>• As IHN-CCO and DHS/OHA data systems are improved, new data sources will be incorporated into information sharing.<br><br>Designated contact staff (if different than designated MOU contact) will be designated by each entity.<br><br>IHN-CCO and OCWCOG will hold each other accountable in the following ways:<br>• Within the timeframe of this | IHN and OCWCOG will hold each other accountable in the following ways:<br><br>• Representatives from each organization will continue to meet at least quarterly until 06/30/2015.<br>• By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information.<br>• By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information. |

| 1. Prioritization of high needs members in LTSS | | | |
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| | | agreement,<br>• Meet to review the processes that have been defined in this MOU to assess MOU agreements, identify strengths and challenges or barriers. The MOU may be modified at this time.<br>• Meet to evaluate MOU and determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts. | |

| 2. Development of individualized care plans | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-2013 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • CCOs' individualized person-centered care plans will include information about the supportive and therapeutic needs of each member, including LTSS services and supports needs.<br>○ Plans will reflect member or | • AAA will define how it will integrate key health-related information, including risk assessments generated by LTSS providers and local Medicaid AAA offices into CCOs' individualized care plans for members | Within the timeframe of this agreement, IHN-CCO will share individual care plans for members with intensive care coordination needs also served by OCWCOG. The care plans will be shared as they are updated by the IHN-CCO. IHN-CCO will work to include OCWCOG contact information for each individual's care coordinator and/or primary care home for purposes of care coordination. | Document the current interdisciplinary care team process by September 2014.<br><br>Establish common set of expectations and guidelines for interdisciplinary care teams by December 2015.<br><br>Develop a mechanism to quantify the interdisciplinary care team meetings by February 2015. |

| 2. Development of individualized care plans | | | |
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| family/caregiver preferences and goals captured in AAA service plans as appropriate.<br>○ Individualized person-centered care plans will be jointly shared and coordinated with relevant staff from AAA and with LTSS providers. | with intensive care coordination needs. | Within the timeframe of this agreement, OCWCOG will share key Consumer information with the IHN-CCO for individuals with intensive care coordination needs that have an individual care plan with the IHN-CCO. Information will include relevant items from the long term care Consumer assessment and planning system (CAPS). OCWCOG will share this information with IHN-CCO on a regular basis and when plans are updated. Key Consumer information will include:<br>• Consumer choice of living situation and preferences<br>• OCWCOG liaison or case manager contact information<br>• LTSS provider contact information<br><br>IHN-CCO and OCWCOG will hold each other accountable in the following ways:<br><br>• Meet to review the processes that have been defined in this MOU to assess MOU agreements, identify strengths and challenges or barriers. The MOU may be modified at this time.<br><br>• Meet to evaluate MOU and | Develop shared domains and components of an interdisciplinary care plan by June 2015.<br><br>IHN and OCWCOG will hold each other accountable in the following ways:<br><br>• Representatives from each organization will continue to meet at least quarterly until 06/30/2015.<br><br>• By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information.<br><br>• By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, |

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| | | determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts. | informal/anecdotal outcomes, and revise the MOU to adjust for this new information. |

| 3. Transitional care practices | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-2013 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • CCO will demonstrate how it will coordinate and communicate with AAA to incent and monitor improved transitions in care for members receiving LTSS services and supports, so that these members receive comprehensive transitional care, as required by HB 3650. | • AAA will demonstrate how it will coordinate and communicate with CCO to incent and monitor improved transitions in care for members receiving LTSS services and supports, so that these members receive comprehensive transitional care, as required by HB 3650. | Within the timeframe of this agreement, IHN-CCO and OCWCOG will meet to determine the ways that each party will effectively and efficiently coordinate the care transitions of members receiving LTSS services and supports. The details of the coordination discussions will include but is not limited to the following:<br>• Team discharge planning<br>• Use of OCWCOG Hospital to Home Program as appropriate<br>• Fully engage member and family/natural supports<br>• Ability to coordinate funds for accommodations in the home<br>• Reporting systems that deliver data in real time<br>• Support member choice as | Share definitions of "care transitions" by September 2014.<br><br>IHN and OCWCOG staff will meet to educate on each other's policies and processes related to care transitions by February 2015.<br><br>Assess gaps in transitional care process by June 2015.<br><br>IHN and OCWCOG will hold each other accountable in the following ways:<br>• Representatives from each organization will continue to meet at least quarterly until 06/30/2015. |

| 3. Transitional care practices | | | |
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| | | primary consideration in planning<br>• Support least cost options for LTSS expenditures<br>• Planning will include consideration of additional community supports to stabilize member health and well being.<br><br>IHN-CCO and OCWCOG will hold each other accountable in the following ways:<br>• Meet to review the processes that have been defined in this MOU to assess MOU agreements, identify strengths and challenges or barriers. The MOU may be modified at this time.<br>• Meet to evaluate MOU and determine measures and timeframes for future accountability and evaluation efforts, in coordination with OHA/DHS metrics and accountability efforts. | • By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information.<br><br>• By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information. |

| 4. Member engagement and preferences | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-13 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • CCO will actively engage members in the design and, where applicable, implementation of their treatment and care plans, in coordination with AAA where relevant to LTSS service planning. | • AAA will actively engage individuals in the design, and where applicable, implementation of their LTSS service plan, in coordination with CCO where relevant to health care treatment and care planning. | Within the timeframe of this agreement, the parties will meet to develop an understanding of the opportunities and process for member engagement in the care planning process. The agreement will address the following:<br>• Outline of the current care planning process that OCWCOG staff engage in with LTSS service consumers.<br>• Outline current treatment and care planning process used by IHN-CCO for shared members.<br>• Develop clear guidelines on the exchange of information related to treatment and care plans for LTSS service consumers.<br>• Establish a review date for the evaluation of activities and modifications as needed. | Member participation will be included as an expectation and guideline for interdisciplinary care team meetings by December 2014.<br><br>Member preference will be included as a component of interdisciplinary care plans by June 2015.<br><br>IHN and OCWCOG will hold each other accountable in the following ways:<br>• Representatives from each organization will continue to meet at least quarterly until 06/30/2015.<br>• By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information. |

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| | | | • By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information. |

| 5. Establishing member care teams | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-2013 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • CCO will support the flow of information to AAA.<br>• The CCO-appointed lead provider or care team will confer with all providers responsible for a member's care, including LTSS providers and AAA.<br>• To support care teams, CCO will | • AAA 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. | The parties will work with each other as outlined in previous sections of this MOU to designate lead staff members for assisting in the determination of the appropriate members for care teams. The care team membership will vary according to the needs of the members and will focus on members needing the highest level of care coordination.<br><br>The Medicaid LTSS provider network (CBC) will participate in the discussions | Document the current interdisciplinary care team process by September 2014.<br><br>Establish common set of expectations and guidelines for interdisciplinary care teams by December 2015.<br><br>Develop a mechanism to quantify the interdisciplinary care team meetings by February 2015.<br><br>Develop shared domains and components of an interdisciplinary care |

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| ○ Work with AAA to ensure that it identifies members receiving LTSS services.<br>○ Include LTSS providers and AAA case managers as part of the team based care approach.<br>• Adapt team-based care approaches and the use of the lead coordinator to accommodate the unique needs of individuals receiving LTSS services. | • AAA will ensure that CCO providers/care teams are notified of which CCO members are receiving LTSS, the relevant local AAA office contact, and contact for relevant LTSS provider.<br>• AAA will have knowledge of and actively participate in CCO team based care processes when appropriate.<br>• DHS will provide minimum standards to ensure participation by LTSS providers in CCO care teams. | of what role and responsibilities they will play for care coordination to insure the best care plan for each member.<br><br>The use of technology will be investigated to maximize that ability to include relevant parties in the discussion including phone, video, and computer based interactions.<br><br>Both parties will review by July 2013, this section of the agreement to evaluate progress and make adjustments in the development of care teams to support members in LTSS services. | plan by June 2015.<br>IHN and OCWCOG will hold each other accountable in the following ways:<br>• Representatives from each organization will continue to meet at least quarterly until 06/30/2015.<br>• By January 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the project tracker to adjust for this new information.<br>• By June 1st, 2015, meet to review the processes that have been defined in this domain to assess whether these agreements have been carried out, identify strengths, any challenges or barriers to meeting agreements, unexpected opportunities, informal/anecdotal outcomes, and revise the MOU to adjust for this new information. |

| 6. Use of best practice | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities | IHN-CCO/OCWCOG agreements 2014-2015: |
| • CCO will describe capacity and plans for ensuring that best practices are applied to individuals in LTSS settings, including best practices related to care coordination and care transitions. | • AAA will support CCO efforts to implement best practices, and will share promising and best practices including care coordination; care transitions and evidence based healthy aging programs related to serving individuals in LTSS settings with CCOs. | The parties will meet to discuss options for addressing this domain. | Optional domain – no activities planned for 2014-2015. |

| 7. Use of health information | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities | IHN-CCO/OCWCOG agreements 2014-2015: |
| • As part of the HIT improvement plan, CCO will identify a strategy to partner with the LTSS system to improve upon any existing efforts to share information electronically. | • AAA will partner with CCO in developing electronic information sharing strategy.<br>• DHS/APD will develop mechanisms to improve the sharing of relevant DHS Information with CCO. | The parties will meet to evaluate the HIT options and systems from IHN-CCO as well as DHS and determine if there are opportunities to improve communication with HIT not already in use. IHN-CCO will work with OCWCOG to ensure integration into the CCO planning and collaborative processes around HIT. | Identify priorities for health information exchange by January 2015.<br><br>Develop a strategy for health information exchange by June 2015.<br><br>IHN and OCWCOG staff will meet at least quarterly to review progress made toward MOU goals. |

| 8. Member Access and Provider Responsibilities | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-2013 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • CCO describes:<br>○ 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.<br>○ 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. | • AAA will provide education materials to Medicaid Consumers, contracted providers, family caregivers and Consumer-employed providers on member access to services through the CCO. | Within the timeframe of this agreement, the parties will meet to review member education materials and discuss improvements to the materials as well as ongoing cross training of staff from each organization to ensure member access. IHNCCO will work with OCWCOG to ensure integration into the CCO planning and collaborative processes around member access and provider responsibilities. | IHN and OCWCOG staff will meet to educate on each other's policies and processes related to enrollment and accessing services.<br><br>IHN and OCWCOG staff will meet at least quarterly to review progress made toward MOU goals. |

| 8. Member Access and Provider Responsibilities | | | |
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| ○ 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.<br>• Tools developed for members should be accessible to individuals receiving LTSS services and supports and/or their family or representative. | | | |

| 9. Outcome and quality measures | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-2013 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • CCO will demonstrate an acceptable level of performance related to shared accountability for individuals receiving LTSS services and supports. | • AAA will demonstrate an acceptable level of performance related to shared accountability for individuals served by the CCO and receiving LTSS services and supports. | IHNCCO will work with OCWCOG to ensure integration into the CCO planning and collaboration processes around outcome and quality measures. | Optional domain – no activities planned for 2014-2015. |

| 10. Governance Structure | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-2013 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • How CCO governance structure will reflect the needs of members receiving LTSS services and supports through representation on the governing board or community advisory council. | • AAA will participate at the community level in the board / Advisory panel for LTSS perspective as needed.<br>• AAA will articulate how the membership of the local governing boards, Advisory Councils, or governing structures will reflect the needs of Consumers served by the regional CCO(s). | IHN-CCO will support the recruitment of OCWCOG SSAC and DSAC members to participate in the CAC.<br><br>IHN-CCO will designate an appropriate staff member to participate on the OCWCOG SSAC/DSAC as a member and liaison for CCO services.<br><br>OCWCOG staff will participate in the Operations group to insure ongoing input to the development of the CCO and maximize the coordination between the parties. | Optional domain – no activities planned for 2014-2015. |

| 10. Governance Structure | | | |
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| | • DHS will articulate how APD will include CCO participation in their policy development structures. | | |

| 11. Learning Collaborative | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-2013 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • Each CCO participates in the learning collaborative described in ORS 442.210. | • AAA will participate in learning collaborative on relevant topics such as care coordination, LTSS, best practices. | IHN-CCO and OCWCOG will participate in learning collaborative as needed. | Optional domain – no activities planned for 2014-2015. |

| 12. Role of person centered primary care home (PCPCH) | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-2013 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • CCO will partner with the local AAA office to develop a method for coordinating services with PCPCH providers for members receiving LTSS services. | • AAA will develop methods and protocols for supporting and coordinating with PCPCH providers. | Within the timeframe of this agreement, the parties will review the IHN-CCO progress in developing PCPCH for members and discuss opportunities for support. | Optional domain – no activities planned for 2014-2015. |

| 13. Safeguards for members | | | |
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| CCO Expectation | AAA Expectation | IHN-CCO/OCWCOG activities 2012-2013 | IHN-CCO/OCWCOG agreements 2014-2015: |
| • 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 LTSS services to maximize efficiencies.<br>• 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 LTSS. | • AAA will ensure that choice counseling materials and processes reflect member rights, responsibilities, and understanding of benefits.<br>• AAA will ensure that staff understand and communicate safeguards, including use of peer wellness specialists, personal health navigators, and community health workers and ensure that these services are coordinated with LTSS services to maximize efficiencies.<br>• AAA will coordinate with CCOs to manage complaints and grievances for CCO members. | Within the timeframe of this agreement, IHNCCO will work with OCWCOG to ensure integration into the CCO implementation planning and collaborative processes around safeguards for members. | Optional domain – no activities planned for 2014-2015. |

**14. Administrative Expectations**

IHN-CCO and OCWCOG will meet at least once a quarter. The parties will draft a report of progress based on the agreement to report to the IHN-CCO Regional Planning Council twice a year. The parties will provide an update on the development of the working relationships between the CCO and LTSS.

**15. EFFECTIVE DATE AND SIGNATURE**

This MOU shall be effective upon the signature of Intercommunity Health Network CCO and Oregon Cascades West Council of Governments authorized officials. It shall be in force from July 1, 2014 to June 30, 2015.

**For: Intercommunity Health Network CCO**

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| Kim Whitley | kwhitley@samhealth.org |
| Name | Email |
| Authorizing Signature | 6/26/14<br>Date |

**For: Oregon Cascades West Council of Governments**

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|---|---|
| Scott Bond | sbond@ocwcog.org |
| Name | Email |
| Authorizing Signature | 6/26/14<br>Date |

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

Patricia Baxter
Name

patricia.e.baxter@state.or.us
Email

Patricia Baxter
Authorizing Signature

6/27/14
Date